Divisional Business Plan 2013-14

Families & Social Care Learning Disability/Mental Health

Executive Summary:	
Cabinet Portfolio:	Graham Gibbens – Cabinet
	Member for Adult Social Care &
	Public Health
Responsible Corporate	Andrew Ireland
Director:	
Responsible Director:	Penny Southern
Head(s) of Service:	Mark Walker, Chris Beaney, Cheryl
	Fenton
Gross Expenditure:	£173711500
FTE:	781.9

SECTION A: ROLE/PURPOSE OF FUNCTION

The aim for Learning Disability and Mental Health services is to provide quality services in a personalised way so that individuals (and carers) can receive the support they need in a way that enhances their independence. At this time of austerity and financial constraint there will certainly be challenges, however through carefully considered transformation of services and by working in partnership with others, we are confident of sustaining professional and person centred services.

The strategic direction for the Learning Disability/Mental Health Division is set out in two key documents. For learning disability the 'Partnership Strategy for Learning Disability in Kent 2012-15' has been produced by stakeholder groups from Kent NHS and Kent County Council including service users. The 'Partnership Strategy for Learning Disability in Kent 2012-2015 can be viewed at:

http://www.kent.gov.uk/adult_social_services/your_social_services/services_and_support/learning_disability/plans_for_kent.aspx

For mental health 'Live it Well' is the strategy for improving the mental health and wellbeing of people in Kent and Medway 2010-15. The 'Live it Well' strategy can be viewed at:

http://www.kent.gov.uk/adult social services/your social services/services and support/mental health/improving mental health.aspx

These strategies set out how we are going to achieve the overall objective which is to help the people of Kent to live independent and fulfilled lives safely in their local communities.

SECTION B: CONTRIBUTION TO MTP OBJECTIVES

1

A clear message running through Bold Steps for Kent is that residents should have more influence on how services are provided locally; this is in line with one of the main measures of the Localism Act, 2011. The key themes for Learning Disability and Mental Health Services are:

- Empowering residents through greater personalisation;
- Further integration of health and social care;
- Provision of job opportunities;
- Development of greater choice in housing;
- Supporting voluntary and community groups to deliver services;
- Continuing to ensure that safeguarding procedures are robust and effective.

The MTFP has identified that Families & Social Care needs to achieve £18.1 million of savings in 2013-14. This annual plan sets out the priorities for Learning Disability and Mental Health services 2013-14, detailing how it will contribute to the above Bold Steps Priorities and to overall savings.

A priority for 2013/14 is to maintain the delivery of quality services at a time of austerity and financial constraint. This will be achieved through a programme of transformation which will include an appraisal of options and where appropriate changes to services and new ways of working. Through the delivery of the Transformation Programme Families and Social Care will ensure that people are at the heart of all adult social care activities, receive integrated services that are easy to access, of good quality and that maximise their ability to live independently and safely in their community.

The KCC Budget Consultation and 'Bold Steps' progress report to County Council reference five 'P' themes that are of strategic importance to the organisation: prevention, productivity, partnership, procurement and people for 2013/14. FSC have utilised this the five 'P' framework to consider headline priorities for learning disability and mental health services which are outlined within this business plan.

SECTION C: PRIORITIES, ACTIONS, PROGRAMMES, PROJECTS, MILESTONES, KEY OR SIGNIFICANT DECISIONS

Management Teams are required to regularly review progress against the actions and milestones set out in the tables below. Monthly progress may be appropriate for individual services to review their business plan progress, and quarterly may be appropriate at the Divisional level. Formal reporting of progress by Division to Cabinet Committees is required twice a year, at the mid-year point and after the year-end.

