

**ADULT SOCIAL CARE CABINET COMMITTEE**

**Tuesday, 12th March, 2019**

**10.00 am**

**Darent Room - Sessions House**





## AGENDA

### ADULT SOCIAL CARE CABINET COMMITTEE

**Tuesday, 12 March 2019 at 10.00 am**  
**Darent Room - Sessions House**

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

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

#### **Membership (14)**

Conservative (12): Mrs P T Cole (Chairman), Mrs C Bell (Vice-Chairman),  
Mr D L Brazier, Ms D Marsh, Mrs A D Allen, MBE,  
Mrs P M Beresford, Mrs S Chandler, Ms S Hamilton,  
Mr P J Homewood, Mrs L Hurst, Mr D D Monk and Conservative  
Vacancy

Liberal Democrat (2): Mrs T Dean, MBE, 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
  - Mr D Pascoe has resigned from his post as a Committee Member on the Adult Social Care Cabinet Committee.
  - Mrs C Bell has replaced Ms D Marsh as the Vice Chairman of the Adult Social Care Cabinet 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 meeting held on 22 January 2019 (Pages 7 - 14)  
To consider and approve the minutes as a correct record.
- 6 Verbal Updates by Cabinet Member and Corporate Director (Pages 15 - 16)  
To receive verbal updates from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director of Adult Social Care and Health.
- 7 18/00067 - Proposed Revision of Rates Payable and Charges Levied for Adult Services in 2019-20 (Pages 17 - 32)  
To receive a report which sets out the proposed rates and charges for Adult Social Care Services for the forthcoming financial year, along with any potential changes to the Adult Social Care charging policy and sets out officer recommendations to the Cabinet Member for decision.
- 8 19/00011 - Partnership Arrangements for the Provision of Mental Health Social Care and Health Services in Kent (Pages 33 - 42)  
To receive a report which sets out the details of the review of current legal arrangements supporting the partnership working between Kent County Council and Kent and Medway Partnership Trust to deliver mental health social care and health services across Kent.
- 9 Care and Support in the Home Services (Phase 1) (Pages 43 - 60)  
To receive a report which outlines both the process and outcome of the procurement exercise undertaken in order to implement the decision made in relation to care and support in the home services.
- 10 Community Navigations (Care Navigation and Social Prescribing Service) (Pages 62 - 76)  
To receive a report which sets out the activity and outlines both the process and outcome of the procurement exercise for the provision of a Community Navigation and Social Prescribing Service.
- 11 Community Day Opportunities for Individuals with Disabilities (SS15087) (Pages 77 - 84)  
To receive a report which provides an update on the Community Day Opportunities for Individuals with Disabilities Contract.
- 12 Development of the Strategic Delivery Plan (Pages 85 - 114)  
To receive a report which sets out the Strategic Delivery Plan, which will be the strategic business plan for Kent County Council, which supports the delivery of the outcomes in the Strategic Statement.
- 13 Risk Management - Adult Social Care (Pages 115 - 140)

To receive a report which sets out a brief summary of the risks relating to Adult Social Care.

14 Adult Social Care Performance Dashboard (Pages 141 - 166)

To receive a report which sets out progress against targets set for key performance and activity indicators for January 2019 for Adult Social Care.

15 Work Programme 2019/20 (Pages 167 - 172)

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)*

Benjamin Watts  
General Counsel  
03000 416814

**Monday, 4 March 2019**

*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 Darent Room - Sessions House on Tuesday, 22nd January, 2019.

PRESENT: Mrs P T Cole (Chairman), Ms D Marsh (Vice-Chairman), Mrs A D Allen, MBE, Mrs C Bell, Mrs P M Beresford, Mrs S Chandler, Mrs T Dean, MBE (Substitute for Mr S J G Koowaree), Ms S Hamilton, Mrs L Hurst, Mr D D Monk, Mr R A Pascoe and Dr L Sullivan

ALSO PRESENT: Mr G Gibbens

IN ATTENDANCE: Janice Duff (Head of Service Ashford & Shepway OPPD), Michelle Goldsmith (Finance Business Partner), Rachael Letchford, Clare Maynard (Head of Commissioning Portfolio - Outcome 2 and 3), Beryl Palmer (Manager, Sensory Disabilities), Samantha Sheppard (Senior Commissioner), Penny Southern (Corporate Director, Adult Social Care and Health), Michael Thomas-Sam (Strategic Business Adviser, Social Care), Anne Tidmarsh (Director of Adult Social Care and Health Partnerships) and Emma West (Democratic Services Officer)

**UNRESTRICTED ITEMS**

**123. Apologies and Substitutes**  
(Item. 2)

1. Apologies had been received from Mr Koowaree, Mr Homewood and Ida Linfield.
2. Mrs Dean attended as a substitute for Mr Koowaree.

**124. Declarations of Interest by Members in items on the agenda**  
(Item. 3)

No declarations of interest were received.

**125. Minutes of the meeting held on 30 November 2018**  
(Item. 4)

RESOLVED that the minutes of the meeting of the Adult Social Care Cabinet Committee held on 30 November 2018 are correctly recorded and that they be signed by the Chairman.

**126. Verbal Updates by Cabinet Member and Corporate Director**  
(Item. 5)

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

**a) Recent visits**

Mr Gibbens and the Chairman of Kent County Council, Mr Angell, had visited the Mental Health Unit at St Martins Hospital, Canterbury, the Disabled Children's team in Brook House, Whitstable, and King Edward Court, Herne Bay, over the Christmas period to meet with staff and residents and wish everybody a Merry Christmas.

**b) Adult Safeguarding Members Briefing**

An adult safeguarding all-Member briefing would take place on 26 February 2019 which would provide Members with the opportunity to understand Kent County Council's role in adult safeguarding and the role that Members had in adult safeguarding.

2. Penny Southern (Corporate Director of Adult Social Care and Health) gave a verbal update on the following issues:

**a) Recent visits**

Ms Southern had visited The Hedgerows, a residential service which provided respite care to adults with a learning disability in Staplehurst, and the Community Mental Health team in Ashford. She said that meeting service users and understanding the different types of benefits that they received from Kent County Council's services was a very valuable experience.

**b) NHS 10-Year Plan**

Ms Southern referred to the NHS 10-Year Plan which had been published on 7 January 2019 and advised Members to read the plan and grasp the long-term priorities which would form a core part of the 10-year plan.

**c) The Esther Inspiration Day**

Kent County Council's Esther Inspiration Day and Kent's programme to introduce the Esther model had been recognised nationally. An Esther Inspiration Day would take place on 21 March 2019 in recognition of the work that Kent County Council had undertaken in implementing the Esther Model in Kent and improving care for elderly patients with complex needs.

**d) Thanks to Staff**

Ms Southern thanked all of Kent County Council's staff that had worked over the Christmas period for continuing to ensure that individuals were able to access care and support services. She added that Kent County Council had received a formal letter from the Chief Executive of Maidstone and Tunbridge Wells NHS Trust which congratulated Kent for their hard work in continuing to deliver vital services to Kent residents over the festive period.

3. RESOLVED that the verbal updates be noted.

**127. 18/00054 - Adult Social Care and Health Being Digital Strategy 2019-2021**  
(Item. 6)

*Ms Tidmarsh (Director of Adult Social Care and Health Partnerships) and Ms Letchford (Project Manager) were in attendance for this item.*

1. Ms Tidmarsh and Ms Letchford introduced the report and presented a series of slides which provided an overview of Kent County Council's Adult Social Care and Health Being Digital Strategy and a summary of the implementation plan.

Ms Tidmarsh and Ms Letchford then responded to comments and questions from Members, including the following: -

- a) Ms Tidmarsh talked about the importance of strengthening stakeholder and user engagement within the strategy.
- b) Ms Tidmarsh said that Kent County Council had undertaken work with Brighton in relation to digital programmes in assisted living homes and extra care housing and were exploring ways to develop extra care and the current technical digital infrastructure. She talked about intergenerational work and said that pilots had taken place recently which allowed school children to engage with older people and teach them how to use technology.
- c) Ms Tidmarsh said that the Digital Strategy had been developed to set out the strategic direction for, and help to enable the delivery of, digital innovation and technology to transform and support the new adult social care operating models. She added that work was being undertaken to develop Kent and Medway care records to allow both Kent and Medway to jointly-work with the NHS and access all service user's data. She talked about the locally-supported apps that were being developed to allow individual's access to useful healthcare links.
- d) Ms Tidmarsh confirmed that face-to-face conversations with individual's would not be replaced by technology.
- e) Ms Southern talked about the technology and technology training that Kent County Council provided to its staff and Members and said that it was important that users felt confident and comfortable when using the technology.
- f) Ms Tidmarsh said that the Kent Housing Group had launched a new working group which scrutinised housing, health and social care and considered future accommodation and planning accommodation options.
- g) Ms Tidmarsh referred to the implications that the Digital Strategy contract could carry and confirmed that once the implications were better known, a further report on the overall strategy and direction of travel of the contract would be submitted to a future Cabinet Committee meeting.
- h) Ms Tidmarsh confirmed that the technology that Kent County Council provided to service users was rented and therefore it could easily be improved.
- i) Ms Tidmarsh said that upcoming exhibition dates and would be circulated to Members of the Committee outside of the meeting.

j) Mr Gibbens reassured Members of the Committee that private briefing sessions could be held for Members to attend if they had specific concerns in relation to the Digital Strategy contract.

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

a) approve the Adult Social Care and Health Being Digital Strategy 2019-2021 and the high-level implementation plan;

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; and

c) note that an update will be presented to the Adult Social Care Cabinet Committee in September 2019 with a revised implementation plan and details on the financial implications including savings and investment,

be endorsed.

**128. 19/00005 - Assessment and Rehabilitation Services for People with Sensory Impairments**  
(Item. 7)

*Ms Palmer (Manager, Sensory Disabilities) and Ms Sheppard (Senior Commissioner) were in attendance for this item.*

1. Mr Gibbens (Cabinet Member for Adult Social Care and Public Health) reminded Members of the Committee that the Corporate Director of Adult Social Care and Health's portfolio included services for disabled children.

2. Ms Palmer introduced the report which set out the proposal to implement a single assessment and rehabilitation service for people with sensory impairment in Kent. This would improve outcomes for Kent residents through reducing duplication, improving quality and aligning support into clear pathways.

Ms Palmer and Ms Sheppard then responded to comments and questions from Members, including the following: -

a) Ms Sheppard said that Kent County Council were working closely with Hi-Kent and Kent Association for the Blind (KAB) in relation to proposing to implement a single assessment and rehabilitation service for people with sensory impairment in Kent and developing a more robust preventative offer. She talked about the focused engagements that had taken place with Hi Kent and KAB in relation to the assessment and rehabilitation service, preventative and specialist support services for people with sensory impairments. Ms Tidmarsh reiterated Ms Sheppard's comments and confirmed that funding would not be retracted from the agencies that were undertaking the work.

b) Ms Palmer said that the sensory team were hoping to recruit staff in the future that would have a particular focus on the rehabilitation and visual impairment rehabilitation of 18 to 25-year olds.

- c) Ms Palmer confirmed that Hi-Kent provided a hearing-aid maintenance support service to individuals that had been given hearing aids. She said that it was important to improve the communications that took place between Health and Social Care, and Hi-Kent and audiology departments to ensure that individuals received relevant information, advice and easy access to technology.
  - d) Ms Southern said that it was crucial to ensure that Kent County Council's statutory responsibilities were met and expressed the importance of monitoring systems and managing impacts regularly. She said that the contribution from all of Kent County Council's wider sector was greatly valued and referred to the importance of close working relationships.
  - e) Mr Gibbens (Cabinet Member for Adult Social Care and Public Health) suggested that an update on the progress of the service be submitted to the Committee at a later date. Members of the Committee supported this.
3. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Health to:
- a) implement a new arrangement for the provision of statutory assessment and rehabilitation services for sight impaired adults, assessment and habilitation for sight impaired children and statutory equipment assessment and rehabilitation for hearing impaired older adults aged 65 years and over; 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.

**129. 19/00004 - Managed Service for Interpreting Services for d/Deaf and Deafblind People**  
(Item. 8)

*Ms Palmer (Manager, Sensory Disabilities) and Ms Sheppard (Senior Commissioner) were in attendance for this item.*

1. Ms Palmer introduced the report which set out Kent County Council's statutory responsibility under The Care Act 2014, Equality Act 2010 and the Accessible Information Standard 2016 to deliver interpreting, translation and transcription services for d/Deaf and deafblind people. She said that the current service was delivered through a contract with an external provider, the Royal Association for the Deaf (RAD) and was accessed by other public sector partners. The re-provision proposed to recruit three qualified interpreters and one Coordinator to deliver the core of the interpreting work with additional demand met through a Framework Agreement which had integrated use of Video Remote Interpreting (VRI) and Video Relay Interpreting (VRI) Services.
2. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Health to:

- a) approve the reprovision of interpreting, translation and transcription services for d/Deaf and deafblind people; 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.

**130. Capital Programme 2019-22, Revenue Budget 2019-20 and Medium-Term Financial Plan 2019-22**  
*(Item. 9)*

*Ms Goldsmith (Finance Business Partner) was in attendance for this item.*

1. Ms Goldsmith introduced the report which set out the draft budget proposals and provided Members with the opportunity to comment on the proposals before they were presented to Cabinet on 28 January 2019 and full Council on 14 February 2019.

Ms Goldsmith, Ms Southern and Mr Gibbens (Cabinet Member for Adult Social Care and Health) then responded to comments and questions from Members, including the following: -

- a) Ms Goldsmith referred to the savings and income proposals within the report and confirmed that the figure of £3.1 million for transformation, including the implementation of the core operating model for Adult Social Care and Health was an anticipated saving.
  - b) Ms Southern confirmed that Mr Shipton (Head of Finance (Policy, Planning and Strategy)) would circulate a document to all Members which would present a table of information relating to the government grants that Kent County Council received.
  - c) Mr Gibbens (Cabinet Member for Adult Social Care and Public Health) referred to the overdue Adult Social Care Green Paper from government and the need for a long-term funding solution for Adult Social Care.
2. RESOLVED that the report be noted.

**131. Safeguarding Adults Update**  
*(Item. 10)*

*Ms Tidmarsh (Director of Adult Social Care and Health Partnerships) and Mr Thomas-Sam (Strategic Business Adviser, Social Care) were in attendance for this item.*

1. Ms Southern introduced the report which provided an update on Adult Safeguarding activity in Kent for the period April 2018 to September 2018.

Ms Southern, Ms Tidmarsh and Mr Thomas-Sam then responded to comments and questions from Members, including the following: -

- a) Ms Southern said that she worked closely with colleagues in Kent County Council's Education department in relation to safeguarding children and adults.
- b) Ms Southern confirmed that she would provide further information to Members in relation to the 'not recorded' figures within the report.
- c) Ms Tidmarsh referred to the reasons for concern within the report and confirmed that the mental health category did not include dementia as dementia was part of the Older People and Physical Disability cohort.
- d) Ms Southern referred to the self-neglect figure within the report and said that staff received comprehensive training specifically related to self-neglect. Mr Thomas-Sam said that the Care Act 2014 had increased the emphasis on neglect and Kent County Council were responding accordingly.
- e) Ms Southern referred to the layout of the report and said that it was important that everyone recognised how efficiently Kent County Council's Adult Social Care and Health colleagues worked with Kent's vulnerable individuals and provided person-centred support. Mr Thomas-Sam reiterated Ms Southern's comments and said that the Local Government Association had produced a useful document for Members which provided information on the scrutiny of local systems.
- f) Mr Gibbens (Cabinet Member for Adult Social Care and Public Health) confirmed that Members briefings could be repeated for Members that were originally unable to attend.
- g) Ms Tidmarsh said that all safeguarding alerts raised in Kent were incorporated into Kent County Council's safeguarding figures. She added that Kent County Council worked closely with Trading Standards in relation to safeguarding, abuse and exploitation alerts and reassured Members that preventative measures were being put in place.
- h) Ms Southern said that if safeguarding alerts were not raised, Kent County Council would not be aware of them.
- i) Ms Tidmarsh referred to the figures within the report and confirmed that the Female Genital Mutilation (FGM) figure remained at 0% as individual's had not reported it as a reason for abuse. Mr Thomas-Sam said that FGM was a live reason for abuse in relation to Kent's Safeguarding Children's services.

2. RESOLVED that the report be noted.

**132. End of Life Care in Kent**  
(Item. 11)

*Ms Tidmarsh (Director of Adult Social Care and Health Partnerships) was in attendance for this item.*

1. Ms Tidmarsh introduced the report which provided an update on End of Life Care in Kent, a revised action plan setting out current achievements and developments, on-going work, areas for improvement, gaps that had been identified and how they would be addressed.
2. RESOLVED that the report be noted.

**133. Work Programme 2019/2020**  
*(Item. 12)*

RESOLVED that the work programme for 2019/20 be noted.

**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 – 12 March 2019**

**Subject:** Verbal update by the Cabinet Member and Corporate Director

**Classification:** Unrestricted

**Electoral Divisions:** All

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

- 7 February - Kent Health and Wellbeing Board
- 25 February – Annual meeting with Age UK Chairs in Kent
- 26 February – Adult Safeguarding Member Briefing
- 27 February – LGA Summit on Political Leaders in Health and Clinical Care
- Adult Social Care and Health, including Lifespan Pathway Service, Redesign Update
- Visit to Hertfordshire County Council
- Sensory and Autism Services Go International
- Learning Disability Services receive Chief Constable's Certificate of Thanks

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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 – 12 March 2019

**Decision No:** 18/00067

**Subject:** **PROPOSED REVISION OF RATES PAYABLE AND CHARGES LEVIED FOR ADULT SERVICES IN 2019-20**

**Classification:** Unrestricted

**Past Pathway of Paper:** Adult Social Care and Health Directorate Management Team – 13 February 2019

**Future Pathway of Paper:** Cabinet Member decision

Electoral Division: All

**Summary:** This paper sets out the proposed rates and charges for Adult Social Care Services for the forthcoming financial year, along with any potential changes to the Adult Social Care charging policy and sets out officer recommendations to the Cabinet Member for decision.

**Recommendation:** The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make a **RECOMMENDATION** to the Cabinet Member on the proposed decision (Attached as Appendix A) to:

a) **APPROVE** the proposed changes to the rates payable and charges levied for adult social care services in 2019-20 as set out in sections 2.5.1, 2.5.2, 2.6.4, 2.8.3, 2.10.2, 2.10.3, 2.12.1, 2.13.1, 2.14.1, 2.16.1, 3.2 and 3.3 of the report; and b) **DELEGATE** authority to the Corporate Director for Adult Social Care and Health, or other nominated officer, to undertake the necessary actions to implement the decision.

## 1 Introduction

1.1 This report is produced annually and seeks approval of the directorate's proposed rates and charges levied for adult social care services for the forthcoming financial year, along with any potential changes to the directorate's charging policy. It is proposed, however, that the rates may be reviewed during the year.

- 1.2 All proposed rates and charges levied for adult social care services for 2019-20 are listed primarily to service users in one of the attached appendices and represent those published on the Kent.gov.uk website.
- Appendix 1 lists the proposed rates for Adults Social Care Service
  - Appendix 2 lists the proposed charges general to the directorate
- 1.3 The report distinguishes between these rates and charges over which Members can exercise their discretion and those which are laid down by Parliament as published by the Department of Work & Pensions for 2019-20.
- 1.4 The pay award for 2019-20 is based on a single performance related payment rather than a separate cost of living award and performance reward element. The award for 2019-20 was confirmed by Kent County Council on 13 February as 2.8%. **This report recommends that the rates payable and charges levied for adult social care services for 2019/20 will increase by either the council's agreed pay award for 2019/20 of 2.8% or in line with the Consumer Price Index (CPI) as at September 2018 of 2.4%.**
- 1.5 The effective date, unless otherwise stated, for all proposed changes to the rates payable and charges levied for adult social care services will be the week beginning 9 April 2019, this coincides with the date of inflationary increases to client related benefits.

## **2 Charges and Rates Payable for Adult Social Care Services**

- 2.1 All proposed rates payable and charges levied for 2019-20 in respect of adult social care services are shown in Appendix 1. For ease of members' reference, the basis of their proposed increase is shown throughout Section 2

### **Client Contributions for Residential Care**

- 2.2 Since April 2015 the council has exercised powers to charge under section 14 of the Care Act 2014. The powers are further set out in the Care and Support (Charging and Assessment of Resources) Regulations 2014 and the associated statutory guidance. The way charges are being calculated following the means-testing assessment is broadly the same as pre-April 2015 as a Key Decision was taken to preserve the status quo and to continue to charge on the same basis. This remains the case.
- 2.3 Under current residential charging rules, people who have savings or investments of more than £23,250 pay the full cost of their care.
- 2.4 The provision for residential care for adults falls into two categories:
- The County Council's own provision
  - Placements affected through the independent sector, purchased by the County Council.

2.5 For those clients with the ability to meet the full cost of a placement in the County Council's own provision, the proposals for the maximum contribution are as follows:

#### 2.5.1 Older People

**It is recommended that this rate be increased in line with the council's pay award figure as at April 2019 of 2.8%.**

**The rate will be £494.26 for 2019-20.**

#### 2.5.2 People with Learning Disabilities

**It is recommended that this rate be increased in line with council's pay award figure as at April 2019 of 2.8%.**

**The rate will be £673.77 for 2019-20.**

#### 2.5.3 Charges to Other Local Authorities and Public Bodies

2.5.4 The charge to other local authorities and public bodies for the use of in-house social care services will be agreed by the operational service on an individual placement basis and will be calculated based on full cost recovery. This information is not published within the annual Rates and Charges booklet or on the Kent.gov.uk website.

2.5.5 There is no maximum contribution for placements in independent sector homes, though the contract price is agreed between KCC and the care home.

2.5.6 For those clients that do not have the ability to meet the full cost of their placement, they will be re-assessed using the Care Act 2014 rules and their contribution towards social care will rise in accordance with either their pension or benefits.

## 2.6 Deferred Payments

2.6.1 The Care Act 2014 introduced a new Universal Payments Scheme which all local authorities had to introduce from April 2015. The relevant sections of the Act are sections 34 and 35. Further details are provided in The Care and Support (Deferred Payment) Regulations 2014 and in the statutory guidance, the final versions of which were issued in October 2014. The Act confers a duty on local authorities to develop a mandatory scheme based on national regulations. In addition to the mandatory scheme, the Act gives the local authority the power to offer Deferred Payments to a wider group of people on a discretionary basis.

2.6.2 The council instituted a new Deferred Payments scheme (with both mandatory and discretionary elements) from April 2015, in accordance with the criteria in the Care Act and accompanying regulations and guidance. The rules allow interest and an administrative charge to be applied. It is proposed that both

these aspects are treated in the same way as in 2015 and that the following applies:

### 2.6.3 Interest to be applied

Under section 35 of the Care Act and Regulation 9 of The Care and Support (Deferred Payment) Regulations 2014, interest can be charged on the amount deferred for the purposes of a Deferred Payment agreement. Regulation 9 states that the maximum interest that can be charged is based on the “relevant rate” plus 0.15%. The “relevant rate” is the weighted average interest rate on conventional gilts. This is updated twice a year (1 January and 1 July) by the Department of Health (DH) and published by the Office of Budget Responsibility. In line with this requirement. The council will update the interest rate every January and July, in line with the maximum that can be charged. Interest will be calculated and compounded daily. For information the estimated rate to be applied is for the period 1st January to 20th June 2019 is 1.95% (gilt rate 1.8% plus 0.15%).

### 2.6.4 Administrative charge

Under section 35 of the Care Act and Regulation 10 of The Care and Support (Deferred Payment) Regulations, an amount for administration costs can be charged to people entering a Deferred Payment agreement. This amount can be added to the amount deferred or paid separately.

At the time of the introduction of the Care Act in 2014, a cost analysis was conducted to ascertain the appropriate fee to charge clients for the set-up of deferred payments and the yearly administration fee. Over the past three years the fee has either been kept the same, increased by CPI or by the cost of the council’s annual pay award amount.

**The calculations for 2019-20 have been reviewed and uplifted in line with CPI for September 2018 of 2.4%**

**The new rates will be:**

|                    |                 |
|--------------------|-----------------|
| <b>Initial Fee</b> | <b>£511.87</b>  |
| <b>Annual Fee</b>  | <b>£ 69.54*</b> |

\* equates to £1.33 per week and is charge from the second year onward.

## 2.7 Personal Expenses Allowance

2.7.1 This is part of the pension identified as being for a client’s personal use and is set by the Department of Health; **the allowance for 2019-20 is £24.90 per week which is unchanged from the allowance applied in 2018-19.**

## **2.8 Administration fee for self-funders – Non-Residential Care**

2.8.1 This was a new annual charge introduced in 2017/18 and agreed by the Adult Social Care and Health Cabinet Committee on 9 February 2017.

2.8.2 The Care Act 2014 introduced powers for local authorities to charge clients with eligible needs and financial assets above the upper capital limit, an arrangement fee for arranging their care needs and managing the contract with the care provider on the client's behalf. The relevant sections of the Act are sections 14b, conditions 2 in sections 18, and conditions 2 or 4 in section 20.

2.8.3 The charge by the council includes the following, cost of raising an invoice, cost of paying a provider invoice and the cost of negotiating and arranging a care package.

**It is recommended that the annual arrangement fee be increased in line with the council's pay award as at April 2019 of 2.8%. The new charge will be £109.80 which equates to £2.10 per week.**

## **2.9 Client Contributions for Non-Residential Care**

2.9.1 Under current non-residential charging rules, people who have savings or investments of more than £23,250 will pay the full cost of their care.

2.9.2 People who have savings under £23,250 will be assessed to see if they are able to contribute to the cost of their support. The contribution is based on their weekly income (including pensions and benefits), and any savings/ investments between £14,250 and £23,250. Full details are in the "Charging for Homecare and Other Non-Residential Services Care" booklet.

## **2.10 Better Homes Active Lives (PFI) Schemes**

2.10.1 Non-residential charging rules will also apply to these schemes. However, when working out the cost of the care and support, an additional cost will be added to the cost of any hours of care and support

### **2.10.2 Extra-care schemes for older people**

This is the cost of the 24-hour emergency cover available (for example if a person falls).

**It is recommended that this rate be is uplifted in line with CPI as at September 2018 of 2.4%**

**The rate for 2019-20 will be 15.94.**

### 2.10.3 Schemes for people with learning disabilities

This is the cost of the sleeping night support service.

**It is recommended that this rate be is uplifted in line with CPI as at September 2018 of 2.4%.**

**The rate for 2019-20 will be £47.76.**

### 2.11 Blue Badges

2.11.1 With effect from 1 April 1983, this charge was introduced to cover the administration of the application. The regulations governing the Blue Badge scheme give local authorities the discretion to charge a fee on the issue of a badge.

**This fee currently cannot exceed £10. As from 1 January 2012, KCC has charged £10 and it is recommended that this rate continues.**

### 2.12 Day Care Charging for In-House Services

2.12.1 A standard rate applies to in-house day care charges. People who have savings under £23,250 will be assessed to see if they are able to contribute to the cost of their day care.

**It is recommended that the standard rate for in-house day care be increased in line with the council's pay award at April 2019 of 2.8%. The rates will be as shown in the table below for 2019-20.**

| Care Item                                   | Unit    | Proposed Unit Charge |
|---|---------|----------------------|
| Learning Disability Standard - Day          | Day     | £39.08               |
| Learning Disability Standard - Half Day     | Session | £19.54               |
| Learning Disability Enhanced - Day          | Day     | £88.00               |
| Learning Disability Enhanced - Half Day     | Session | £44.00               |
| Learning Disability Specialist - Day        | Day     | £132.00              |
| Learning Disability Specialist - Half Day   | Session | £66.00               |
| Older People - Day                          | Day     | £32.01               |
| Older People - Half Day                     | Session | £16.02               |
| Physical Disability - Day                   | Day     | £38.21               |
| Physical Disability - Half Day              | Session | £19.11               |
| Older People with Mental Health Needs - Day | Day     | £37.84               |

### 2.13 In House Homecare Rates

2.13.1 A decision was made in January 2016 to charge for homecare services provided by Kent Enablement at Home (KEaH) after the initial six-week period, in instances where external provision of homecare could not be obtained. These rates could also be applied in instances where an external provider has

been commissioned to provide enablement services where external provision of homecare could not be obtained after six weeks. Work is currently underway to establish whether this needs to be considered.

**It is recommended that this rate be increased in line with the council's pay award as at April 2019 of 2.8%. The rates for 2019-20 are as follows:**

| Care Item           | Proposed Unit Charge |
|---------------------|----------------------|
| Social (1/2 hour)   | £8.17                |
| Social (3/4 hour)   | £10.90               |
| Social (1 hour)     | £14.14               |
| Unsocial (1/2 hour) | £9.26                |
| Unsocial (3/4 hour) | £12.25               |
| Unsocial (1 hour)   | £15.68               |

#### **2.14 Meals Charges/Other Snacks - Local Authority (LA) Day Centres**

2.14.1 There are two meal charges: (i) meals (ii) meals and other snacks.

**It is recommended that this rate be is uplifted in line with CPI as at September 2018 of 2.4%. The rates for 2019-20 are as follows:**

|                        |       |
|------------------------|-------|
| Meal Charge            | £4.15 |
| Meals and other Snacks | £5.15 |

2.14.2 For refreshments a flat rate charge of £1 is to be applied.

#### **2.15 Voluntary Drivers/Escort Mileage Rates**

2.15.1 The current rate is usually reviewed in line with the Chancellor of the Exchequer's annual budget announcement. This rate is currently set at 45p per mile and is not expected to change in the near future.

#### **2.16 Other Local Authority Charges for Review and Assessment of Adult Services**

2.16.1 Historically there was an Inter Authority Protocol in place in relation to Inter Authority charges. This hourly charge only applied to those local authorities who are signatories to the protocol.

**It is recommended that this rate be increased in line with the council's pay award as at April 2019 of 2.8%.**

**The hourly rate will be £74.26**

2.16.2 These rates are also applicable to Children Services.

### **3 General Charges and Rates**

## Consultancy

3.1 Kent County Council Finance dictates the rates to be levied for:

- i) Middle Management (£87.35 per hour);
- ii) Senior Management (£161.93 per hour);
- iii) Director, when undertaking consultancy work (£262.05 per hour).

3.2 These rates are uplifted in line with CPI as at September which is 2.4% for September 2018.

## Publications

3.3 In 2017/18 the charge for key publications was uplifted in line with CPI, after having remained at a flat rate of £10 since 2005. The charge for 2018/19 was £13.29.

**It is recommended that this rate be is uplifted in line with CPI as at September 2018 of 2.4%.**

**The rate for 2019-20 will be £13.61.**

## Home Support Fund

3.4 In some instances (where extreme hardship can be evidenced) extra financial help is available from Kent County Council to top-up the help provided via Disabled Facilities Grants (DFG), administered by the district councils. The DFG is currently subject to a means test. The loan from KCC is interest free but liable to be repaid in full, over a five-year period.

3.5 There is no proposal put forward to change these arrangements for 2019/20.

## **4 Recommendation**

4.1 Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make a **RECOMMENDATION** to the Cabinet Member on the proposed decision (Attached as Appendix A) to:

- a) **APPROVE** the proposed changes to the rates payable and charges levied for adult social care services in 2019-20 as set out in sections 2.5.1, 2.5.2, 2.6.4, 2.8.3, 2.10.2, 2.10.3, 2.12.1, 2.13.1, 2.14.1, 2.16.1, 3.2 and 3.3 of the report; and
- b) **DELEGATE** authority to the Corporate Director for Adult Social Care and Health, or other nominated officer, to undertake the necessary actions to implement the decision.

**5. Background Documents**

None

**6. Lead Officer**

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**Lead Director**

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# KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

**DECISION TO BE TAKEN BY:**

Cabinet Member for Adult Social Care and Public Health

**DECISION NO:**

18/00067

**For publication****Key decision**

Affects more than 2 Electoral Divisions

**Subject: PROPOSED REVISION OF RATES PAYABLE AND CHARGES LIEVIED FOR ADULT SOCIAL CARE SERVICES IN 2019-20**

**Decision:** As Cabinet Member for Adult Social Care and Public Health, I propose to:

- a) **APPROVE** the proposed changes to the rates payable and charges levied for adult social care services in 2019-20 as set out in sections 2.5.1, 2.5.2, 2.6.4, 2.8.3, 2.10.2, 2.10.3, 2.12.1, 2.13.1, 2.14.1, 2.16.1, 3.2 and 3.3 of the report; 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.

**Reason(s) for decision:** The proposed rates payable and charges levied are considered annually, with any revisions normally introduced at the start of each financial year. The report is focused on Adult Social Care Services and the rates payable and charges levied that are currently in place. The rates and charges payable for 2019/20 will be introduced the week commencing 9 April 2019.

**Financial Implications:** The increase in income and the increase in payments that these changes will bring have been included in the 14 February 2019 County Council agreed budgets for the services affected.

**Legal Implications:**

The report distinguishes between those rates and charges over which Members can exercise their discretion, and those which are laid down by Parliament.

**Equality Implications:**

None

**Cabinet Committee recommendations and other consultation:** The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 12 March 2019 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

**Any alternatives considered:**

**Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:**

.....  
signed

.....  
date

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**Proposed Rates and Charges 2019-20**

|   |  |                 | 2018-19<br>Published<br>Rates &<br>Charges<br>£ | 2019-20<br>Proposed<br>Rates &<br>Charges<br>£ | Basis of Increase   |
|---|--|-----------------|---|--|---|
| <b>Client Contributions for Residential Care (ref 2.5.1 &amp; 2.5.2)</b>      |  |                 |   |  |   |
|   | Older People - Maximum                             | per week        | 480.80  | 494.26   | Based on 2019-20 KCC pay award of 2.8%                      |
|   | People with Learning Difficulties - Maximum        | per week        | 655.42  | 673.77   | Based on 2019-20 KCC pay award of 2.8%                      |
| <b>Deferred Payments (ref 2.6.4)</b>  |  |                 |   |  |   |
|   | Administration Charge                              | Set up Fee      | 498.37  | 511.87   | Recalculated Cost uplifted at CPI rate of 2.4%              |
|   |  | Annual Fee      | 67.49   | 69.54  | Recalculated Cost uplifted at CPI rate of 2.4%              |
| <b>Personal Expenses Allowance (ref 2.7.1)</b>                                |  |                 |   |  |   |
|   |  | per week        | 24.90   | 24.90  | as published by Dept. of Health and Social Care             |
| <b>Administration Fee for Self-Funders - Non Residential Care (ref 2.8.3)</b> |  |                 |   |  |   |
|   |  | Annual Fee      | 106.91  | 109.80   | Based on 2019-20 KCC pay award of 2.8%                      |
| <b>Non-Residential Adult Services</b>   |  |                 |   |  |   |
|   |  |                 | As per Non Residential Charging Policy          |  |   |
| <b>Better Homes Active Lives (PFI) Schemes (ref 2.10.2 &amp; 2.10.3)</b>      |  |                 |   |  |   |
|   | Older People                                       | per week        | 15.58   | 15.94  | Figure must be divisible by 2. Uplifted at CPI rate of 2.4% |
|   | People with Learning Difficulties                  | per week        | 46.64   | 47.76  | Figure must be divisible by 2. Uplifted at CPI rate of 2.4% |
| <b>Blue Badges (2.11)</b>   |  |                 |   |  |   |
|   |  | per application | 10.00   | 10.00  | No change to Rate for 18-19                                 |
| <b>Day Care Charging for In-House Services (2.12.1)</b>                       |  |                 |   |  |   |
|   | Learning Disability Standard - Day                 | per day         | 39.08   | 39.08  | Based on 2019-20 KCC pay award of 2.8%                      |
|   | Learning Disability Standard - Half Day            | per session     | 19.54   | 19.54  | Based on 2019-20 KCC pay award of 2.8%                      |
|   | Learning Disability Enhanced - Day                 | per day         |   | 88.00  | Recalculated Charge   |
|   | Learning Disability Enhanced - Half Day            | per session     |   | 44.00  | Recalculated Charge   |
|   | Learning Disability Specialist - Day               | per day         |   | 132.00   | Recalculated Charge   |
|   | Learning Disability Specialist - Half Day          | per session     |   | 66.00  | Recalculated Charge   |
|   | Older people - Day centre                          | per day         | 31.14   | 32.01  | Based on 2019-20 KCC pay award of 2.8%                      |
|   | Older people - Day centre half day                 | per session     | 15.58   | 16.02  | Based on 2019-20 KCC pay award of 2.8%                      |
|   | Physical disability - day centre                   | per day         | 37.17   | 38.21  | Based on 2019-20 KCC pay award of 2.8%                      |
|   | Physical disability - day centre half day          | per session     | 18.59   | 19.11  | Based on 2019-20 KCC pay award of 2.8%                      |
|   | Older people with mental health needs - day centre | per day         | 36.81   | 37.84  | Based on 2019-20 KCC pay award of 2.8%                      |
| <b>In House Homecare Rates (ref 2.13.1)</b>                                   |  |                 |   |  |   |
|   | Social   | 1/2 hour        | 7.95  | 8.17   | Based on 2019-20 KCC pay award of 2.8%                      |
|   | Social   | 3/4 hour        | 10.60   | 10.90  | Based on 2019-20 KCC pay award of 2.8%                      |
|   | Social   | 1 hour          | 13.75   | 14.14  | Based on 2019-20 KCC pay award of 2.8%                      |
|   | Unsocial   | 1/2 hour        | 9.01  | 9.26   | Based on 2019-20 KCC pay award of 2.8%                      |
|   | Unsocial   | 3/4 hour        | 11.92   | 12.25  | Based on 2019-20 KCC pay award of 2.8%                      |
|   | Unsocial   | 1 hour          | 15.25   | 15.68  | Based on 2019-20 KCC pay award of 2.8%                      |
| <b>Meals Charges/Other Snacks - Local Authority Day Centres (ref 2.14.1)</b>  |  |                 |   |  |   |
|   | Meal Charge  | per meal        | 4.05  | 4.15   | Based on CPI rate as at Sept. 2018 of 2.4%                  |
|   | Meals and Other Snacks                             | per meal        | 5.05  | 5.15   | Same as hot meal + £1 for snacks                            |
|   | Refreshment  | flat rate       | 1.00  | 1.00   | No Change   |
| <b>Voluntary Drivers/Escorts Mileage Rate (ref 2.15)</b>                      |  |                 |   |  |   |
|   |  | per mile        | 0.45  | 0.45   | Based on the Chancellor of Exchequer budget strategy        |
| <b>OLA Charges for Review and Assessment of Adult Services (ref 2.16.1)</b>   |  |                 |   |  |   |
|   |  | Hourly Rate     | 72.24   | 74.26  | Based on 2019-20 KCC pay award of 2.8%                      |

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**Proposed Rates and Charges 2019-20**

|                                      |                 | <b>2018-19<br/>Published<br/>Rates &amp;<br/>Charges</b> | <b>2019 - 20<br/>Proposed<br/>Rates &amp;<br/>Charges</b> | <b>Basis of Increase</b>                   |
|--------------------------------------|-----------------|--|---|--|
|                                      |                 | £  | £   |  |
| <b><u>Consultancy (ref 3.1)</u></b>  |                 |  |   |  |
| Middle Management                    | per hour        | 85.30  | 87.35   | Based on CPI rate as at Sept. 2018 of 2.4% |
| Senior Management                    | per hour        | 158.13   | 161.93  | Based on CPI rate as at Sept. 2018 of 2.4% |
| Director                             | per hour        | 255.91   | 262.05  | Based on CPI rate as at Sept. 2018 of 2.4% |
| <b><u>Publications (ref 3.3)</u></b> | per publication | 13.29  | 13.61   | Based on CPI rate as at Sept. 2018 of 2.4% |

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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 - 12 March 2019

Decision No: 19/00011

Subject: **PARTNERSHIP ARRANGEMENTS FOR THE PROVISION OF MENTAL HEALTH SOCIAL CARE AND HEALTH SERVICES IN KENT.**

Classification: Unrestricted

**Past Pathway of Paper:** Adult Social Care and Health Directorate Management Team - 13 February 2019

**Future Pathway of Paper:** Cabinet Member Decision

**Electoral Division:** All

**Summary:** This report presents details of the review of current legal arrangements supporting the partnership working between Kent County Council [KCC] and Kent and Medway Partnership Trust [KMPT] to deliver mental health social care and health services across Kent.

