Divisional Business Plan 2013-14

Directorate Name: Families and Social Care
Division/Business Unit Name: Older People and Physical Disability

EXECUTIVE SUMMARY:
Cabinet Portfolio: Graham Gibbens – Cabinet Member for Adult Social Care and Public Health
Responsible Corporate Director: Andrew Ireland
Responsible Director: Anne Tidmarsh
Head(s) of Service: Janice Duff, Mike Powe, Sue Stower, Vinay Sangar, Mary Silverton, Jane Barnes, Caroline Hillen
Gross Expenditure: £265,982700
FTE: 1,278

Kent County Council

This Business Plan is produced at a time of challenge and opportunity for the adult social care sector. The challenge includes delivering excellent services at a time of significant demographic change (with increased demand on services) and a time of financial constraint. The opportunities are through transforming ways of working; greater integration with health services; and promoting the personalisation agenda.

The role and function of social care has been determined by an array of legislation, regulations, directions and local authority circulars some of which date back to the National Assistance Act 1948. A key piece of legislation was the NHS and Community Care Act 1990 which placed a duty on local authorities to assess individuals who might be in need of community care services and then, depending on the outcome of the assessment, meet identified social care needs.

In general terms adult social care has included the commissioning and provision of care in the home, meals, equipment and adaptations, day services, residential and nursing home care.

The statutory requirements remain but in recent years there has been a transformation in the social care sector, in particular a greater focus on "personalisation". This involves putting the individual at the centre of the process of identifying their needs, and helping them to make choices about how they are supported. It emphasises greater choice and control for people over the services and support that are provided.

Kent, along with partner organisations has taken significant steps to transform and redesign systems and models of care and support in the county. This has been achieved whilst sustaining a strong performance culture and at a time of demographic change and rising expectations. Services are more personalised with people having greater choice and control through personal budgets, direct payments and self-directed support. The enablement service, alongside the telecare and telehealth developments and supported living schemes, has allowed people to remain independent whereas in the past they may have become dependent on long term care services.

Kent has also worked over a number of years to develop a flourishing private and voluntary sector, again where possible providing people with a level of choice and flexibility over the services they receive.

Although much has been achieved there is still much to do. It is in this context that the OPPD division has identified the following key priority areas for 2013/14 under the following headings:-

- Prevention
- Productivity
- Partnership
- Procurement
- People
- Financial and Policy Challenges

Each of the priorities is important in its own right but particular mention should be made of Partnership as this involves health and social care integration and represents a major programme of change. The Health and Social Care Act 2012 would influence much of how the division works with the emerging NHS organisations; in particular, the Clinical Commissioning Groups (CCGs), Health Wellbeing Boards and public health. Formal implementation of the major changes commence April 2013 and are explained in further detail within this plan.

Prevention
Where people develop care and support needs, consideration should be given to how best to maintain and restore independence. This can prevent people from becoming dependent on long term care arrangements, such as residential and nursing home care, and can reduce the number of hospital admissions.   A priority for OPPD is the development of a methodology to promote the use of 'self-care' for people with long term conditions who will benefit from early intervention and guidance on understanding how to manage their condition in the longer term.

For many people carers are the "first line" of prevention. The support of carers can often stop problems from escalating to the point where more intensive packages of support become necessary. KCC is in the process of implementing a Carers Strategy which will ensure that Carers are easily able to access services and are automatically offered assessment and support at the point of contact.

Kent has been selected as a 3Million Lives Pathfinder pilot which will enable a higher number of people in the County to have access to teletechnology - a key component of prevention which enables people to live independent lives. Kent has been at the forefront of developing Advance Assistive Technology and both telecare and telehealth have been mainstreamed.

A third component of prevention is Enablement. This is a short term intervention to assist people with recuperation. Service users are encouraged and shown ways to regain daily living skills. Evidence indicates that approximately 65% of people receiving enablement services require no immediate ongoing Social Services input at the end of the intervention.