The Corporate Director is authorised to negotiate, settle the terms of, and enter the following agreements/projects:

PRIORITY 1: Prevention		DESCRIPTION OF PRIORITY: Promote enablement, the use of assistive technology and community based interventions so that fewer people become dependent on long term care and are supported to plan for the future		
Actions		Accountable Officer	Start Date (month/year)	End Date (month/year)
1	Promote enablement and target interventions so that fewer people become dependent on long term care services.			
1.1	Delivery of the Supporting Independence pilot for adults with learning disabilities in Dover/ Thanet and commence delivery in Dartford, Gravesham and Swanley.	Chris Beaney/Mark Walker	April 2013	March 2014
1.2	Delivery of the Mental Health Short Term Recovery Model	KMPT & KCC Partnership Agreement/ Stephanie Clarke/ Andy Oldfield	April 2013	September 2013
2	Build community capacity and develop more inclusive a	ccess and participation.		
2.1	Improve early public access via primary care, gateways and other community based initiatives	Chris Beaney/Mark Walker/ KMPT & KCC Partnership Agreement	April 2013	Dec 2013

2.2	Review and restructure the LD in-house day care team.	Chris Beaney/Mark Walker/Paula	April 2013	March 2014
	Tender for five community based day services.	Watson		
3	Improve access to services for carers.			
3.1	All known Carers signposted to contracted providers for	Locality Team Managers/Service	April 2013	March 2014
	Carers Assessment and Support	Managers		
3.2	Offer Carer Assessments to all eligible Carers	Locality Team Managers/Service Managers	April 2013	March 2014
3.3	Treat Carers as expert partners in care by Learning disability integrated teams and Mental Health care management teams	Locality Team Managers/Service Managers	April 2013	March 2014
4	Further promote the use of assistive technology and oth	er equipment to enable people to live	e independently.	
4.1	Increase the number of people in receipt of and effectively using assistive technology and other equipment	Locality Team Managers/Service Managers	June 2013	December 2013
4.2	Review and re-launch telecare programme for LD in supported accommodation to reduce staff support	Locality Team Managers/Service Managers	June 2013	December 2013
5	Improve public information to give people more information		l control	
5.1	Increase staff and service users/Carers awareness and understanding of personal budgets and associated payment methods	Locality Team Managers/Service Managers	April 2013	March 2014
5.2	Ensure that the whole of KCC are delivering easy read information for individuals with learning disability. Develop an action plan for easy read publications.	Customer and Community Engagement	May 2013	Sept 2013
KEY MILE	, , ,			DATE (month/year)
Α	Review Supporting Independence Pilot in Dover/Thanet	-		Jan 2014

В	Implement Support Independence Pilot in Dartford, Gravesham and Swanley		March 2014
С	Mental Health Short Term Recovery Model implemented		Sept 2013
D	Change day service provision through the Good Day Programme.		December 2013
E	E Social Enterprise Tender/Right to challenge – 5 community based services		June 2013
F Check progress of carers assessment and review how many result in carers service or information and advice.		on and advice.	October 2013
G Review progress of the learning disability Telecare project			October 2013
ARE THERE	ANY KEY OR SIGNIFICANT DECISIONS THAT COULD ARISE FROM THIS PRIORITY?	ARE THESE ALREATED FORWARD PLAN?	
1	Change to the supply, procurement and delivery of day services for adults with learning disabilities	Ye	es

PRIORITY	2: Productivity	DESCRIPTION OF PRIORITY: Review services and processes to sup the delivery of lean efficient services with minimal duplication.		
Actions		Accountable Officer	Start Date (month/year)	End Date (month/year)
1	Continue to develop and implement the Transformation	Programme to identify new ways	of working.	
1.1	Define an overarching care management strategy for adults with learning disabilities	Penny Southern/Chris Beaney/Mark Walker/Cheryl Fenton	April 2013	June 2013
	To realign LD teams to ensure an equitable service across the County		June 2013	March 2014
1.2	Implement the findings of the AMHPS review with regards to the MH SW workforce.	Cheryl Fenton/Stephanie Clarke/Andy Oldfield	April 2013	December 2013
1.3	Enablement and/or enabling support is made centre of service offer in relation to assessment, support planning, personalisation and service delivery	Locality Team Managers	April 2013	January 2014
1.4	Ensure alternative models of care (specifically technological solutions) are considered as viable options	Locality Team Managers	April 2013	March 2014
1.5	Reduce the number of people being placed in residential care - target set at 1260	Chris Beaney/Mark Walker	April 2013	March 2014
2	Review services to identify more efficient processes			
2.1	Implement changes following the review of Personalisation Coordinators and the way FSC delivers	Sharon Buckingham	April 2013	October 2013