The report presents the options appraisal undertaken to examine options for the future legal framework for the partnership, following changes made to partnership arrangements under the KCC and KMPT Partnership Transformation programme.

The report presents a recommendation for the future legal framework to underpin the revised working arrangements between the two organisations.

**Recommendation(s):** The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make a **RECOMMENDATION** on the proposed decision (attached as Appendix A) to:

- a) **APPROVE** the new legal framework to support the partnership arrangements for the provision of mental health social care and health services in Kent; specifically, approval for KCC to terminate the existing KCC and KMPT Section 75 Agreement (based on mutually agreed termination between KCC and KMPT) and approval for KCC to enter into a Service Level Agreement with KMPT; 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.

## 1. Introduction

- 1.1 The purpose of this report is to inform the Adult Social Care Cabinet Committee about the legal work undertaken under the Kent County Council [KCC] and Kent and Medway Partnership Trust [KMPT] Partnership Transformation programme to review existing legal arrangements between the two organisations. This review was initiated in light of the changes that have been implemented for the delivery of mental health social care and health services in Kent, as previously approved through the Adult Social Care and Health Cabinet Committee.
- 1.2 This report sets out the findings of this review and seeks approval for the proposed new legal framework to underpin the new partnership arrangements for the delivery of mental health social care and health services in Kent.

## 2. Strategic Statement and Policy Framework

- 2.1 The Adult Social Care and Health Directorate is influenced by several corporate policy documents and drivers. The most prominent of these are the strategic outcomes of KCC as set out in *'Increasing Opportunities, Improving Outcomes: Kent County Council's Strategic Statement 2015 – 2020'* and *'A Commissioning Framework for Kent County Council: Delivering better outcomes for Kent residents through improved commissioning'*.
- 2.2 The proposed decision will cement the new partnership arrangements for the delivery of mental health social care and health services in Kent in a new legal framework. As such, the proposed decision links with KCC's Strategic Statement; by ensuring that statutory responsibilities are delivered in a timely and appropriate manner, KCC's strategic outcome "*older and vulnerable residents are safe and supported with choices to live independently*" is supported.
- 2.3 Kent County Council endorsed the *'Your life, your well-being - a vision and strategy for adult social care 2016 - 2021'*. The proposed decision supports the Your Life, Your Wellbeing vision and objectives by providing a framework for integration, in particular *'working in partnership to avoid duplication'* and making *'better use of our resources'*.
- 2.4 The Sustainability and Transformation Plan [STP] has been mandated by NHS England as the delivery vehicle for the Five Year Forward View. The subsequent Five Year Forward View for Mental Health (FYFVMH) will be instrumental for the development of mental health services. Amongst other recommendations, the FYFVMH promotes the *'integration of care spanning people's physical health, mental health and social care needs achieved through partnership working across the NHS, public health and local authority'*. The proposed decision supports an integrated way of working between KCC and KMPT by providing a robust legal framework for the partnership arrangements.
- 2.5 The Corporate Director of Adult Social Care and Health, is a member of the STP work stream for mental health and has ensured that the transformation work KCC has undertaken with KMPT – including the legal framework review and proposed revision - is in line with the strategic changes being planned in mental health for local care and accountable care partnerships.

### **3. Background**

- 3.1 Following the formal executive decision number 17/00053, '*Direction of future provision of Social care and support to adults with mental health needs*' in June 2017, and a subsequent KCC and KMPT Partnership Board meeting in October 2017, the KCC and KMPT Partnership Transformation programme was initiated.
- 3.2 The shared goal of the KCC and KMPT Partnership Transformation programme was for KCC to secure full accountability for the social care workforce within the community mental health teams [CMHTs] and the Approved Mental Health Practitioner [AMHP] service. The project aimed to develop and deliver a new approach which ensures an integrated and seamless response to people and their carers across KMPT, KCC and the wider partnership, ensuring robust delivery of social care statutory responsibilities.
- 3.3 Social care staff working in CMHTs and the Early Intervention Psychosis [EIP] Service returned to the line management of KCC on 01 October 2018. The Forensic Service returned to the line management of KCC on 01 January 2019 and the AMHP service is due to return on 01 April 2019.

### **4. Existing legal framework review**

- 4.1 Due to the changes developed and delivered to the working arrangements between KCC and KMPT under the KCC and KMPT Partnership Transformation programme, a review of the existing legal framework for the partnership was initiated.
- 4.2 It was identified that the current legal framework in place consists of:
  - A revised Partnership Agreement dated 21 August 2012 for the establishment of an Integrated Provision arrangement in respect of specified mental health services under Section 75 of the National Health Service Act 2006 [S75 Agreement];
  - An addendum letter to the S75 Agreement dated 13 October 2013 reflecting changes post Care Act 2014;
  - An addendum letter to the S75 Agreement dated 09 July 2018 regarding KCC and KMPT partnership changes, most notably the change of line management, from 1 October 2018; and
  - An addendum letter to the S75 Agreement dated 12 September 2018 addressing changes to the Forensic Service and EIP Service.
  - It was noted by KCC and KMPT that the existing S75 Agreement signed in April 2012 remains in place, including the addendum letters sent between KCC to KMPT referred to above, and will continue to remain in place until such time as the review and any subsequent revision of the legal framework has been completed.
  - The legal framework review and revision undertaken by KCC and KMPT has been underpinned by the following principles:
  - Any framework should ensure the continued good joint working that already exists between KMPT and KCC and reflect the focus of the wider system transformation and sustainability agenda and Five Year Forward View.

- Any framework should ensure persons accessing health and social care services are not adversely impacted by change and the integrated response to people and their carers across KMPT, KCC and the wider partnership network remains integrated and seamless.
- Any framework should ensure persons working in health and social care services are not adversely impacted by change and the delivery of services remain integrated and seamless.
- Any framework should support robust arrangements for delivery of statutory responsibilities, such as the Care Act 2014, Mental Health Act [MHA] 2007, Mental Capacity Act [MCA] 2005 and Human Rights legislation in Kent, ensuring these are delivered in an effective way and KCC and KMPT services are fit for the future.
- Any framework should support improvement in social care statutory compliance and health contractual key performance indicators [KPIs].
- The binding nature of the framework, whether legally or otherwise, should be considered once the content required from a framework has been developed.
- Any documentation requiring regular revision, such as the detailed service delivery model, should not be embedded within the formal framework but reference may be made to such documents.

## **5. Options for the future**

5.1 It was identified by KCC and KMPT that the content of any future legal framework would need to support the following elements of the partnership:

- Partnership arrangements, including principles of collaboration, governance, key objectives for the service and service pathway
- Information / data sharing, to govern all data sharing from KMPT to KCC
- Accommodation and infrastructure, including co-location considerations, health and safety responsibilities, insurance and access to KMPT networks
- Recharging arrangements
- AMHP specific arrangements, such as KMPT AMHPs being supported to continue to contribute to the KCC AMHP Service

5.2 The following options were subsequently identified by KCC and KMPT for the future governing framework for the partnership arrangements:

- Continue with a S75 Agreement
- Memorandum of Understanding
- Agreement based on a Service Level Agreement
- NHS Standard Contract

5.3 An options appraisal was undertaken on each of the above options by KCC and KMPT, with contribution the Head of Corporate and Commercial at Invicta Law. Please see Table 1 below for this appraisal.

Table 1: Future framework options appraisal

| Option   | Advantages  | Disadvantages   |
|--|---|---|
| <b>S75 Agreement</b>   | <ul style="list-style-type: none"> <li>Existing legal framework (with addendum letters)</li> </ul>  | <ul style="list-style-type: none"> <li>Many sections are no longer valid as staff are no longer seconded</li> <li>Not a suitable vehicle; existing S75 agreement would require extensive revision to make suitable for requirements</li> </ul>  |
| <b>Memorandum of Understanding [MoU] (with separate legally binding documentation)</b> | <ul style="list-style-type: none"> <li>Can be standalone with other legally binding documents, such as a licence to cover accommodation, also standing alone</li> <li>Used by Hampshire County Council [HCC] to cover similar arrangements (however HCC do not co-locate)</li> <li>Would replace the S75 (S75 to be mutually terminated) as a more suitable form</li> </ul>   | <ul style="list-style-type: none"> <li>May not be a binding contract and therefore unenforceable in the event of breach</li> <li>Lack of legal obligations – unsuitable for partnership accommodation requirements, GDPR information sharing considerations, passing of monies between parties</li> <li>Would require multiple documents – the MoU and then additional individual legally binding documents</li> <li>Very informal – an ‘agreement to agree’</li> <li>New framework - requires new documentation to be drafted</li> </ul> |
| <b>Service Level Agreement</b>   | <ul style="list-style-type: none"> <li>Enables the parties to work together to deliver new partnership arrangements</li> <li>Would replace the S75 (S75 to be mutually terminated) as a more suitable form</li> <li>Permits specific obligations to be included e.g. payment of accommodation costs</li> <li>More formal than MoU</li> <li>Flexible – documents can be incorporated by reference and a change control mechanism for future revisions can be specified</li> <li>Lends itself to supporting ongoing improvements</li> </ul> | <ul style="list-style-type: none"> <li>Requires new agreement to be drafted</li> <li>Requires mutually agreed joint working clauses to be agreed – e.g. clear division of breach, indemnity and ‘no claim, no blame’ joint working provisions required</li> </ul>   |
| <b>NHS Standard Contract</b>   | <ul style="list-style-type: none"> <li>NHS standard documentation</li> </ul>  | <ul style="list-style-type: none"> <li>Prescriptive - would not lend itself to partnering elements</li> <li>Requires extensive revision to make suitable for requirements</li> </ul>  |

## **6. Recommended future legal framework**

- 6.1 Following the above options appraisal, it was agreed between KCC and KMPT that the current legal framework, based on the S75 agreement, is no longer suitable. Because staff are no longer seconded to KMPT, much of the S75 agreement is redundant and reliance is instead placed on a series of addendum letters supporting the new arrangements whilst the legal framework is reviewed.
- 6.2 The preferred KCC and KMPT option for the future partnership framework is a Service Level Agreement, which would be flexible yet provide a legally binding framework to support the partnership. This would require the mutual termination of the existing S75 Agreement which can be executed by both parties providing written confirmation of mutual termination to the other party.
- 6.3 The Head of Corporate and Commercial at Invicta Law, has advised that there are no inherent risks of entering into a legally binding Service Level Agreement as long as the parties are agreed about the level and quality of the provision to be supplied, however the extent to which any obligations in the S75 Agreement need to be catered for in the Service Level Agreement would need

## **7. Delegation**

- 7.1 In order to implement the recommended option, the Adult Social Care Cabinet Committee is asked to endorse the proposed decision to terminate the existing S75 Agreement on a mutual basis with KMPT by providing written confirmation of the mutual termination and the signing of a new Service Level Agreement
- 7.2 In it envisaged that subject to endorsement by this committee the S75 Agreement is mutually terminated, and the new Service Level Agreement is entered into in early April 2019.

## **8. Financial Implications**

- 8.1 Any financial implications associated with colocation costs will be set out in the Service Level Agreement.

## **9. Equality Implications**

- 9.1 There are no equality implications associated with this decision. However, all or any future service changes will be subject to a full Equalities Impact Assessment consistent with both our legal responsibilities and the Council's Equalities Objectives.

## **10. Conclusions**

- 10.1 KCC and KMPT have drawn the mutual conclusion that the current S75 Agreement and its subsequent addendum letters are not suitable for the revised partnership arrangements between KCC and KMPT for the delivery of mental health services in Kent.
- 10.2 Both organisations have recommended to their internal governance channels that the existing S75 Agreement is mutually terminated, and an alternative Service

Level Agreement is entered into. The Service Level Agreement will provide a robust, legally binding framework to support the future partnership arrangements.

## 11. Recommendation(s)

11.1 Recommendations: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make a **RECOMMENDATION** on the proposed decision (attached as Appendix A) to:

a) **APPROVE** the new legal framework to support the partnership arrangements for the provision of mental health social care and health services in Kent; specifically, approval for KCC to terminate the existing KCC and KMPT Section 75 Agreement (based on mutually agreed termination between KCC and KMPT) and approval for KCC to enter into a Service Level Agreement with KMPT; 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.

## 12. Background Documents

Adult Social Care Cabinet Committee 27 September 2018; 'Development of the Future Provision of Social Care and Support for Adults with Mental Health Needs':

<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=896&MIId=7955>

Cabinet member decision 21 July 2017; '17/00053 - Direction of future provision of social care and support to adults with mental health needs':

<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?Id=2079>

Your life, your well-being a vision and strategy for adult social care 2016 –2021:

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

Kent and Medway Sustainability and Transformation Plan:

<http://kentandmedway.nhs.uk/stp/>

Five Year Forward View for Mental Health: <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

### **13. Lead Officer**

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### **Relevant Director**

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# KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

**DECISION TO BE TAKEN BY:**  
Cabinet Member for Adult Social Care and Public Health

**DECISION NO:**  
19/00011

**For publication**

**Key decision** Affects more than 2 Electoral Divisions

**Subject: PARTNERSHIP ARRANGEMENTS FOR THE PROVISION OF MENTAL HEALTH SOCIAL CARE AND HEALTH SERVICES IN KENT**

**Decision:** As Cabinet Member for Adult Social Care and Public Health, I propose to:  
a) **APPROVE** the new legal framework to support the partnership arrangements for the provision of mental health social care and health services in Kent; specifically, approval for KCC to terminate the existing KCC and KMPT Section 75 Agreement (based on mutually agreed termination between KCC and KMPT) and approval for KCC to enter into a Service Level Agreement with KMPT; 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.

**Reason(s) for decision:** As a result of the changes that have taken place in respect of staff previously seconded to KMPT coming back to KCC the existing S75 Agreement is not fit for purpose. The proposal to enter into a Service Level Agreement will support the requirements needed to provide a flexible framework to support continued partnership working between KCC and KMPT to enable the provision of mental health and social care in Kent.

**Financial Implications:** Any financial implications associated with colocation costs will be set out in the Service Level Agreement.

**Legal Implications:** The legal framework underpinning arrangements between KCC and KMPT for the delivery of mental health and social care services in Kent will change. The existing S75 Agreement between KCC and KMPT and all subsequent addendum letters relating to the S75 Agreement will be terminated. KCC and KMPT will therefore no longer operate under the legal framework of a S75 Agreement. A new Service Level Agreement will be entered into by KCC and KMPT to provide a legally binding framework for the new partnership arrangements.

**Equality Implications:** There are no equality implications associated with this decision. However, all or any future service changes will be subject to a full Equalities Impact Assessment consistent with both our legal responsibilities and the Council's Equalities Objectives.

**Cabinet Committee recommendations and other consultation:** The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 12 March 2019 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

**Any alternatives considered:**

**Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:**

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signed

.....  
date

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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 – 12 March 2019

**Subject:** **CARE AND SUPPORT IN THE HOME SERVICES (PHASE 1)**

**Classification:** Unrestricted

**Past Pathway of Paper:** Adult Social Care and Health Directorate Management Team – 13 February 2019

**Future Pathway of Paper:** None

**Electoral Division:** All

**Summary:** At its meeting on 4 July 2018 the Adult Social Care Cabinet Committee endorsed the procurement of a new integrated Care and Support in the Home Service for adults and children with assessed needs, to commence from April 2019. Owing to the complexity of the Service Specification and in line with Commissioning for Success guidelines, it was agreed that the Competitive Procedure with Negotiation would be used.

This paper summarises the rationale for undertaking this activity and outlines both the process and outcome of the procurement exercise undertaken in order to implement the decision made.

**Recommendation(s):** The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the content of the report

## 1. Introduction

1.1 The council's Strategic Commissioning Division was commissioned to manage the procurement for Care and Support in the Home Services delivered within people's homes and in the community, incorporating the service provisions previously known as Home Care and Supporting Independence Services (Community Based) (SIS). The existing contracts for these services are due to expire in June 2019, with the Supported Living element of the SIS Contract being extended until April 2020. It is vital new contracts are in place by June 2019, as the contract has previously been extended under a Single Source Justification and cannot be extended further.

1.2 On 4 July 2018, the Adult Social Care Cabinet Committee endorsed the proposal to commission a new Care and Support in the Home Contract. The

new contract replaces a number of existing services and brings the delivery of these multiple services together under one contract to form an 'umbrella' of interventions. The proposal outlined how this new service would improve outcomes for people, reduce duplication and create clearer pathways.

- 1.3 A Prior Information Notice (PIN) was published on 24 July 2018, alerting the market to the Market Engagement Event and subsequent procurement process. The Market Engagement event was held at County Hall on 30 July 2018, advising potential providers on the proposed process, timeframes and key drivers behind the whole project. An OJEU Contract Notice (notice reference 2018/S 182-412169) was published on 21 September 2018; an advert was also placed on the Contracts Finder website (notice reference KENT001-DN365332-26495110).
- 1.4 The proposed specification was then published on the Kent Business Portal for feedback from the market. All organisations that expressed an interest in this opportunity were invited to submit an initial Invitation to Tender (ITT) response, and then (subject to passing the Selection Criteria) to participate at the negotiation stage, and then re-submit a final tender response. At each stage of the process, stringent evaluation criteria were set, and tenderers were excluded, removing them from further participation at each stage, if they did not meet the criteria.

## **2. Strategic Statement and Policy Framework**

- 2.1 The decision taken supports KCC's Strategic outcome to ensure that older and vulnerable residents are safe and supported with choices to live independently. It does this through providing a service which works with people to identify their aims and aspirations, connects people to activities and services to help meet these, and which promotes wellbeing and reduces social isolation.
- 2.2 The decision also supports the Your Life, Your Wellbeing Strategy 2016-2021, supports the development of Local Care Models as outlined in the Kent and Medway Sustainability and Transformation Plan and enables the council to meet its duties under the Care Act 2014 by promoting wellbeing for individuals and their carers, through the provision of information and advice that enables people to make choices about their care.

## **3. The Report**

- 3.1 The council is embarking on a journey to transform social care in Kent. Within the context of this opportunity, it is imperative that individuals are at the heart of the care and support they receive, which should be easy to access, of good quality and which maximises their ability to live independently and safely in their home and community. This will support the council's strategic objective 'to help people to improve or maintain their well-being and to live as independently as possible'. The council has an ambition to deliver the service through a sustainable market that has the capability and capacity to deliver a quality and accessible service countywide, in both urban and rural locations.

- 3.2 One of the core reasons for the procurement of multiple services types under one contract was the opportunity to reduce fragmentation in the market for community-based services. At present, a very high number of providers deliver very similar tasks in people's homes. The number of providers in the marketplace often prevents the creation of efficient rounds of care and reduces the financial viability of care packages for providers. Bringing services together as one contracted provision has been designed to address these challenges and give greater control to manage fluctuation in demand for services
- 3.3 Supporting Independence Services and Home Care Services constitute Phase One of the Care and Support in the Home Contract. Future phases will entail procurements for:
- Discharge to Assess
  - Supported Living
  - Extra Care background hours.
- 3.4 The services in scope deliver very similar tasks in people's homes and there is an opportunity to improve consistency of delivery and bring services together under one contractual arrangement, with the aim to reduce silos, avoid duplication and improve outcomes. Aligning services under one contractual arrangement will enable the council to take a consistent and equitable approach in shaping the market to focus on the personalisation and outcomes agendas and supporting the council's strategic outcome that 'Older and vulnerable residents are safe and supported with choices to live independently'. It will also develop a clearer pathway, with less handoffs between services and from a provider perspective it will allow greater flexibility and control to manage fluctuations in demand to meet assessed needs.
- 3.5 Care and Support in the Home Services will support people to take greater control of their lives by providing them with the skills to maintain a good quality of life and helping them to retain and develop skills to maintain independent, fulfilling lives for as long as possible. Care and Support in the Home Services will put the person (and their primary carer/family) at the centre of decisions about how they are supported and cared for. Services should be provided in such a way that the person feels involved, secure and confident in the care and support delivered to them.
- 3.6 Prior to the commencement of the procurement a Project Initiation Document (PID) was co-produced by the Project Director and the Procurement Category Lead. The PID outlined a number of key principles around the project and most importantly the project governance and approval mechanisms in place for the project.
- 3.7 For the purpose of this procurement, the geographical area covered by Kent County Council was divided into Cluster Groups, each of which constituted a Lot. Whilst there were no restrictions on how many Lots the tenderers could bid for, a critical element of the negotiation process was to determine the viability of the tenderer's bid and ensure they would be capable of safely scaling up to meet the requirements of delivering a high volume, high quality service

- 3.8 This contract has been divided into 19 Lots. The Lots were determined based on Office for National Statistics Middle Super Output Areas (MSOAs). MSOAs group the population based on an area with approximately 5,000 residents in each area. This means that MSOAs differ significantly in geographical size, with urban areas being concentrated and rural areas more widely spread. Detailed information can be found in Appendix A (Lotting Strategy).
- 3.9 The procurement process was facilitated using the ProContract facility on the Kent Business Portal. The contract tender was opened on 18 September 2018 and closed on 18 October 2018. A total of 70 applications were received with providers applying for a range of lots.
- 3.10 Following initial evaluation of mandatory criteria 15 providers did not meet the specified criteria. The remaining 55 providers proceeded to the negotiation phase. (see Appendix B: Award Criteria and Quality Questions)
- 3.11 Where tenderers met the selection criteria, their quality question submissions were then assessed. Tenderers had been asked to respond to the Service Specification and answer a series of six questions designed in collaboration with key stakeholders to determine the tenderer's capability and capacity for delivering the service and these were to be discussed in detail during the negotiation phase.
- 3.12 Prior to any consideration being given to proposed costs or pricing, tenderers needed to score at least 60% and reach a minimum score per question. Tenderers were required to score a minimum of two (acceptable) per question for questions 2, 3, 5 and 6 and a minimum of three (good) for questions 1 and 4. They were required to achieve the minimum score for every question in order to be successful and move to the next stage of the process. Each answer is scored and weighted in accordance with the Quality Questions as detailed in Appendix B.
- 3.13 Initial applications were evaluated by a total of 38 evaluators. The evaluation team was made up of stakeholders from a range of teams including Strategic Commissioning, Purchasing and Operational Adult Social Care and Health colleagues. Each section was evaluated by the relevant subject matter experts. All members of the evaluation team signed a Conflict of Interest and Confidentiality Undertaking Form prior to any involvement in this process. No conflicts of interest have been declared.
- 3.14 A number of clarifications were required through the evaluation process, to address ambiguity discerned in the responses. Where information or documentation supplied as part of a submission appeared to be incomplete or erroneous, or where specific documents were missing, the tenderer concerned was asked to submit, supplement, clarify or complete the relevant information or documentation in line with Regulation 56 (4) of PCR 2015. Tenderers were given an appropriate period of time to respond to clarification requests.
- 3.15 Tenderers were required to submit a Pricing Schedule as part of their initial ITT submission. Although it was not scored prior to the negotiation stage, it was

reviewed by commissioners and checks were conducted against the tenderer's Companies House records. The Pricing Schedule was essential in assisting commissioners in understanding whether the tenderer's proposed Service Model was representative of a capability to provide a sustainable, good quality service and ensure fair pay for its workers.

- 3.16 A procurement process incorporating a negotiation phase was agreed at an early stage of the project with senior stakeholders in Strategic Commissioning. It was recognised that whilst this represented a significant investment of resources, the negotiations would provide assurance of the tenderer's capability to deliver to the specification and offer an opportunity to interrogate their delivery model.
- 3.17 In total, 55 tenderers took part in negotiation meetings which were held between Thursday 22 November and Thursday 20 December 2018. All tenderers who submitted a tender submission (and met the selection criteria) were invited to attend a meeting, regardless of whether they had initially met the quality threshold. The negotiations were not evaluated. They provided an opportunity for both tenderers and commissioners to participate in an open and honest discussion about the requirements of the Care and Support in the Home Service and the quality of the bids submitted by tenderers.
- 3.18 Each meeting comprised of a 90 minute session, of which ten minutes was allocated for a general project update, 40 minutes to review the tenderer's commercial proposal and 40 minutes to review the tenderer's quality submission.
- 3.19 Tenderers were given feedback on their tender submission at the negotiation and were given an opportunity to review and adapt their Pricing and Quality Submissions and resubmit these for evaluation within ten working days. The last resubmissions were returned by 9 January 2019. All tenderers have been evaluated and assessed in line with the declared scoring methodology. All scores were subject to a moderation process, which took place between 14 and 18 January 2019.
- 3.20 Feedback from the negotiation meetings was overall very positive, with many tenderers making a point of saying how positive they had found the process and emphasising how much they valued the opportunity to participate in an open dialogue with the council. Following the negotiation meetings, a total of 15 tenderers took the decision to withdraw their bids from the tender process for a variety of reasons.
- 3.21 Tenderers submitted a pricing schedule to demonstrate the components of their unit cost for various geographical Lots and for the Standard and Complex Service. Commercial evaluation looked to link the tenderers written response with the costs on the Pricing schedule.
- 3.22 There was a significant variance reflected in the pricing submissions from tenderers and the negotiation meetings offered an opportunity to ensure that tenderers had a full understanding of the information they had submitted. Some

smaller tenderers had not benefitted from the expertise of accountants and required clarification on some of the pricing submission structures, whilst larger tenderers tended to have this function available in-house.

- 3.23 The negotiation meetings ensured that smaller providers and providers new to the market were not at a disadvantage due to lack of prior knowledge and that all providers were given the opportunity to ensure they fully understood the pricing breakdown. The final financial offering of tenderers were subject to a high level of scrutiny, particularly in regards to their overheads and staffing costs.
- 3.24 As expected, there was a large variance in the proposed wages for care workers under this contract according to the geographical Lot and the distinction between Complex and Standard Service delivery. During the negotiation stage, discussions focused on ensuring the tenderer had sufficient knowledge of the local workforce to understand the wages required to effectively recruit and retain staff, ensuring service capacity at all times of year
- 3.25 Several tenderer's overheads submissions demonstrated a fundamental misunderstanding of their responsibilities in relation to areas such as National Insurance costs and holiday pay. The negotiations were used to address these concerns and to instruct tenderers to use the opportunity to resubmit their pricing submission to update these figures. During the final pricing evaluation, the commissioning team looked for anomalies, errors and omissions in relation to overheads, to ensure the commercial offering submitted represents a viable option for the council.
- 3.26 Some tenderers failed to distinguish between Standard and Complex Service provision in their unit cost, and staff pay rates. In some instances, this raised concerns regarding their understanding of the requirements of the specification; this was addressed in negotiation discussions. In other submissions, tenderers reflected a distinction between Standard and Complex provisions in their unit cost but failed to pass this differential on to their workforce. This was addressed in all instances, and throughout negotiations commissioners placed an emphasis on reflecting any increase in rates in workers' pay.
- 3.27 The proposed profit margins in tenderer's pricing submissions varied enormously from 3% at the bottom end of the range up to over 30% at the highest end. Profit margins at either end of this extremity were discussed with tenderers. At the lower end of the scale tenderers were asked, at the negotiation stage to consider revising this upwards to ensure financial sustainability over the life of the contract. All tenderers were told that, in line with UK Home Care Association (UKHCA) guidance (which predicates a unit cost breakdown on a 3% profit margin), the anticipated profit margins for tenderers within this market were between 3 – 9%, and that any figure falling significantly outside of this range was likely to be deemed financially unviable by the council.
- 3.28 Most tenderers who continued through the process took the opportunity to resubmit both their Pricing Submission and their Quality Submission (or

sections within), based upon the discussions and feedback from the negotiation meetings. An evaluation handbook was produced and approved by senior stakeholders prior to the first evaluation phase of this tender process and re-issued ahead of the second evaluation phase in January 2019. This was to ensure that all key stages of the evaluation process were sufficiently detailed and properly understood by key evaluators and stakeholders.

- 3.29 Strategic Commissioning was responsible for management of all moderation sessions. All evaluators had to independently assess their allocated questions, provide a score and record notes to justify them. Following this, the scores were subject to moderation to ensure that the scoring methodology was robust and that the scores represented a complete and objective analysis of the submissions. This process was applied at both the initial submission phase and the final submission phase.
- 3.30 The moderation process was broken down into meetings for each question, meaning that evaluators only needed to attend the relevant meetings for the questions they had evaluated. Moderation for each question was led by a Commissioner who had not evaluated that question. Questions 1, 2, 3, 5 & 6 were moderated by a senior commissioning officer and question 4 was moderated by commissioning officer.
- 3.31 Where evaluators were not able to attend the meeting to discuss their scores, commissioners contacted them by phone to discuss questions where the evaluators were not unanimous in their scoring. Holding moderation discussions in this way ensured equity of approach, ensured that all evaluators were able to participate in the moderation discussion and ensured that final scores were robustly discussed and agreed at moderation by all representatives.
- 3.32 Those tenderers who showed a good understanding of the needs of the council, the workforce and taking into account the relevant geography were passed to the council's Financial Assessments Team and financial assessments were carried out by an accountant in Strategic and Corporate Services.
- 3.33 Assessments were undertaken based on tenderers' submitted financial accounts. The financial assessor used a number of measures to assess financial stability, such as liquidity and profitability ratios, turnover and profit trends, turnover in relation to contract value, total assets and liabilities. CoCredo credit reports were also used to verify results. A holistic view was taken on the financial stability of each tenderer and any potential risk to the council or service continuity by entering into a contract with these organisations.
- 3.34 All tenderers progressing to this stage of the process passed the Financial Assessment. No concerns were highlighted with regards to any of the potential successful Providers.
- 3.35 During the evaluation stage of the Care and Support in the Home Service, the commissioning team looked to ensure that each Cluster Group had some Contracted Provider presence with the capacity and capability to safely and

appropriately meet both Standard and Complex assessed needs. Where, for example, six tenderers were required, and the six highest ranked tenderers did not cover both the Standard and Complex assessed needs groups, the council removed the sixth ranked tenderer and replaced this with the highest ranked tenderer (who also meets all necessary criteria) with the next ranked tenderer who meets the needs of the previously unmet group. As a responsible commissioning authority, this approach ensures the Care and Support in the Home Service meets the Council's strategic outcome that 'older and vulnerable residents are safe and supported with choices to live independently' and the strategic objective of supporting a sustainable market with the capacity and capability to deliver quality Care and Support in the Home Services, with equitable access across Kent regardless of level of need or postcode.

3.36 Following this formal tender process, 26 Providers were successful and have been awarded contracts to deliver services under the Care and Support in the Home Service Contract. These remain confidential until the end of standstill.

3.37 As the intent is for no Mass Mobilisation of clients away from their current provider, commissioners are currently working with Current, Future and Non contracted providers to implement the contract in a safe and sustainable fashion.

#### **4. Financial Implications**

4.1 The contract will commence on 8 April 2019 and continue for a period of 60 months (ending 7 April 2024) with the option for a three-year extension. The annual value of the contract is circa £110m.

#### **5. Legal Implications**

5.1 No mass mobilisation of clients is expected due to this process however there may be situations where a provider may wish to hand back packages of care, in these situations TUPE may apply and as such has been identified as an implication of the project. This process is being managed through the mobilisation of the contract.

#### **6. Equality Implications**

6.1 As identified in the previous Cabinet Committee report the people most likely to be impacted by changes to this service are older or vulnerable residents and carers who are the recipients of the current service.

6.2 The decision not to mass mobilise existing clients onto the new contracts and new providers will initially reduce the impact on current clients and any future changes in providers will be carefully managed.

## 7. Conclusions

- 7.1 The council's Strategic Commissioning Division was commissioned to manage the procurement for Care and Support in the Home Services delivered within people's homes and in the community, incorporating the service provisions previously known as Home Care and Supporting Independence Services (Community Based) (SIS).
- 7.2 Following endorsement by the Adult Social Care Cabinet Committee a procurement process was undertaken for this new service which would combine a number of existing services provided within the home. The activity detailed in this report represents Phase One of the process.
- 7.3 The contracted was lotted in the 19 geographic lots. The tender was open between 18 September and 18 October 2018 and 70 applications were received.
- 7.4 The new service will be in place as of April 2019.

## 8. Recommendation

8.1 Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the content of the report

## 9. Background Documents

18/00030 - Care in the Home Service – Decision Report  
<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2186>

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## Lotting strategy

For the purpose of this Care and Support in the Home tender the geographic area covered by Kent County Council has been divided into Clusters, each of which will constitute a Lot.

The Lots have been built based on Office for National Statistics Middle Super Output Areas (MSOAs). MSOAs group the population based on an area with approximately 5,000 residents in each area. This means that MSOAs differ significantly in geographical size, with urban areas being concentrated over a small geographical area, and rural areas more widely spread.

The 'hours delivered' data provides indicative volumes to inform your bids and relates to a snapshot of a week in July 2018. The Home Care and SIS Starts and Ends detailed throughout the document are based on the Financial Year 2017/2018.

The number of Contracted Providers required per Lot is based on Providers holding volumes of on average of 800 – 1000 hours per week. This volume is based on ongoing engagement with the Provider market about the volume of hours required for a business to be viable and to support long-term sustainability.

Please use the maps and data provided to ensure you understand the scale of business, the concentrations of the population and the geographic spread of any Lot you are interested in. It is important that you do this, as it is a mandatory requirement of this contract that you will provide full coverage of the Lot, or part(s) thereof, that you are awarded a contract for.

Please note that the Lots detailed in this document cover only Home Care and Supporting Independence Services, and that providers bidding for Lots will be expected to deliver both Services.

Contracting arrangements for other services will be as follows:

|                             |   |
|-----------------------------|---|
| Extra Care Background Hours | This Service will be subject to a further competition during the life of the Care and Support in the Home Contract.                                     |
| Discharge to Assess         | This Service will be subject to a further competition during the life of the Care and Support in the Home Contract.                                     |
| Supported Living            | Supported Living Services will be extended under their current Contractual arrangements until May 2019 and will then be subject to a separate Contract. |

### CONTEXT

The Services in scope for the Care and Support in the Home Contract; Home Care and Supporting Independence Services (SIS) deliver very similar tasks in people's homes and with both Contracts ending in May 2019, there is an opportunity to achieve improved consistency and practice across the market by bringing Services together. Aligning Services under one Contractual arrangement will enable the Council to take a consistent and equitable approach in working with the market to focus on the personalisation and outcomes agendas. This will support the Council's strategic outcome that '*Older and vulnerable residents are safe and supported with choices to live independently*'.

The new Care and Support in the Home Contract presents an opportunity to standardise the rates paid to Providers and explore incentivisation to ensure availability of support in traditionally hard-to-place areas. These are key priorities underpinning the Lotting Strategy for Care and Support in the Home Services. Please read this Strategy in conjunction with the Pricing Strategy document to get a full overview of the incentivisation approach.

### STRATEGIC APPROACH

The Council is presently going through step changes in the way it wishes to commission, deliver and manage Services, as well as the relationships it holds with Contracted Providers. This includes the realignment of the Older People and Physical Disability Division to enable change in the way the Council works with its Providers to develop and deliver Services. This realignment process will enable staff to work in new ways with Providers to develop practice and support the delivery of outcomes-focussed, personalised care.

This Lotting Strategy is designed to align to KCC's long-term aspiration to delegate more activity to the provider market. The final proposals are designed to enable closer working and opportunity to share best practice between both providers and the Local Authority.

The strategy also gives consideration to the Health and Social Care integration agenda, and the Sustainability Transformation Plans which underpin it. Whilst boundaries for Lots are not exactly the same as Local Care boundaries, they are designed to enable effective reporting into Local Care and support the ongoing development of joint working practices.

In designing this strategy, consideration has been given to the historic challenge of securing supply in rural areas, often with a fragmented market. This strategy has utilised performance reporting to evidence the clusters where packages are particularly hard to place, and addresses these challenges with a mix of two approaches:

- Block Contracts which enable greater flexibility of delivery and ensure capacity. This approach has demonstrated improvements in availability of care and support in a pilot project.

- 'Cluster groups' where urban and rural MSOAs have been brought together. This provides a more profitable urban area to balance the cost of delivering care and support in more challenging rural areas.

This approach is intended to normalise incentivisation to reduce supply issues in rural areas and ensure all areas are financially viable for providers. The strategy utilises Office of National Statistics rurality indices and has a close interdependency with the Payment Mechanism. In considering the Payment Mechanism to support the achievement of the key priorities set out in this document, the Council has applied a weighting to contracted rates, aligning all Kent postcodes to the following Office of National Statistic's Rurality Index Categorisations:

- Urban major conurbation
- Urban city and town
- Rural town and fringe
- Rural village and dispersed.

The strategy has been designed to take account of:

- Rurality of areas and associated costs of delivering care and support in these areas
- Volume of hours delivered in areas
- Types of needs in areas
- Volume of hours required for provider viability
- Number of providers required within an area to minimise risk and achieve a viable market share.

In developing the Lotting Strategy, an evidence-based approach utilising Performance data from the existing contract has been applied throughout.

### KEY PRINCIPLES OF THE STRATEGY

- Providers commit to work together to ensure that residents have equitable access to quality Services in a timely manner
- Differing rates across Services and localities will be stabilised to normalise incentivisation
- SIS and Home Care Services will be brought together to improve availability of provision in hard-to-place rural areas and reduce fragmentation in the market.
- Further strategies will follow for specialist Services to ensure equitable access to good quality Services across the county

Evidence based and informed by findings from SBDI.