OPPD works closely with the voluntary sector and other providers in the delivery of preventative services to build community capacity and develop more inclusive access and participation.

People need to have access to good information and advice to ensure they are able to access the right services at the right time and can use this information and advice as part of a structured way of managing their condition – self care. OPPD are developing channel shift options for the provision of Information, Advice and Guidance (IAG) so that information is easily accessible to all people in a wider variety of ways.

Productivity
A priority for 2013/2014 is to continue to develop improved performance and increased productivity within the Division. This will involve the review of roles and responsibilities of all staff and link to the development of the Organisational Development workforce plan. The

Division needs to ensure that the workforce are fully skilled and able to deliver and meet the needs of the people of Kent.   We will review services to identify more efficient processes, for example a review of the Assessment and Enablement and Co-ordination functions is proposed for 2013/14.

The introduction of single points of access across the County will be complemented by the development of a single assessment and Trusted assessor assessments, integrated anticipatory care planning for End of Life Services. This will be achieved by joint working initiatives with our partner agencies and will reduce duplication and create more effective service delivery.

A continuing priority for 2013/14 is to manage performance and maintain and improve service standards. Robust performance and information management is critical to ensuring the OPPD division is able to meet key objectives, is performing effectively, offers value for money and recognises and manages any risks to delivery. In addition to monitoring key performance indicators, OPPD will continue to promote quality, dignity and best practice - learning when things go well in addition to learning from complaints and service reviews.

Performance management is relevant across the board whether it be assessment services or commissioned or provided services.

Partnership
There will be a continued focus on more integrated health, housing and social care support arrangements. In Kent integration of services is being taken forward at a number of levels including:

- Developing locality prevention strategies to reduce admissions to hospital and limit future provision of long term support and care.
- Managing the hospital and long term care system as a "whole system" so interventions can be made more systematically and avoid inappropriate hospital admissions.
- Developing adult community health and social care teams in partnership with General Practitioners, Kent Community Health NHS Trust and Kent & Medway Health and Social Care Partnership Trust to build a platform for providing increased community support to people with long term conditions.
- The introduction of integrated single points of access to co-ordinate referrals to health and social care
- Exploring the development of housing opportunities including extra care housing.
- Establishing joint locality based commissioning with the CCGs of some services with a particular focus on the Urgent Care and
- Long Term Care agenda
- Develop services for people with Dementia in partnership with CCGs and in line with the Prime Minister's challenge bids in relation to increased diagnosis rates, quality of care in hospital, developing dementia friendly communities and intergenerational work.

In addition to greater integration with health, the OPPD division works closely with the housing authorities and this forms part of the transformation agenda.

The KCC strategy "Excellent Homes for All" sets out to improve the county's housing and care infrastructure by increasing the stock capacity

and improving the options available for vulnerable people. It is expected to deliver 220 units of specialist housing for vulnerable people – particularly extra care housing for older people.

Procurement

OPPD will assist Strategic Commissioning colleagues to manage the market to ensure value for money and to provide choice including for people on direct payments. OPPD is assisting with the pilot to enable people eligible for NHS Continuing Health Care to have the option of a direct payment to purchase health care. Integrated health and social care budgets have been piloted in the Dover area and it is anticipated that the roll out of this service will continue in 2013/14.

In collaboration with strategic commissioning, OPPD has a role in helping the development of a flourishing and diverse social care market where people on personal budgets or direct payments can commission their own support to enable them to achieve their ambitions and aspirations

It is planned to increase the use of the Kent Card by people who opt for direct payments and also to use the Kent Card for people on Personal Health Budgets. KCC has played a major role in supporting personal health budgets, by sharing lessons, processes and tools such as the Kent Card. The Kent Card contract is due to be reviewed and retendered during 2013/14. It is anticipated that once the new contract is in place, Kent Card will become the default option for people who have a Direct payment.

OPPD will work with Strategic Commissioning in procuring new Assistive technologies as a Department of Health Pathfinder for 3 Million Lives. It is planned that providers of technologies and commissioners will develop partnership strategies for procuring managed services.