	personalisation			
2.2	Review Purchasing Coordinators role and ways of working	Sharon Buckingham	April 2013	October 2013
2.3	Review Care Management Assistants role and working practices in Mental Health services	Cheryl Fenton	June 2013	December 2013
2.4	Review ILS service ready for formal consultation on future service models.	Mark Walker	June 2013	Sept 2013
2.5	Review the Swift system to ensure data is of a good quality, purposeful and up to date	Penny Southern/ Adults Systems Group	April 2013	March 2014
3	Identify opportunities for joint work with partner agenci	es to reduce any duplication.		
3.1	Optimise opportunities for integration with other partners	Chris Beaney/Mark Walker/Cheryl Fenton	April 2013	March 2014
3.2	Review current transition arrangements in adult social care to ensure smooth transition and ensuring the right support is available to assist people to lead independent lives	Chris Beaney/Mark Walker/Anthony Mort/ MH Partnership Agreement/ Specialist Childrens Services/ Education and Learning	April 2013	Sept 2013
KEY MIL	ESTONES			DATE (month/year)
A	Commence implementation of decisions following Person	alisation Service Review		April 2013
В	Delivery of Purchasing Coordinators Review			June 2013
D	Delivery of a Care Management Strategy for Learning Disa	bility		June 2013
ARE THE	ERE ANY KEY OR SIGNIFICANT DECISIONS THAT COULD ARISE FF	ROM THIS PRIORITY?	ARE THESE ALRE	
1	Potential restructure/commissioning activity may be requ reviews	ired pending outcomes of service		No

PRIORITY 3: Partnership		DESCRIPTION OF PRIORITY: To work with key partners to outcomes for service users and promote personalisation		
Actions		Accountable Officer	Start Date (month/year)	End Date (month/year)
1 Work with the new CCGs to ensure coherent processes and systems across health and social care and to identify op for integrated commissioning and working				
1.1	To work with CCGs to raise awareness of integrated Learning Disability teams and improve joint working practices	Chris Beaney/Mark Walker	April 2013	June 2013
1.2	Ensuring each GP practice has a named practitioner from the local Team for People with Learning Disability Team allocated to them.	Locality Team Managers	April 2013	May 2013
1.3	Increasing access for people with learning disabilities to prevention, screening and health promotion including annual health checks.	Locality Team Managers	April 2013	March 2014
1.4	To work with CCGs to build on and improve joint working practices for adults with Mental Health needs	Cheryl Fenton/ MH Joint Commissioner	April 2013	September 2013
2	Work with housing providers to increase housing choices	for disabled people.		•
2.1	Ensure as many eligible users as possible are in stable accommodation	Locality Team Managers	April 2013	March 2014
3	Work with the Kent Learning Disability Partnership Board	to improve delivery on key are	eas for people with a	disability
3.1	To deliver and report against the Learning Disability Partnership Strategy annual plan utilising agreed reporting mechanism	Penny Southern/ Kent LD Partnership Board	April 2013	November 2013
3.2	District Partnership Groups and Partnership workstreams, supported to deliver and report against	Penny Southern/ Kent LD Partnership Board	April 2013	December 2013