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## Award Criteria and Quality Questions

### 1.1 Award Criteria

The quality and pricing components of tender responses will be evaluated using the following award criteria:

| Section                            | Word Count | Weighting | Minimum score needed |
|------------------------------------|------------|-----------|----------------------|
| Question 1: Service Delivery Model | 1000       | 20%       | 3                    |
| Question 2: Partnership            | 1000       | 10%       | 2                    |
| Question 3: Quality Assurance      | 1000       | 20%       | 2                    |
| Question 4: Workforce              | 1000       | 20%       | 3                    |
| Question 5: Outcomes               | 1000       | 20%       | 2                    |
| Question 6: Social Value           | 500        | 10%       | 2                    |
| Total                              |            | 100%      |                      |

The minimum required score to meet the Quality Threshold for this Contract is 60% overall.

These weightings will not change during the process.

Notwithstanding these weightings it should be noted that some of the questions may be classified as Mandatory with minimum scores being required to be achieved, and failure to provide the appropriate response will result in the tender's disqualification.

### 1.2 How to Answer Award Questions

Potential Providers are required to answer ALL questions in Part 3 (Tender Response) of this document. Potential Providers may attach additional documentation where so advised. Where you are able and where appropriate, please attach additional documentation or evidence to demonstrate your capability.

**Important Note:** Potential Providers are required to address ALL the requirements specified in the service specification with details of how each requirement is met. Responses such as "noted", "agreed", "compliant" or similar do not provide sufficient information to form a reasoned evaluation of the proposed solution and consequently will be marked as non-compliant.

### 1.3 Scoring Method for Award Questions

Award questions will be scored using the following 0 – 4 scoring method:

|   |   |
|---|---|
| 0 | Unacceptable - Nil or inadequate response. Fails to demonstrate an ability to meet any of the requirements. Does not have any understanding of the need.  |
| 1 | Poor – The response is partially relevant and poor. The response addresses some elements of the requirement but contains insufficient/limited detail or explanation to demonstrate how the requirement will be fulfilled. |
| 2 | Acceptable – The response is relevant and acceptable. The response addresses a broad understanding of the requirement but may lack details on how the requirement will be fulfilled in certain areas.                     |

|   |   |
|---|---|
| 3 | Good – Response is relevant and good. The response is sufficiently detailed to demonstrate a good understanding and provides details on how the requirements will be fulfilled.   |
| 4 | Excellent – Response is completely relevant and excellent overall. The response is comprehensive, unambiguous and demonstrates a thorough understanding of the requirement and provides details of how the requirement will be met in full. |

All scores awarded for quality questions are then weighted (see ‘Award Criteria’ above). Potential Providers will be awarded a weighted score out of 100% for Quality and must be awarded a total weighted score of at least 60% for their response to all sections combined in order to progress to the final stage of evaluation (i.e. evaluation of Lowest Price).

*Important Note: Where Tenderers are required to address ALL the requirements specified in the Service Specification with details of how each requirement is met. Responses such as “noted”, “agreed”, “compliant” or similar do not provide sufficient information to form a reasoned evaluation of the proposed solution and consequently will be marked as non-compliant.*

#### 1.4 Scoring Method for Pricing

The Hourly Price submitted by Tenderers within Appendix C: Pricing is used to calculate the highest ranking bid. Tenderers that meet the minimum 60% quality threshold will be evaluated on an hourly price. For example, where 10 providers meet the minimum 60% quality threshold but only 6 providers are required the 6 providers submitting the lowest hourly price will be awarded a Contract.

|  |                        |            |     |
|--|------------------------|------------|-----|
| 1.0  | Service Delivery Model | 1000 words | 20% |
| <p>How will you manage and promote the sustainability of your Service to ensure a timely person centred approach that minimises risk of loss of data or Service?<br/>Your response should demonstrate the following:</p> <ul style="list-style-type: none"> <li>• Please describe the service model you will deliver in Kent, based on your understanding of the service specification, with consideration to: <ul style="list-style-type: none"> <li>○ How you will deliver the range of services specified and working with vulnerable adults from a range of backgrounds and support needs.</li> <li>○ Deliver flexible care and support to reflect the needs of each individual</li> <li>○ Ensure a person-centred approach and delivery of service</li> <li>○ Develop care and support plans for emergency short and long-term services</li> <li>○ Identify safe systems for ongoing independence</li> <li>○ Maximise prevention, enablement, re-ablement and longer-term recovery/promotion of independence</li> <li>○ Roles and responsibilities</li> <li>○ Demand and Business Growth management</li> <li>○ IT/assistive technology solutions to deliver service delivery</li> <li>○ Delivery of Key Performance Indicators</li> </ul> </li> <li>• You may also present a diagrammatic illustration of your delivery model in addition to the</li> </ul> |                        |            |     |

## Appendix B

|   |  |            |     |
|---|--|------------|-----|
| 1000 word (max) response  |  |            |     |
| 2.0   | Partnership Working with the Council, Health Agencies or other providers | 1000 words | 10% |
| <p>Please detail the model you will employ to work in partnership with other Providers, charities and Health partners to deliver the services as described in the specification.</p> <p>Your response should demonstrate the following:</p> <ul style="list-style-type: none"> <li>• Please describe how you will work effectively in collaboration with Kent County Council, your partners, other referring agencies, public bodies, and people supported through this contract using examples as appropriate.</li> <li>• Please describe how you will work in partnership with a wide range of stakeholders, demonstrating: <ul style="list-style-type: none"> <li>○ Delivery of Key Performance Indicators</li> <li>○ Range of stakeholders</li> <li>○ Approaches to engaging with and involving diverse and appropriate partnerships</li> <li>○ Clarity of roles and responsibilities</li> <li>○ Decision making processes, which are fair, transparent and accountable</li> <li>○ How a partnership approach will achieve positive outcomes for the service</li> <li>○ How you will work with your partners and commissioners</li> <li>○ How you will contract manage and support sustainability of your partners (if applicable)</li> </ul> </li> </ul> |  |            |     |
| 3.0   | Quality Assurance  | 1000 Words | 20% |
| <p>How will you measure the effectiveness and quality of the service and strive for continuous improvement through the life of the Contract?</p> <p>Your response should demonstrate the following:</p> <ul style="list-style-type: none"> <li>• Ensure the safeguarding and risk management requirements outlined in the specification will be met</li> <li>• Involve and gain feedback from the people you will provide a service to.</li> <li>• Involve and gain feedback from other stakeholders (for example families, carers and advocates)</li> <li>• Comply with statutory and legal obligations</li> <li>• What Performance/Quality Monitoring systems you will use</li> <li>• What actions you will take to improve the performance and quality of the service</li> </ul>   |  |            |     |
| 4.0   | Workforce  | 1000 Words | 20% |
| <p>Please describe your plans for developing skills and competencies for all staff, including volunteers, involved in the Service. Please make specific reference to your recruitment and retention policies.</p> <p>Your response should demonstrate the following:</p> <ul style="list-style-type: none"> <li>• Your approach to recruiting staff to deliver the service, including safer recruitment</li> <li>• How you intend to maintain a workforce of suitably trained staff to meet the requirements and demands of the service</li> <li>• What procedures you will have in place regarding staff supervision and performance</li> <li>• How you identify, deliver and embed in practise training to enable all your staff in their role</li> <li>• How you will ensure compliance with workforce regulations</li> </ul>  |  |            |     |

## Appendix B

|  |              |            |     |
|--|--------------|------------|-----|
| <ul style="list-style-type: none"> <li>• How you will ensure that your organisation has met the outcomes of people receiving support in a way that maintains their independence and offers choice, dignity and respect.</li> </ul>   |              |            |     |
| 5.0  | Outcomes     | 1000 Words | 20% |
| <p>How will you robustly monitor and review your Service to ensure the support delivered is flexible and outcome-focused as outlined in the Specification?</p> <p>Your response should demonstrate the following:</p> <ul style="list-style-type: none"> <li>• Monitor and review the progress of the people you will provide a service to and agreed outcomes</li> <li>• Ongoing review of a person's support plan to ensure it is relevant and can be flexible to any changes in need</li> <li>• Ensure the person is safe and care and support focuses on maximising their independence</li> <li>• Demonstrate how you have improved social inclusion and community engagement for people to whom you have provided services</li> <li>• Demonstrate how you will take the views of the people you support through this contract to improve their experience and the overall service provision.</li> <li>• Give an example of how this has been done with the same or similar services your organisation has provided, describing the methodology you used to obtain feedback and the steps you took to proactively engage and involve people.</li> </ul> <p>Your response should include how you will achieve the outcomes associated with:</p> <ul style="list-style-type: none"> <li>• Improved Health and Wellbeing</li> <li>• Enhancing quality of life</li> <li>• Promoting Independence</li> <li>• Ensuring a positive experience of care and support</li> <li>• Personal Dignity</li> <li>• Exercising Choice and Control</li> </ul> |              |            |     |
| 6.0  | Social Value | 500 Words  | 10% |
| <p>How will the delivery of this service by your organisation contribute to wider social value within Kent communities?</p> <p>Your response should demonstrate the following:</p> <ul style="list-style-type: none"> <li>• Please describe any added social value you can offer as part of your bid</li> <li>• Please describe any social value related activities you propose to undertake, as described in the Service Specification, including: <ul style="list-style-type: none"> <li>○ Local Employment</li> <li>○ Buy Kent First</li> <li>○ Community development – awareness raising</li> <li>○ Responsible employer – retention, career pathways, development opportunities</li> <li>○ Green and sustainable communities</li> </ul> </li> </ul>   |              |            |     |

**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 –12 March 2019

**Subject:** **COMMUNITY NAVIGATION (CARE NAVIGATION AND SOCIAL PRESCRIBING SERVICE)**

**Classification:** Unrestricted - Exempt Appendix (B and D)  
***Exempt appendix under schedule 12a of the Local Government Act 1972.***

**Past Pathway of Paper:** Adult Social Care Cabinet Committee – 27 September 2018

**Future Pathway of Paper:** None

**Electoral Division:** All

**Summary:** This report summarises the activity and outlines both the process and outcome of the procurement exercise for the provision of a Community Navigation and Social Prescribing Service.

**Recommendation(s):** The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the content of the report

## 1. Introduction

- 1.1 Care navigation and social prescribing can play a key role in promoting wellbeing and improving outcomes for people by connecting them to assets and resources within their local communities. Both adult social care and health services benefit from people being less dependent on their services.
- 1.2 Kent Clinical Commissioning Groups (CCG), district councils and adult social care services all invest in care navigation and social prescribing services to different degrees resulting in a patchwork of provision across the county and different models that, while meeting demand, is disjointed, unclear and creating duplication.
- 1.3 On 27 September 2018 the Adult Social Care Cabinet Committee endorsed the proposal to commission a Care Navigation and Social Prescribing Service to support older people, carers and people living with dementia.
- 1.4 The proposal outlined how this new service would improve outcomes for people, reduce duplication and create clearer pathways. The proposal also

outlined that there would be an emphasis on aligning community care navigators to GP clusters and Multidisciplinary Teams (MDT) as well as closer working with district council community teams. The service would be jointly commissioned with CCGs where possible and coordinated where existing arrangements prevent joint commissioning.

- 1.5 The paper also outlined the proposal to increase adult social care investment in this service.
- 1.6 The Cabinet Member for Adult Social Care and Public Health was asked to take an Executive Decision to undertake an open tendering process for a Care Navigation and Social Prescribing (Community Navigation) Contract and to delegate the contract award to the Corporate Director of Adult Social Care and Health.
- 1.7 The decision to undertake the tendering process was published on 9 October 2018 and the decision was implemented on 9 November 2018 when the Community Navigation Service was put out to tender. Contracts were awarded to the successful applicants on 26 February 2019.

## **2. Strategic Statement and Policy Framework**

- 2.1 The decision taken supports KCC's Strategic outcome to ensure that older and vulnerable residents are safe and supported with choices to live independently. It does this through providing a service which works with people to identify their aims and aspirations, connects people to activities and services to help meet these, and which promotes wellbeing and reduces social isolation.
- 2.2 The decision also supports the Your Life, Your Wellbeing Strategy 2016-2021, supports the development of Local Care Models as outlined in the Kent and Medway Sustainability and Transformation Plan and enables the Council to meet its duties under the Care Act 2014 by promoting wellbeing for individuals and their carers, through the provision of information and advice that enables people to make choices about their care.

## **3. The Report**

- 3.1 The new Community Navigation Contract will reduce duplication by replacing a number of existing services currently funded through a combination of grants and contracts. It also brings together the 'navigation' type services that adult social care currently commission into one overarching contract.
- 3.2 The contract was designed following a period of engagement with a range of stakeholders including providers, CCG commissioners and Local Care leads, Patient and Public Advisory Group (PPAG) and district councils. It built on engagement previously undertaken during 2017 as part of the older persons core offer.

- 3.3 There are two distinct service Lots to the contract:
- Part A: Community Navigation: this service will be available to all Kent residents over 55 years old, and to residents under the age of 55 who meet the criteria outlined in the service specification in regard to frailty.
  - Part B: Community Navigation for Carers: this service will provide support to Adult Carers (adults who provide care for another adult in need of care). Part of this will involve undertaking statutory carers assessments when needed.
- 3.4 Adult social care are the sole commissioners of part A in East and West Kent, and are jointly commissioning with CCGs in Dartford, Gravesend, Swanley (DGS) and Swale.
- 3.5 Adult social care and CCGs are joint commissioning part B of the contract in all geographic Lots.
- 3.6 Geographical lotting has also been applied to the contract based on the commissioning arrangements within the CCGs in order to enable maximum flexibility in relation to current and future joint commissioning. These Lots are are: East Kent, West Kent, DGS and Swale.
- 3.7 The lotting strategy is summarised in Appendix A.
- 3.8 In order to avoid dependency on any single provider it was agreed that providers could apply for up to three geographic lots, yet only be awarded two. However, in an attempt to simplify access to services for people, it was agreed that within those geographic Lots, providers could apply for (and be awarded) one or both service Lots.
- 3.9 Given the position of the current market and the value of the contract a formal procurement process was conducted. This was an open process that was designed to be proportionate, accessible to small and medium sized organisations and in which social value was included as a key element in order to ensure a level playing field for voluntary and community sector organisations.
- 3.10 The contract tender opened on 9 November 2018 and closed on 10 December 2018 and a total of 15 applications were received, with providers applying for a range of lots. (see Appendix B)
- 3.11 The contract has a fixed financial envelope and tenders were evaluated 100% on quality. All providers were required to complete responses to the same set of award criteria regardless of which service or geographic Lots they were applying for as well as a series of Lot specific criteria (see Appendix C).
- 3.12 Applications were evaluated by a total of 12 evaluators. This included evaluators from both KCC and the CCGs. Of these, two evaluators scored all questions for consistency, eight scored questions related to the Lots they had further knowledge of and two evaluators had no direct knowledge of either the

service being commissioned or experience of working with any of the incumbent Providers.

- 3.13 All scores were then moderated to generate a 'consensus' score based on all individual scores. The provider with the highest moderated score for each Lot is the preferred provider for that Lot. (see Appendix B and section 3.16).
- 3.14 Although the contract was evaluated based 100% on quality, all providers were asked to supply a detailed description of how the allocated funds would be spent. This was considered alongside the tender submission, specifically Part 1, Question 1 Service Delivery Model in order to ensure that the proposed model was financially viable within the set budget and represented best value for public money.
- 3.15 Each provider was invited to meet with commissioners to discuss the financial element of their tender and resubmit that element should they wish to do so following that meeting. The scores allocated to Part 1, Question 1 Service Delivery Model were then reviewed in light of the revised financial submission. This process did not alter the moderated scores for any of the individual providers, and therefore did not affect the overall outcome of the award.
- 3.16 Following this formal tender process, four providers were successful and have been awarded contracts to deliver services under the Community Navigation Contract. These are:

|        |  |   |
|--------|--|---|
| Lot 1a | Community Navigation in East Kent  | East Kent Strategic Partnership Limited (comprising Social Enterprise Kent, Age Well East Kent, Red Zebra, Thanet Health CIC) |
| Lot 1b | Community Navigation for Carers in East Kent                             | Carers' Support - Canterbury, Dover & Thanet  |
| Lot 2a | Community Navigation in West Kent  | Involve Kent Ltd  |
| Lot 2b | Community Navigation for Carers in West Kent                             | Involve Kent Ltd  |
| Lot 3a | Community Navigation in Dartford, Gravesham and Swanley (DGS)            | Imago Community   |
| Lot 3b | Community Navigation for Carers in Dartford, Gravesham and Swanley (DGS) | Imago Community   |
| Lot 4a | Community Navigation in Swale  | Imago Community   |

|        |  |                 |
|--------|--|-----------------|
| Lot 4b | Community Navigation for Carers in Swale | Imago Community |
|--------|--|-----------------|

3.17 Contracts were awarded to the successful Providers on 26 February 2019.

3.18 A summary of the application outcome for all current Providers (until 31 March 2019) is included in Appendix D.

3.19 Commissioners are currently working with providers to mobilise the contract, including TUPE of staff, mapping providers of similar commissioned services to develop referral pathways and joint working, promoting and marketing of the services, co-location in GP surgeries and district council offices.

#### **4. Financial Implications**

4.1 The contract will begin on 1 April 2019 and continue for a period of 48 months (ending 31 March 2023) with the option for two one-year extensions. The annual value of the contract is £5.1m. This includes both KCC and CCG investment and is summarised in Appendix E.

#### **5. Legal Implications**

5.1 TUPE was previously identified as an implication of the project. This process is being managed through the mobilisation of the contract.

#### **6. Equality Implications**

6.1 As identified in the previous Cabinet Committee report the people most likely to be impacted by changes to this service are older people and carers who are the recipients of the current service. The biggest impact is likely to be situations where a person currently in receipt of services is transferred to another provider or worker. The degree to which this may happen will depend on the outcome of the contract award in each area and how TUPE is applied. This will be reviewed throughout the mobilisation period and the Equality Impact Assessment will be updated as required. Overall, due to the short-term nature of the service this is unlikely to present a significant risk and the positive impact is likely to outweigh the negative as the new service will be more integrated, with reduced duplication of roles and pathways.

#### **7. Conclusions**

7.1 Care navigation and social prescribing are key elements in the approach to reducing demand on statutory health and social care services. In Kent, both adult social care and health have a range of commissioning arrangements in place to deliver these services. This has created a patchwork of support that is disjointed, unclear and creating duplication. On 27 September 2018 the Adult Social Care Cabinet Committee endorsed a proposal to tender for a new Community Navigation Service that would address these issues and enable joint commissioning where possible.

- 7.2 The Cabinet Member for Adult Social Care and Public Health took and Executive Decision to undertake a procurement process for this new service which would combine care navigation for older people and carers support and assessment into one contract with a strong emphasis on social prescribing as well as navigating.
- 7.3 The contracted was Lotted in the two service and four geographic lots. The tender was open between 9 November to 10 December 2018 and 15 applications were received. The successful providers are Imago, Involve, East Kent Strategic Partnership Limited and Carers' Support - Canterbury, Dover & Thanet.
- 7.4 Contract mobilisation is underway, and the new service will be in place as of 1 April 2019.

## 8. Recommendation(s)

**8.1 Recommendation(s):** The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the content of the report

## 9. Background Documents

18/00041 - Community Navigation Service (Care Navigation and Social Prescribing - <https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=2200>)

## 10. Report Author

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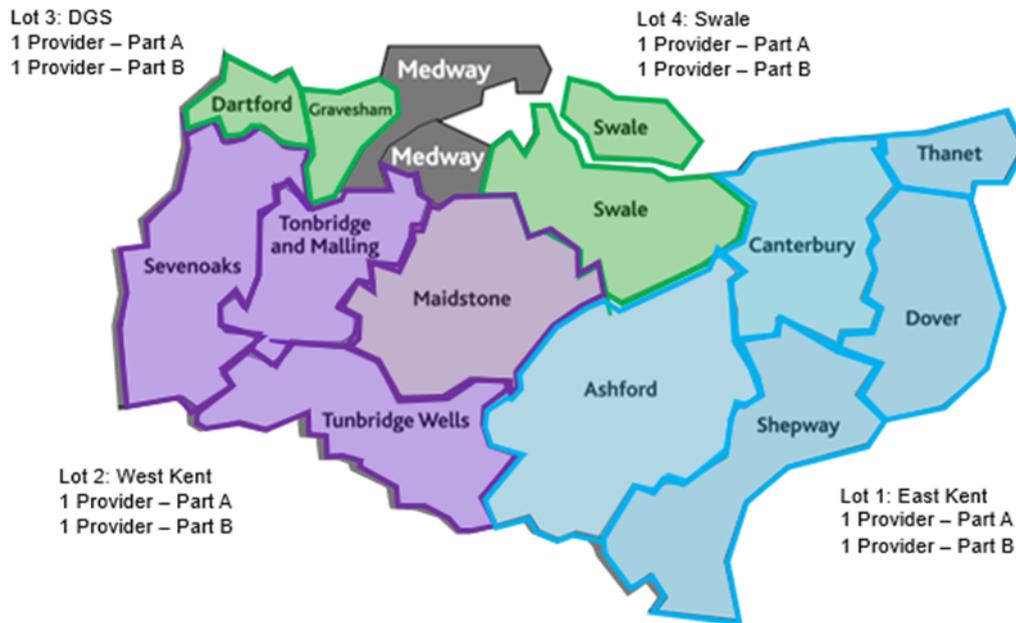
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## Appendix A – Contract Lots

The contract will be split into both geographic and service Lots in order to best meet the differing needs and support requirements of the eligible Kent population.

For the purpose of this tender, the geographical area covered by Kent County Council and the CCGs in Kent has been divided into four areas, as shown below:



Across all geographical Lots, the contract is then split into two distinct Parts:

- Part A: Community Navigation
- Part B: Community Navigation for Carers

From the Contract Commencement Date, successful Providers will be commissioned to deliver the Community Navigation service based on eight Lots, as follows;

Lot 1a - Community Navigation in East Kent

Lot 1b - Community Navigation for Carers in East Kent

Lot 2a - Community Navigation in West Kent

Lot 2b - Community Navigation for Carers in West Kent

Lot 3a - Community Navigation in Dartford, Gravesham and Swanley (DGS)

Lot 3b - Community Navigation for Carers in Dartford, Gravesham and Swanley (DGS)

Lot 4a - Community Navigation in Swale

Lot 4b - Community Navigation for Carers in Swale

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

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## Appendix C: Award Criteria

| Part 1                             | Maximum Word Count | Weighting   | Minimum Score Needed |
|------------------------------------|--------------------|-------------|----------------------|
| Question 1: Service Delivery Model | 1000               | 20%         | 2                    |
| Question 2: Partnership            | 500                | 15%         | 2                    |
| Question 3: Quality Assurance      | 500                | 20%         | 2                    |
| Question 4: Workforce              | 500                | 10%         | 2                    |
| Question 5: Outcomes               | 750                | 20%         | 2                    |
| Question 6: Social Value           | 500                | 15%         | 2                    |
| <b>Total Possible Score</b>        |                    | <b>100%</b> | <b>24</b>            |

| Part 2  | Maximum Word Count | Minimum Score needed |
|---|--------------------|----------------------|
| Question A: Only complete if applying to deliver PART A   | 1000               | 2                    |
| Question B(i): Only complete if applying to deliver PART B  | 500                | 2                    |
| Question B(ii): Only complete if applying to deliver PART B   | 500                | 2                    |
| Question C(i): Only complete if applying to deliver PART A under LOT 3 (DGS) and/or LOT 4 (SWALE)<br><i>This is in addition to Question A.</i>  | 750                | 2                    |
| Question C(ii): Only complete if applying to deliver PART A under LOT 3 (DGS) and/or LOT 4 (SWALE)<br><i>This is in addition to Question A.</i> | 750                | 2                    |

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## Appendix E - Contract Value

### Part A: Community Navigation

| Geographic Contract Lot                    | Annual Contract Value per Lot | Funded by                            | Annual Funding |
|--|-------------------------------|--------------------------------------|----------------|
| Lot 1: East Kent                           | £ 381,096                     | Kent County Council                  | £ 381,096      |
| Lot 2: West Kent                           | £ 222,306                     | Kent County Council                  | £ 222,306      |
| Lot 3: Dartford, Gravesham & Swanley (DGS) | £ 456,388                     | Kent County Council                  | £ 127,032      |
|  |                               | Dartford, Gravesham and Swanley CCG* | £ 329,356      |
| Lot 4: Swale                               | £ 228,192                     | Kent County Council                  | £ 63,516       |
|  |                               | Swale CCG*                           | £ 164,676      |
| <b>Total</b>                               | <b>£1,287,982</b>             |                                      |                |

\* In addition to the investment from KCC, the DGS and Swale CCGs also intend to fund this contract for an initial period of 4 years (with the option to extend as detailed in the contract particulars), subject to a review and break clause at 18 months (30 September 2020), and based on the performance of the contract. Should the funding from the CCGs not form part of this contract beyond September 2020, then the number of posts funded by this contract would reduce accordingly.

### Part B: Community Navigation for Carers

| Geographic Contract Lot                    | Annual Contract Value per Lot | Funded by                           | Annual Funding |
|--|-------------------------------|-------------------------------------|----------------|
| Lot 1: East Kent                           | £ 1,948,899                   | Kent County Council                 | £ 1,130,387    |
|  |                               | Ashford CCG                         | £ 132,829      |
|  |                               | Canterbury & Coastal CCG            | £ 239,299      |
|  |                               | South Kent Coast CCG                | £ 255,171      |
|  |                               | Thanet CCG                          | £ 191,213      |
| Lot 2: West Kent                           | £ 1,137,188                   | Kent County Council                 | £ 768,795      |
|  |                               | West Kent CCG                       | £ 368,393      |
| Lot 3: Dartford, Gravesham & Swanley (DGS) | £ 533,045                     | Kent County Council                 | £ 498,472      |
|  |                               | Dartford, Gravesham and Swanley CCG | £ 34,573       |
| Lot 4: Swale                               | £ 195,952                     | Kent County Council                 | £ 164,726      |
|  |                               | Swale CCG                           | £ 31,226       |
| <b>Total</b>                               | <b>£3,815,084</b>             |                                     |                |

\*this funding includes an element of core funding from both KCC and CCGs for carers assessment and demand led funding for KCC on carers one off payments and transport and demand led funding for CCGs on hospital discharge and rapid response support.

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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 – 12 March 2019

**Subject:** **COMMUNITY DAY OPPORTUNITIES FOR INDIVIDUALS WITH DISABILITIES (SS15087)**

**Classification:** Unrestricted

**Past Pathway of Paper:** Adult Social Care and Health Cabinet Committee – 11 October 2016

**Future Pathway of Paper:** None

**Electoral Division:** All

**Summary:** This report provides an update on the Community Day Opportunities for Individuals with Disabilities Contract. It details the background to the recommissioning of day opportunities and the performance of the current contract.

**Recommendation(s):** The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT ON** the content of this report.

## 1. Introduction

- 1.1 Community Day Opportunities for Individuals with Disabilities is a framework contract, which commenced on 10 April 2017 for a period of 48 months (ending on 9 April 2021). The framework was designed to address a range of issues with the existing arrangements for the commissioning of day services and to help shape the day services market, supporting it to grow and develop, and offer real choice to people who use the services.
- 1.2 The proposal to recommission Day Opportunities for Individuals with a Disability was endorsed by the Adult Social Care and Health Cabinet Committee on 11 October 2016 and an Executive Decision (16/00089) was subsequently taken by the Cabinet Member for Adult Social Care and Public Health.
- 1.3 This paper provides an update on the performance and development of the contract since that time.

## 2. Strategic Statement and Policy Framework

- 2.1 Increasing Opportunities, Improving Outcomes: Kent County Council’s Strategic Statement 2015-2020, Strategic Outcome of “Older and vulnerable residents being safe and supported with choices to live independently.”

2.2 Care Act (2014) in relation to the duty to meet unmet eligible social care needs for both carers and the cared for person, and duties regarding market shaping and oversight.

### **3. Background**

3.1. In response to Valuing People Now (2009), the model for day opportunities evolved to enable people to receive support within their local communities, rather than in large buildings which segregated them. This resulted in a diversification of the provider market with the number of smaller providers increasing and more choice for people.

3.2 Day opportunities provide valuable support for people with a wide range of needs, including those who benefit from support to move towards independence, those who live with challenging behaviour and require support to live safely in the community and people who have profound learning disabilities in addition to a physical disability (e.g. wheelchair users) who need significant levels of support. For this group, day services also provide valuable respite for carers.

3.3 Prior to the framework contract, day services were purchased on an individual (spot purchasing) basis. This included supporting 925 people to attend learning disability day services at a cost of £5m per year and 306 people to attend physical disability day services, approximately £868k per year.

3.4 Additional costs included: £0.5m one to one support that enabled people to attend day services, approximately £254,650 on direct payments and approximately £1m per year for transport, the majority of which was delivered through Transport Integration.

3.5 At that time, there were approximately 95 Providers in Kent (16 of which also supported people with a physical disability), and an additional 33 Providers of day services for people with a physical disability,

3.6 A comprehensive analyse phase and stakeholder engagement identified a range of issues resulting from the use of spot purchasing at this scale, including:

- significant variation in cost (from £17 per day to in excess of £250 per day) where there was lack of clarity about what added benefit was achieved from higher cost services and where individual placements were negotiated on a case by case basis
- lack of quality standards, in the absence of a detailed, current service specification and lack of Care Quality Commissioning standards
- geographical variation when looking at the type of activities available where there are differences in what is available for people across the county
- gaps in service where there was lack of specific activities for people

3.7 A new contract was designed to address these issues.

## **4. Impact of the Contract and Contract Management**

### **4.1 Variation in cost**

4.1.1 The first step taken to address the above issues was to differentiate between the type of support that people received. The framework now in place is made up of three Lots which reflect different outcomes for individuals, namely services that:

- promote wellbeing through ongoing activities,
- promote independence through skills development and that,
- provides training and development as a route to employment.

4.1.2 A fourth Lot is also available for those providers who provide additional support that enables people to access their day services and transport was also included as a mechanism to encourage more providers to provide transport services.

4.1.3 A maximum unit cost was put in place for each contract Lot and this reflected the type of support being provided, namely higher maximum costs for services that developed skills or provided training. Once a provider joins the framework, these rates are fixed and cannot be negotiated on an individual basis as they were in the past.

4.1.4 This approach has largely been successful. Whilst the unit costs for spot purchased day services varied significantly the rates for contracted services on the framework currently range between £39.52 and £59.27 per day. These differences are in relation to the type of support provided and the quality of the service.

### **4.2 Quality Standards**

4.2.1 Day services are not Care Quality Commission (CQC) registered. Therefore, a detailed specification was written that clearly identified quality standards for the service. All providers were required to pass the quality element of the tender in order to receive contracts through the framework.

4.2.2 In addition, contracts were awarded based on a quality and cost ratio where higher cost recognised higher quality.

4.2.3 A range of contract management approaches were developed to monitor quality of service delivery against the specification. These include key performance indicators, quarterly provider forums, annual self-assessment reviews and spot checks often conducted jointly by commissioners and local care management team.

4.2.4 In addition, a clear set of sanctions were introduced that could be implemented should providers fail to deliver against the specification.

4.2.5 Whilst an improvement on the monitoring that was previously carried out, as the contract has embedded it became clear that the Key Performance Indicators (KPI) were not proving as effective/informative as intended. Commissioners have therefore been working with providers to coproduce a revised set of KPIs (with more frequent reporting) that will apply from April 2019.

4.3 Geographic variation and gaps in service

4.3.1 The framework was set up to standardise cost and quality, however it was recognised that many providers had not been through commissioning processes before, and that there was a need to stimulate the market to develop and grow.

4.3.2 It was agreed that the contract would re-open at regular intervals of 6, 12 and 24 months to allow additional providers to join the contract. This also enabled providers, who were not used to completing tendering processes, additional chances to enter onto the framework should their first attempt fail.

4.3.3 During contract design, it was agreed that preference for new referrals should be given to framework providers where quality and cost was assured. It was agreed that people would receive a direct payment to access services from non-framework providers and that individual contracts could only be used in exceptional circumstances where it could be demonstrated that a Direct Payment was not appropriate, and that no suitable services were available to the individual through the framework contract. To date, two individual contracts have been agreed by Assistant Directors which meet these criteria.

4.3.4 When the contract commenced on 10 April 2017, 27 providers were awarded contracts to deliver services against one or more Lot on the framework. As at 9 April 2018 this had increased to 43. The framework reopened in January 2019 for providers to join from April 2019.

| Lot                                  | Number of Providers Delivering Lot as of April 2017 | Number of Providers Delivering Lot as of April 2018 |
|--------------------------------------|---|---|
| Lot 1a: Promoting Wellbeing (LD)     | 21  | 34  |
| Lot 1b: Promoting Wellbeing (PD)     | 19  | 29  |
| Lot 2a: Supporting Independence (LD) | 18  | 32  |
| Lot 2b: Supporting Independence (PD) | 15  | 25  |
| Lot 3: Employment                    | 1   | 4   |
| Lot 4: Additional Support            | 12  | 18  |
| Additional Element* (Transport)      | 8   | 14  |

4.3.5 Whilst it was hoped that most providers would join the framework, several elected not to, preferring to retain their existing clients via individual contracts and/or to move towards a Direct Payment model.

4.3.6 As a result, not all current providers are in the framework and care managers have raised some concern that this has resulted in the choice of day services being limited for some individuals because if an individual is unable to take on a

Direct Payment then their choice of services is limited to those on the framework.

4.3.7 In other cases where there are gaps in provision, it is because level of demand is not high enough to offer providers a guarantee of income that would warrant them opening or developing new services.

4.3.8 Commissioners are working with providers and local care management teams to understand this in more detail and work towards a resolution.

#### 4.4 Other Issues

4.4.1 Providers have raised concerns at the low volume of referrals they receive through the framework contract. The primary reason for this is that new referrals are either the result of individuals coming through transition (35% of new referrals) or because existing people have chosen to change the services that they attend (65%). However, in both cases these numbers are generally low and, in most cases, attendance at services has remained static since April 2017.

4.4.2 Anecdotally, there is some suggestion that more people are using a Direct Payment to attend the services. This would account, in part, for why the anticipated increase in contractual spend on day opportunities has not been seen (see point 5.2).

4.4.3 Commissioners continue to have discussions with both providers and care management teams to look at how this can be addressed, so that both new and historic providers are receiving referrals through the framework.

4.4.4 The transport element of the contract has not been as successful as hoped due to lack of interest on the part of providers and because of differences between how the contract is set up to pay transport and how the council's systems record it. This will be addressed in the next iteration of the contract.

### 5. Financial Implications

5.1 At the time of recommissioning, it was expected that provider unit costs would increase as a result of increasing delivery costs over the previous four years in conjunction with no price increases over the same period, and the introduction of National Living Wage. As a result, it was agreed that only new people joining a provider after the framework start date would be funded at the framework rate. This means that providers on the framework have a combination of people on the framework rate and on 'old' individual contracts as illustrated below (for December 2018):

| Contract Type |  | Learning Disability Clients |          | Physical Disability Clients |
|---------------|--|-----------------------------|----------|-----------------------------|
|               |  | Aged 16-25                  | Aged 26+ |                             |
| Spot          | Individual Contract for Day Service (full day) | 171                         | 779      | 170                         |

|                                    |  |            |            |            |
|------------------------------------|--|------------|------------|------------|
| u                                  | Individual Contract for Day Service (half day) | 8          | 119        | 14         |
|                                    | Individual Contract for Additional Support     | 29         | 46         | 0          |
| Framework                          | Promoting Wellbeing Day Service (full day)     | 49         | 86         | 39         |
|                                    | Promoting Wellbeing Day Service (half day)     | 8          | 22         | 3          |
|                                    | Promoting Independence Day Service (full day)  | 35         | 18         | 10         |
|                                    | Promoting Independence Day Service (half day)  | 4          | 1          | 2          |
|                                    | Employment Support Day Service                 | 0          | 1          | 0          |
|                                    | Additional Support                             | 19         | 12         | 2          |
| <b>Total Number of Individuals</b> |  | <b>278</b> | <b>804</b> | <b>235</b> |

- 5.2 However, one of the benefits of entering onto the contract meant that providers would be considered for an index related price increase along with all other contracted services. This increase would be applied to all historic clients and meant that the lower individual contract prices were increased to match the framework rates over time, rather than in one go.
- 5.3 From April 2019, as parity between providers' rates for individual contracts and the framework is achieved, commissioners will look to migrate all historic placements over to the framework contracts. This will not only provide administrative benefits for both providers and the council around invoicing and system changes it will also bring historic placements under the terms and conditions, and service specification, linked to the new contracts.
- 5.4 Considering the activity levels within day services prior to the framework, the total value of the contract over the four years was estimated to be £28,000,000. However, because of the approach detailed in 4.2 and many people choosing to remain with their existing services, the spend on the contract has not been as high as anticipated. The impact on direct payments used specifically for day services is not known.
- 5.5 For 2017/18, the total spend against externally commissioned Learning Disability (LD) and Physical Disability (PD) Day Services (excluding transport and additional support) was around £4.9 million. This translates into an average spend per person, per week of £87.12 (December 10-16, 2018).

## 6. Conclusions

- 6.1. As detailed in this report, the establishment of the framework contract has achieved the identified goals of giving greater oversight/control around the

quality, cost and outcomes of the day services being commissioned for some of Kent's most vulnerable residents.

- 6.2. Applying a discretionary uplift to historic individual contracts held by providers on the framework is reducing the gap between the historic and framework contracted rates gradually and supporting the sustainability of the market.
- 6.3. The need to spot purchase day services from non-contracted providers using individual contracts will continue to be considered on a case-by-case basis in exceptional circumstances when no contracted provider is able to meet a individual's assessed needs.
- 6.4. Day services for Older People, and People with Dementia are out of scope of the framework contract, primarily due to the lower volume of people accessing these services through individual contracts. Commissioners are aware that services for people in this client group are spot purchased and will be exploring the possibility of expanding the framework to include additional Lots for Older People with Frailty and Older People with Dementia, where they meet the council's eligibility criteria for services. By doing this there would be one overarching contract for all external (non-residential) day services commissioned by adult social care.

## 7. Recommendation(s)

7.1 Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONDISER** and **COMMENT ON** the content of this report.

## 8. Background Documents

16/00089 - Community Day Services for people with a Learning Disability and/or a Physical Disability  
<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=1979>

## 9. Lead Officers

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**From:** Eric Hotson, Cabinet Member for Corporate and Democratic Services  
David Cockburn, Corporate Director Strategic and Corporate Services and Head of Paid Service

**To:** Adult Social Care Cabinet Committee, 12<sup>th</sup> March 2019

**Subject:** Development of the Strategic Delivery Plan

**Classification:** Unrestricted

**Past Pathway:** Policy and Resources Cabinet Committee (29<sup>th</sup> June 2018)

**Future Pathway:** Cabinet Committees (March 2019), Policy and Resources Cabinet Committee (13<sup>th</sup> June 2019)

**Summary:** The Strategic Delivery Plan will be the strategic business plan for Kent County Council, which supports the delivery of the outcomes in the Strategic Statement. As a rolling plan, it sets out the significant activity we need to deliver over the medium term, connecting strategy with the resources and capacity we need to deliver effectively at pace.