People

Personalisation is a key element of the social care transformation agenda. Personal budgets, generally in the form of direct payments are a powerful way of giving individuals the control of their personal care and independence. Personalisation ensures that people have real autonomy and choice.

Providing choice and involving service users and carers in decision making is a key component of personalised social care services. In Kent self –directed support initiatives have helped develop personalisation but more is to be done to encourage the take up of direct payments as an alternative to direct provision.

We will ensure that we respond appropriately to safeguarding issues when they occur. In 2012/13 the Central Referral Unit was created which works alongside a single point of contact for safeguarding referrals. We will continue to work with the private care sector to improve the level of dignity and quality in care. Key partners will be the Care Quality Commission and Local Local Government Ombudsman.

Financial and Policy Challenges

To monitor progress of the Care and Support Bill to prepare for any changes and assess the impact it will have on services in Kent (e.g. changes to legislation, charging).

Continue to ensure value for money and check that "every penny counts".

Prepare for legislation that is likely to reform Special Educational Needs (SEN) and disability services

Progress work on the integration of health and social care services.

Implement the Transformation Programme.

Older People /Physical Disabilities Services
The OPPD division has 6 localities ensuring services are delivered at a local level and reflect the needs of the communities that they serve.

Currently the service is comprised of:-
Assessment and Enablement Services
Co-ordination Services
Modernised in-house services (providing residential and day care)
Enablement Services
Community Equipment Services
Sensory Services (This includes in-house services such as the Deaf Services teams and contracted services such as Kent Association for the Blind and Hi Kent)
Operational Support Unit
Autism/Aspergers Assessment Service

Workforce planning proposals within the Division are likely to result in a reconfiguration of the teams as the review of roles and responsibilities is carried out. Integration proposals will require alignment with Clinical Commissioning Group boundaries as part of the health and social care integration agenda.

As a Business Unit within KCC and as part of the Families and Social Care Directorate, the OPPD Division is committed to the Bold Steps agenda and the concept of One Council. This includes the following three aims:-

- To help the Kent economy to grow
- To put the citizen in control
- To tackle disadvantage.

The Bold Steps for Kent Delivery Framework 2012 identified 16 key priorities. For OPPD, the key aims and relevant priorities from this list are detailed below:-

1. Improve how we procure and commission services

2. Support the transformation of health and social care in Kent

3. Build a strong relationship with key business sectors across Kent

4. Support new housing growth that is affordable, sustainable and with the appropriate infrastructure

5. Improve access to public services and move towards a single initial assessment process

6. Empower social service users through increased use of personal budgets

7. Ensure the most robust and effective public protection arrangements

8. Improve services for the most vulnerable people in Kent

9. Support families with complex needs and increase the use of community budgets

These priorities are consistent with OPPD's work on developing a flourishing independent care sector; promoting self-directed support; and empowering vulnerable people to live independent and fulfilling lives.

Adult social care is continuing its programme of modernisation for all clients groups. This is in the context of budgetary pressures, growing demand for services and recognising that services will need to be delivered differently if the same level of service is to be provided whilst making every penny count.

Summary of Key Priorities for OPPD

Our focus for 2013/2014 will be to:-

1. Develop the option for people to self-care by designing a methodology to identify people with long term conditions who would benefit from the provision of structured Information, advice and guidance to enable them to self manage in the future.
2. Ensure that organisational development is linked to the key priorities and workforce development.
3. Review current safeguarding management arrangements in light of recent CQC and LGO findings to ensure that we are able to develop an in-depth knowledge of the issues within the Care Sector and develop systems that monitor quality and dignity effectively and are fit for purpose. OPPD will look at the best way they can enhance the Safeguarding function to support quality care provision within the private and independent sector.
4. Work closely with Strategic Commissioning around the development of the Accommodation Strategy and link with colleagues in District and Borough Councils and private and voluntary providers to implement the strategy for the benefit of the people in Kent.
5. Expand the development of service specific areas – Dementia; Autistic Spectrum conditions and End of life care ensuring that the previous consultations and co-production feedback from service users and the public is taken on board.
6. Develop adult placement service for Older People and people with Dementia using funding from the Dementia challenge fund. The scheme will be known as Shared Lives and is part of a 2 year research project with Kent University along with Leeds and Oxford Local Authorities.
7. Develop services with the CCG and other partners which focus on people with Long Term Conditions and the Urgent Care agenda.
8. Roll out Assistive technologies at pace and scale jointly with CCGs and the DH as a Pathfinder for 3 Million Lives.