	their respective annual plans			
3.3	Local representation of people with learning disabilities and family/carers clear throughout the Partnership Structure	Penny Southern/ Kent LD Partnership Board	April 2013	March 2014
4	Work with KMPT to improve outcomes for service users	and promote personalisation		
4.1	Improve the professional supervision and support for social care staff, including training and communication	Cheryl Fenton	April 2013	March 2014
4.2	Increase the number of Fair Access to Care assessments recorded by KMPT. To be monitored monthly at Divisional Management Team.	Cheryl Fenton	April 2013	March 2014
KEY MIL	ESTONES			DATE (month/year)
A	Review progress towards achieving 100% of GP practices local Team.	naving named practitioner alloca	ated to them from	April 2013
В	Review progress towards achieving at least 65% of eligible people with learning disabilities in stable accommodation			
С	Report to the Learning Disability Partnership on the deliver Disability Partnership Strategy	ery of the priorities outlined in th	ne Kent Learning	December 2013
D	Review progress towards increasing in the number of FAC	S assessments recorded by KMP	T	June 2013, December 2013
ARE THE	RE ANY KEY OR SIGNIFICANT DECISIONS THAT COULD ARISE F	ROM THIS PRIORITY?		LREADY IN THE LAN? Yes/No
1				

PRIORITY	4: Procurement	DESCRIPTION OF PRIORITY: To work alongside procurement an strategic commissioning to ensure that the market is able to pr services at the best price and quality to meet individual outcomes.		
Actions		Accountable Officer	Start Date (month/year)	End Date (month/year)
1	Develop the access to resources arrangements to purc	hase services at the best price and	d quality	
1.1	Review and complete implementation of the Access to Resources Team within the Operational Support Unit	Sharon Buckingham	April 2013	October 2013
1.2	Mechanisms and measures are in place that ensure all placements are value for money for the individual and the Council	Sharon Buckingham	April 2013	March 2014
1.3	Develop a clear understanding of the current market place to ensure effective purchasing strategies and promote choice including for people on direct payments	Sharon Buckingham	April 2013	March 2014
2	Develop commissioning plans for specific service areas	5		1
2.1	Scope and understand the accommodation based respite provision for adults learning disability.	Paula Watson/Chris Beaney	April 2013	June 2013
2.2	Develop and implement strategic options for the new short breaks/Respite service	Paula Watson/Chris Beaney	June 2013	January 2014
2.3	Review transport arrangement for all Adult Social Care service users who receive KCC funded transport in order to access services.	Mark Walker/Chris Beaney/ Sharon Buckingham	April 2013	October 2013
2.4	Implementation of new service models following formal consultation in: Thanet, Shepway & Tonbridge.	Paula Watson	April 2013	March 2014

2.5	Development of community hubs in Shepway, Thanet, Tonbridge, Tunbridge Wells, Dartford, Gravesham, Canterbury and Dover.	Paula Watson	June 2013	March 2014
2.6	Deliver the community Hydrotherapy Project	Paula Watson	Sept 2013	March 2014
2.7	Review Adult Placement Service and explore the potential appetite for micro provision for day care	Mark Walker	November 2013	January 2014
KEY MILES	TONES			DATE (month/year)
A Access to Resources Team review completed			May 2013	
B Commence formal consultation re accommodation based respite for adults with a learning disability			isability	June 2013
С	C Agree and implement recommendations re learning disability respite provision			October 2013
ARE THERE	E ANY KEY OR SIGNIFICANT DECISIONS THAT COULD ARISE	FROM THIS PRIORITY?		ALREADY IN THE D PLAN? Yes/No
1	Potential changes to the supply and delivery of accommodation based respite			Yes
2	Potential changes to the procurement and delivery of transport provision			Yes