**Recommendation(s):**

The Adult Social Care Cabinet Committee is asked to:

(1) **Consider and discuss** the draft Strategic Delivery Plan summary.

**1. BACKGROUND**

- 1.1 In June 2018, the Policy and Resources Cabinet Committee endorsed the move from directorate business plans to a strategic business plan for the whole Council, which could better support the delivery of the outcomes in KCC's Strategic Statement.
- 1.2 The Strategic Delivery Plan is being collectively developed with services, Cabinet Members and Corporate Management Team. It is supported by a summary document and will be agreed by Corporate Board.
- 1.3 The Strategic Delivery Plan is designed to be outcome led, with a strong focus on accountability for the delivery of significant activity, including commissioning, service change and strategy/policy development. It focuses on action not words, clearly setting out what activity needs to be delivered, with a light-touch narrative of key themes.
- 1.4 It is driving a step change in business planning, looking ahead over a rolling three-year cycle, to progress activity through the right informal and formal governance arrangements. It is progressing management action on resourcing, capacity and compliance issues, in a disciplined way which supports KCC's new Operating Standards.

- 1.5 The Strategic Delivery Plan is supported by divisional/service 'Operating Plans'. The Operating Plans capture core business activity across the Council (e.g. statutory responsibilities) and align with activity within the Strategic Delivery Plan. These remain a management responsibility and will be made accessible to all elected members on KNet from April 2019.

*Figure 1: KCC's business and financial planning cycle*



## 2. THE STRATEGIC DELIVERY PLAN PROCESS

- 2.1 The Strategic Delivery Plan approach was endorsed by Policy and Resources Cabinet Committee in June 2018 and agreed with Cabinet Members and CMT in September 2018. A business change approach was developed to support the creation of the plan, maximising the potential of our Microsoft 365 tools to gather, analyse and store information across the Council in a simple, efficient way. Officer engagement began in October 2018, including briefings for Challenger, Directors and Extended CMT.

### ***Identifying a long list***

- 2.2 The first step in the process was to create a 'long list' of activity from all divisions across the Council. This included "significant" activity which was likely to be high value, profile, risk and complexity, and likely to meet the key decision criteria. This included people commissioning, infrastructure commissioning (including assets and technology), significant service changes and strategy/policy development.
- 2.3 The officer response was extremely positive, with proactive engagement with the business change approach from across the Council. A simple online form was used to gather information from services, which was open

for a 6 week submission period and only took a few minutes to submit. This allowed the instant collation of a vast amount of information on 183 different activities by the end of November, with automatic analysis of the data trends.

- 2.4 The breadth and volume of activity identified for the 'long list', enabled constructive discussions with Cabinet Members and CMT in early December about the resource and capacity implications for the Council. These are further considered in Section 4.
- 2.5 The discussion identified some activities which did not meet the criteria for the Strategic Delivery Plan as they were operational delivery or core business (e.g. statutory duties), not strategic activity. It is important that the plan does not become an exhaustive list of everything we do (already captured in documents such as Operating Plans, Budget Book and strategies/policies), but prioritises the most significant activity for the Council. An updated list of 171 activities was confirmed by Cabinet Members by the end of December.

#### ***Prioritising a short list***

- 2.6 The aim was now to move from a 'long list' to a 'short list' which could inform the narrative for the draft Strategic Delivery Plan. The short list needed to prioritise activity with high strategic importance, value, risk and complexity. Any activity not prioritised for the short list would be used to inform the development of divisional Operating Plans. Detailed activity 'scorecards' were used to capture all the information about each piece of activity on a page, including financial information, decision authority and accountability.
- 2.7 In early January 2019, we assessed all the activity submitted by services, from a whole Council perspective to inform a relative prioritisation discussion with Cabinet Members and CMT. This was achieved using a simple, consistent framework which is considered best practice by the National Audit Office and has already proven valuable for prioritising project, programme and assurance work within the Council.
- 2.8 In early February, Cabinet Members and CMT confirmed 79 activities for the short list and highlighted key themes to include within the Strategic Delivery Plan. The majority of these activities (89%) are already in delivery and will form the 'pipeline' for CMT and Corporate Board, so management action can be progressed at pace. This pipeline will help to determine which activities will benefit from robust business case development and a disciplined focus through informal and formal governance arrangements, ahead of decision making.

#### ***Developing the plan***

- 2.9 Once the short list was confirmed, this helped to identify shared themes, opportunities and challenges to include in the narrative for the draft Strategic Delivery Plan, including:
  - Outcomes based commissioning
  - Integration and partnership working
  - Place-shaping

- The right infrastructure for a growing county
- Resilient services and communities
- Shaping future strategy

2.10 Brief 'headline' descriptions for each piece of activity were developed, to clarify what the activity intended to achieve, which will feature in the summary document. The information submitted by services was updated to provide clarity on what needed to be delivered and include the proposed informal governance route for each piece of activity.

2.11 Two versions of the Strategic Delivery Plan were developed:

- A full version which includes detailed activity submissions
- A summary which captures our ambition and activity to deliver better outcomes

2.12 Draft versions of the Strategic Delivery Plan were considered by Cabinet Members and CMT in February. The draft Strategic Delivery Plan Summary (**Appendix A**) was shared with elected members as part of briefings on the Strategic Delivery Plan process with Political Groups in late February. Feedback on the draft will be considered to develop the final versions of the Strategic Delivery Plan, ahead of approval by Corporate Board.

### **3. THE ROLE OF MEMBERS IN BUSINESS PLANNING**

3.1 Elected members play an important role in considering activity within the Strategic Delivery Plan through the governance and decision making arrangements for the Council.

3.2 Members work with officers to provide input and advice on individual activities through the Council's informal governance arrangements and contribute to other task and finish groups to inform activity in advance of formal governance and decision making. This adds value by helping to inform options for strategic commissioning or service change and contributes to member's role in strategy and policy development. This is an important part of KCC remaining an effective member led and Strategic Commissioning Authority, with effective joint working between members and officers.

3.3 Members will consider individual activities within in the Strategic Delivery Plan as they progress through Cabinet Committees ahead of formal decision making. Officers are responsible for delivering and managing the activity that flows from decisions that are taken by members. Cabinet Committees provide oversight of activity throughout delivery, for example considering the effectiveness of contract management. Corporate Directors ensure members are engaged in oversight of activity within directorate arrangements, for example informal briefings on the Adult Social Care and Health Portfolio projects.

3.4 The Policy and Resources Cabinet Committee has oversight of the business planning framework for the Council. A review of the Strategic Delivery Plan process will be reported to this committee in June 2019.

#### **4. BENEFITS AND CHALLENGES**

- 4.1 The development of the Strategic Delivery Plan has highlighted benefits and challenges, which will inform future action and a review of the Strategic Delivery Plan process this Spring.

##### ***Benefits***

- 4.2 One of the major successes of the Strategic Delivery Plan has been the collaborative engagement from across the Council. Officers and Cabinet Members have worked together to ensure it reflects the key issues in our operating environment and critical success factors for the Council. Officers have embraced new ways of working, proactively submitted a wealth of information and have been keen to support the new process.
- 4.3 The process has demonstrated the significant opportunities of business change. It has maximized our investment in the Microsoft 365 tools, proving these can be used in efficient, creative ways to support key business processes. The tools made it quick and simple to gather information in a structured way from across the council. Automatic analysis in Microsoft Forms provided early indications into how plan was shaping up, to issues could be swiftly addressed. This enhanced the productivity of the whole process and saved hundreds of hours compared to gathering and processing business planning information by traditional means.
- 4.4 The Microsoft Teams site has been a hub for officer information, allowing for real time updates and queries to be resolved instantly. It also facilitated engagement between officers in different teams on shared projects. The learning from this approach can now be applied to other business processes.
- 4.5 The plan has helped to identify clear shared themes, which will support the development of next Strategic Statement. The prioritisation short list process has ensured the right activity is in the plan and has the right focus through the informal governance arrangements. We will capture this learning for the next Strategic Statement to ensure we prioritise even more effectively in future business planning rounds.
- 4.6 The capacity and demand information that emerged through the plan process is now shaping resourcing decisions. CMT have taken a strategic leadership role on this issue, considering how to prioritise the right skills and capacity effectively. Corporate support services are using the plan to respond to future demand. For example, 73% of short list activity identified the need for Strategic Commissioning support, so the division is now using the Strategic Delivery Plan analysis to prioritise limited resources on the most significant activity.

##### ***Challenges***

- 4.7 The volume of activity identified within the process, in addition to core business delivery, has exposed the need to carefully consider resources, impact and the value of activity to ensure a strong focus on outcomes.

32% of responses said they were still unsure about the capacity needed and needed to further assess what is required. This has demonstrated the need to prioritise and challenge what can be achieved within the year ahead, and over the medium term in the context of rising demand and financial pressures.

- 4.8 The volume issue is particularly significant in terms of demand for corporate support services, who not only need to deliver corporate enabling activity, but also support significant service activity. 71% of activity requires support for across KCC services for delivery, with particularly high levels of demand for Strategic Commissioning (73%) and Finance (63%) support. However, Directors are already responding to this issue by using the analysis of the Strategic Delivery Plan to effectively plan for future capacity and demand.
- 4.9 The volume has also indicated that there is insufficient prioritisation across the Council, both corporately and within services. It was noticeable during the analysis of the emerging plan, that the Strategic Statement outcomes were unbalanced (38% of activity is within Outcome 2), too broad and do not easily capture cross-cutting enabling activity (21% of activity), which is an increasing focus of a Strategic Commissioning Authority model. The breadth of activity reinforces the need to ensure the next Strategic Statement is clearer about member priorities, allowing greater prioritisation of business activity across the Council.
- 4.10 The quality of the financial information submitted by services in the process correlates with issues previously raised by Corporate Assurance about effectively defining costs and benefits. For example, only 54% of activity responses identified revenue investment costs. The gaps in financial information show that too often activity is initiated without a full appreciation of financial implications and there is a need for greater discipline on this through business case development.
- 4.11 The plan has also raised some compliance risks around the sufficiency of equalities and data protection analysis. Only 29% of activity has completed an Equalities Impact Assessment (EQIA) initial screening or has one in progress, and 21% have a Data Protection Impact Assessment (DPIA) completed or in progress. CMT and the General Counsel are providing leadership on this issue to ensure that activity is unable to proceed without having met these compliance requirements, address any immediate risks and continue to enhance the quality of our analysis.

## **5. DELIVERING THE RIGHT ACTIVITY, IN THE RIGHT WAY**

- 5.1 By focusing on high value, complex activity, the Strategic Delivery Plan is an important part of managing organisational risk effectively. Recent National Audit Office reports have highlighted the financial and delivery risks in the local government operating environment. This plan means that we can have a proactive and disciplined response to managing risk, with many activities within the plan linked to supporting mitigating actions in the Corporate Risk Register.

- 5.2 To do so, we need to ensure we are managing the delivery of the right activity in the right way. The way we will achieve this is through better business case development. The HM Treasury Better Business Cases principles are being used to strengthen this in commissioning practice and assurance of change projects/programmes. Only 53% of the activity in the short list was identified as being part of a programme or project, which highlights the need to consider future change management capacity.
- 5.3 The short list will help to determine what activity requires robust business case development and ensure this is delivered effectively in line with KCC's Operating Standards as it proceeds through the informal and formal governance arrangements. The short list will now become the focus for the Corporate Assurance and Risk team to prioritise activities which need strong, effective business case development and delivery.
- 5.3 CMT are taking a leadership role on management action for the Strategic Delivery Plan, using this to drive forward agenda planning and taking a programmed approach, supported by collective business case development.

## 6. NEXT STEPS

- 6.1 This report, including the draft summary document, will be made available to Cabinet Committees during March 2019, where requested by the Cabinet Committee Chairman.
- 6.2 The final Strategic Delivery Plan and Strategic Delivery Plan Summary are due to be approved by Corporate Board. It is intended to publish the summary document on Kent.gov and the full plan and supporting Operating Plans on KNet, in April.
- 6.2 To build on the successful momentum of the Strategic Delivery Plan process and positively address emerging issues, a review of the process will be undertaken this Spring. This will be reported to the Policy and Resources Cabinet Committee in June 2019 and used to shape future business planning rounds, which will start later this year, informed by the Spending Review (2019).

## 7. RECOMMENDATIONS

- 7.1 The recommendations are as follows:

The Adult Social Care Cabinet Committee is asked to:

**(1) Consider and discuss** the draft Strategic Delivery Plan summary.

## 8. BACKGROUND DOCUMENTS

Appendix A: Draft Strategic Delivery Plan Summary document

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# Strategic Delivery Plan (2019-2022)



Draft Summary (Version 0.4)



The Strategic Delivery Plan sets out how we will achieve better outcomes for the people of Kent, by acting as a single business plan for Kent County Council (KCC), providing a clear sense of pace for delivery.

This is a public summary of the significant activity within the Strategic Delivery Plan, which support the outcomes in KCC’s Strategic Statement. It includes a brief narrative of key themes in our wider operating environment that impact on delivery and a list of what needs to be delivered over the next three years, as a rolling plan which is updated annually.

The Strategic Delivery Plan connects strategy (the outcomes we want to achieve) and activity (what we need to deliver), with resources and capacity, aligned with the Medium Term Financial Plan (2019-2022).

The plan is owned by the Leader and Head of Paid Service. It has been collectively developed by Cabinet Members, Corporate Management Team (CMT) and services across the Council.

The activity has been prioritised to ensure that critical activity for the Council delivers at pace and the right activity is focused through our governance arrangements. Elected Members from all political parties will consider the activity within the plan as it proceeds through the Council’s governance and decision making process.

The Strategic Delivery Plan is focused on the most significant activity for the Council. Our essential, day-to-day service delivery is captured in our [Operating Plans](#) (divisional/service business plans) and the [Budget Book](#). The Strategic Delivery Plan is not an exhaustive guide of everything we do, but it is intended to provide a clear sense of how KCC will respond to changes in our operating environment to deliver significant activity successfully.





Corporate Management Team and Cabinet Members have collectively developed the Strategic Delivery Plan to progress significant activity at pace.

It is important that the Strategic Delivery Plan is not just a 'plan' – it needs to progress major activity across the Council and build momentum to deliver better outcomes successfully. The future approach to business plan monitoring will be considered as part of a review of the Strategic Delivery Plan in Spring 2019, drawing on lessons learnt from the process to improve subsequent business planning rounds.

## **Our People**

The Strategic Delivery Plan cannot be delivered without the hard work and contribution of our staff. Lead officers for each activity are responsible for ensuring it is delivered effectively. The detail of how and when activity in the Strategic Delivery Plan will be achieved sits in underpinning management documents, including commissioning strategies, business cases, programme/project plans, governance reports and other reporting processes.

## **Management Action**

The responsibility for putting the plan into practice sits with Corporate Management Team (CMT), who will use the Strategic Delivery Plan as the future 'pipeline' for management action, ensuring appropriate resources and capacity are in place to support effective and timely delivery. Corporate Directors are responsible for delivering activity in the Strategic Delivery Plan and the Operating Plans within their Directorate.

## **The role of Corporate Board**

Activity that has high risk, complexity and financial value within the Strategic Delivery Plan will be also be considered by Corporate Board, providing collective ownership of organisational issues to identify constructive action.

## **The role of the Executive (Cabinet Members)**

Cabinet Members have ensured that the Strategic Delivery Plan prioritises significant activity for the whole Council from a political and business need perspective. This aligns to Cabinet Member priorities and informs a robust focus on activity through the Council's informal and formal governance and decision making processes.

The Executive has responsibility for the business planning framework for the Council. Cabinet Members will provide oversight of progress on the Strategic Delivery Plan, working closely with officers to ensure there are clear objectives, targets and timescales for delivery for activities within their portfolio responsibility.

## **The role of Elected Members**

Elected Members play an important role in considering individual activities within the Strategic Delivery Plan through the governance and decision making arrangements for the Council. Members work with officers to provide input and advice through the informal governance arrangements and contribute to other task and finish groups to inform activity in advance of formal decision making. Corporate Directors also ensure members are engaged in oversight of activity within directorate arrangements, for example providing member briefings on the Adult Social Care and Health Portfolio projects.

Members will consider significant activity in the Strategic Delivery Plan in detail as it progresses through Cabinet Committees ahead of formal decision making, supporting their role in policy and budget development. The Cabinet Committees also enable members to have oversight of activity in delivery, for example examining commissioning arrangements. This supports members in their role of monitoring the effectiveness of service delivery and the appropriateness of policy across the County, for the benefit of Kent's residents and taxpayers. Members are also engaged in other informal task and finish group activity in this respect, including the Contract Management Review Group which is supporting improvements in the quality of commissioning standards.



The Strategic Delivery Plan has identified some shared themes, which require collaboration across KCC services to achieve better outcomes.

### **Outcomes based commissioning**

As a Strategic Commissioning Authority, we want to continue to improve the quality and standards of commissioning and management of our providers to enable better outcomes for residents. We are shaping markets, driving best value and progressing joint commissioning arrangements. We will robustly review commissioning arrangements and undertake evidence-based analysis to inform new commissioning strategies. These will shape future commissioning decisions, moving away from traditional retendering processes to a more strategic, outcomes based approach.

### **Integration and partnership working**

Achieving better outcomes cannot be achieved working in isolation. Quality public services require collaboration and integration between partners, working across the public, private and voluntary and community sector. We are building strong, valued relationships to develop new operating models and tackle whole system challenges. We stand up for Kent's interests nationally and regionally through proactive partnerships and joint lobbying.

### **Place-shaping**

We have an important place-shaping role on behalf of Kent's residents and communities. We work collectively with our partners to protect and enhance our environment, develop community assets and influence master planning for new communities. We work together to ensure we serve those communities with the facilities and services they need, both now and in the future, including health, community wellbeing and education provision.

### **The right infrastructure for a growing county**

A growing county needs the right infrastructure to enable growth and drive productivity. Delivering our capital programme is key to develop and maintain the County's physical infrastructure and assets. We want to be ambitious about the quality of our infrastructure projects, influence strategic planning, maximise development contributions and achieve best value for money for Kent's taxpayers.

### **Resilient services and communities**

A fast changing operating environment means we need to be well-prepared and resilient for planned events, threats and emergencies. We focused on building resilient services and strong, safe communities, working together across KCC and with our partners to plan and respond effectively. We are working collaboratively with partners to enhance community wellbeing to achieve better health and wellbeing outcomes and address the population needs of all Kent's residents.

### **Shaping future strategy**

Business planning connects strategy with action. We are shaping new strategy responses to emerging national policy and business change, which will influence future prioritisation and service delivery to ensure best use of resources and enhance productivity. This is important to re-shape the Council's future strategy and policy framework.

## Outcome 1:

### Children and young people in Kent get the best start in life



We want Kent to be the best place for children and young people to grow up, be educated, supported and safeguarded so that all can flourish and achieve their potential.

Below is a summary of the operating environment themes which influence the way we work together to achieve Outcome 1.



**Change for Kent Children:** This programme is an ambitious new practice framework and integrated operating model for services for children and families. It aims to improve outcomes for all children and their families in Kent. The programme will ensure that services effectively respond to improvements recognised by the Ofsted inspection process. It will develop clearly established pathways for families requiring assistance and ensure a coherent offer between statutory social work and early help, in addition to an understanding of how thresholds are managed in a seamless and supportive way. This will be supported by a differentiated approach to working with adolescents, based on a recognition of the different types of risk they face and a challenge from schools that a different way of working is required. We are re-commissioning a range of children and young people's services and shaping markets to support integration.



**Supporting care leavers:** The Children and Social Care Act (2017) extended support for care leavers up to the age of 25. We have ambitious aspirations for all young people leaving care, so we are reviewing our Care Leaver Offer, placement stability and sufficiency of accommodation to become more effective at shaping markets, supporting transition and discharging our statutory duties on market sufficiency for vulnerable children. It is important that all young people get the support they need, however delivering better outcomes for vulnerable young people has significant costs, for including supporting unaccompanied asylum seeking children (UASC) as care leavers. Therefore, will pursue full cost recovery and reimbursement from the Government, to fund quality service delivery.



**Child and adolescent health and wellbeing:** We remain committed to improving children and young people's physical and mental health, emotional wellbeing and resilience. We are transforming public health outcomes through the KCHFT Strategic Partnership to enable continuous improvement and deliver financial benefits. We are undertaking robust contract management to improve waiting times, timely assessment and provision for child and adolescent mental health, which is a national as well as local issue.



**Partner service integration:** We need to collectively build better outcomes for Kent's children and young people by working in an integrated way with our partners and tackling systems challenges together. Our strategic partnerships enable the continuous improvement of public health services, embedding new models of delivery, progressing joint commissioning approaches and co-locating teams. The 0-25 Health and Wellbeing Board brings together partners to deliver a joint work programme to improve outcomes and unlock barriers for specialist services, including SEND and speech and language services.



**Supporting complex needs:** We are re-commissioning services for children and young people with highly complex needs, supporting resilient carers and families. This is to respond to more children and young people living with increasingly complex conditions due to advances in medical science. We want to ensure people have the personalised care and support they need and support vulnerable service users to live as independently as possible. We will work with providers in complex supply markets, to commission better outcomes.



**Transition:** We want to design and commission services that create seamless pathways of transition and support from children's to adult services. We also want to support people in transition periods when changes occur between and within services as well as between age group categories. This is particularly important for vulnerable young people and those with complex needs, who require integrated support across local government and health services.



**Education funding challenges:** The National Funding Formula for Schools is a significant change, which requires considered financial management. The dedicated schools grant means funding for Kent pupils is below the national average and it does not sufficiently reflect growing demand for pupils with special educational needs. There remain significant challenges to manage SEND, home to school transport and High Needs Funding demands and pressures, with a need to respond to the recent Ofsted SEND Inspection to drive quality and practice improvements.



**Education commissioning:** The Education Commissioning Plan addresses the challenge to provide additional school places in the right locations to meet rapidly growing demand, including rising secondary rolls. It supports our statutory duty to provide sufficient education places and appropriate learning pathways for pupils at Post 16. Delivery will be dependent on appropriate Government funding and securing the maximum possible contributions from developers.



**Education standards:** We want to support Kent's schools to maintain progress in education standards and close the attainment gap for disadvantaged learners. We will need to work with schools to respond to the changes to Ofsted's new inspection framework for education, due to be introduced in September 2019, which may lead to a reassessment of standards.



**The Education People:** Our new trading company was launched in September 2018 to increase the long term sustainability of education services in Kent, allow schools a greater say in how services operate and enable opportunities for growth and future investment. There is strong focus on school improvement to help schools and early years providers raise standards and outcomes for all children and young people.



**Post 16 choices:** We want to facilitate the choices, pathways and education, skills and training destinations that young people deserve. This includes maximising the opportunities of the apprenticeships programme and forthcoming T-Levels for technical and vocational learning. We will collaborate with our partners to support an ambitious Post 16 skills agenda, that promotes opportunities, provides the skills businesses need and responds to national funding challenges.

## Outcome 1: Activity Summary



This is a list of the significant activity within Outcome 1, including a headline summary of what needs to be delivered.

| No. | Activity Title  | Headline Summary  |
|-----|---|---|
| 1   | Delivering the Kent Commissioning Plan for Education Provision 2019-2023            | The rolling commissioning plan is updated annually to ensure there are enough good school places for every child who needs one. The plan sets out how we discharge our statutory responsibilities to secure sufficient places and ensure appropriate learning pathways for post 16 pupils. It forecasts the need for future provision, so places are in the right location at the right time to meet increased demand and parental preferences. |
| 2   | Transforming Early Help and Preventative Services (EHPS) Commissioning              | By April 2020, we will transform the commissioning of six contracts which support strategic priorities for Integrated Children's Services, including youth services, young carers, NEET's, family support, emotional health and wellbeing and commissioned children's centres. Evaluation of our service investment and previous phases of transformation will inform the recommissioning approach.   |
| 3   | Re-commissioning services to support the Integration of Children's Services         | Children, young people and families need to be able to access the right service at the right time. An options appraisal and needs analysis will be undertaken to inform recommissioning to enhance the Integrated Children's Service commissioning offer. As part of the Change for Kent Children programme, this will provide flexibility to respond to future needs and demand, targeting resources to support the most vulnerable.           |
| 4   | Delivering the Total Placement Service Programme                                    | The programme will transform placement sourcing arrangements for children and young people who need specialist support, enable collaboration with other local authorities and re-shape the market of provision. An annual review of placements will bring greater consistency and visibility of spend, to reduce cost variation and strengthen our negotiating position with the market.  |
| 5   | Mobilising the Young Persons Supported Accommodation and Floating Support Service   | The commissioning programme will mobilise the new service and ensure more cost-effective placements for Care Leavers, Children in Care and Homeless 16-17 year olds. This will move away from expensive spot-purchased placements to improve quality, safeguarding and that support young people to transition into independent accommodation and maintain independence in their own home.  |
| 6   | Delivering the Commissioning Strategy for Disabled Children's Services              | The delivery of the commissioning strategy will ensure provision of services which support highly complex children and young people, resilient carers and personalised care and support for families to live as independently as possible. Through joint commissioning in partnership, in a complex supply market, we will deliver integrated services to meet needs and secure best value.   |
| 7   | Transforming Children and Young People Mental Health Service commissioning (CYPMHS) | This is a 3 year transformation programme to accelerate support, address gaps and blockages to ensure children, young people and families can access the mental health services they need. KCC jointly commissions services with health (CCG's), with a robust contract management approach to improve outcomes, reduce escalation into specialist services and prioritise Looked After Children.   |

| No. | Activity Title  | Headline Summary  |
|-----|---|---|
| 8   | Integrate and transform Public Health Services for Children and Young People across Kent (KCHFT Strategic Partnership)  | We are mandated to use the Public Health Grant to improve health outcomes, developing the KCHFT Strategic Partnership to improve outcomes for children and young people, enable continuous improvement and deliver financial benefits to the Council. We will review the partnership approach and recommission services as part of a commissioning strategy.  |
| 9   | Progressing integration and joint commissioning through the 0-25 Kent Health and Wellbeing Board.   | This board facilitates better joint commissioning with health with a strong partnership focus on children's health and wellbeing outcomes across Kent. The joint work programme will drive improvements and unlock barriers in key services for those with complex needs, including SEND to respond to the recent Ofsted Inspection, speech and language therapies and mental health.   |
| 10  | Development and delivery of the Sufficiency Strategy, Market Position Statement and Market Intervention Plan for accommodation services for vulnerable children | The delivery of the strategy supports our statutory requirements and identifies key actions to shape and progress new relationships with the Kent market. This will drive better value, support greater placement stability for vulnerable children and connect services with our partners. We will analyse the impact of market interventions to inform a business case with clear options for market intervention activity. |
| 11  | Full Cost Recovery of Unaccompanied Asylum Seeking Children (UASC) Costs to KCC   | We are pursuing full cost recovery and reimbursement for asylum seeking children and care leavers, to address gaps in Government grant funding. A jointly developed business case with the Home Office aims to secure additional funding, identify new opportunities for investment and scope options for different models of delivery, including a review of Millbank Reception Centre.                                      |
| 12  | Delivering school improvement support to maintain and enhance school standards through The Education People (TEP)   | Our efforts to respond to performance in school standards services have delivered good and outstanding Ofsted results across Kent. We have positive ambitions for all Kent schools and are commissioning quality school improvement services to maintain good progress, enhance standards and tackle any slippages in performance.  |
| 13  | High Needs Funding and SEND Action Plan   | We are responding to rising demand, gaps in sufficient national funding and driving improvements in support for pupils with SEND, ensuring the right provision is in place to meet their needs. Our transformational SEND Action Plan will take decisive action to respond to the recent SEND Ofsted inspection and deliver the improvement required in Education, Health and Care Plans.                                     |
| 14  | Delivering the Post 16 Education Review, to facilitate better education, skills and training opportunities for young people                                     | We will scope and deliver a fundamental review of Post 16 Education in Kent, to facilitate the choices, pathways and destinations that young people deserve. We will collaborate with our partners to progress an ambitious Post 16 skills agenda, including working with schools, the HE/FE sector, business community and Education Skills and Funding Agency to tackle national funding issues.                            |

## Outcome 2:

Kent communities feel the benefits of economic growth by being in-work, healthy and enjoying a good quality of life



We want to work with our partners to create well designed housing, appropriate infrastructure and promote economic growth. We will strengthen Kent's resilience and promote health and wellbeing for local communities.

Below is a summary of the operating environment themes which influences the way we work together to achieve Outcome 2.



**Standing up for Kent:** We are strengthening our relationships at a local, regional and national level to stand up for Kent's interests and pursue shared outcomes with our partners. This includes collective partnership work and joint lobbying activity with key partners, including the Kent Leaders and Joint Chiefs, Kent Resilience Forum, South East Local Enterprise Partnership, Kent and Medway Economic Partnership, Kent and Medway Health and Wellbeing Board, Sustainability and Transformation Partnership, Transport for the South East, Kent Housing Group and Thames Estuary Growth Commission.



**Planning for growth:** We will work in partnership with the Kent Leaders and Kent Housing Group on the Kent and Medway Housing Strategy which aims to accelerate housing growth and develop affordable housing options. This aligns with the Council's work on the Growth and Infrastructure Framework, influencing Local Plans and maximising Developer Contributions, to deliver sufficient, resilient and appropriate infrastructure to support new and existing communities. We want to influence quality development through the Kent Design Guide and work collectively with partners to secure Government and LEP investment to meet Kent's housing and infrastructure needs.



**Investing in our infrastructure:** We want to promote safer journeys and deliver sustainable community assets. We are investing in our capital infrastructure and maintenance programmes to deliver critical transport, growth and flagship regeneration projects, including programme management of the Local Growth Fund schemes. We will continue to challenge the Government on their future strategy for tackling infrastructure funding gaps for essential community provision, including health and education facilities. Prioritising the right capital projects is important to address the needs of growing communities and respond to pressures from unprecedented levels of growth whilst delivering best value to the taxpayer.



**Smart places:** We need to seize opportunities presented by smart places and technology innovation to improve and future-proof digital infrastructure. We are supporting national investment and rollout in ultrafast broadband to enable future growth and service transformation.



**Enterprise and Productivity:** In 2019, we will be developing an Enterprise and Productivity Strategy which sets the long-term ambition for growth, supporting the delivery of the SELEP Strategic Economic Plan and the Government's Industrial Strategy agenda.



**Keeping Kent moving:** The Local Transport Plan 4 sets out our priorities for the highways capital programme and strategic planning that will shape solutions for freight management, sufficient overnight lorry parking, a permanent solution to Operation Stack/Brock and related highways infrastructure improvements. We will continue to lobby rail operators to maximise opportunities of new rail franchises to improve journey times and capacity for Kent's residents.



**Better and safer journeys:** The pothole blitz is improving the quality of Kent's roads and our highways maintenance commissioning will enable safer journeys for all road users. The Big Conversation will pilot and deliver new solutions for subsidised bus services in rural communities.



**Brexit preparedness:** We have proactively worked across KCC and with our partners on Kent's short-term preparedness and response in the event of a 'no deal' Brexit and longer-term impact and opportunities from the UK leaving the EU. This includes planning a managed highways response supported by government investment in key infrastructure and developing skills and capacity within Trading Standards services. We will initiate joint lobbying with our partners on the forthcoming UK Shared Prosperity Fund, to maximise opportunities to secure future funding.



**Waste infrastructure and commissioning:** We need to deliver essential waste commissioning and infrastructure projects, which support the development of the statutory Minerals and Waste Local Plan. This includes recommissioning a series of critical waste contracts, household waste recycling centre provision and implementing new waste partnership arrangements in East and West Kent.



**Community resilience and wellbeing:** Place based approaches will bring local services together to effectively confront the wider determinants of public health, reduce demand, deliver cost savings and improve outcomes for local communities. We want to create new models of local delivery which enable resilient, strong communities and promote individual and community wellbeing.



**Improving public health outcomes:** We are commissioning a range of preventative services to help adults make healthy choices and live longer in good health, supporting the delivery of the Kent and Medway Sustainability and Transformation Plan and the development of Integrated Care Systems. We will work with our partners to refresh the Kent and Medway Joint Health and Wellbeing Strategy, reflecting the emerging evidence base for public health outcomes in the updated Joint Strategic Needs Assessment, NHS Case for Change and Kent Integrated Dataset.



**A sustainable Libraries, Registration and Archives service:** Our new three-year strategy for Libraries, Registration and Archives offers an exciting and sustainable future for the service. Through this we will start to realise our ambitions to make sure our network of 99 libraries and our archive and register offices are used to their full potential for our communities, delivering projects that will increase our customer base and make a positive difference to people's lives.

## Outcome 2:



**Kent communities feel the benefits of economic growth by being in-work, healthy and enjoying a good quality of life**

This is a list of the significant activity within Outcome 2, including a headline summary of what needs to be delivered.

| No. | Activity Title   | Activity Type  |
|-----|--|--|
| 15  | Planning for housing growth and infrastructure in Kent   | We are working collectively with local planning authorities and strategic partners to plan to accelerate housing delivery to support long term growth across Kent and Medway, including exploring the potential of a housing deal. We want to secure Government capital investment to deliver the right sustainable infrastructure for growing communities.  |
| 16  | Input to Local Plans and Significant Development across Kent and nationally  | We are actively involved in strategic planning matters to ensure the right infrastructure is factored into Local Plans for growth and development across the county, working closely with national and local partners. This work will be supported by updates to the Kent Design Guide to influence quality development and consider emerging issues such as parking requirements in new developments. |
| 17  | Maximising opportunities of the Strategic Development Contributions process and updated strategy   | We maximise the opportunities of securing developer contributions from S106 and CIL for appropriate community infrastructure investment. We are effectively managing the process and updating the strategy to consider both service and financial impacts and mitigations.   |
| 18  | Delivering the Council's Infrastructure Capital Delivery Programme   | The £500m capital programme drives the design and construction of vital community services, including education, libraries and flagship regeneration projects such as Thanet Parkway and Turner Contemporary. A robust, structured programme management approach supports effective delivery of projects within the MTFP, maximising best value.   |
| 19  | Delivering Local Growth Fund schemes and projects  | We are successfully progressing programme management of Local Growth Fund capital projects, working with SELEP and other partners on the delivery of essential highways, transportation and other regeneration projects to enhance infrastructure for a growing county. This includes schemes being funded from the National Productivity Investment Fund.   |
| 20  | Delivering the Kent Broadband Programme  | The programme aims to further extend the reach of superfast broadband to support digital inclusion in local communities and businesses. It will extend the national Broadband Delivery UK contract with additional investment and deliver pilot approaches to connect further properties.  |
| 21  | Developing the Kent and Medway Enterprise and Productivity Strategy  | With a 2050 time horizon, the Enterprise and Productivity Strategy will inform our response to changes in the living, working and business environment. It will act as a framework for efficient use of resources and future investment decisions, linked to the Local Industrial Strategy.  |
| 22  | Responding to Thames Estuary Growth Commission Report  | Collaboration with national and local partners aims to transform the area by attracting new investment, employment and new homes. We want to progress the new Thames Estuary Growth and Prosperity Board to promote and respond effectively to opportunities with Government.  |
| 23  | Lobbying opportunities from the UK Shared Prosperity Fund, linked to the Local Enterprise Partnership (LEP) governance, strategy and funding | We will undertake joint lobbying with local and regional partners to maximise bidding opportunities from the forthcoming UK Shared Prosperity Fund, utilising the SELEP Local Industrial Strategy as evidence of Kent's funding needs and requirements.  |

| No. | Activity Title  | Activity Type   |
|-----|---|---|
| 24  | Highways Term Maintenance Contract commissioning project  | The commissioning project will drive value for money and help maintain our highways assets for safer journeys for all road users. The project will review options for service delivery and solutions for key issues such as depots, ICT systems and operational delivery.   |
| 25  | Improving our highway assets and fixing Kent's potholes   | We are delivering a countywide planned programme of, pothole repairs and carriageway patching, using local contractors to improve our response to improving Kent's highways. We are improving the quality of our highway asset management, through increased drain clearance and general maintenance. We are maximising Government investment including the additional funding provided in the Autumn Budget. |
| 26  | Delivery of KCC's input to the development of Operation Stack/Brock and related infrastructure improvements             | Highways England is responsible for delivering a permanent solution to Operation Stack/Brock. We will work with Highways England to shape the solution, including sustainable and appropriate provision for overnight lorry parking, in support of our Local Transport Plan 4 priorities.   |
| 27  | Delivery of a solution to Overnight Lorry Parking   | The Local Transport Plan 4 sets our intention to develop a strategy that will deliver solution for overnight lorry parking, working with private sector operators and Highways England to consider the expansion of existing sites and the delivery of new sites. This supports a permanent solution for Operation Stack/Brock and work on freight management.  |
| 28  | HGV Bans/Freight Management options   | The member-led HGV group is considering potential options for the control of lorry movements and freight management solutions. Members will consider the findings of the report and if appropriate implement agreed outcomes, including pilot schemes.  |
| 29  | Highway response to Brexit  | We are proactively preparing a robust highways response to keep traffic moving despite the uncertain impact of Brexit on the county's road network. We are working closely with national, regional and local partners to strengthen key routes with plans to manage any congestion and delays, divert and hold freight traffic as necessary.  |
| 30  | Management of Brexit impacts/resilience planning for Trading Standards  | Trading Standards will be impacted by Brexit related changes to the trading environment, legislation and import controls. The service is positively responding by building skills and capacity and considering legislative change to provide quality advice and guidance to businesses.   |
| 31  | The Big Conversation – delivery and evaluation of rural discretionary subsidised bus service pilot schemes              | We are exploring innovative and sustainable ways of providing transport to rural communities in Kent. We want to maintain and improve accessibility for those without an alternative means of travel in rural areas. We will deliver and evaluate local pilot schemes for discretionary subsidised bus services to shape future delivery opportunities.   |
| 32  | Parking management and enforcement review   | We are undertaking independent research to help inform options for on street parking management and lorry enforcement issues impacting local communities. Working together with our district partners the intention is to explore a broad range of potential solutions, including to the inappropriate parking of lorries in rural areas and how additional income might be generated and invested.           |
| 33  | Development of the Minerals and Waste Local Plan  | The development of the Minerals and Waste Local Plan follows a statutory governance process and requires decisions and monitoring from County Council. The plan will help review, update and clarify related waste management policies.   |
| 34  | Waste Partnerships; implementation of West Kent (2019) and development of East Kent (2021) with a duration of ten years | We are progressing new waste partnership arrangements in East and West Kent, commissioning appropriate further capacity and maximising capital investment in essential waste infrastructure. This will support KCC to respond to significant market changes and financial pressures.  |

| No. | Activity Title   | Activity Type   |
|-----|--|---|
| 35  | Critical Waste contracts commissioning programme   | The programme will secure practical, cost-effective and compliant ways to recommission a series of technical waste contracts during 2019/20 which are critical to service delivery for residents and businesses in Kent. We will consider price implications for recycling, haulage, processing and disposals contracts.  |
| 36  | Charging for non-household waste materials at Household Waste Recycling Centres  | The project to implement this policy change is designed to reduce demand on site, generate revenue streams and create clearer intelligence that will enable stronger and more successful enforcement actions against illegal disposal of trade and commercial waste.  |
| 37  | Development and implementation of the Libraries, Registration and Archives Strategy  | We are developing a three year strategy to deliver the service ambitions and secure a sustainable Libraries, Registration and Archives service. We will maximise outcomes for local communities, though a tiering approach for library opening hours and piloting technology assisted libraries.  |
| 38  | Reviewing the JSNA to support commissioning, planning and delivery of improved health and wellbeing outcomes across the Kent and Medway health and care system | The review will examine how the JSNA can support the delivery of the Kent and Medway Case for Change, which underpins health and care system transformation and the delivery of the NHS Long Term Plan. The JSNA will also be reviewed to ensure it can meet the planning and implementation needs of all partners across the Integrated Care System.                         |
| 39  | Further development of the Kent Integrated Dataset   | The Kent Integrated Dataset supports modelling of future population health and social care needs, and is now also supporting work on system integration and commissioning. The data warehouse infrastructure is being updated and the work aligned with the analytic, research and development capability within Sustainability and Transformation Partnership.               |
| 40  | Development of a refreshed Kent Joint Health and Wellbeing Strategy  | The strategy is a statutory requirement for the Health and Wellbeing Board. It needs to be refreshed to reflect the fast-changing integration and policy context for health and wellbeing outcomes and needs to be informed by the updated evidence base in the JSNA.   |
| 41  | Transforming preventative services through the Adult Healthy Lifestyle Commissioning Strategy  | This supports the Kent and Medway Sustainability and Transformation Plan through supporting adults to make and sustain healthy choices and live longer in good health. The commissioning strategy will drive up performance, quality and consistency. Needs assessments and reviews of existing contracts will remodel services and deliver efficiencies.                     |
| 42  | Continuing the transformation of Sexual Health Services in Kent  | The refreshed commissioning plan for sexual health services will deliver service transformation through strategic partnership and contractual arrangements. This will deliver best value by managing increased demand, improving integration, productivity and embedding innovation.  |
| 43  | Refresh and implementation of the commissioning strategy for Substance Misuse Services (Drug and Alcohol services)   | The aim is to prevent harm and deliver effective, accessible and high quality drug and alcohol services. Collaboration, co-design and integration with partners will tackle system challenges and remodel services. The needs assessment will inform the refresh of the commissioning strategy to drive efficiencies, maintain performance, quality and manage clinical risk. |
| 44  | Reshaping homelessness support transition services   | Adults and children's services have worked together to reshape support services for vulnerable homeless adults and create transition pathways for young people. We will review the effectiveness of prime contractor models and promote collaboration with landlords, districts and families.   |

## Outcome 3:

### Older and vulnerable residents are safe and supported with choices to live independently



We want to ensure that the people of Kent are at the centre of their care and support them to live as independent a life as is possible given their needs and circumstances.