PRIORITY	5: People	DESCRIPTION OF PRIORITY: To e and enabled to achieve genuine supported to promote personali	o ensure staff are	
Actions		Accountable Officer	Start Date (month/year)	End Date (month/year)
1	Further promote personalisation giving people genuine	choice and control over their lives	5	
1.1	Ensure that all people using services are offered a personalised service, giving them more choice and control over the shape of support they receive wherever the care setting is	Mark Walker/Chris Beaney/Cheryl Fenton	April 2013	March 2014
1.2	Deliver a continued high standard of core service to adults with learning disabilities and mental health problems meeting eligible needs following a timely assessment.	Locality Team Managers/ Service Managers	April 2013	March 2014
1.3	Implement the action plan to deliver personalisation in Mental Health	Penny Southern	April 2013	March 2014
1.4	Record and report Personal Budgets	Locality Team Managers/ Service Managers	April 2013	March 2014
1.5	Increase the number of people in receipt of a direct payment	Locality Team Managers/ Service Managers	April 2013	March 2014
1.6	Increase the number of individuals using the Kent Card as the preferred method of delivering direct payments	Locality Team Managers/ Service Managers	April 2013	March 2014
1.7	Develop a coordinated approach in delivering supported employment. Ensure as many eligible users as possible are in supported employment.	Locality Team Managers/ Service Managers	April 2013	March 2014
2	Continue to review safeguarding arrangements to ensu	re the protection of vulnerable pe	ople	

2.1	Work with partners, including the police and criminal	Locality Team Managers/ Adult	April 2013	March 2014
	justice system to safeguard vulnerable people and, if	Protection Coordinators		
	they are victims of crime, ensure they have access to			
	justice and support.			
2.2	Use the Safeguarding Vulnerable Adults Competency	Locality Team Managers/ Adult	April 2013	March 2014
	Framework to evidence the competence of community	Protection Coordinators		
	teams to deal with safeguarding issues.			
2.3	Reduce the number of Safeguarding Cases open	Locality Team Managers/ Adult	April 2013	June 2013
	beyond 6 months.	Protection Coordinators		
3	Ensure services are customer centric with clear informa	tion, access, complaints processes	and quality assurance	e
3.1	Review Customer Service Team and processes and	Maureen Stirrup/Anthony Mort.	April 2013	June 2013
	implement new service model		·	
4	Engage service users and others to obtain feedback on	services		
5	Workforce development			
5.1	Define an overarching workforce plan for adults with	Chris Beaney/Mark Walker/	April 2013	October 2013
	learning disabilities and mental health needs to ensure	Cheryl Fenton	•	
	we have the right people, in the right place, with the			
	right skills to meet business need			
5.2	Develop and commence delivery of a training strategy	Chris Beaney/Mark Walker/	October 2013	March 2014
	to optimise the workforce to deliver high quality	Cheryl Fenton		
	outcome focused services			
KEY MILE	ESTONES			DATE
				(month/year)
Α	Review progress to achieving at least 6% of eligible peop	le with learning disabilities are in su	pported	March 2014
	employment			
	Review progress to achieving at least 70% of eligible mental health service users in receipt of a personal budget			

С	Review progress to achieving at least 70% of eligible people with learning disabilities in receipt of a personal budget					
D	Review progress to achieving implementation of the Kent card as the preferred way in delivering direct payments					
E	Delivery of a joint workforce plan					
ARE THERE	ARE THERE ANY KEY OR SIGNIFICANT DECISIONS THAT COULD ARISE FROM THIS PRIORITY? ARE THESE ALRE FORWARD PLAN					
1						
2						
3						

PRIORITY	6: Financial & Policy Changes	DESCRIPTION OF PRIORITY: To monitor and prepare for any legislation that may impact on financial projections and/or policy.							
Actions		Accountable Officer	Start Date (month/year)	End Date (month/year)					
1 Continue to ensure value for money and check that every penny counts									
1.1	Utilise the cost setting guidance to allocate funding according to individual assessed needs within Mental Health	Locality Team Managers	April 2013	March 2014					
1.2	Ensure support plan reviews are undertaken in line with policy	Locality Team Managers	April 2013	March 2014					
KEY MILES	TONES			DATE (month/year)					
Α	Review progress to achieving 70% of clients allocated a	personal budget utilising the cost	setting guidance tool	October 2013					
В	Review progress to achieving 100% of clients receiving	an annual care review		October 2013					
С	Review progress to achieving 100% of DP4 undertaken								
ARE THERI	E ANY KEY OR SIGNIFICANT DECISIONS THAT COULD ARISE	FROM THIS PRIORITY?	ARE THESE AL FORWARD PL	READY IN THE AN? Yes/No					
1									