Below is a summary of the operating environment themes which influences the way we work together to achieve Outcome 3.



**Demand pressures:** Demand on health and social care services continues to rise with a growing and ageing population with increasing complex needs. The number of people over 65 is forecast to increase by 57.5% and the number over 85 by 131% by 2036. There is also a growing number of younger adults with complex needs who require integrated support. Social care is by far the most significant proportion of spending for the Council, so any changes to social care funding, demand and service expectations will impact on our budget and service delivery. We need cost effective services where people remain at the centre of the care they receive.



**Integration:** Integrated Care Systems require a national and local response to move from reactive acute provision to proactive primary and community services, focusing on preventative practice, improving health and reducing health inequalities. This reflects the national policy shift set out in the NHS Long Term Plan, Prevention Green Paper and anticipated Social Care Green Paper. We are working together with our partners to design and develop a transformative Integrated Care System for Kent and Medway through the Sustainability and Transformation Partnership. There is a clear focus on three tiers of integration: local/team integration (through Primary Care Networks), provider integration (through Integrated Care Partnerships) and structural/system level integration (through Integrated Care Systems).



**Local care:** New Local Care models will put the patient at the centre of everything they do, empowering GP's and local teams to integrate practice and work together to reduce hospital admissions by supporting more people in their local community. Local Care means jointly developing innovative solutions, at the right time to support people to live independently and meet local community challenges in Primary Care Network geographies. Multi-agency staff will work together as one team through Multi-Disciplinary Teams to break down silos between health and social care services. This will help to create safer 'out of hospital' solutions to reduce the pressure on both health and social care services. We will engage with early adopters and enable teams at the local level to find the right bespoke model for communities across Kent. Local Care not only focusses on those who currently require support, it is also about promoting the importance of maintaining well-being and prevention, including maximising the potential of social prescribing models.



**Market shaping:** We have a statutory duty in the Care Act to ensure sufficient capacity within the social care market. The Kent care market has been under increased pressure due to price increases from the National Minimum/Living wage, issues with viability of providers and significant workforce gaps. We will refresh the Adult Social Care Community Support Market Position Statement to inform market shaping, market oversight, market growth and sustainability. The updated commissioning strategy will inform future commissioning, workforce development, improve the quality of care and ensure KCC is responsive to market conditions.



**Your Life, Your Wellbeing:** Our 'Your Life Your Wellbeing' strategy outlines how we will focus on 'a life not a service' by continuing with a person-centred, timely and integrated approach to care and support. We are focused on delivering high quality, outcome focused, coordinated care that is easy to access and enables people to stay well and live independently and for as long as possible in their home setting.



**Being Digital:** We want to help people to achieve the best possible health and wellbeing outcomes, living independent and fulfilling lives in their own homes and communities by using digital innovation and technology. Our 'Being Digital' Strategy will deliver changes to complement more traditional forms of care and support. Technology will not be a replacement for care, however we believe it can bring improvements in efficiency, effectiveness and help improve the quality of care.



**Public Health and Prevention:** The Government's "Prevention is better than cure" Green Paper set the tone for the importance of prevention in the NHS Long Term Plan. Working together with our partners will make best use of limited resources to close health inequalities gaps, improve quality and deliver cost effective services. We use our public health responsibilities to put physical and mental health and wellbeing at the heart of everything we do, helping people to lead healthier lives.



**Mental health:** The NHS Forward View set the national objective of improving parity of esteem and reducing inequalities for people with mental health problems. Our statutory Care Act duties mean our focus is on supporting those eligible for mental health support through effective commissioning, improving access and service quality. The Mental Health Crisis Care Concordat is progressing a multi-agency response in Kent and Medway, reviewing existing and planned commissioning intentions and service delivery to review the outcomes of the Concordat and drive improvements in crisis care. Our effective Public Health campaigns are successfully highlighting important mental health issues, including suicide prevention.



**Voluntary and Community Sector:** The Voluntary and Community Sector in Kent has a vital role in providing innovative local support and solutions. We want to strengthen our strategic partnership and commissioning relationship with the sector, by reviewing historic grants arrangements, increasing grant compliance and exploring the most appropriate future arrangements to support community services.



**A new operating model:** The new operating model for the Adult Social Care and Health directorate goes live in April 2019. It aims to transform the current case load model into a more sustainable, client focussed and collaborative system. The multi-disciplinary teams focus on what people can do to identify the person's strengths and use meaningful community networks that can help them and their family in making decisions about care and support. This needs to be supported by effective business systems and improved practice, such as the implementation of MOSAIC - the Directorate's new case management and finance management system.

## Outcome 3:

### Older and vulnerable residents are safe and supported with choices to live independently



This is a list of the significant activity within Outcome 3, including a headline summary of what needs to be delivered.

| No. | Activity Title   | Activity Type  |
|-----|--|--|
| 45  | Development of KCC's approach to an Integrated Care System for Kent and Medway   | We will develop KCC's policy, financial, strategic commissioning and service approach to an Integrated Care System for Kent and Medway, responding to the opportunities and challenges set out in the NHS Long Term Plan, Prevention Green Paper and forthcoming Adult Social Care Green Paper.  |
| 46  | Supporting Local Care Implementation   | Supporting the implementation of Local Care through engagement in the Kent and Medway Sustainability and Transformation Partnership (STP) at Primary Care Network level to integrate health and care provision by empowering GP practices and multi-disciplinary teams to put the patient at the centre of Local Care models.  |
| 47  | Continue to build effective strategic partnerships to maximise resource and improve public health outcomes (KCHFT and District partnerships) | Our strategic partnership with Kent Community Health Foundation Trust (KCHFT) and districts aims to improve the health of Kent residents, whilst meeting statutory obligations, driving better value and supporting integration. A review will examine service improvements and contract management to inform future partnership and commissioning decisions.  |
| 48  | Refresh of the Community Support Market Position Statement to inform market shaping, oversight and sustainability                            | We have a statutory duty in the Care Act to ensure sufficient capacity within the social care market to meet the needs of people who are funded by the local authority as well as self-funders (people who fund their own services). We will refresh the Adult Social Care Community Support Market Position Statement to inform market shaping, market oversight, market growth and sustainability. The updated commissioning strategy will inform future commissioning, workforce development and influence outcomes for people and the overall market conditions. |
| 49  | Effective Winter Pressures Commissioning that enables the right support in the right setting   | We work in partnership to commission the appropriate use of acute hospital beds, enable people to return home with the right support to prevent readmission, or remain in their own homes. We are managing winter pressures in a planned, considered way with flexible commissioning to respond to limited resources.  |
| 50  | Refresh of the Older Persons Accommodation Strategy and Delivery Plan  | The right accommodation solutions are needed to support people to live independently or receive the right care and support in extra care housing. The refresh of the strategy will ensure the right provision is in the right places, with the appropriate type, build volume, tenure and size. We will commission quality placements in response to rising demand and increasingly complex needs.   |
| 51  | Analysis of Housing with Care (Extra Care) Placements  | To support the Accommodation Strategy there is a need to analyse demand for additional Housing with Care (extra care) units as an alternative to residential care. An evidence based business case will examine the right utilisation of units, district placement process, access and nomination rights and suitability for increasingly complex needs, to inform future commissioning.   |

| No. | Activity Title   | Activity Type   |
|-----|--|---|
| 52  | Reviewing adult social care grants and recommissioning Community Based Wellbeing Support services                | We are transforming historic adult social care grants and recommissioning community wellbeing services that prevent or delay people entering into health and social care systems. We are moving to more open, transparent processes and examining existing contracts which support service user and carer wellbeing.            |
| 53  | Review of Voluntary and Community Sector Grants across the Council   | We will review adults, children's and public health grants to the Voluntary and Community Sector to establish compliance with the VCS Policy and Public Contract Regulations. The review will explore the most appropriate future arrangements to support important community services.   |
| 54  | Recommissioning Care and Support in the Home Services and delivering associated projects.                        | We are recommissioning combined community home based services, to mitigate cost pressures, enhance consistency and create services that are more responsive to client needs. The projects will align services to support integration with health.   |
| 55  | Commissioning Disability and Mental Health Residential Care Services   | We are developing outcomes based commissioning of residential services for adults with learning disabilities, physical disabilities and mental health needs. This will involve a fundamental review of historic contracts and shaping new approaches through market engagement, informed by service users, carers and partners. |
| 56  | Dementia Service Redesign and commissioning - KMPT   | We want to ensure the right support for people with dementia in Kent, particularly to respond to budget pressures, rising demand and increasingly complex needs. We are redesigning services to commission in partnership with Kent and Medway NHS and Social Care Partnership Trust (KMPT).                                    |
| 57  | Kent & Medway Neurodevelopmental (ND) Health Service commissioning   | We are jointly commissioning services with CCG's in the health service across Kent and Medway for adults with autism and Attention Deficit Hyperactivity Disorder (ADHD). We are forming a contractual alliance to create multi-disciplinary teams.   |
| 58  | Delivering the Transforming Care Programme for children and young people with autism and/or learning disability  | We work collaboratively with Medway Council and the NHS to deliver the national Transforming Care Programme to prevent unnecessary admissions to hospital, institutional settings or reduce the length of stay in hospital. This generates income and provides bespoke support for families.                                    |
| 59  | Delivering the Transforming Care Programme for Adults with Learning Difficulties (LD)                            | We are working with Medway CCG to support the national Transforming Care Programme to reduce the number of people with learning disabilities in specialist in-patient units. This will expand community based support and develop a highly skilled workforce to support people with the most complex needs.                     |
| 60  | Recommissioning of Carers Short Breaks   | We commission respite for adults who are caring for another adult, to enable carers to keep caring and prevent residential care home admissions. The intention is to extend the current contract and use evidence based redesign to inform recommissioning.   |
| 61  | Deliver the Income Pathway projects and develop future policy on the contribution from Adult Social Care clients | The Income Pathway assessment has informed a series of projects which will improve financial management and will and develop the future policy position on the contribution from social care clients, for home care and other non-residential services.   |
| 62  | Implementing MOSAIC Adult Social Care case management and finance system   | We are implementing a flexible Adult Social Care case management and finance system to improve and streamline processes. This is critical to support service management, future digital delivery, the delivery of transformation and integration.   |



The Strategic Delivery Plan is underpinned by activity which enables the delivery of multiple outcomes and delivery of corporate services. This activity is typically cross-cutting across services and communities and supports KCC as a Strategic Commissioning Authority.

Below is a summary of the themes which influence the way we work together to achieve better outcomes.



**The importance of our staff:** We value our staff and their talents – we have a skilled and motivated workforce which is flexible and innovative. We want to work collaboratively with our communities and partners to deliver effective services and find collective solutions. We want to create a working culture that is ambitious and promotes effective leadership and responsibility at all levels. We will embrace business change opportunities to find more productive and effective ways of working, so people can focus on service delivery.



**Strategy:** The Strategic Delivery Plan has identified important new strategy and policy development and our response to significant national policy changes, including Fair Funding and Business Rate Retention. The learning from the Strategic Delivery Plan process will shape future strategy, including the development of the next Strategic Statement and the wider strategy and policy framework for the Council, to drive future prioritisation and outcomes based accountability.



**Commercial opportunities:** Our trading company arrangements provide flexibility to maximise growth and provide the Council with a sustainable dividend return. Our holding company governance arrangements will align our commercial interests, ensuring inter-company productivity, efficiency and maximise cross-cutting opportunities for commercial growth. This requires robust governance and democratic oversight and scrutiny.



**Commissioning success:** As a Strategic Commissioning Authority, service directorates and commissioners need to work collaboratively together with the external market to secure best value. We want to shape market development, examine market sufficiency and improve our commissioning relationships. We are undertaking rigorous contract reviews and stocktakes to promote quality commissioning standards and enhance value for money through our contracting arrangements. We want to create an efficient commissioning workforce, with the right professional capabilities, commercial judgement and leadership to deliver successfully.



**Analysis:** To understand and respond to changing demand and pressures, we need to have the right evidence base to inform new solutions. This involves services working together to identify the right analytical and diagnostic support, including robust evaluation and a critical understanding of spend and cost drivers.



**Redesign:** We are using evidence based decision making to redesign service delivery and progress new operating models. This supports the delivery of better outcomes through partnership working and requires the right capacity, capability and skills from our workforce.



**Asset management:** We are implementing an agile, innovative and forward thinking asset management approach, through the delivery of our Property Asset Strategy and associated asset utilisation projects. This will create an effective, efficient estate, to drive value for money, ensure statutory compliance and enable service transformation within KCC and with our partners. We are maximising value from capital receipts through our disposals programme for reinvestment, and

exploring opportunities for property development arrangements to generate financial return and stimulate development. We are carrying out essential works to keep our assets safe, warm and dry, efficiently targeting limited resources on maintenance and repair to meet business need.



**Customer expectations:** The way people access services is changing with growing digital and social media use driving changes in customer expectations over the choice and control of services and how they wish to access information. This provides opportunities to reform services to better meet customer needs and expectations. We want to improve digital platforms and support digital inclusion.



**Business Change:** We need to maximise new technology opportunities, transforming systems and championing new ways of working. We need a skilled, motivated workforce that can work in productive, innovative ways within KCC and with our partners. We need greater utilisation of existing assets and tools to capitalise on our investment and work more efficiently. We need to develop staff with the knowledge and confidence to deliver business change successfully.



**Resilience:** We have a duty of care to staff, service users and residents. We need to deliver our business continuity, compliance and emergency planning responsibilities, to ensure our services are well-prepared and resilient. This includes preparing for threats, issues and events such as Brexit, health and safety, counter-terrorism and cyber security.



**Apprenticeships:** We want to promote and expand the potential of apprenticeships across the Council and business community, with a particular focus on training opportunities for young people aged 17-25. We are embracing the opportunities of Apprenticeship Levy and working to meet our public sector target requirements.



Enabling better outcomes across all our services requires corporate support and significant commissioning, strategy/policy and service delivery changes.

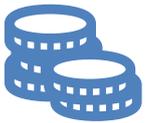
This is a list of the significant enabling activity, including a headline summary of what needs to be delivered.

| No. | Activity Title   | Activity Type   |
|-----|--|---|
| 63  | Development of the new Strategic Statement for Kent County Council   | The Council's new Strategic Statement for 2020 will set out our vision, outcomes and priorities, shaping the business planning, performance and strategy/policy framework for the Council over the medium term.   |
| 64  | To input to, influence and take account of the impact of the Fair Funding Review and Business Rate Retention in the MTFP | The Fair Funding Review and Business Rate Retention are fundamental national policy changes to funding arrangements for local government. We work with our partners to influence the Government at a national level and assess the opportunities and challenges for our Medium Term Financial Plan.   |
| 65  | Implementing outcomes based budgeting and accountability   | Outcomes based budgeting and accountability ensures that resources are directly linked to the Council's outcomes. The approach will provide a clear evidence base to demonstrate the impact of strategic activity and whether outcomes are being achieved, to help prioritise resources.  |
| 66  | Review of Company Governance   | We are reviewing the ownership structure for wholly-owned trading companies within KCC's investment strategy. We are establishing a holding company to reduce overheads and increase commerciality, optimising governance arrangements to maximise return to the Council.   |
| 67  | Strategic Commissioning: Whole Council Approach Stocktake and Future Delivery Options                                    | To continue our journey to become a strategic commissioning authority, this project reviews the costs, benefits, lessons learnt and opportunities of current models and will develop optimum model options for delivery.  |
| 68  | Good, Better, Best - Continuing evolution of Commissioning in KCC to enable better outcomes for the residents of Kent    | We are continuing to evolve and improve our commissioning standards. We will develop a best practice commissioning standards framework, simplify processes and develop staff capability across the Council through the Chartered Institute of Procurement and Supply (CIPS) assessment.   |
| 69  | Review of KCC's Voluntary and Community Sector (VCS) Policy  | The policy reflects the crucial role of the Voluntary and Community Sector in Kent. We will review the policy to assess impact and effectiveness, and define the future approach to our relationship with the sector.   |
| 70  | Delivery of the Property Asset Strategy  | The Property Asset Strategy sets out how we will create an effective, efficient estate which provides value for money, reduces environmental impact and supports service transformation, both within KCC and with our partners. The implementation of the strategy will require an agile, innovative and forward thinking asset management approach.    |
| 71  | Delivery of the Disposals Programme  | The disposals programme manages the pipeline of Council properties which are no longer required and can be disposed to generate capital receipts for reinvestment. Using property investment expertise, each asset is assessed to determine appropriate options. Maximising value from capital receipts will support Property Development Arrangements. |

| No. | Activity Title  | Activity Type   |
|-----|---|---|
| 72  | Delivering a business case for Property Development Arrangements, to maximise value from the disposal of appropriate Council assets | We are developing a business case to explore options to maximise value from the disposal of appropriate assets, by benefiting from property development activity. The business case will consider optimal governance and legal structures to maximise investment opportunities, financial return and stimulate development.                   |
| 73  | Developing a business case for the asset utilisation of Oakwood House   | Oakwood House is being considered within the Asset Utilisation programme. A business case is being developed to identify best value options and service proposals, to determine the right asset approach.   |
| 74  | Re-commissioning of Contracts to provide Facilities Management services to the KCC office estate.                                   | The existing facilities management contract is being extended and this more fundamental re-commissioning will involve service delivery and procurement options based on good practice and comparable organisations. The new commissioning approach aims to implement a fit for purpose solution which achieves best value for the Council.    |
| 75  | Delivery of the Capital Programme and Revenue Maintenance for KCC's Corporate Landlord Estate                                       | The capital maintenance programme includes the Modernisation of Assets, Planned and Reactive Maintenance to carry out essential work to keep our assets safe, warm and dry. The revenue maintenance commissioning works ensure buildings remain compliant, targeting resources on essential upgrade and repair works to meet business need.   |
| 76  | Delivering a compliance programme responding to Grenfell, Hackitt Review and Health and Safety reviews                              | A cross-directorate group is overseeing the delivery of actions from an asset management review to ensure compliance, take remedial action and provide assurance on KCC's fire safety and health and safety requirements. This includes delivering condition survey programmes and assessing service delivery and commissioning arrangements. |
| 77  | Delivering the KCC Brexit Resilience Emergency planning and Business Continuity programme   | Robust business continuity and emergency planning arrangements are important to enable KCC to develop resilience to the impacts of Brexit. The programme has four phases, working collaboratively across the Council to ensure we are well-prepared and have effective plans in place.  |
| 78  | Oracle contract review and planning for procurement   | The Oracle contract is being renewed, which provides core business systems across the Council. However, over the medium term alternative products may become available. We need to review the options as part of the recommissioning process to assess business benefits and implications.  |
| 79  | Maximise the number of staff accessing Apprenticeship training within Kent County Council   | We want to promote and expand the potential of apprenticeships across the Council, with a focus on training opportunities for young people (17-25). This is an important part of responding to the Apprenticeship Levy and meeting our public sector target requirements.   |



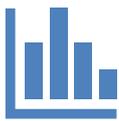
This document is a public summary of the Strategic Delivery Plan. The full Strategic Delivery Plan document sets out the detail on how activity will be achieved and is an internal document for KCC's staff and elected members. It is supported by key documents and processes.



**Finance:** The Strategic Delivery Plan is aligned with the [Medium Term Financial Plan](#), which provides a detailed overview of capital and revenue spend, including a full list of capital programme and project activity. The annual [Budget Book](#) presents a detailed budget breakdown for all services.



**Organisation Development:** Our medium-term People Strategy and Organisational Development Plan, approved by CMT, sets out how we will improve workforce capacity and capability to deliver business change, through an annual action plan and centralised training budget. Directorate OD Plans inform and engage with the plan to manage skills development and will reflect the Strategic Delivery Plan.



**Performance:** We have robust processes in place to monitor performance indicators and activity indicators, including through the Quarterly Performance Report (for Cabinet), Directorate Dashboards (for Cabinet Committees) and the Annual Report Performance Report (for County Council). Detailed KPI's and milestones for individual activity are managed through these processes by the responsible officer, or through appropriate programme/project management governance.



**Risk:** The activity within the Strategic Delivery Plan requires robust risk management, reflected in Risk Registers which are reported through management and formal governance processes. Risks for individual activity may also be reflected in programme/project risk registers.



**Programmes and Projects:** Portfolio Boards and the Corporate Assurance team provide oversight of change activity including programmes and projects. This is supported by portfolio, programme and project governance within Directorates, with reporting to CMT and Policy and Resources Cabinet Committee.



**Strategies and Policies:** Our strategic activity is an important part of delivering our strategy and policy priorities and is reflective of our wider operating environment. KCC's Strategy and Policy Register provides an overview of the major strategic documents in the council.



**Governance and decision making:** Significant activity identified in the Strategic Delivery Plan will progress through KCC's governance and decision making process, with oversight and input from elected members, as set out in the Constitution.



**Operating Plans:** Our divisional and service Operating Plans cover both strategic activity and essential service delivery, acting as important business planning documents for the Council.

**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 – 12 March 2019

**Subject:** **RISK MANAGEMENT ADULT SOCIAL CARE**

**Classification:** Unrestricted

**Past Pathway of Paper:** None

**Future Pathway of Paper:** None

**Electoral Division:** All

**Summary:** This paper presents a brief summary of the risks relating to adult social care. Full details of these risks are contained in the risk register which is attached as Appendix 1 to this report.

**Recommendation(s):** The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the Directorate Risk Register.

## 1. Introduction

- 1.1 Risk management is a key element of the council's Internal Control Framework and the requirement to maintain risk registers ensures that potential risks that may prevent the Authority from achieving its objectives are identified and controlled. The process of developing the registers is therefore important in underpinning service delivery planning, performance management and operating standards. Risks outlined in risk registers are considered in the development of the Internal Audit programme for the year.
- 1.2 Directorate risk registers are reported to Cabinet Committees annually. There is a hierarchy of Risk Registers. Divisional and project risks inform the Directorate Risk Register which in turn informs the Corporate Risk Register. The adult social care and health risks on the Corporate Risk Register include: Safeguarding Adults; Managing and Working with the Social Care Market; Increasing Demand for Adult Social Care Services and Health Integration.
- 1.3 With the redesign of the Adult Social Care and Health, including the Lifespan Pathway Service, consideration will be given to the management of risk in the Directorate and the relationship between the different risk registers.

## 2. Adult Social Care and Health Risks

2.1 A brief summary of the adult social care risks is provided below, with full details contained in the risk register attached at Appendix 1.

| Risk No.*  | Risk Title   | Current Risk Rating | Target Risk Rating |
|--|--|---------------------|--------------------|
| AH0004   | Safeguarding - Protecting adults at risk of abuse or neglect.                          | 25 (High)           | 15 (Medium)        |
| If there are not robust and effective safeguarding arrangements in place it could place vulnerable people at risk. The Kent and Medway Safeguarding Adults Board (KMSAB) has oversight of safeguarding arrangements. There are several working groups reporting to the main Board.   |  |                     |                    |
| AH0008   | Managing and sustaining the Social Care Market.  | 25 (High)           | 9 (Medium)         |
| The social care market in Kent is a mixed economy including national, regional and local providers. For a variety of reasons some businesses are no longer sustainable, and we are working with the market to ensure the providers are fit for purpose in terms of meeting future needs. The Care and Support in the Home programme sought to address provision for community services by encouraging providers to focus on workforce integration and horizontal expansion in a specific cluster co-terminus with Primary Care networks. |  |                     |                    |
| AH0005   | Continued pressures on public sector and Adult Social Care funding                     | 20 (High)           | 16 (High)          |
| KCC has had to find major savings with considerable pressure on budgets. Partner agencies have also experienced funding challenges. It is a challenge to meet service demands and statutory requirements at a time of financial constraint.  |  |                     |                    |
| AH0007   | Increasing demand for Adult Social Care Services.                                      | 20 (High)           | 16 (High)          |
| Fulfilling statutory obligations becomes increasingly difficult against rising expectations and increased demand for services. Increased demand due to demographic changes for example more people living longer, more people with dementia and an increase in clients with complex needs. Increased winter pressures impact on hospital discharge arrangements.   |  |                     |                    |
| AH0001   | New Operating Model for ASCH   | 16 (High)           | 9 (Medium)         |
| A phased approach has been adopted to the Change Programme in Adult Social Care. Changes have taken place in the Older People/Physical Disability (OPPD) Division to move to a person-centred approach to improve outcomes with greater emphasis on promoting independence. Realignment is taking place to streamline organisational structures and business support arrangements.   |  |                     |                    |
| AH0006   | Working with health, integration, and Sustainably and Transformation Partnership (STP) | 16 (High)           | 9 (Medium)         |
| The health and social care systems are under pressure to cope with increasing levels of demand and financial constraints. Pressures on the health sector have implications for Adult Social Care. Within this context moving towards integration   |  |                     |                    |

|  |   |             |            |
|--|---|-------------|------------|
| and the development of local care arrangements.  |   |             |            |
| AH0009   | ICT and Systems Replacement                               | 16 (High)   | 6 (Low)    |
| The replacement of the client system is a significant risk for the Directorate. The new system needs to meet business requirements. The Mosaic Implementation Steering Group has oversight of the replacement programme and implementation plan.   |   |             |            |
| AH0017   | Facilities Management support for KCC in house provision. | 16 (High)   | 4 (Low)    |
| In house care provision needs to be fit for purpose with buildings maintained to an acceptable standard with maintenance work completed promptly to avoid any health and safety risks to service users and risk of non-compliance with independent regulators.   |   |             |            |
| AH0033   | Workforce   | 16 (High)   | 2(Low)     |
| The recruitment and retention of staff continues to be a challenge for both adult social care and the wider care sector. There is a need to ensure that a suitable qualified and experienced workforce is in place to deliver services. This includes making sure critical roles are filled with staff who have the right skill set. A workforce plan is in place with related activities to support recruitment, retention and succession planning.       |   |             |            |
| AH0011   | Business Disruption                                       | 15 (Medium) | 9 (Medium) |
| The Directorate need to be able to provide services following a significant emergency or even that could cause business disruption. Business Continuity Plans are in place which are reviewed regularly. A Directorate Resilience Group is also in place to prepare for such events that could lead to business disruption. The current focus of the group is preparing for leaving the European Union with an action plan setting out mitigating actions. |   |             |            |
| AH0012   | KCC/KMPT Partnership Working                              | 9 (Medium)  | 6 (Low)    |
| A new Operating Model for mental health and social care partnership working has been implemented whereby KCC secures full accountability for all social care whilst continuing to work with KMPT to provide an integrated response. There needs to be a smooth transfer of services to KCC to avoid any detrimental impact on service users.   |   |             |            |

### 3. Recommendation

3.1 Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the Directorate Risk Register.

#### **4. Background Documents**

- 4.1 KCC Risk Management Policy and associated risk management toolkit on KNet intranet site.  
<http://knet/ourcouncil/Management-guides/Pages/MG2-managing-risk.aspx>

#### **5. Report Author**

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## Full Risk Register

### Risk Register - Adult Social Care and Health

Current Risk Level Summary

|              |          |              |                                    |            |                                       |              |                                       |
|--------------|----------|--------------|------------------------------------|------------|---------------------------------------|--------------|---------------------------------------|
| <b>Green</b> | <b>0</b> | <b>Amber</b> | <b>2</b>                           | <b>Red</b> | <b>9</b>                              | <b>Total</b> | <b>11</b>                             |
|              |          | 1            | 3 <span style="color:red">↗</span> | 2          | -9 <span style="color:green">↘</span> | 3            | -6 <span style="color:green">↘</span> |

Current Risk Level Changes

|   |   |   |   |   |
|---|---|---|---|---|
| 0 | 0 | 0 | 2 | 2 |
| 0 | 0 | 0 | 5 | 0 |
| 0 | 0 | 1 | 0 | 1 |
| 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 |

| Risk Ref | Risk Title and Event  | Owner                                     | Last Review da | Next Review |
|----------|---|---|----------------|-------------|
| AH0004   | <b>Safeguarding - Protecting adults at risk of abuse or neglect</b> | ASCH<br>Directorate<br>Management<br>Team | 14/02/2019     | 14/05/2019  |

If there are not robust and effective safeguarding arrangements in place it could place vulnerable people at risk.

| Cause  | Consequence  | Current Risk                               | Previous Current Risk | Control / Action   | Control / Action                 | Target Date | Target Risk               |
|--|--|--|-----------------------|--|----------------------------------|-------------|---------------------------|
| Statutory responsibility of the Corporate Director and her staff to ensure effective safeguarding arrangements are in place to protect adults at risk of abuse or neglect. | Failure to achieve this could lead to the well-being of vulnerable people being compromised and put at risk. | High<br>25<br>Major (5)<br>Very Likely (5) |                       | <ul style="list-style-type: none"> <li>Implement on going programme of safeguarding audits and follow up actions from audits. Independent Audit planned for end of January 2019 to beginning of March 2019</li> </ul>    | Julie Davidson<br>A<br>-Accepted | 31/03/2019  | Medium<br>15<br>Major (5) |
|  |  |  |                       | <ul style="list-style-type: none"> <li>Awareness raising has taken place and on going review and dissemination of key information including lessons from reviews.</li> </ul>   | Julie Davidson<br>A<br>-Accepted | 31/03/2019  | Possible (3)              |
|  |  |  |                       | <ul style="list-style-type: none"> <li>Following detailed analysis of safeguarding in OPPD a safeguarding team has been established as part of the new ASCH operating model.</li> </ul>                                  | Anne Tidmarsh<br>Control         | 31/03/2019  |                           |
|  |  |  |                       | <ul style="list-style-type: none"> <li>Awareness raising taking place through Safeguarding Week. The safeguarding leaflets reviewed, updated and disseminated following Making Safeguarding Personal project.</li> </ul> | Julie Davidson<br>Control        | 31/03/2019  |                           |
|  |  |  |                       | <ul style="list-style-type: none"> <li>Quarterly reporting to Directors and Cabinet Member and an Annual KMSAB Report to Members.</li> </ul>   | Julie Davidson<br>Control        |             |                           |
|  |  |  |                       | <ul style="list-style-type: none"> <li>Kent Channel Panel (early intervention mechanism providing tailored support to people who have been identified as at risk of being drawn into terrorism) in place.</li> </ul>     | Nick Wilkinson<br>Control        |             |                           |

|          |  |  |  |                |         |  |  |
|----------|--|--|--|----------------|---------|--|--|
| Page 120 |  |  | <ul style="list-style-type: none"> <li>• Three year Prevent training strategy approved by the Corporate Management Team.</li> </ul>  | Nick Wilkinson | Control |  |  |
|          |  |  | <ul style="list-style-type: none"> <li>• Multi-agency risks, threats, and vulnerabilities group focuses on prevent , gangs, modern slavery, human trafficking and on line safeguarding matters.</li> </ul>   | Nick Wilkinson | Control |  |  |
|          |  |  | <ul style="list-style-type: none"> <li>• In Kent a Transforming Care Steering Group is in place. Governance established across Kent and Medway additional support commissioned by NHS England is in place. A number of subgroups established focusing on delivery within L.D, autism and children services.</li> </ul> | Penny Southern | Control |  |  |
|          |  |  | <ul style="list-style-type: none"> <li>• The Safeguarding and MCA capability framework is in place and being implemented. A comprehensive, mandatory, staff training programme has been rolled out for staff to complete the appropriate level of training. The Framework is to be reviewed.</li> </ul>                | Penny Southern | Control |  |  |

**Adult Social Care and Health**

**Risk Register - Adult Social Care and Health**

|          |  |  |   |                                  |         |  |  |
|----------|--|--|---|----------------------------------|---------|--|--|
| Page 121 |  |  | <ul style="list-style-type: none"> <li>The Kent and Medway Safeguarding Adult Board (KMSAB). New structure in place with Strategic board and Business Group.</li> </ul> <p>There are several working groups within the KMSAB:</p> <ul style="list-style-type: none"> <li>-Quality Assurance Working Group: This group has introduced a range of performance improvement tools including a dashboard of key indicators and a self-assessment framework</li> <li>-A Learning and Development Group; This group carry out structured work e.g redrafting the multi agency training package</li> <li>- Policy, Protocols and Practice Group to review and revise policies.</li> <li>Safeguarding Adults Review Working Group: reviews SAR referrals and SAR policy and procedures, monitors SAR action plans.</li> <li>-Risks, Threats and Vulnerabilities Group across Children's and Adults.</li> </ul> | Penny Southern                   | Control |  |  |
|          |  |  | <ul style="list-style-type: none"> <li>Consistent scrutiny and performance monitoring through Divisional Management Teams and Audit Activity. Also through the Quality Assurance Working Group and the Adult Safeguarding Quarterly Report.</li> </ul>  | ASCH Directorate Management Team | Control |  |  |

**Review Comments** Risk Reviewed by Risk Owner -Julie Davidson 14 February 2019.  
14/02/2019

# Adult Social Care and Health

## Risk Register - Adult Social Care and Health

| Risk Ref   | AH0008  | Risk Title and Event | Owner                                     | Last Review da   | Next Review      |                |               |                |                 |              |
|--|---|----------------------|---|--|------------------|----------------|---------------|----------------|-----------------|--------------|
| <b>Managing and working with the Social Care Market.</b><br>The Adult Social Care and Health Directorate commissions about 90% of services from outside the Directorate. Although this offers efficiencies and value for money it does mean the Directorate needs the care market to be buoyant to achieve best value and to give service users real choice and control. A risk is the residential, nursing and home care care markets not being sustainable and it is becoming increasingly difficult to obtain provider supply at affordable prices. There is evidence of an increase in the rate of closure of care homes, also there is concern about the sustainability of some of the Home Care providers in the County. |   |                      | ASCH<br>Directorate<br>Management<br>Team | 28/02/2019   | 28/05/2019       |                |               |                |                 |              |
| Cause  | Consequence   | Current Risk         | Previous Current Risk                     | Control / Action   | Control / Action | Target Date    | Target Risk   |                |                 |              |
| Page 122   | Some parts of the social care market are facing severe financial pressures, if some providers fail then there could be gaps in the care market for certain types of care or in geographical areas. This would make it difficult to place some service users. Financial pressures could result in difficulties purchasing care at affordable prices. A risk that providers will choose not to tender for services at Local Authority funding levels or accept service users with high levels of complex needs. Action has been required to find alternative suppliers where there has been provider failure. | High                 |   | <ul style="list-style-type: none"> <li>Tendering taking place for Care in the Home Services. A separate risk log is maintained to mitigate risks and issues that may arise during the Tendering process</li> <li>Quality in Care Framework in development. Further work to be done to make it operational, linked to the transformation of services.</li> <li>On going monitoring of Home Care and market coverage. Commissioners and operational managers reviewing the capacity of the Home Care market with a view to developing a commissioning and contract strategy to ensure market coverage. Action has been required to find alternative suppliers where there has been provider failure.</li> <li>Refresh of the Accommodation Strategy to ensure care providers are aligned with the future needs of Kent residents.</li> <li>A risk based approach to monitoring providers with greater understanding of provider accounts and financial pressures.</li> <li>Development of a strategy assessment of providers and the introduction of regular meetings with provider and trade organisations</li> </ul> | Clare Maynard    | A<br>-Accepted | 31/03/2019    | Medium         |                 |              |
|  |   | 25                   |   |  |                  |                |               |                | 9               |              |
|  |   | Major (5)            |   |  |                  |                |               |                | Significant (3) |              |
|  |   | Very Likely (5)      |   |  |                  |                | Clare Maynard | A<br>-Accepted | 31/03/2019      | Possible (3) |
|  |   |                      |   |  |                  |                | Clare Maynard | Control        |                 |              |
|  |   |                      |   |  |                  |                | Clare Maynard | Control        |                 |              |
|  |   |                      |   | Clare Maynard  | Control          |                |               |                |                 |              |

**Adult Social Care and Health**

**Risk Register - Adult Social Care and Health**

|  |  |  |   |                |         |  |  |
|--|--|--|---|----------------|---------|--|--|
|  |  |  | <ul style="list-style-type: none"> <li>• Opportunities for Joint Commissioning in partnership with key agencies (health) being explored. Joint work regarding the provision of dementia nursing beds.</li> <li>• Strategic Commissioning and Access to Resources functions in place to ensure KCC gets value for money - whilst maintaining productive relationships with providers.</li> <li>• Placement data gathered through the County Placement Team and twice weekly contacts with market re availability.</li> </ul> | Penny Southern | Control |  |  |
|  |  |  |   | Penny Southern | Control |  |  |
|  |  |  |   | Penny Southern | Control |  |  |