SECTION D: FINANCIAL AND HUMAN RESOURCES

FINANCIAL RESOURCES (000's)															
Divisional Unit	Responsible	9	Staffing	No	on Staffing		Gross	Service		Net		Govt. Grants		Net Cost	
	Manager					E>	penditure	Income Expenditure							
East Kent	Chris Beaney	£	10,047.4	£	70,256.0	£	80,303.4	-£	5,795.2	£	74,508.2	£	-	£	74,508.2
West Kent	Mark Walker	£	6,214.3	£	60,023.3	£	66,237.6	-£	5,086.6	£	61,151.0	£	-	£	61,151.0
Mental Health	Penny Southern/ John Hughes	£	9,123.7	£	16,208.9	£	25,332.6	-£	2,661.9	£	22,670.7	-£	345.8	£	22,324.9
Operational Support	David Oxlade	£	1,048.5	£	1,562.6	£	2,611.1	£	-	£	2,611.1	£	-	£	2,611.1
Learning Disability and Mental Health Divisional Budget *	Penny Southern	-£	553.6	-£	219.6	-£	773.2	-£	91.7	-£	864.9	-£	912.5	-£	1,777.4
Total	Penny Southern	£	25,880.3	£	147,831.2	£	173,711.5	-£	13,635.4	£	160,076.1	-£	1,258.3	£	158,817.8

HUMAN RESOURCES								
FTE establishment at 31 March 2014	Estimate of FTE establishment at 31 March 2014	Reasons for any variance						
781.9	781.9							

SECTION E: RISK AND BUSINESS CONTINUITY

RISKS – FSC has a risk register which is maintained and includes greater detail. The below highlights the key risks from the overarching risk register as applicable to Learning Disability and Mental Health services.

RISKS	MITIGATION
Transformation agenda could significantly impact on service delivery	Transformation programme in place – blueprint produced, understand projects completed, Newton Europe provided advice.
Need to ensure robust safeguarding arrangements are in place for Learning disability and Mental Health Services	Multi-agency safeguarding arrangements in place, peer review and safeguarding procedures. Safeguarding co-ordinators appointed. Training provided.
Financial pressures and increased demand on services	Robust financial and activity monitoring. Transformation programme in place.
Oversee the KCC/KMPT partnership agreement – and changes to ways of working e.g. personalisation of services to give greater choice and control to the service user.	Developing more robust arrangements for supervision and support. More robust joint governance.
Transition arrangements and preparation for statutory changes to SEN services that will impact on ways of working.	Transition working groups in place, close liaison with colleagues in SEN services, participation and contribution to SEN pilot projects.
Financial Pressures on partner agencies for example risk of cost shunting to social care and risk to the financial viability of some service providers.	Close monitoring of Continuing Health Care and Section 117 arrangements. Working with Strategic Commissioning to ensure a sustainable social care market is in place.
Potential risk if the programme of modernisation of services is not sustained.	Need to continue progress the Good Day Programme and innovative ways of working to provide opportunities for people with learning disability.

Potential risk if people with learning disability and carers and	An active Learning Disability Partnership Board and Cabinet with
advocates are not fully engaged in services and the broader society.	service delivery groups promoting for example improved health,
	citizenship and transition. Build community capacity.

BUSINESS CONTINUITY

The Division has up-to-date Business Continuity Plans in order to provide essential services when faced with a business disruption. Each department has undertaken a Business Impact Analysis and produced a Business Continuity Plan. In addition, business continuity planning forms part of the contracting arrangements with our private and voluntary sector providers. Our plans provide assurance that effective risk and business continuity management is being undertaken for each service, and that there is a clear synergy between the business plan, service risk register, and business continuity plan.

Business Impact Analysis is reviewed at least every 12 months, or when substantive changes in processes and priorities are identified. The availability of up-to-date plans will ensure that the Directorate can continue to operate and provide essential services, at least, to a predetermined minimum level, in the event of a major business disruption.

The table below headlines the Division's most critical processes and the minimum level of service at which the function will be delivered following a significant business disruption. Further details regarding critical functions and their supporting resources are detailed in the Directorate's Business Impact Analysis.

CRITICAL FUNCTIONS	TIMESCALE	MINIMUM SERVICE LEVEL					
Local Access Response	4 hours	Maintain critical access for the public and multi-agency partners to joint adult health and social care through KCC and KCHT based services including the commissioning and provision of inpatient, outpatient, care in the home community, day services, and residential and respite services.					
Management of Contract of Service for Specialist Staff and Delegated Responsibilities (Learning Disability)	4 hours	Manage delegated responsibilities to KCC to provide an approved integrated Learning Disability Practitioner Service. Manage Continuing Health Care (Lead) and qualified social care staff from KCHT to support and					

		deliver specialist services across Kent. Lead on practice and quality standards, undertaking regular audits to manage, maintain and report on performance of quality, practice and procedures, ensuring all services operate in line with NHS Standards, guidance, protocols, policies and mandates.
Safeguarding Processes	4 hours	Manage safeguarding alerts regarding new or existing Service Users. Undertake Adult Protection assessment, investigation, intervention and strategy discussion including co-ordination of case conferences.
Referrals and Assessment Processes	4 hours	Manage new referrals to appropriate health or social care service, conduct priority care management, health assessments, screening, care plan and intervention for clients referred to health and social care professionals. Arrange appropriate services for people based on priority assessment.
Residential Respite and Day Care	4 hours	Manage all critical Residential and Day Care operations to provide and
Operations Process		maintain a safe/secure environment conducive to meeting the needs of staff and service users to meet their accommodation needs.
Short Term Bed Allocation Process	4 hours	Co-ordinate the planning and purchase of short term bed provision to enable short term care in residential and nursing homes, including supporting Hospital discharge process.
Operational Policy Standards	4 hours	Provide critical advice and support on care management operational policy, practice and procedures. Manage communications of policy changes and implementation.
Business Continuity and Major Emergency Incident Response and Support	4 hours	Manage Directorate incident response and co-ordination to emergency community incidents and internal service disruption, including alerting and activation of plans, rest centre response, identification of vulnerable persons, liaison with County Emergency Centre and other external partners and agencies. Provide support to maintain statutory requirements for roles set out in Major Emergency Plan and Business Continuity Plan ensuring key decisions, record keeping, debriefing and reporting are managed appropriately.

Independent Living and Support –	24 hours	Case manage and overview of contract management and Service Level
Management of Community Equipment		Agreement management for the Countywide Integrated Community
Services		Equipment Services, providing telecare/teleheath, community equipment
		and services to users. Ensure continuity and maintenance of systems and
		service networks. Carry out essential repairs to lifts and maintain items.
Client and Business Information	24 hours	To maintain client records and critical business information (client records,
Management		financial, contractual, systems, other information assets) and all aspects of
		record keeping, including hardcopy and electronic data formats (Msoft,
		Redcell, SWIFT, ICS, Atrium, Oracle, PNC6, ENUT), in line with information.

SECTION F: PERFORMANCE AND ACTIVITY INDICATORS

Table for PERFORMANCE indicators measurable on a quarterly basis by financial year (* nationally set targets)