**Review Comments** Tracey Schneider from commissioning provided an update 28 February 2019  
28/02/2019

## Adult Social Care and Health

### Risk Register - Adult Social Care and Health

| Risk Ref               | AH0005   | Risk Title and Event  | Owner                                     | Last Review da  | Next Review      |                |             |             |
|------------------------|--|---|---|---|------------------|----------------|-------------|-------------|
|                        |  | <p><b>Continued pressures on public sector funding impacting on revenue and capital budgets.</b></p> <p>The Government identified additional funding for adult social care but there continues to be a need to achieve significant efficiencies for the foreseeable future. KCC has had to find major savings and there has been considerable pressure on budgets with the Directorate expected to contribute £18 million towards the Council savings in 2018-19. In 2019-20 there is a savings and additional income target of £15.9m The workforce has depleted in recent years and there is less capacity to deliver services. Partner agencies have also experienced funding challenges potentially putting joint working at risk. Financial pressures in the health sector having repercussions for social care.</p> | ASCH<br>Directorate<br>Management<br>Team | 14/02/2019  | 14/05/2019       |                |             |             |
| Cause                  | Consequence  | Current Risk  | Previous Current Risk                     | Control / Action  | Control / Action | Target Date    | Target Risk |             |
| Page 124               | Major funding pressures impacting on the delivery of social care services. The capital strategy putting specific projects at risk. Business viability of independent providers could be impacted with providers going out of business and a very fragile care market. Vulnerable people could be without support if there is insufficient resource in the system including sufficient staffing across the care sector to deliver services. | High  | 25  | <ul style="list-style-type: none"> <li>Continued drive to deliver efficient and effective services through the development of new operating models and the modernisation agenda.</li> <li>An increased focus on prevention, enablement, supporting and promoting independence for vulnerable adults.</li> <li>Continue to work innovatively with partners, including health services, to identify any efficiencies across the wider sector.</li> <li>A Resource Management Accountability Unit established in OPPD.</li> <li>Business Plans produced for 2018/19</li> <li>Robust financial and activity monitoring regularly reported to DMT and the Div Management Teams.</li> <li>Robust debt monitoring arrangements in place.</li> <li>More efficient use of assistive technology and equipment to help people to live independent lives and reduce dependence on service.</li> </ul> | Penny Southern   | A<br>-Accepted | 31/03/2019  | High        |
|                        |  | 20  | ↓   |   | Penny Southern   | A<br>-Accepted | 31/03/2019  | Serious (4) |
|                        |  | Serious (4)   | -5  |   | Penny Southern   | A<br>-Accepted | 31/03/2019  | Likely (4)  |
|                        |  | Very Likely (5)   |   |   | Penny Southern   | A<br>-Accepted | 31/03/2019  |             |
|                        |  |   |   |   | Mike Powe        | Control        |             |             |
|                        |  |   |   |   | Penny Southern   | Control        |             |             |
|                        |  |   |   |   | Penny Southern   | Control        |             |             |
|                        |  | Michelle Goldsmith  | Control                                   |   |                  |                |             |             |
|                        |  | ASCH Directorate Management Team  | Control                                   |   |                  |                |             |             |
| <b>Review Comments</b> | Risk Reviewed 14 February 2019.<br>14/02/2019  |   |   |   |                  |                |             |             |

# Adult Social Care and Health

## Risk Register - Adult Social Care and Health

| Risk Ref   | AH0007  | Risk Title and Event  | Owner                                     | Last Review da   | Next Review                               |                |             |  |
|--|---|---|---|--|---|----------------|-------------|--|
|  |   | <b>Increasing demand for social care services.</b>            | ASCH<br>Directorate<br>Management<br>Team | 13/02/2019   | 13/05/2019                                |                |             |  |
| <p>Fulfilling statutory obligations and duties becomes increasingly difficult against rising expectations and increased demand for services. Increased demand due to: - demographic changes in population i.e. more people living longer, more people with dementia and an increase in clients with complex needs.</p> |   |   |   |  |   |                |             |  |
| Cause  | Consequence   | Current Risk  | Previous Current Risk                     | Control / Action   | Control / Action                          | Target Date    | Target Risk |  |
| <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 125</p>  | <p>More reliance on informal carers leads to strain on families and individuals. More pressure on services to respond to increased demand, a risk of service failure if there is insufficient capacity to respond</p> | <p><b>High</b><br/>20<br/>Serious (4)<br/>Very Likely (5)</p> |   | <ul style="list-style-type: none"> <li>Ensure care Reviews are completed in a timely way to achieve good outcomes linked to effective arrangements for support. Increasing use of a strengths or asset based approach. Monitoring of trusted assessor arrangements eg carers assessments.</li> </ul> | ASCH<br>Directorate<br>Management<br>Team | A<br>-Accepted | 31/03/2019  | <b>High</b><br>16<br>Serious (4)<br>Likely (4) |
|  |   |   |   | <ul style="list-style-type: none"> <li>To continue to monitor demand for services including new referrals and people requiring services for longer -often with complex needs.</li> </ul>   | ASCH<br>Directorate<br>Management<br>Team | A<br>-Accepted | 31/03/2019  |  |
|  |   |   |   | <ul style="list-style-type: none"> <li>Continued modernisation of Older People and Learning Disability in house services.</li> </ul>   | ASCH<br>Directorate<br>Management<br>Team | A<br>-Accepted | 31/03/2019  |  |
|  |   |   |   | <ul style="list-style-type: none"> <li>Continued use and development of Assistive Technology (Telecare) to enable people to live independent lives.</li> </ul>   | ASCH<br>Directorate<br>Management<br>Team | A<br>-Accepted | 31/03/2019  |  |
|  |   |   |   | <ul style="list-style-type: none"> <li>Developing community capacity particularly in relation to prevention and early help.</li> </ul>   | ASCH<br>Directorate<br>Management<br>Team | Control        |             |  |
|  |   |   |   | <ul style="list-style-type: none"> <li>Continued monitoring of Ordinary Residence regarding the number of people in need being placed by other local authorities into Kent.</li> </ul>   | ASCH<br>Directorate<br>Management<br>Team | Control        |             |  |
|  |   |   |   | <ul style="list-style-type: none"> <li>Processes have been reviewed to achieve efficiencies and manage service demand with an increased emphasis on promoting and supporting independence.</li> </ul>  | ASCH<br>Directorate<br>Management<br>Team | Control        |             |  |

**Adult Social Care and Health**

**Risk Register - Adult Social Care and Health**

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
|  |  |  | <ul style="list-style-type: none"> <li>• Early intervention and Preventative services aimed at reducing demand-enablement, fast track minor equipment, short term care with step down and step up support.</li> <li>• Working towards joint planning and commissioning with partners.</li> <li>• Robust monitoring, reporting and analysis to DMT and Business Planning</li> </ul> | <p>ASCH Directorate Management Team</p> <p>ASCH Directorate Management Team</p> <p>ASCH Directorate Management Team</p> | <p>Control</p> <p>Control</p> <p>Control</p> |  |  |
|--|--|--|--|---|--|--|--|

**Review Comments**      Review completed and update provided by David Oxlade. February 2019.  
13/02/2019

## Adult Social Care and Health

### Risk Register - Adult Social Care and Health

| Risk Ref  | AH0033   | Risk Title and Event               | Owner                 | Last Review da   | Next Review      |                |             |                                   |
|---|--|------------------------------------|-----------------------|--|------------------|----------------|-------------|-----------------------------------|
| <b>Workforce</b>  |  |                                    | Penny Southern        | 13/02/2019   | 13/05/2019       |                |             |                                   |
| <p>The recruitment and retention of staff continues to be a challenge for Adult Social Care and the wider care sector. There is a need to ensure that a suitably qualified and experienced workforce is in place to deliver services. This includes making sure critical roles are filled with staff who have the right skill set. There are some concerns regarding the impact of Brexit on the ability to recruit staff in the care sector.</p> |  |                                    |                       |  |                  |                |             |                                   |
| Cause   | Consequence  | Current Risk                       | Previous Current Risk | Control / Action   | Control / Action | Target Date    | Target Risk |                                   |
| Page 127  | Without the right workforce in place there is a risk that statutory services will not be delivered and there will be gaps in care provision. | High                               |                       | <ul style="list-style-type: none"> <li>A recruitment campaign took place during September and October 2018 to fill vacancies arising from the OPPD realignment in August 2018. ASCH participated in the Compass Recruitment event in November 2018. both attracted significant interest. now actively involved in publicising DHSC national Adult Social Care Recruitment Campaign for the Local Authority and the wider social care sector.</li> <li>A detailed OPPD workforce plan has been produced with actions and time-scales. A CLDT recruitment plan is also in place.</li> <li>An ASCH workforce plan with related activities to support recruitment, retention and succession planning is in development. The aim is to ensure we have responsive staff equipped with the right skill sets and tools to work in the changing environment for social care and health. The strategy includes - scope; priorities; budget; principles; retention and staff development; and monitoring and review.</li> </ul> | Karen Ray        | A<br>-Accepted | 31/03/2019  | Low                               |
|   |  | 16<br>Serious<br>(4)<br>Likely (4) |                       |  | Penny Southern   | A<br>-Accepted |             | 2<br>Minor (1)<br>Unlikely<br>(2) |
| <b>Review Comments</b>  | Karen Ray and Mags Harrison reviewed the risk on 7.2.19 and 14.2.19 and provided an update.  |                                    |                       |  |                  |                |             |                                   |
|   | 13/02/2019   |                                    |                       |  |                  |                |             |                                   |

## Adult Social Care and Health

### Risk Register - Adult Social Care and Health

| Risk Ref  | AH0009   | Risk Title and Event                       | Owner                                     | Last Review da   | Next Review      |                |             |                             |
|---|--|--|---|--|------------------|----------------|-------------|-----------------------------|
|   |  | <b>ICT and Systems Replacement.</b>        | ASCH<br>Directorate<br>Management<br>Team | 13/02/2019   | 13/05/2019       |                |             |                             |
| <p>There is a risk that failure of critical systems or networks will impact significantly on the delivery of services. There is also a risk if systems do not have disaster recovery plan arrangements in place. Cygnum (system used by KEaH) does not have disaster recovery - has been looked into but cannot be implemented.</p> <p>Replacing the SWIFT/AIS system and implementation of a new system is also a risk for the Directorate . Several associated risks : organisational change may affect the new system configuration causing rework, delay and data migration issues.</p> <p>Secondly, the ability to resource the implementation project due to other/competing priorities in the Directorate could impact on project deadlines. A third Risk that the business does not fully adopt the change so that the business benefits are not fully realised. A fourth risk is that suppliers (Servelec, BSC ICT) cannot provide resources to meet project deadlines. A fifth risk is the implementation of the financial modules of MOSAIC including FinetraB2B to replace TDM- this will require significant input from Finance.</p> |  |  |   |  |                  |                |             |                             |
| Cause   | Consequence  | Current Risk                               | Previous Current Risk                     | Control / Action   | Control / Action | Target Date    | Target Risk |                             |
| Need to ensure that information and Communication systems are fit for purpose and support business requirements. The implementation of a new MOSAIC system is a major change programme.   | Information Systems need to be fit for purpose to assist service delivery and performance management - if systems are not fit for purpose this could have a significant impact on the service. For example a problem with systems could impact on client billing. If there is a lot of down time or if systems are slow it can impede staff from accessing key information about service users and carers. | High<br>16<br>Serious<br>(4)<br>Likely (4) |   | • Clear and appropriate communication to be provided ahead of any planned ICT system change/maintenance that may impact ASCH Information Systems. Helen Bond to oversee communication from BSC to ASCH.  | Helen Bond       | A<br>-Accepted | 31/07/2019  | Low<br>6<br>Moderate<br>(2) |
|   |  |  |   | • Liaison with the Technology Commissioning Team regarding Disaster Recovery Testing to be coordinated.  | Helen Bond       | A<br>-Accepted | 31/07/2019  | Possible<br>(3)             |
|   |  |  |   | • A risk area associated with the system replacement project is the data migration from one system to another. An experienced contractor has been commissioned to assist with the Data Migration. The migration needs to improve for the system to go live. Continuing to test the migration of information. | Linda Harris     | A<br>-Accepted | 31/07/2019  |                             |
|   |  |  |   | • A new Implementation Plan has been agreed for the system replacement. This has been approved by the MOSAIC Implementation Steering Group. The system is expected to go live in July 2019.  | Linda Harris     | A<br>-Accepted | 31/07/2019  |                             |
|   | The Adult Social Care client database is an essential requirement and needs to be fit for purpose.   |  |   | • CCGs working towards local health and care economies being paper free by 2020. Expected that Local Authorities will participate.   | Linda Harris     | A<br>-Accepted | 31/03/2019  |                             |

|  |  |  |  |              |                |            |  |
|--|--|--|--|--------------|----------------|------------|--|
|  |  |  | <ul style="list-style-type: none"> <li>This will require significant resource from Finance. The level of resource is being identified as part of the planning - also exploring the option of an external resource to supplement the team. Additional resource has been provided through secondments to the project and support from operational teams. Some resource from commissioning is required and discussions are taking place about this.</li> <li>Further work is taking place on the testing and configuration of the new system and the Implementation Plan is being revised to defer the planned implementation date to ensure the system is fully tested and configured to meet business needs.</li> <li>A risk associated with the system replacement project is the changing operating environment. The MOSAIC Implementation Steering Group has oversight of the project and relationships with other changes taking place. Links are also in place with the modernisation leads involved in changes to the operating framework.</li> <li>A Risk and Issues log is maintained for the Programme. High risks are escalated to the MOSAIC Implementation Steering Group.</li> </ul> <p>- Mitigation re system replacement: engage senior stakeholders through the MOSAIC Implementation Steering Group. Communication and change management strategy for the Implementation programme. Integrate plans with other change programmes.</p> <ul style="list-style-type: none"> <li>Working with the service provider to address any issues prior to implementation of the new system. There are a number of critical factors required which will impact on MOSAIC - for example Client Billing.</li> </ul> | Linda Harris | A<br>-Accepted |            |  |
|  |  |  |  | Linda Harris | A<br>-Accepted | 31/07/2019 |  |
|  |  |  |  | Linda Harris | A<br>-Accepted | 31/07/2019 |  |
|  |  |  |  | Linda Harris | A<br>-Accepted | 31/07/2019 |  |
|  |  |  |  | Linda Harris | Control        |            |  |

**Adult Social Care and Health**

**Risk Register - Adult Social Care and Health**

|  |  |  |  |              |         |  |  |
|--|--|--|--|--------------|---------|--|--|
|  |  |  | <ul style="list-style-type: none"><li>• MOSAIC Implementation Steering Group is in place to oversee the replacement of SWIFT/AIS. A Programme Manager has been appointed. The target date for implementation of the new system is by end of January 2019 (subject to planning with the successful supplier).</li></ul> | Linda Harris | Control |  |  |
|--|--|--|--|--------------|---------|--|--|

**Review Comments** Linda Harris, Risk Owner reviewed the risk on 12 February 2019 and provided an update regarding the implementation of MOSAIC 13/02/2019

## Adult Social Care and Health

### Risk Register - Adult Social Care and Health

| Risk Ref   | AH0017   | Risk Title and Event | Owner                       | Last Review da   | Next Review               |             |             |              |
|--|--|----------------------|-----------------------------|--|---------------------------|-------------|-------------|--------------|
| <b>Facilities Management</b>   |  |                      | ASCH                        | 28/02/2019   | 28/05/2019                |             |             |              |
| The implications of this are Health and Safety risks to residents and service users and the possibility of a KCC provider unit failing an inspection by CQC or OFSTED.   |  |                      | Directorate Management Team |  |                           |             |             |              |
| Cause  | Consequence  | Current Risk         | Previous Current Risk       | Control / Action   | Control / Action          | Target Date | Target Risk |              |
| Delays by the contracted service provider to complete maintenance work required within the in house care provision service. This includes works to the building and the maintenance of facilities and equipment within the buildings such as lifts and hoists. | The consequences are Health and Safety risks for service users and staff. It is also a reputational risk for the Council if a registered unit should fail an inspection by CQC or OFSTED. A further risk is if parts of buildings are not accessible while essential safety work is awaited. | High                 |                             | • A Fire Safety Plan workshop was held in November for all managers of KCC Adult Social Care residential units.  | Helen Bond                | A -Accepted |             | Low          |
|  |  | 16                   |                             | • FM updates to be shared with ASCH service representatives and communicated further within the Directorate as required  | Helen Bond                | Control     | 31/03/2019  | Moderate (2) |
|  |  | Serious (4)          |                             | • FM dashboards to be discussed at infrastructure Stakeholder Group - ASCH representatives to be consulted on relevant dashboards.   | Helen Bond                | Control     | 31/03/2019  | Unlikely (2) |
|  |  | Likely (4)           |                             | • Engagement sessions have been arranged with GEN2 (FM Managing Agent) and relevant Assistant Directors in order to establish outstanding items, clarification of the FM specification for each site and explanation of the call log and escalation process. | Helen Bond                | Control     | 31/03/2019  |              |
|  |  |                      |                             | • Escalation of cases to Directors where urgent works are required and the completion of risk assessments where required.  | ASCH Divisional Directors | Control     |             |              |
| <b>Review Comments</b>   | Continues to be a risk for in house provision.<br>28/02/2019   |                      |                             |  |                           |             |             |              |

# Adult Social Care and Health

## Risk Register - Adult Social Care and Health

| Risk Ref  | AH0001   | Risk Title and Event                    | Owner                                     | Last Review da   | Next Review  |  |  |  |
|---|--|---|---|--|--|--|--|--|
| <b>New Operating Model for ASCH</b>   |  |   | ASCH<br>Directorate<br>Management<br>Team | 14/02/2019   | 14/05/2019   |  |  |  |
| <p>A phased approach has been adopted to the change Programme in Adult Social Care. The new operating model is being implemented to move to an asset based approach to improve outcomes. Savings also need to be made through more efficient and effective ways of working. There will be challenges in implementing and embedding new ways of working.</p> |  |   |   |  |  |  |  |  |
| Cause   | Consequence  | Current Risk                            | Previous Current Risk                     | Control / Action   | Control / Action   | Target Date  | Target Risk  |  |
| adopting new ways of working and implementing a programme of significant change is not without risk.  | If the change programme does not meet targets this will lead to significant pressures on the service and on the directorate and local authority budgets. How the new operating model is implemented is crucial as it expected to have a major impact on service delivery including efficiency and effectiveness. | High<br>16<br>Serious (4)<br>Likely (4) | 20<br>↓<br>-4                             | <ul style="list-style-type: none"> <li>• Consultation taking place on changes to the Business Delivery Unit with the new arrangements scheduled to be in place by 1 April 2019.</li> <li>• Progression through to completion of the Projects in L.D services through project management arrangements.</li> <li>• Manage the interdependencies and relationship between the changes to the new Operating Model and other Corporate and Directorate programmes such as the system replacement project.</li> <li>• Ensure effective two way communication re the development of the new operating model. Need to ensure staff are informed and there is "ownership" of the message. A communication bulletin is produced and disseminated and local communication channels are actioned. The Corporate Director and Assistant Directors presented updates at workshop in November 2018.</li> <li>• A sustainability programme is in place and evolving in OPPD to monitor the impact of change and ensure the performance management measures are achieving intended outcomes. A virtual Transformation Engagement Team continues to ensure staff are engaged and leading change and improvement at a local level.</li> </ul> | Penny Southern<br>A<br>-Accepted<br>31/03/2019<br>Medium<br>9<br>Significant (3)<br>Possible (3) | Penny Southern<br>A<br>-Accepted<br>31/03/2019<br>ASCH Directorate Management Team<br>A<br>-Accepted<br>31/03/2019<br>Anne Tidmarsh<br>Control | 31/03/2019<br>31/03/2019<br>31/03/2019<br>31/03/2019 | Medium<br>9<br>Significant (3)<br>Possible (3) |

**Adult Social Care and Health**

**Risk Register - Adult Social Care and Health**

|  |  |  |  |  |                        |  |  |
|--|--|--|--|--|------------------------|--|--|
|  |  |  | <ul style="list-style-type: none"> <li>• Governance for programme reporting is in place across ASCH and regular meetings are held to monitor whether the programme is achieving expectations.</li> <li>• A Portfolio Management office is in place to ensure the right change initiatives are being delivered in the right way.</li> </ul> | ASCH<br>Directorate<br>Management<br>Team<br><br>ASCH<br>Directorate<br>Management<br>Team | Control<br><br>Control |  |  |
|--|--|--|--|--|------------------------|--|--|

**Review Comments** Risk reviewed 14 February 2019.  
 14/02/2019

## Adult Social Care and Health

### Risk Register - Adult Social Care and Health

| Risk Ref  | AH0006   | Risk Title and Event | Owner                                     | Last Review da   | Next Review      |                |                                  |                |                 |  |
|---|--|----------------------|---|--|------------------|----------------|----------------------------------|----------------|-----------------|--|
| <b>Working with Health, Integration, STP and BCF</b><br>There is a need to develop integrated health and social care services, there is a risk if services do not become fully integrated. Local Authorities are required to put a plan in place and to be ready for integration by 2020. There are risks associated with joint working including ensuring commitments to Section 75 agreements. Pressures on NHS Trusts particularly at winter having repercussions for social care. A risk to BCF with funding only agreed for two more years. There is no information about what funding will be available after 2020. |  |                      | ASCH<br>Directorate<br>Management<br>Team | 13/02/2019   | 13/05/2019       |                |                                  |                |                 |  |
| Cause   | Consequence  | Current Risk         | Previous Current Risk                     | Control / Action   | Control / Action | Target Date    | Target Risk                      |                |                 |  |
| Page 134  | Increased health and social care integration will impact on ways of working and the delivery of services. If services are not integrated there is a risk of gaps between services or in some instances duplication of services or inefficient use of the available joint resources. If health services are not meeting needs there can be increased pressures on social care services and budgets. | High                 |   | <ul style="list-style-type: none"> <li>Work closely with the STP and CCGs. ASCH modernisation to focus on long term conditions to improve people's ability to self care.</li> <li>KCC is part of the STP and has input at various levels. Working with CCGs on Local Care and Hospital models as part of the STP.</li> <li>Developing integrated performance measures and monitoring</li> <li>Closer working with health to align commissioning plans for social care and CCGs.</li> <li>Ensure adherence to the revised national CHC Framework and monitor joint working arrangements to prevent cost shunting. Data now being collated to provide baseline measures and performance dashboard to monitor</li> <li>To assess the impact and implications for Adult Social Care of the NHS 10 year plan</li> </ul> | Anne Tidmarsh    | A<br>-Accepted | 31/03/2019                       | Medium         |                 |  |
|   |  | 16                   |   |  | Anne Tidmarsh    | A<br>-Accepted | 31/03/2019                       | 9              |                 |  |
|   |  | Serious (4)          |   |  |                  |                |                                  |                | Significant (3) |  |
|   |  | Likely (4)           |   |  |                  |                |                                  |                | Possible (3)    |  |
|   |  |                      |   |  |                  |                | Anne Tidmarsh                    | A<br>-Accepted | 31/03/2019      |  |
|   |  |                      |   |  |                  |                | ASCH Directorate Management Team | A<br>-Accepted | 31/03/2019      |  |
|   |  |                      |   | ASCH Directorate Management Team   | A<br>-Accepted   | 31/03/2019     |                                  |                |                 |  |
|   |  |                      |   | Anne Tidmarsh  | A<br>-Proposed   | 01/10/2019     |                                  |                |                 |  |

|  |  |  |  |                                  |         |            |  |
|--|--|--|--|----------------------------------|---------|------------|--|
|  |  |  | <ul style="list-style-type: none"> <li>• The Better Care Fund plan has been produced and agreed by the Health and Wellbeing Board and submitted to NHS England. Further updates to be provided to the Health and Wellbeing Board. The BCF quarterly returns need to be made by specific deadlines which can be challenging to achieve given the number of stakeholders. Communication through the Strategic Leads group should assist with getting input from the CCGs.</li> </ul> | Anne Tidmarsh                    | Control | 02/07/2018 |  |
|  |  |  | <ul style="list-style-type: none"> <li>• Programme management arrangements in place for integration with a Programme Plan and local action plans based on the Programme Plan. Co-ordination by a programme manager. Integrated steering groups to oversee priorities and delivery of action plan. This also includes the development of the Design and Learning Centre to support the integration of health, social care and the voluntary sector.</li> </ul>                      | Anne Tidmarsh                    | Control |            |  |
|  |  |  | <ul style="list-style-type: none"> <li>• Reporting and inputting to Transformation Board regarding integration but also to Health and Well Being Boards, and Locality boards and Clinical Commissioning Groups and Vanguard Groups.</li> </ul>   | Anne Tidmarsh                    | Control |            |  |
|  |  |  | <ul style="list-style-type: none"> <li>• JSNA to support health and social care commissioning.</li> </ul>  | Penny Southern                   | Control | 01/01/2019 |  |
|  |  |  | <ul style="list-style-type: none"> <li>• Already integrated working and commissioning in place for Learning Disability and Mental Health.</li> </ul>   | Penny Southern                   | Control |            |  |
|  |  |  | <ul style="list-style-type: none"> <li>• Joint working with health on Section 75 agreements including the Section 75 agreement for the provision of the Community Equipment Service. Need to continue to monitor services delivered under Section 75 agreements.</li> </ul>  | ASCH Directorate Management Team | Control |            |  |
|  |  |  | <ul style="list-style-type: none"> <li>• Close working at a leadership level through Health and Well Being Boards and meetings with CCG Accountable Officers.</li> </ul>   | ASCH Directorate Management Team | Control |            |  |

**Adult Social Care and Health**

**Risk Register - Adult Social Care and Health**

**Review Comments**

Jo Frazer, Risk Owner, reviewed the risk on 30 January 2019.  
13/02/2019

# Adult Social Care and Health

## Risk Register - Adult Social Care and Health

| Risk Ref  | AH0011  | Risk Title and Event | Owner                                     | Last Review da   | Next Review      |             |                 |
|---|---|----------------------|---|--|------------------|-------------|-----------------|
| <b>Business disruption</b>  |   |                      | ASCH<br>Directorate<br>Management<br>Team | 14/02/2019   | 14/05/2019       |             |                 |
| Impact of emergency or major business disruption on the ability of the Directorate to provide essential services to meet its statutory obligations. |   |                      |   |  |                  |             |                 |
| Cause   | Consequence   | Current Risk         | Previous Current Risk                     | Control / Action   | Control / Action | Target Date | Target Risk     |
| Possible disruption to services   | Such an event would impact on service users and the wider public. Potentially people could be put at risk and the reputation of the service could suffer. | Medium               | 12  | <ul style="list-style-type: none"> <li>Terms of Reference and membership of Directorate Resilience Group revised in light of current threats (including Brexit). Group now meets Bi-monthly until April 2019.</li> <li>Training/exercise package available to a all teams and services to test services Business Continuity Plans against Brexit planning assumptions . Identify gaps and areas for improvement.</li> <li>Advanced Business Impact Analysis and Risk Assessment to be undertaken for all services, reviewed annually or when substantive changes in policy, process or procedure occur.</li> <li>Business Management Systems Team to work with Commissioning to ensure that business continuity arrangements are in place for contracted services to meet requirements. If necessary make recommendations for improvement as part of contract monitoring process.</li> <li>Management system in place to quality assure contingency arrangements including review and identification of lessons arising from the way incidents/exercises are managed.</li> </ul> | A                | 02/04/2019  | Medium          |
|   |   | 15                   | ↗   |  | -Accepted        |             | 9               |
|   |   | Major (5)            | 3   |  |                  |             | Significant (3) |
|   |   | Possible (3)         |   |  |                  |             | Possible (3)    |
|   |   |                      |   | David Oxlade   | A                | 02/04/2019  |                 |
|   |   |                      |   | David Oxlade   | -Accepted        |             |                 |
|   |   |                      |   | David Oxlade   | A                | 02/04/2019  |                 |
|   |   |                      |   | David Oxlade   | -Accepted        |             |                 |
|   |   |                      |   | David Oxlade   | A                | 31/03/2019  |                 |
|   |   |                      |   | David Oxlade   | -Accepted        |             |                 |
|   |   |                      |   | David Oxlade   | A                | 31/03/2019  |                 |
|   |   |                      |   | David Oxlade   | -Accepted        |             |                 |
|   |   |                      |   | David Oxlade   | Control          |             |                 |

**Adult Social Care and Health**

**Risk Register - Adult Social Care and Health**

|          |  |  |  |                                  |         |            |  |
|----------|--|--|--|----------------------------------|---------|------------|--|
| Page 138 |  |  | <ul style="list-style-type: none"> <li>• To review Service Level Business Continuity Plans as part of OPPD Realignment. Develop new Service Level Business Continuity Plans as part of Mental Health Transformation, reflecting outcome of Business Impact Analysis and Risk Assessments. Service Managers to review Plans annually or in light of significant changes or events.</li> </ul> | David Oxlade                     | Control | 31/03/2019 |  |
|          |  |  | <ul style="list-style-type: none"> <li>• A range of in-house and multi agency training available to ensure all staff are aware of their roles and responsibilities in responding to business disruption, increased needs and/or service demands.</li> </ul>  | Penny Southern                   | Control |            |  |
|          |  |  | <ul style="list-style-type: none"> <li>• System resilience plan in place setting out how the Directorate is prepared to respond to the increased needs and/or service demands as a result of seasonal pressures and other periods of escalations across the Kent and Medway Health and Social Care System.</li> </ul>  | Penny Southern                   | Control |            |  |
|          |  |  | <ul style="list-style-type: none"> <li>• Service Level Business Continuity plans in place for all services reflecting outcome of Business Impact Analysis and Risk Assessment. Service Managers to review Plans annually or in light of significant changes or events.</li> </ul>  | Penny Southern                   | Control |            |  |
|          |  |  | <ul style="list-style-type: none"> <li>• Good partnership working across KCC departments and multi-agency partners including joint planning with NHS organisations.</li> </ul>   | ASCH Directorate Management Team | Control |            |  |

**Review Comments** Risk reviewed by risk owner(s) - Alan Fitzgerald, John Callaghan 14 February 2019.  
14/02/2019

# Adult Social Care and Health

## Risk Register - Adult Social Care and Health

| Risk Ref   | AH0012  | Risk Title and Event | Owner                 | Last Review da  | Next Review      |                |             |     |              |
|--|---|----------------------|-----------------------|---|------------------|----------------|-------------|-----|--------------|
| <b>KCC KMPT partnership working</b>  |   |                      | Penny Southern        | 19/02/2019  | 19/05/2019       |                |             |     |              |
| <p>A new Operating Model for mental health and social care partnership working has been designed and is being implemented whereby KCC secures full accountability for all social care whilst continuing to work with KMPT to provide an integrated response in secondary care.. The transformation process needs to be managed to ensure a smooth transition to the new working arrangements. Then new operating model introduced from 1 October 2018 for community services, end of December for forensic services and from 1 April 2019 for AMHP Services.</p> |   |                      |                       |   |                  |                |             |     |              |
| Cause  | Consequence   | Current Risk         | Previous Current Risk | Control / Action  | Control / Action | Target Date    | Target Risk |     |              |
| Page 139   | If there is not a smooth transition it could be detrimental for service users and a lack of clarity for staff and partner agencies. | Medium               |                       | <ul style="list-style-type: none"> <li>The new model is implemented for community and forensic services. KMPT and KCC have implemented on-going governance arrangements to identify any issues and to mitigate any risks and resolve issues. Partnership planning for phase 2 (AMHP service) continues and actions are on track to deliver changes by 31.319. A review of the AMHP service will follow.</li> <li>Improve the supervision, support and Continuous Professional Development for social care staff. Implementation of job plans is part of the new service delivery model.</li> </ul> <p>Targeted recruitment and succession strategy has been implemented Analysis of activity data has informed the resource allocation.</p> <ul style="list-style-type: none"> <li>Continue to promote the personalisation agenda with social care clients in mental health services. The KERS service to ensure early intervention and prevention via enablement.</li> <li>Deliver a Well Being Service for mental health social care in partnership with the voluntary and third sector. Part of a wider multi-agency approach to community mental health service.</li> </ul> | Cheryl Fenton    | A<br>-Accepted | 31/03/2019  | Low |              |
|  |   | 9                    |                       |   | Cheryl Fenton    | A<br>-Accepted | 31/03/2019  | 6   |              |
|  |   | Significant (3)      |                       |   |                  |                |             |     | Moderate (2) |
|  |   | Possible (3)         |                       |   |                  |                |             |     | Possible (3) |

**Adult Social Care and Health**

**Risk Register - Adult Social Care and Health**

|  |  |  |   |               |         |  |  |
|--|--|--|---|---------------|---------|--|--|
|  |  |  | <ul style="list-style-type: none"> <li>Increased monitoring of the appropriateness of proposed residential care placements through coordination of the Complex Needs Panel. Reviewing M.H residential placements to maximise potential for a move to greater independence and embed good quality. Introduction of BCF projects to improve pathway flow from acute admission to independent living. Agreement across KCC, CCGs and KMPT to strategic approach to supporting and improving joint work and introducing joint processes.</li> </ul> | Cheryl Fenton | Control |  |  |
|--|--|--|---|---------------|---------|--|--|

**Review Comments** Risk Reviewed by Cheryl Fenton, Risk Owner, on 19 February 2019.  
19/02/2019

**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 – 12 March 2019

**Subject:** **ADULT SOCIAL CARE PERFORMANCE DASHBOARD**

**Classification:** Unrestricted

**Previous Pathway of Paper:** Adult Social Care and Health Directorate Management Team

**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 January 2019 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

2.2 The Adult Social Care Performance Dashboard is a subset of the detailed monthly performance report that is used at Divisional Management Team and Directorate Management Team 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 for 13 of these.
- 3.2 For January 2019, seven performance indicators are rated as Green, five as Amber and one is 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 Kent target is **3,201 delayed days**, unfortunately this was not met, and Kent experienced 909 more bed days with a total of 4,110 DToC Bed days in January according to locally collected data. This was 11.3 per 100,000 of the population against a target of 8.7 per 100,000 of the population.
- 3.4 More detailed information in respect of Delayed Transfers of Care can be found at Appendix B. This represents locally collected data.
- 3.5 The number of admissions to permanent residential and nursing care was within target in December 2018, but the overall number of people in these placements is fairly stable as KCC observed a 0.3% increase in the number of older people in permanent residential home care and 1.4% increase in the number of older people in permanent nursing home care. This is an area that we are focussing on as a priority.
- 3.6 In terms of homecare, the numbers of people receiving the service and their hours are increasing. There are more people being supported in their own home and again, the impact of hospital discharges from hospitals means more people with higher packages in home care. Again, this is an area of priority that we are focusing on.

#### 4. Recommendations

|  |
|--|
| 4.1 Recommendation: The Adult Social Care Cabinet Committee is asked to <b>CONSIDER</b> and <b>COMMENT</b> on the Adult Social Care Performance Dashboard. |
|--|

#### 5. Background Documents

None

#### 6. Report Author

Suzie Wenham

Performance Manager

03000 410430

[suzie.wenham@kent.gov.uk](mailto:suzie.wenham@kent.gov.uk)

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# Adult Social Care Dashboard

January 2019

| Key to RAG (Red/ Amber/ Green) ratings applied to KPIs |   |
|--|---|
| <b>GREEN</b>   | Target has been achieved or exceeded  |
| <b>AMBER</b>   | Performance is behind target but within acceptable limits                                   |
| <b>RED</b>   | 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.

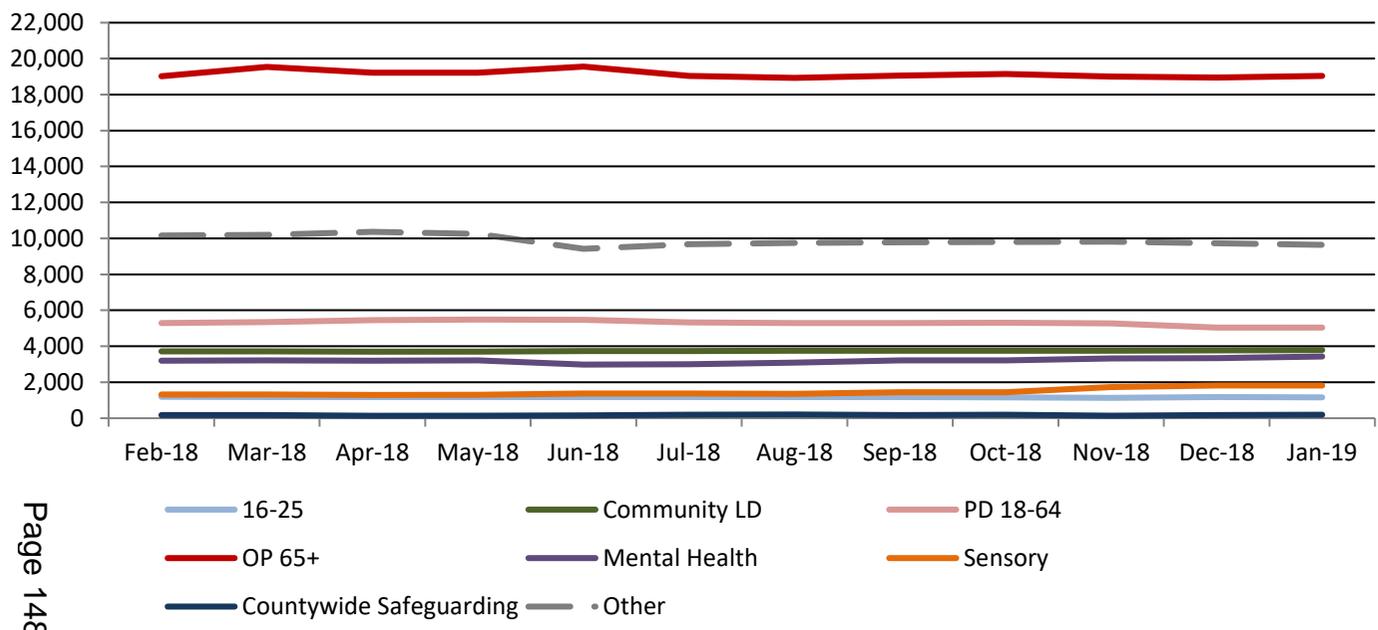
All information is as at the latest month wherever possible.

Page 46

| 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                    | <b>38,053</b>    | Snapshot    | <b>N/A</b>   |
| 2                     | Percentage of contacts resolved at source                               | Y            | Y   | 77%             | 70%                    | <b>77%</b>       | Month       | <b>GREEN</b> |
| 3                     | Referrals to Enablement   | Y            | Y   | 1,276           | 868                    | <b>1,187</b>     | Month       | <b>GREEN</b> |
| 4                     | Clients still independent after enablement                              |              | Y   | 75%             | 60%                    | <b>77%</b>       | Snapshot    | <b>GREEN</b> |
| 5                     | Delayed Transfers of Care - proportion that are social care             |              | Y   | 29.4%           | 30%                    | <b>21.9%</b>     | 12M         | <b>GREEN</b> |
| 6                     | Total Delays per 100,000 population                                     |              | Y   |                 | 8.7                    | <b>11.3</b>      | Month       | <b>RED</b>   |
| 7                     | Admissions to permanent residential or nursing care for                 | Y            | Y   | 137             | 130                    | <b>137</b>       | Month       | <b>GREEN</b> |
| 8                     | Number of people aged 65+ in permanent residential care                 | Y            | Y   | 2,214           | 2,049                  | <b>2,188</b>     | Snapshot    | <b>AMBER</b> |
| 9                     | Number of people aged 65+ in permanent nursing care                     | Y            | Y   | 1,094           | 1,057                  | <b>1,103</b>     | Snapshot    | <b>AMBER</b> |
| 10                    | Number of people receiving homecare                                     | Y            | Y   | 4,202           | 4,395                  | <b>4,257</b>     | Snapshot    | <b>GREEN</b> |
| 11                    | Number of people receiving direct payments                              | Y            | Y   | 4,131           | 3,197                  | <b>3,081</b>     | Snapshot    | <b>GREEN</b> |
| 12                    | Number of people with a learning disability in                          | Y            | Y   | 1,097           | 994                    | <b>1,034</b>     | Snapshot    | <b>AMBER</b> |
| 13                    | Number of people with a learning disability receiving a                 | Y            | Y   | 3,011           | N/A                    | <b>2,822</b>     | Snapshot    | <b>N/A</b>   |
| 14                    | Number of people with Mental health needs in residential care           | Y            | Y   | 308             | 294                    | <b>303</b>       | Snapshot    | <b>AMBER</b> |
| 15                    | Number of people with Mental health needs receiving a community service | Y            | Y   | 506             | N/A                    | <b>518</b>       | Snapshot    | <b>N/A</b>   |
| 16.1                  | Number of Safeguarding concerns   |              | Y   | 861             | N/A                    | <b>1,045</b>     | Month       | <b>N/A</b>   |
| 16.2                  | Number of Safeguarding enquiries  |              | Y   | 466             | N/A                    | <b>478</b>       |             |              |
| 16.3                  | Number of safeguarding consultations                                    |              | Y   | 187             | N/A                    | <b>266</b>       |             |              |
| 16.4                  | Number of safeguarding closures   |              | Y   | 344             | N/A                    | <b>472</b>       |             |              |
| 17                    | Number of DOLS applications   |              | Y   | 413             | 470                    | <b>510</b>       | Month       | <b>AMBER</b> |

|  |  |  |  |  |  |  |  |     |  |  |  |  |
|--|--|--|--|--|--|--|--|-----|--|--|--|--|
| <b>1) Total Number of Supported People</b> |  |  |  |  |  |  |  | N/A |  |  |  |  |
|--|--|--|--|--|--|--|--|-----|--|--|--|--|

|                |                   |          |                |  |  |  |  |
|----------------|-------------------|----------|----------------|--|--|--|--|
| Cabinet Member | Graham Gibbens    | Director | Penny Southern |  |  |  |  |
| Portfolio      | Adult Social Care | Division | OPPD DCALDMH   |  |  |  |  |



**Data Notes**  
 Data Source: County Caseload

Counts here are inclusive of all involvements, whether Key Worker or additional, and are of unique clients appearing on the relevant caseload. Where a client has an involvement with more than one business area, that client will be counted once against the business area and once in the total individual count; the total individual count is therefore likely to be lower than the sum of the individual areas.

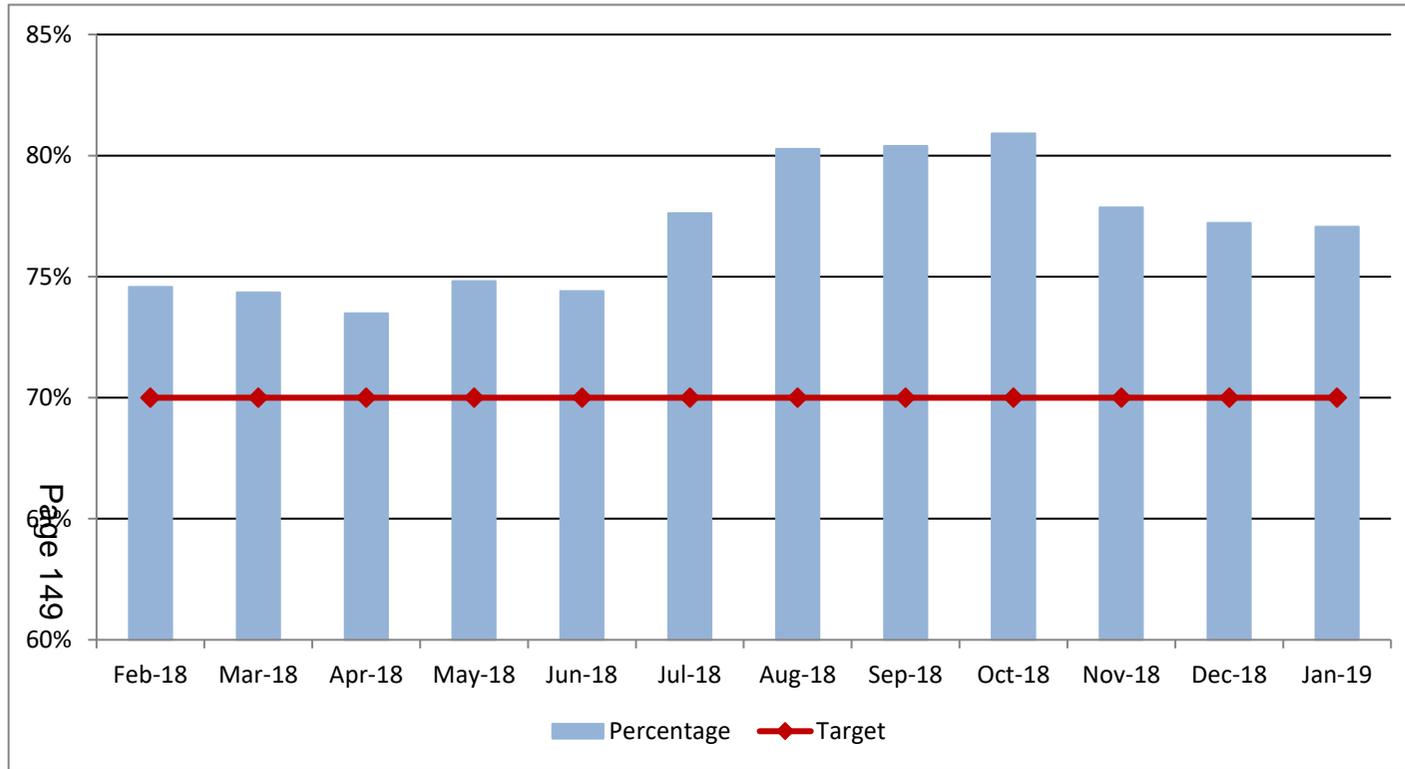
|                                | Feb-18        | Mar-18        | Apr-18        | May-18        | Jun-18        | Jul-18        | Aug-18        | Sep-18        | Oct-18        | Nov-18        | Dec-18        | Jan-19        |
|--------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| <b>Total Individual Count</b>  | <b>38,260</b> | <b>38,433</b> | <b>38,655</b> | <b>38,653</b> | <b>37,716</b> | <b>37,306</b> | <b>37,346</b> | <b>37,701</b> | <b>37,833</b> | <b>38,053</b> | <b>38,053</b> | <b>38,309</b> |
| <i>16-25</i>                   | 1,190         | 1,179         | 1,168         | 1,168         | 1,182         | 1,182         | 1,181         | 1,178         | 1,156         | 1,130         | 1,167         | 1,161         |
| <i>Community LD</i>            | 3,723         | 3,713         | 3,703         | 3,702         | 3,731         | 3,732         | 3,758         | 3,758         | 3,759         | 3,755         | 3,762         | 3,791         |
| <i>PD 18-64</i>                | 5,288         | 5,348         | 5,461         | 5,488         | 5,470         | 5,335         | 5,295         | 5,284         | 5,308         | 5,270         | 5,040         | 5,041         |
| <i>OP 65+</i>                  | 19,019        | 19,547        | 19,219        | 19,220        | 19,555        | 19,034        | 18,929        | 19,056        | 19,153        | 18,999        | 18,942        | 19,044        |
| <i>Mental Health</i>           | 3,197         | 3,215         | 3,194         | 3,215         | 2,982         | 3,008         | 3,087         | 3,218         | 3,221         | 3,315         | 3,336         | 3,432         |
| <i>Sensory</i>                 | 1,310         | 1,310         | 1,291         | 1,299         | 1,368         | 1,376         | 1,358         | 1,446         | 1,443         | 1,739         | 1,812         | 1,817         |
| <i>Countywide Safeguarding</i> | 171           | 171           | 132           | 144           | 154           | 197           | 204           | 176           | 187           | 136           | 166           | 198           |
| <i>Other</i>                   | 10,156        | 10,201        | 10,366        | 10,251        | 9,420         | 9,683         | 9,744         | 9,780         | 9,797         | 9,818         | 9,738         | 9,633         |

**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**

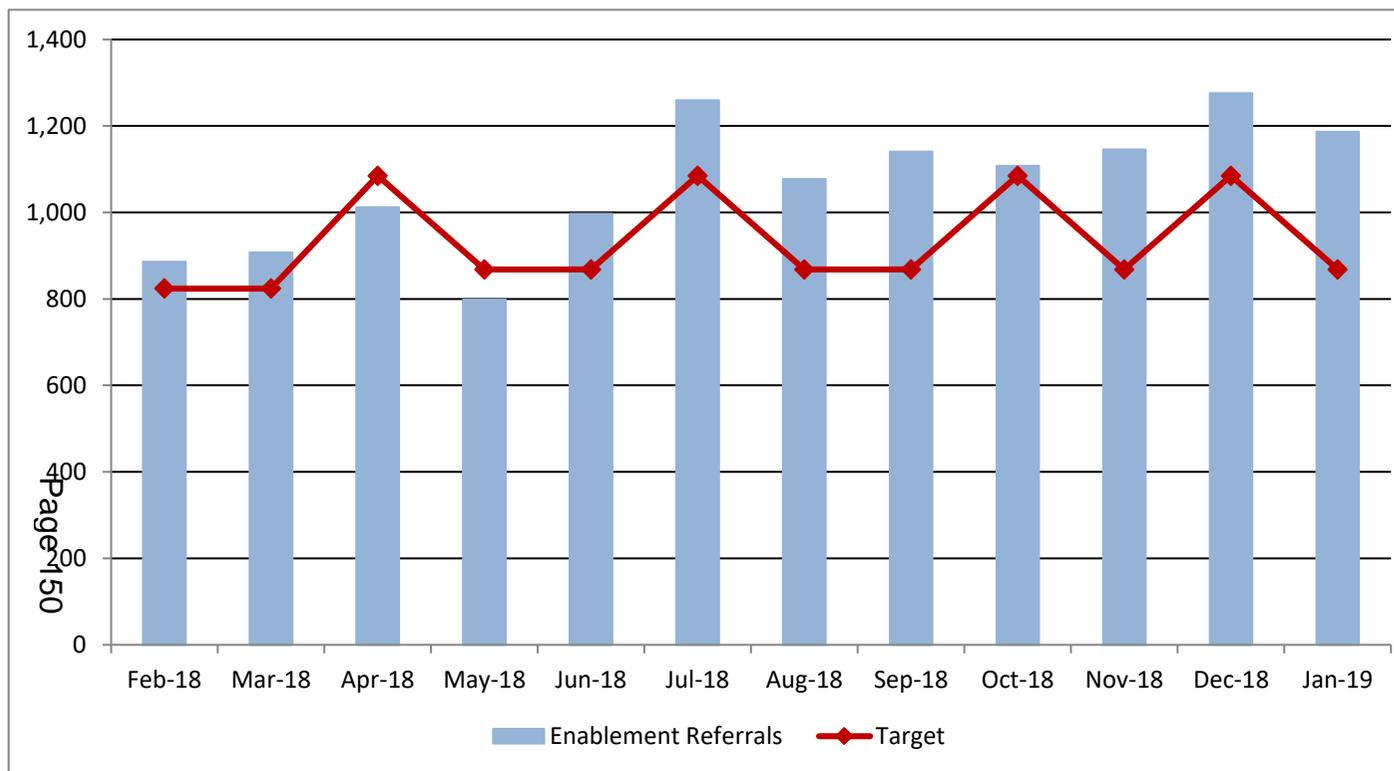
|            | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 |
|------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Target     | 70%    | 70%    | 70%    | 70%    | 70%    | 70%    | 70%    | 70%    | 70%    | 70%    | 70%    | 70%    |
| Percentage | 75%    | 74%    | 73%    | 75%    | 74%    | 78%    | 80%    | 80%    | 81%    | 78%    | 77%    | 77%    |
| RAG Rating | 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**

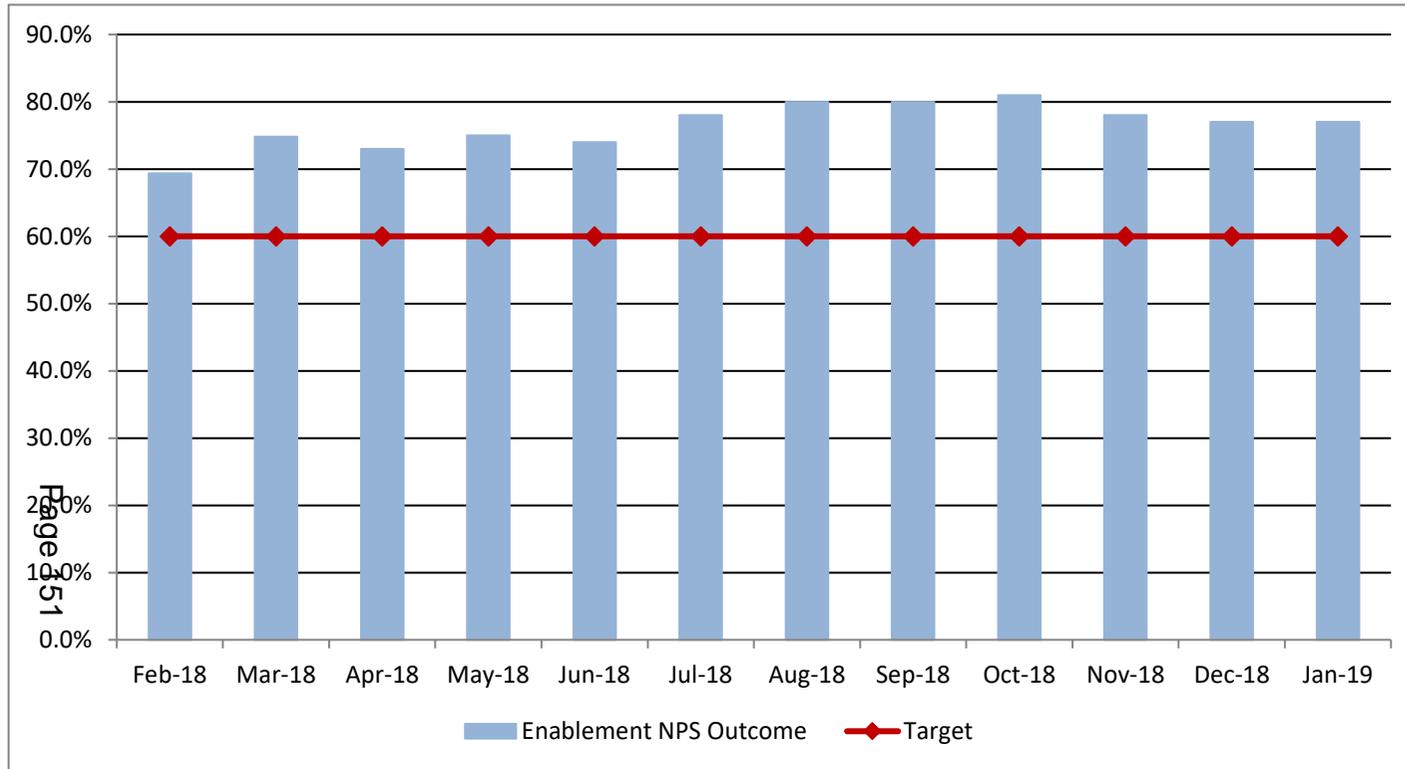
|                      | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 |
|----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Target               | 824    | 824    | 1,085  | 868    | 868    | 1,085  | 868    | 868    | 1,085  | 868    | 1,085  | 868    |
| Enablement Referrals | 886    | 908    | 1,012  | 798    | 997    | 1,260  | 1,077  | 1,141  | 1,108  | 1,146  | 1,276  | 1,187  |
| RAG Rating           | GREEN  | GREEN  | AMBER  | AMBER  | 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

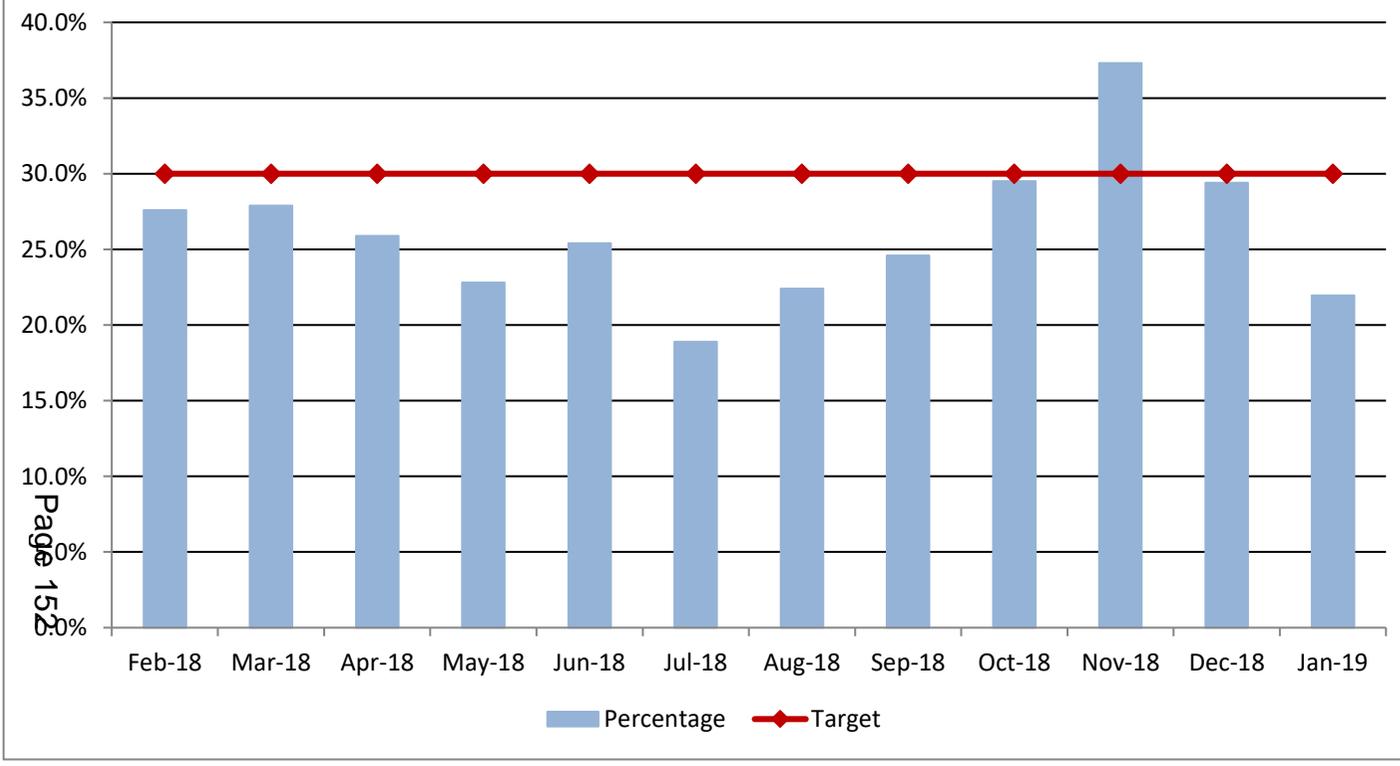
**Quarterly Performance Report Indicator**

|                        | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 |
|------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Target                 | 60%    | 60%    | 60%    | 60%    | 60%    | 60%    | 60%    | 60%    | 60%    | 60%    | 60%    | 60%    |
| Enablement NPS Outcome | 69.4%  | 74.8%  | 73.0%  | 75.0%  | 74.0%  | 78.0%  | 80.0%  | 80.0%  | 81.0%  | 78.0%  | 77.0%  | 77.0%  |
| RAG Rating             | 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 |



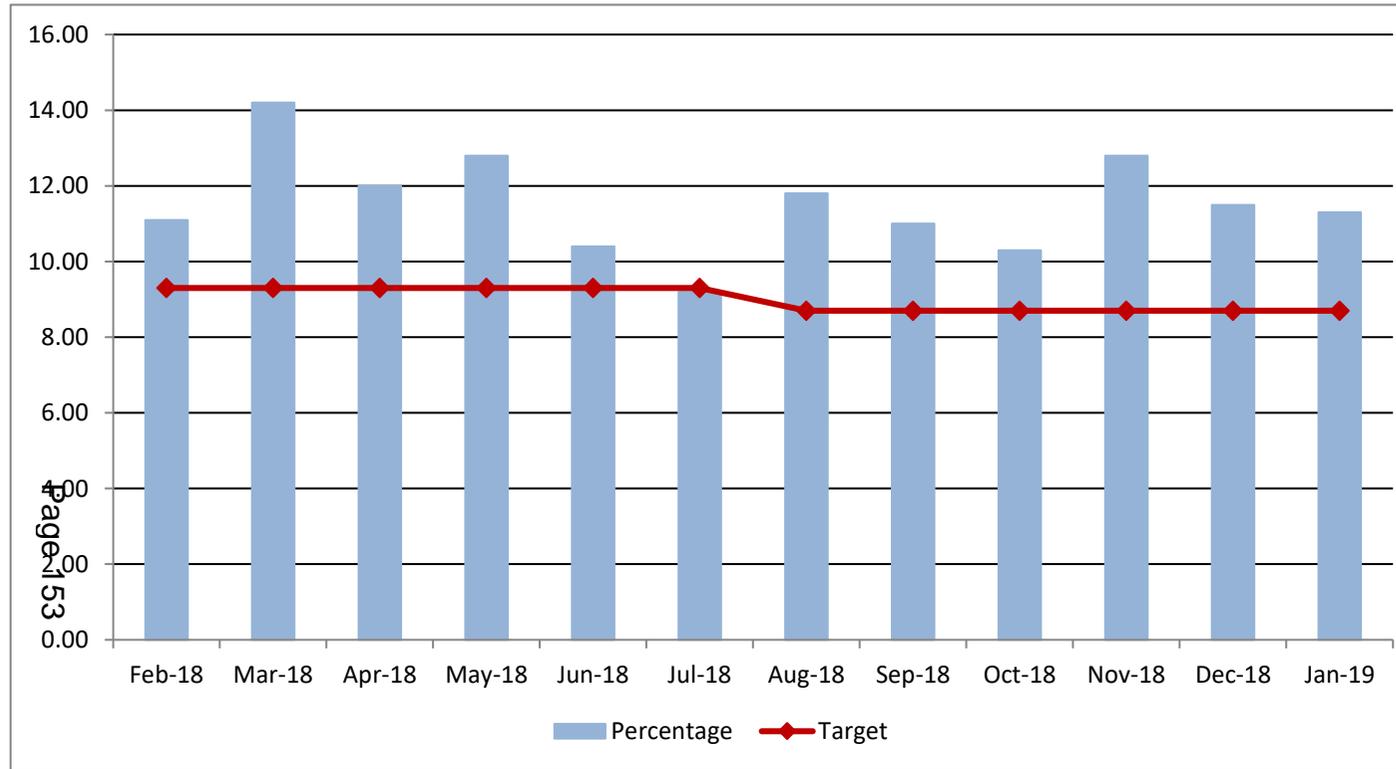
**Data Notes**  
 This indicator represents the percentage of all delays attributable to Adult Social Care or Jointly with the NHS.

|            | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 |
|------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Target     | 30%    | 30%    | 30%    | 30%    | 30%    | 30%    | 30%    | 30%    | 30%    | 30%    | 30%    | 30%    |
| Percentage | 27.6%  | 27.9%  | 25.9%  | 22.8%  | 25.4%  | 18.9%  | 22.4%  | 24.6%  | 29.5%  | 37.3%  | 29.4%  | 21.9%  |
| RAG Rating | GREEN  | AMBER  | 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 December 18, 29.4% of delays are attributable in whole or part to Adult Social Care. For Social Care delayed discharges, the three main reasons were: Completion of assessment, awaiting residential placement and awaiting nursing home placement.

## 6) Delayed Transfers of Care - Total Delays per 100,000 Population RED

|                |                   |          |                                      |
|----------------|-------------------|----------|--------------------------------------|
| Cabinet Member | Graham Gibbens    | Director | Anne Tidmarsh                        |
| Portfolio      | Adult Social Care | Division | Older People and Physical Disability |



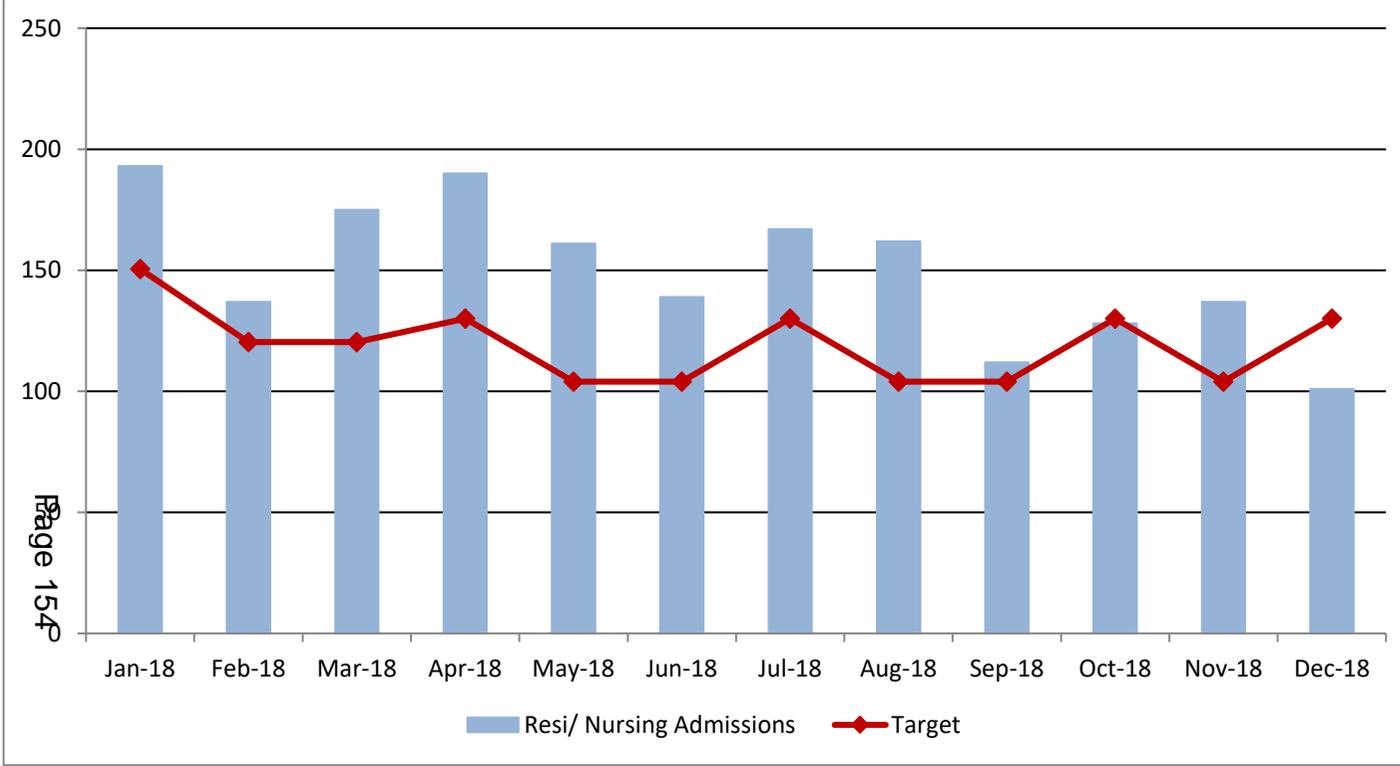
**Data Notes**  
 Based on locally collected discharge data. Figures for the latest month do not include Adult MH delays as this data is submitted after publication on the 21st working day of the month.

|            | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 |
|------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Target     | 9.3    | 9.3    | 9.3    | 9.3    | 9.3    | 9.3    | 8.7    | 8.7    | 8.7    | 8.7    | 8.7    | 8.7    |
| Percentage | 11.10  | 14.20  | 12.00  | 12.80  | 10.40  | 9.20   | 11.80  | 11.00  | 10.30  | 12.80  | 11.50  | 11.30  |
| RAG Rating | RED    | RED    | RED    | RED    | RED    | GREEN  | 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 8.7 delayed discharges per 100,000 of population. The key pressure areas for NHS delays are within Kent and Canterbury Hospital [25.3% of all Kent delays], KMPT [13.6% of all Kent delays], Queen Elizabeth the Queen Mother Hospital [10.6% of all Kent delays].

## 7) Admissions to permanent residential or nursing care for people aged 65+ GREEN

|                |                   |          |                                      |
|----------------|-------------------|----------|--------------------------------------|
| 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

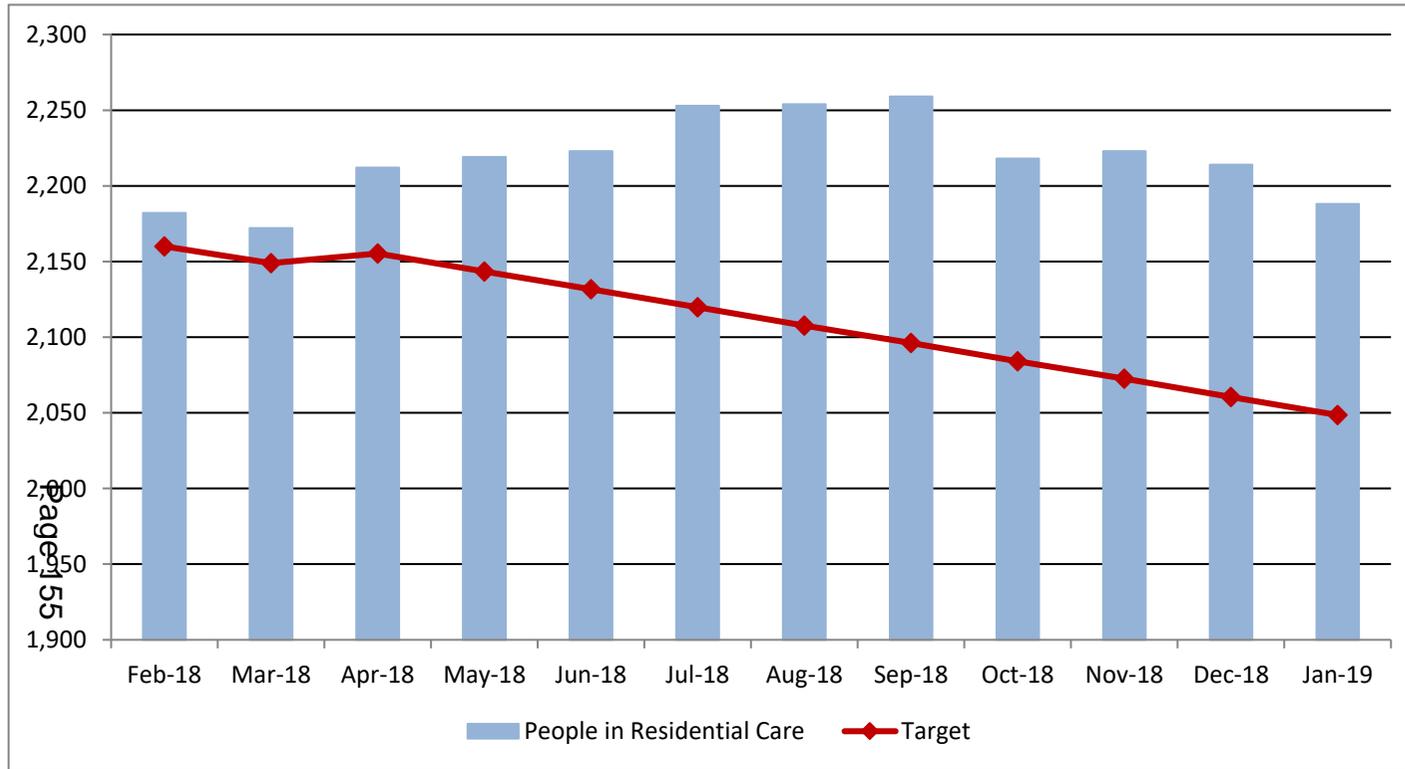
|                          | Jan-18     | Feb-18     | Mar-18     | Apr-18     | May-18     | Jun-18     | Jul-18     | Aug-18     | Sep-18       | Oct-18       | Nov-18     | Dec-18       |
|--------------------------|------------|------------|------------|------------|------------|------------|------------|------------|--------------|--------------|------------|--------------|
| Target                   | <b>151</b> | <b>120</b> | <b>120</b> | <b>130</b> | <b>104</b> | <b>104</b> | <b>130</b> | <b>104</b> | <b>104</b>   | <b>130</b>   | <b>104</b> | <b>130</b>   |
| Resi/ Nursing Admissions | 193        | 137        | 175        | 190        | 161        | 139        | 167        | 162        | 112          | 128          | 137        | 101          |
| RAG Rating               | <b>RED</b> | <b>AMBER</b> | <b>GREEN</b> | <b>RED</b> | <b>GREEN</b> |

**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. Admissions are examined to understand exactly why they have happened on a monthly basis. The objectives of the modernisation programme will be to ensure that the right services are in place to ensure that people can self manage with these conditions, and ensure that a falls prevention strategy and support is in place to reduce the need for admission. In the meantime, there are clear targets set for the teams which are monitored on a bi-weekly basis.

## 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 |



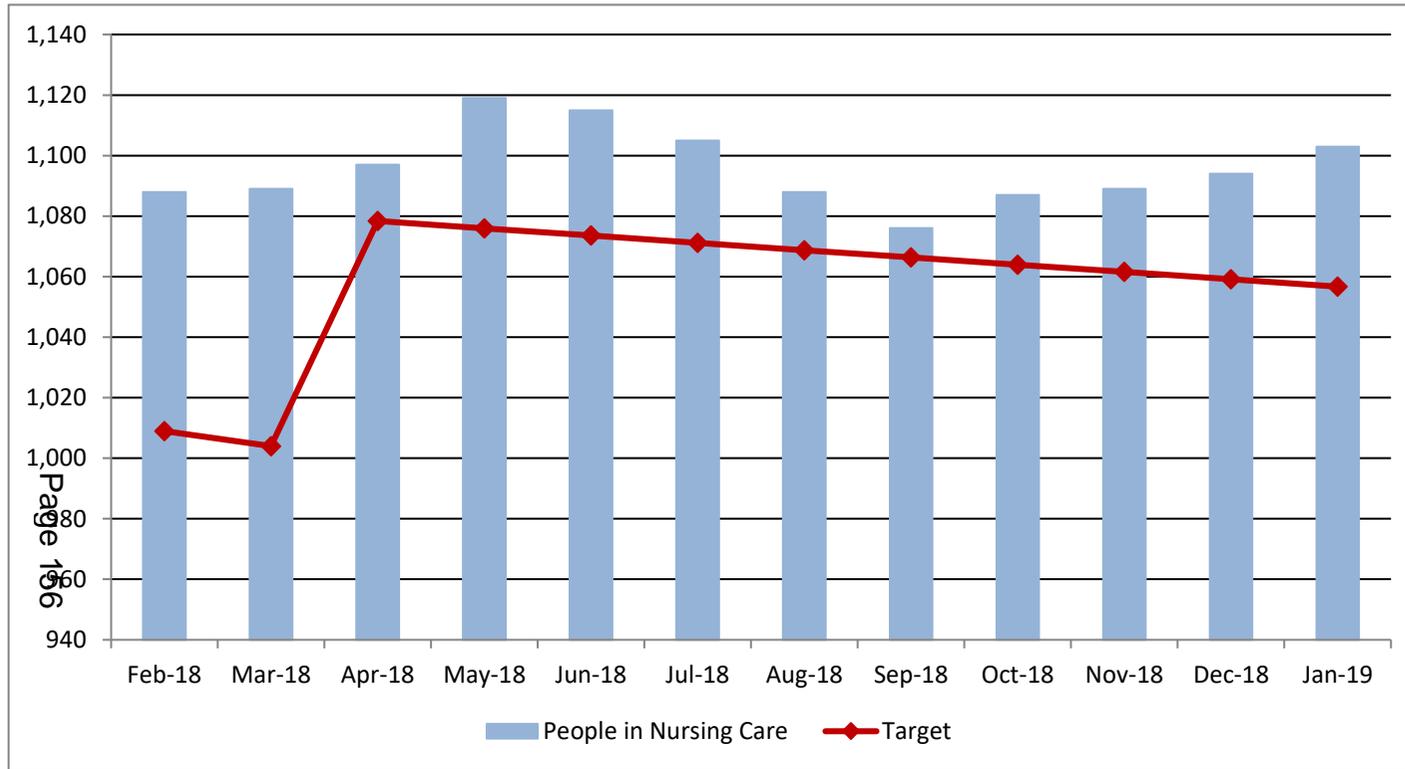
**Data Notes**  
 Unit of Measure: End of month snapshot of the number of people aged 65+ in permanent residential care  
 Data Source: OPPD SMT Report  
 Quarterly Performance Report Indicator

|                            | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 |
|----------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Target                     | 2,160  | 2,149  | 2,155  | 2,143  | 2,132  | 2,120  | 2,108  | 2,096  | 2,084  | 2,073  | 2,061  | 2,049  |
| People in Residential Care | 2,182  | 2,172  | 2,212  | 2,219  | 2,223  | 2,253  | 2,254  | 2,259  | 2,218  | 2,223  | 2,214  | 2,188  |
| RAG Rating                 | AMBER  |

**Commentary**  
**This is the number of people in permanent residential care at the end of the month.** The number of people aged 65+ in permanent residential care has declined by 6 people in the past 12 months (0.3% decrease). Currently there are 139 less clients than the 2018-19 January target. There is an end of year target of 2,026 people or fewer to be in permanent residential care by 31st March 2019.