PERFORMANCE INDICATORS – QUARTERLY BY FINANCIAL	Floor	December	Comparativ	Target					
YEAR	Performanc e Standard		e Benchmark	Q1	Q2	Q3	Q4		
All service users and carers as at the last day of the period with a personal budget/direct payment as a percentage of all service users and carers who have received community based services on the last day of the period. – People with a learning disability		77.0%	34%	80%	83%	87%	90%		
All service users and carers as at the last day of the period with a personal budget/direct payment as a percentage of all service users and carers who have received community based services on the last day of the period. – People with a mental health need.		38.0%	N/A	55%	60%	65%	70%		
Carers receiving a needs assessment or review resulting in specific carer's service or information and advice.		Draft 36.0%	31%	40%	40%	40%	40%		
People with a learning disability in residential care		1270.0		1265	1260	1255	1250		
People with a learning disability in supported employment.		6%	9%	8%	8%	8%	8%		
People with a mental health problems in settled accommodation.		85%	64%	*75%	*75%	*75%	*75%		
People with mental health problems in supported employment.		13%	7%	*12%	*12%	*12%	*12%		
% Contacts resolved at sources		24%	N/A	25%	26%	28%	30%		

PERFORMANCE INDICATORS – QUARTERLY BY FINANCIAL	Floor	December	Comparativ	Target				
YEAR	Performanc		е	Q1 Q2 Q3		Q3	Q4	
	е		Benchmark					
	Standard							
% ST intervention that results in no further service		Starts	N/A	ТВС	TBC	TBC	ТВС	
provided for new clients		06/13	IN/A	TBC	TBC	TBC	TBC	
Personal outcomes achieved		72%		74%	76%	78%	80%	
% telecare installations for complex equipment		15%		16%	17%	18%	20%	

Table for PERFORMANCE indicators measurable on a termly basis by academic year

PERFORMANCE INDICATOR – TERMLY BY ACADEMIC YEAR		Aut 12	Comparativ	Target – terms end dates					
	Performanc e		e Benchmark	Spr 13	Sum 13	Aut 13	Spr 14		
	Standard								

Table for PERFORMANCE indicators measurable annually by financial year

PERFORMANCE INDICATOR - ANNUALLY BY FINANCIAL YEAR	Floor Performanc e Standard	Outturn	Comparativ e Benchmark	Target 2013/14	Target 2014/15

Table for PERFORMANCE indicators measurable annually by academic year

PERFORMANCE INDICATOR - ANNUALLY BY ACADEMIC YEAR	Floor Performanc e Standard	Outturn	Comparativ e Benchmark	Target 2013	Target 2014

Table for ACTIVITY indicators measurable on a quarterly basis by financial year

ACTIVITY INDICATOR	2012/13 December	Expected range for activity					
	Outturn	2012	Threshol	Q1	Q2	Q3	Q4
			d				
People with a learning disability in permanent residential			Upper				
care			Lower				
People with a learning disability receiving a direct	789	751					
payment	797	1,025					
People with a learning disability in supported	731	992	Upper				
accommodation, supported independence			Lower				
People with a mental health need in permanent	192	200					
residential care							
People with a mental health need receiving a direct							
payment	160	171					

SECTION G: ACTIVITY REQUIRING SUPPORT FROM OTHER DIVISIONS/SERVICES		
ACTIVITY DETAILS	EXPECTED IMPACT	EXPECTED DATE

Establishing Access to Resources Team and related procurement processes/systems	Procurement	April 2013
including i-procurement		
Review Purchasing Officers	Human Resources	June 2013
Review Personalisation Coordinators	Human Resources	April 2013
Review Care Manager Assistants	Human Resources	June 2013
Ensure best use of KCC owned property through review of Day and Respite services	Property	June 2013
Swift review and data clean up	ICT	April 2013
Consultation regarding informal review of respite facilities	Customer and Community Engagement	June 2013
Development of a workforce plan	Human Resources	April 2013
Development of a training plan and associated delivery	Case Management	October 2013
Development of a care management strategy	Human Resources	June 2013
Review of commissioning arrangements of transport services	Procurement/Commercial Services	April 2013
Tender for potential social enterprise or right to challenge	Procurement/Human Resources	June 2013
Mental Health Short Term Recovery Model	Procurement	April 2013
Supporting Independence pilots	Procurement	April 2013
Transitional work for young people in transition from children to adult services	Specialist Children's Services Education and Learning	April 2013
Development of easy read communications	Customer and Community Engagement	April 2013