## 9) Number of people aged 65+ in permanent nursing care (AS02) AMBER

|                |                   |          |                                      |
|----------------|-------------------|----------|--------------------------------------|
| Cabinet Member | Graham Gibbens    | Director | Anne Tidmarsh                        |
| Portfolio      | Adult Social Care | Division | Older People and Physical Disability |



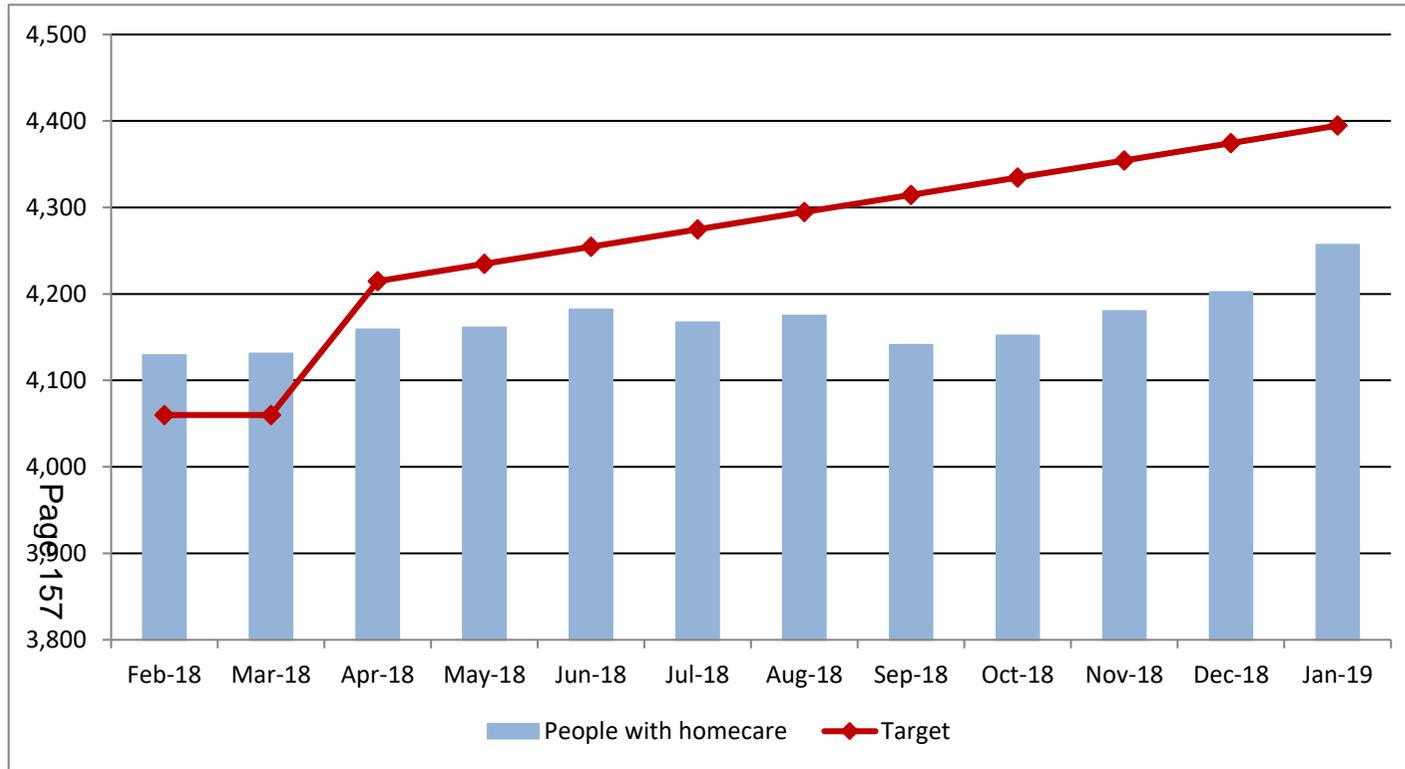
**Data Notes**  
 Unit of Measure: End of month snapshot of the number of people aged 65+ in permanent nursing care  
 Data Source: OPPD SMT Report  
 Quarterly Performance Report Indicator

|                        | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 |
|------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Target                 | 1,009  | 1,004  | 1,078  | 1,076  | 1,074  | 1,071  | 1,069  | 1,066  | 1,064  | 1,062  | 1,059  | 1,057  |
| People in Nursing Care | 1,088  | 1,089  | 1,097  | 1,119  | 1,115  | 1,105  | 1,088  | 1,076  | 1,087  | 1,089  | 1,094  | 1,103  |
| RAG Rating             | AMBER  |

**Commentary**  
**This is the number of people in permanent nursing care at the end of the month.** The number of people aged 65+ in permanent Nursing Care has declined by 15 people in the past 12 months (1.4% decrease). Currently there are 46 less clients than the 2018-19 January target. There is a target of 1,052 people or fewer in Nursing care by 31 March 2019.

|   |  |  |              |
|---|--|--|--------------|
| <b>10) Number of people receiving homecare (AS03)</b> |  |  | <b>GREEN</b> |
|---|--|--|--------------|

|                |                   |          |                                      |
|----------------|-------------------|----------|--------------------------------------|
| Cabinet Member | Graham Gibbens    | Director | Anne Tidmarsh                        |
| Portfolio      | Adult Social Care | Division | Older People and Physical Disability |



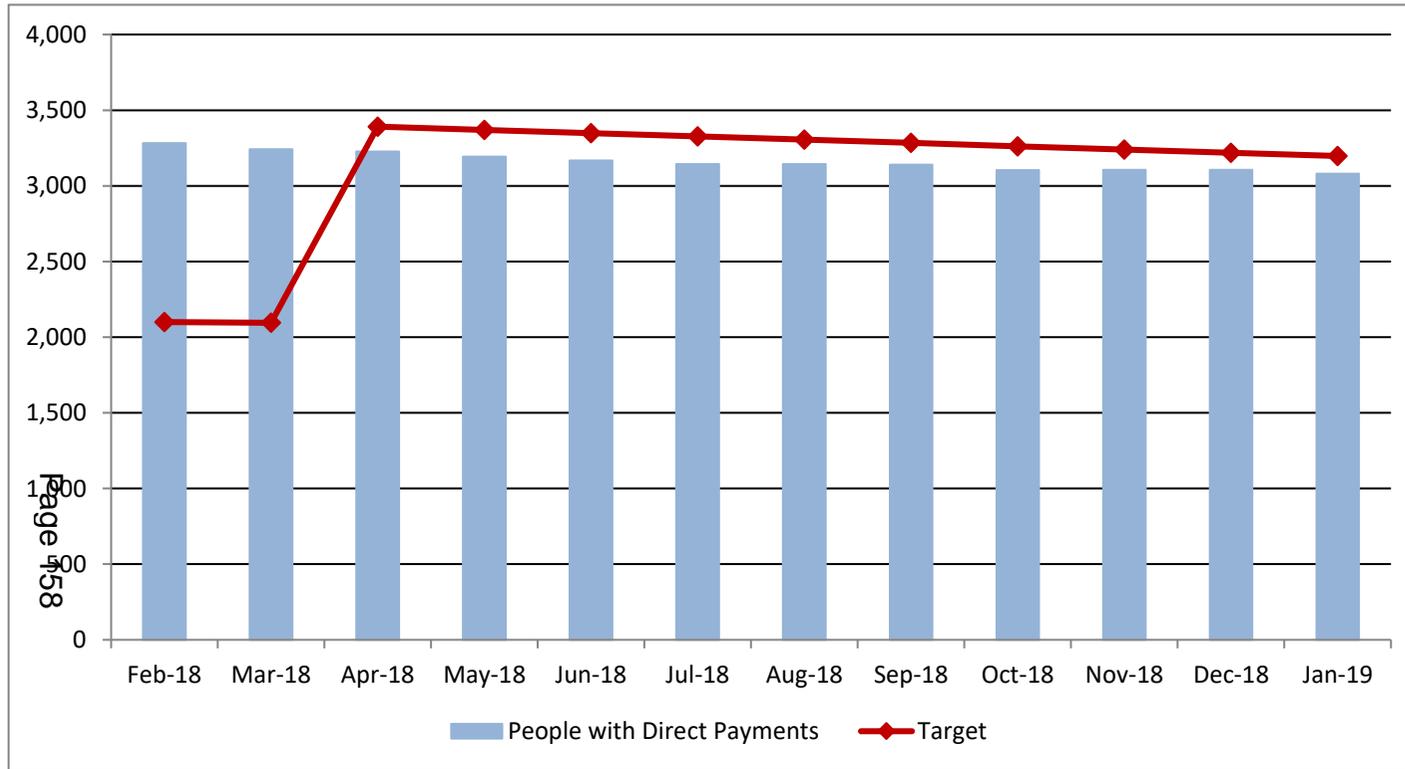
**Data Notes**  
 Unit of Measure: End of month snapshot of the number of people receiving homecare  
 Data Source: OPPD SMT Report  
 Quarterly Performance Report Indicator

|                      | Feb-18       | Mar-18       | Apr-18       | May-18       | Jun-18       | Jul-18       | Aug-18       | Sep-18       | Oct-18       | Nov-18       | Dec-18       | Jan-19       |
|----------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Target               | <b>4,060</b> | <b>4,060</b> | <b>4,215</b> | <b>4,235</b> | <b>4,255</b> | <b>4,275</b> | <b>4,295</b> | <b>4,315</b> | <b>4,335</b> | <b>4,354</b> | <b>4,375</b> | <b>4,395</b> |
| People with homecare | 4,129        | 4,131        | 4,159        | 4,161        | 4,182        | 4,167        | 4,175        | 4,141        | 4,152        | 4,180        | 4,202        | 4,257        |
| RAG Rating           | <b>AMBER</b> | <b>AMBER</b> | <b>GREEN</b> |

**Commentary**  
 This is the total number of people receiving homecare which has been increasing steadily over the last 12 months (3.1% increase), with an additional 128 people in receipt of Homecare. Homecare is largely delivered to people over the age of 65, with 3,562 people aged 65+ receiving services at the end of January and 695 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 10.06 average hours per person. The average hours per Physically Disabled adult aged 18-64 per week remains below the 2018-19 target of 11 hours or less per person at 10.48 average hours per person.

# 11) Number of people receiving direct payments GREEN

|                |                   |                 |                                |
|----------------|-------------------|-----------------|--------------------------------|
| Cabinet Member | Graham Gibbens    | <b>Director</b> | Anne Tidmarsh / Penny Southern |
| Portfolio      | Adult Social Care | <b>Division</b> | OPPD / DCLDMH                  |

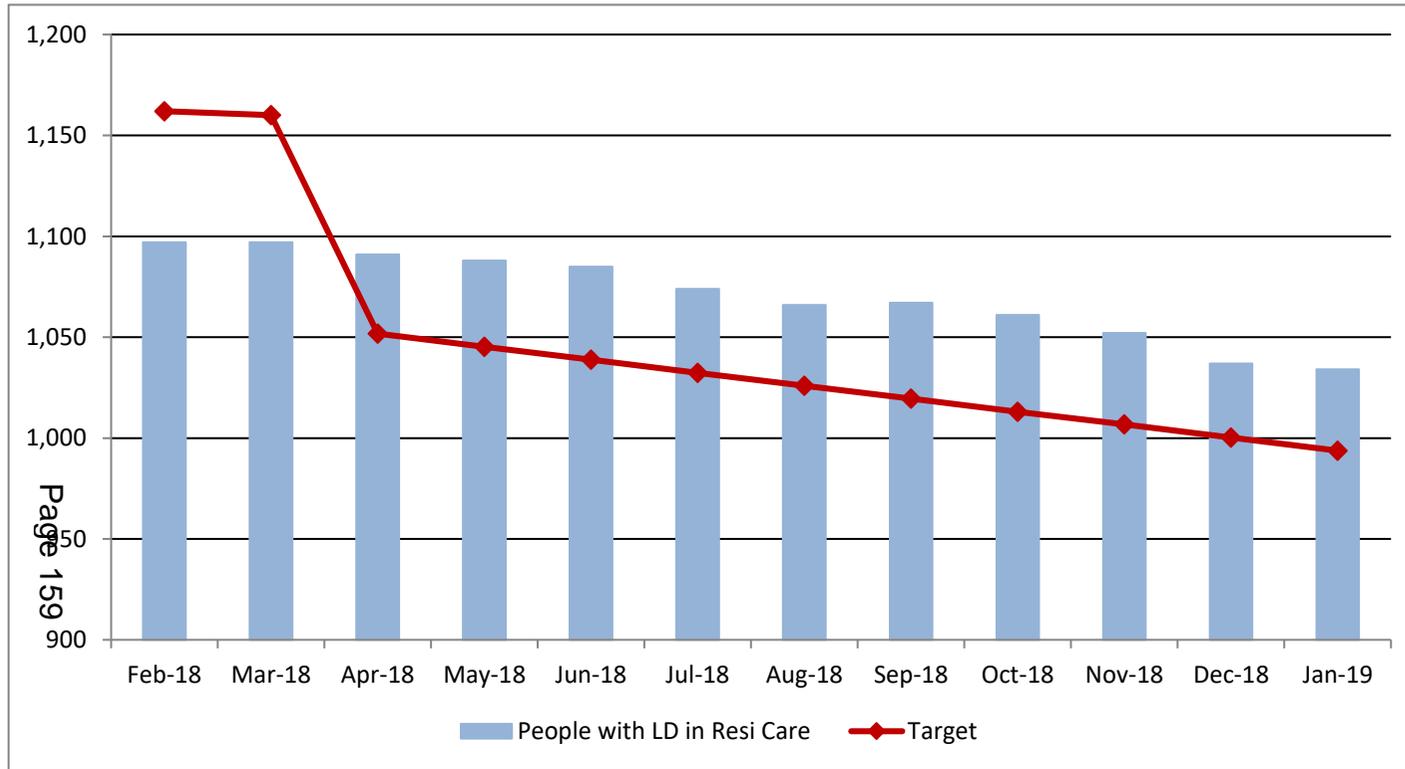


**Data Notes**  
 Unit of Measure: End of month snapshot of the number of people receiving direct payments  
 Data Source: OPPD/LDMH SMT Report  
 Quarterly Performance Report Indicator

|                             | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 |
|-----------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Target                      | 2,099  | 2,095  | 3,392  | 3,370  | 3,348  | 3,327  | 3,305  | 3,284  | 3,262  | 3,241  | 3,219  | 3,197  |
| People with Direct Payments | 3,282  | 3,243  | 3,228  | 3,194  | 3,168  | 3,145  | 3,144  | 3,140  | 3,104  | 3,106  | 3,105  | 3,081  |
| RAG Rating                  | RED    | RED    | GREEN  |

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

|   |                   |          |                     |
|---|-------------------|----------|---------------------|
| <b>12) Number of people with a learning disability in residential/nursing care (AS04)</b> |                   |          | <b>AMBER</b>        |
| 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.

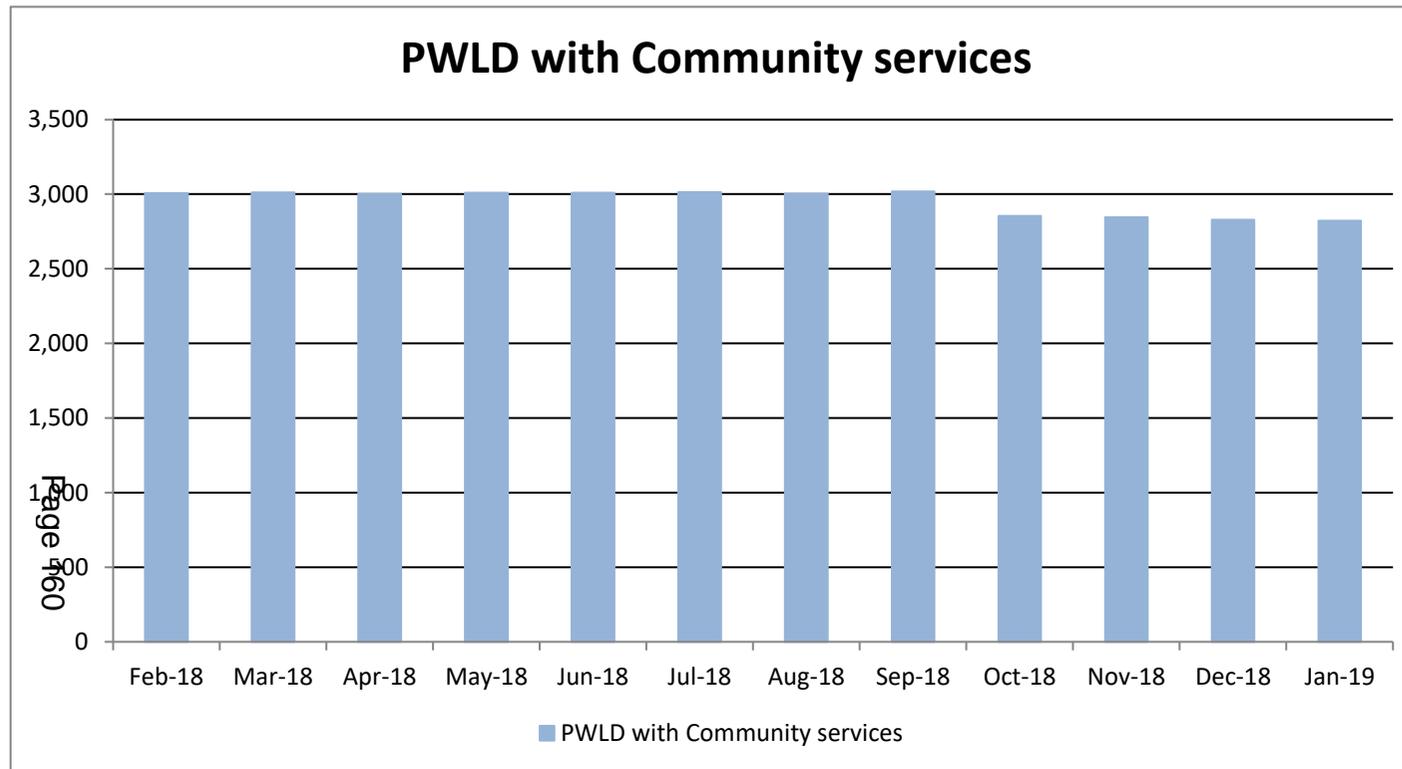
Data Source: LD DivMT Report

Quarterly Performance Report Indicator

|                             | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 |
|-----------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Target                      | 1,162  | 1,160  | 1,052  | 1,045  | 1,039  | 1,032  | 1,026  | 1,020  | 1,013  | 1,007  | 1,000  | 994    |
| People with LD in Resi Care | 1,097  | 1,097  | 1,091  | 1,088  | 1,085  | 1,074  | 1,066  | 1,067  | 1,061  | 1,052  | 1,037  | 1,034  |
| RAG Rating                  | GREEN  | GREEN  | AMBER  |

**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. These figures are amalgamated from both SWIFT (adult client system) and LPS (Lifespan Pathway Service system for 16-25 but only for those aged 18-25).

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

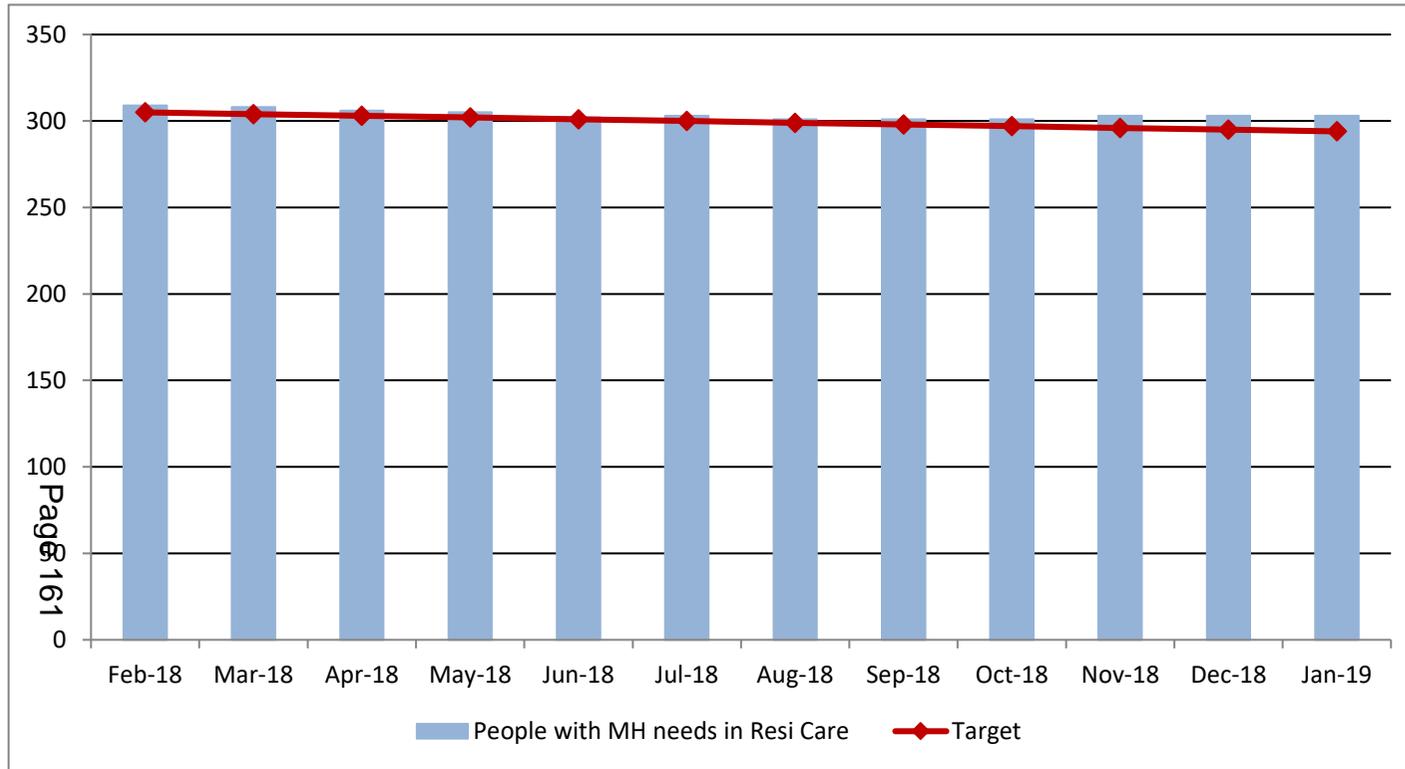


**Data Notes**  
Unit of Measure: Number of people with a learning disability receiving a non-residential service  
Data Source: LD DivMT Report

|                              | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 |
|------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| PWLD with Community services | 3,008  | 3,011  | 3,000  | 3,009  | 3,009  | 3,014  | 3,003  | 3,018  | 2,855  | 2,845  | 2,829  | 2,822  |

**Commentary**  
**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. These figures are amalgamated from both SWIFT (adult client system) and LPS (Lifespan Pathway Service system for 16-25 but only for those aged 18-25).

|   |                   |          |                |
|---|-------------------|----------|----------------|
| <b>14) Number of people with mental health needs in residential/nursing care (AS04)</b> |                   |          | <b>AMBER</b>   |
| 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.

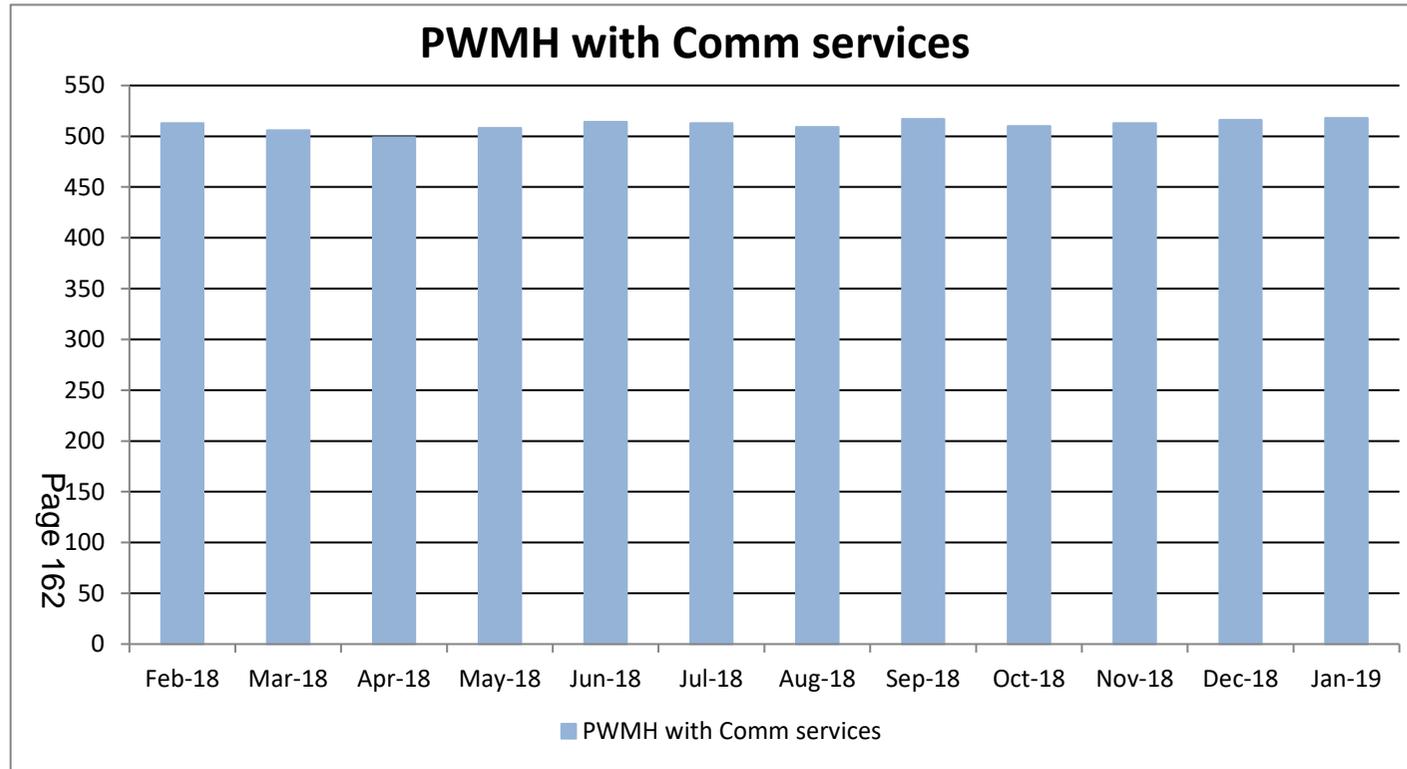
Data Source: MH DivMT Report

**Quarterly Performance Report Indicator**

|                              | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 |
|------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Target                       | 305    | 304    | 303    | 302    | 301    | 300    | 299    | 298    | 297    | 296    | 295    | 294    |
| People with MH needs in Resi | 309    | 308    | 306    | 305    | 302    | 303    | 301    | 301    | 301    | 303    | 303    | 303    |
| RAG Rating                   | 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.

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

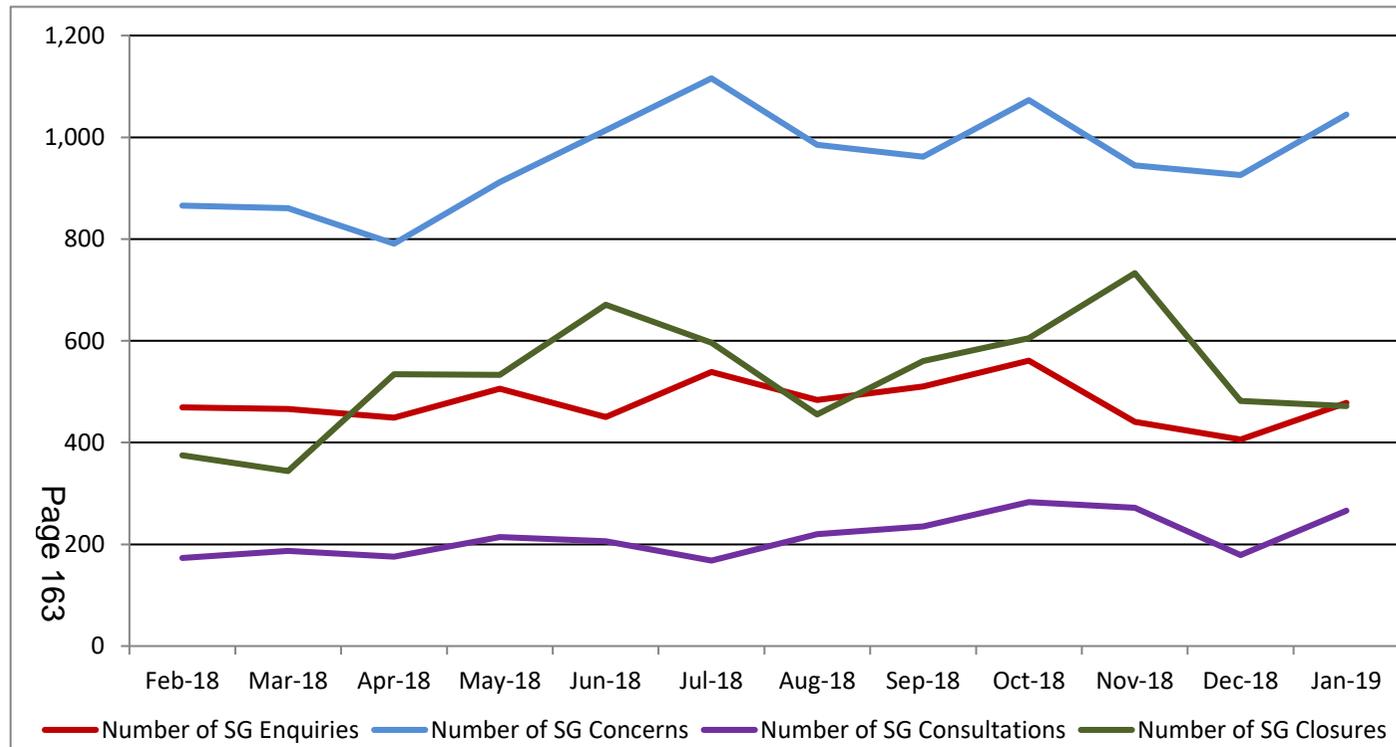


**Data Notes**  
Unit of Measure: Number of people with mental health needs receiving a non-residential service  
Data Source: MH DivMT Report

|                         | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 |
|-------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| PWMH with Comm services | 513    | 506    | 499    | 508    | 514    | 513    | 509    | 517    | 510    | 513    | 516    | 518    |

**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   |



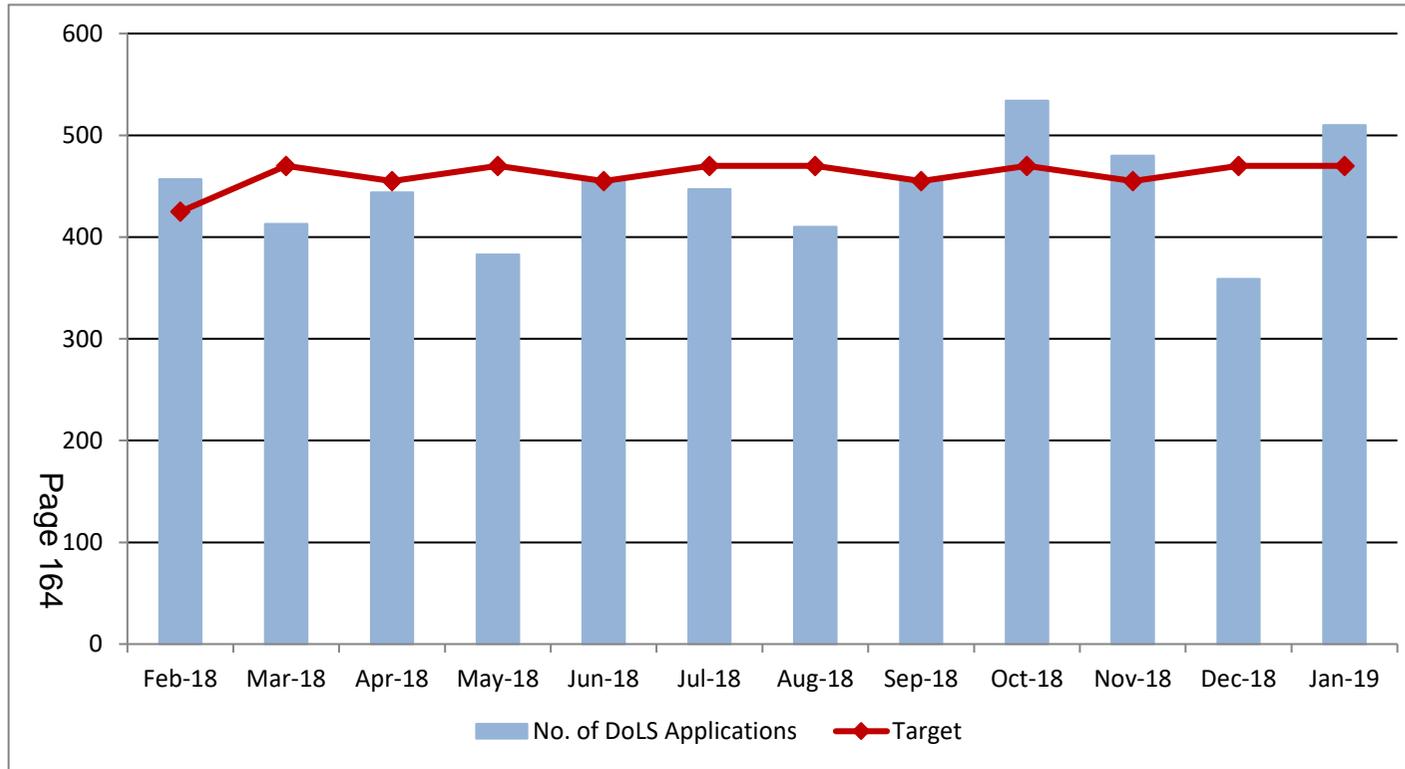
**Data Notes**  
Unit of Measure: Number of Safeguarding Concerns, Enquiries, Consultations and closed cases in the calendar month.  
Data Source: Safeguarding Report

|                            | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 |
|----------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Number of SG Concerns      | 866    | 861    | 791    | 912    | 1,014  | 1,116  | 985    | 962    | 1,073  | 945    | 926    | 1,045  |
| Number of SG Enquiries     | 469    | 466    | 449    | 506    | 450    | 539    | 484    | 510    | 561    | 441    | 406    | 478    |
| Number of SG Consultations | 173    | 187    | 176    | 214    | 206    | 168    | 220    | 235    | 283    | 272    | 179    | 266    |
| Number of SG Closures      | 375    | 344    | 534    | 533    | 671    | 596    | 455    | 560    | 605    | 733    | 482    | 472    |

**Commentary**  
The number of Safeguarding Concerns continues to increase with a 20.7% increase. However, the number of Safeguarding Enquiries initiated has stabilised at 1.9% increase. 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 are being boosted by efforts to resolve closure backlogs.

# 17) Number of DoLS applications AMBER

|                |                   |          |                |
|----------------|-------------------|----------|----------------|
| 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*

|                          | Feb-18 | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 |
|--------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Target                   | 425    | 470    | 455    | 470    | 455    | 470    | 470    | 455    | 470    | 455    | 470    | 470    |
| No. of DoLS Applications | 457    | 413    | 444    | 383    | 458    | 447    | 410    | 456    | 534    | 480    | 359    | 510    |
| RAG Rating               | AMBER  | GREEN  | GREEN  | GREEN  | AMBER  | GREEN  | GREEN  | AMBER  | RED    | AMBER  | GREEN  | AMBER  |

**Commentary**  
 The number of requested DoLS applications has remained fairly stable, averaging 446 over the past 12 months.

## HEALTH AND SOCIAL CARE DELAYED TRANSFERS OF CARE AS AT JANUARY 2019

|  | Health      | Social Care | Health and Social Care | Total       | % Attributable to Health | % Attributable to Social Care | % Attributable to Health and Social Care |
|--|-------------|-------------|------------------------|-------------|--------------------------|-------------------------------|--|
| Dartford and Gravesham NHS Trust               | 291         | 35          | 0                      | 326         | 89.3                     | 10.7                          | 0  |
| East Kent Hospital University Foundation Trust | 1808        | 105         | 35                     | 1948        | 92.8                     | 5.4                           | 1.8                                      |
| Kent and Medway Partnership Trust              | 35          | 21          | 49                     | 105         | 33.3                     | 20                            | 46.7                                     |
| Kent Community Health Foundation Trust         | 248         | 248         | 0                      | 496         | 50                       | 50                            | 0  |
| Maidstone and Tunbridge Wells Trust            | 711         | 248         | 10                     | 969         | 73.4                     | 25.6                          | 1  |
| Medway Foundation Trust                        | 15          | 46          | 0                      | 61          | 24.6                     | 75.4                          | 0  |
| Virgin Care Services                           | 53          | 152         | 0                      | 205         | 25.9                     | 74.1                          | 0  |
| <b>Kent Grand Total</b>                        | <b>3161</b> | <b>855</b>  | <b>94</b>              | <b>4110</b> | <b>76.9</b>              | <b>20.8</b>                   | <b>2.3</b>                               |

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**From:** Ben Watts, General Counsel  
**To:** Adult Social Care Cabinet Committee – 12 March 2019  
**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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General Counsel  
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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  |
|-------------------------------------|--|--|--|--------------------------------|---|
| 17-May-19                           | Adult Social Care Green Paper<br><br>Wayfarers Care Home | Update on Social Isolation and Loneliness<br><br>Update on progress: Adult Social Care and Health (including the Lifespan Pathway Service) New Operating Model |  |                                | Verbal Updates by Cabinet Member and Corporate Director<br><br>Work Programme 2019/20 |
| 12-July-19                          |  | Performance Dashboard<br><br>Update on progress against British Deaf Association of British Sign Language Pledges – to come back to Committee in July 2019     | Workforce Strategy<br><br>Accommodation Strategy |                                | Verbal Updates by Cabinet Member and Corporate Director<br><br>Work Programme 2019/20 |
| 27-Sept-19                          |  | Update on Assessment and Rehabilitation Services – Progress report<br><br>Update on ASC and Health Being Digital Strategy 2019-2021                            |  |                                | Verbal Updates by Cabinet Member and Corporate Director<br><br>Work Programme 2019/20 |

|           |  |  |  |  |   |
|-----------|--|--|--|--|---|
| 27-Nov-19 |  | Performance Dashboard<br>Sensory Strategy Update |  |  | Verbal Updates by Cabinet Member and Corporate Director<br><br>Work Programme 2019/20 |
| 16-Jan-20 |  | Corporate Risk Register                          |  |  | Verbal Updates by Cabinet Member and Corporate Director<br><br>Work Programme 2019/20 |
| 27-Mar-20 |  | Performance Dashboard                            |  |  | Verbal Updates by Cabinet Member and Corporate Director<br><br>Work Programme 2019/20 |
| 22-May-20 |  |  |  |  | Verbal Updates by Cabinet Member and Corporate Director<br><br>Work Programme 2019/20 |

Future items

- Process for indexation of contracts (C Maynard)

**Updated on: 04 March 2019**

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