Transformation Plan

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. This requires a high level review of how social care is currently delivered whilst recognising the financial constraints of the current climate. Service redesign will be achieved by understanding the relationship and interdependencies between our key activities, appraising the options and implementing the changes.

Workforce Development

OPPD have implemented an Organisation Development Group (ODG) which will focus on the KCC Organisation Development and People Plan, and FSC and OPPD Organisation Development Plans, to ensure that OPPD staff develop their knowledge, skills and behaviours to meet future challenges and opportunities.

The Group will:

- Produce a Divisional Organisation Development Plan
- Consider the implications for OPPD of KCC and FSC Organisation Development Plans
- Identify new and emerging learning and development needs for the OPPD Division and update Organisation Development plans accordingly
- Consider the implications for OPPD staff of national workforce strategies and requirements
- Take decisive action on behalf of OPPD DivMT to ensure agreed organisation development actions are implemented and monitored
- Produce proposals and recommendations to present to the FSC Organisation Development Group and OPPD DivMT
- Consider appropriate subjects for the Big Exchange managers events
- Consider appropriate subjects for the Administrative Staff Forums

The Kent Manager Certified award has been rolled out to OPPD staff for completion and will ensure that all Managers within the Division demonstrate consistent standards and skills.

The ODG will also ensure that KCC Equality objectives are incorporated within the Divisional Organisation Development Plan.

Key Decisions
A number of activities would be progressed for Members consideration under the Key Decision procedures:

A. Review and update Section 75 for Integrated Care Centres. Decision planned for September 2013

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: Maintaining and promoting independence for service users by improving access to services, equipment and information, advice and guidance		
Actions		Accountable Officer	Start Date (month/year)	End Date (month/year)
1	**Improve public information to give people more information about independence, choice and control**.	Anne Tidmarsh	April 2013	March 2014
1.1	Working closely with Customer and Communities to identify the options for Channel shift to ensure best practice in the provision of IAG for customers. Develop options for provision as part of the transformation agenda.	Melanie Hayes	December 2012	March 2014
2	**Promote enablement and target interventions so that fewer people become dependent on long term care and support services.** **Build community capacity and develop more inclusive access and participation**	Anne Tidmarsh	April 2013	March 2014
2.1	Increase use of enablement to prevent the need for long term care (domiciliary and residential) and provide out of hours access to enablement and intermediate care.	Heads of Service	April 2013	March 2014
2.2	Increase in-house utilisation rates for enablement services (community and bed based)	Jim Gillespie/ Caroline Hillen	April 2013	March 2014
2.3	To explore and eliminate any duplication between KCC's enablement service, Intermediate Care Service (KCC and Health joint funded) and Rapid Response service (provided by Health)	Anne Tidmarsh	April 2013	March 2014
2.4	To explore an alternative delivery model for enablement services which is able to reduce the cost of the service,	Juliet Doswell/ Jo Empson	April 2012	August 2013

	whilst improving outcomes for users.			
2.5	Develop the use of technology to complement the provision of an enablement service.	James Lampert	April 2013	March 2014
3	**Service specific Developments:- Dementia, Autistic Spectrum Condition and End of Life Care**	Anne Tidmarsh		
3.1	Develop the adult placement service – Shared Lives utilising funding secured from Dementia Challenge	Jane Barnes/Kelly Ann Field	November 2012	March 2015
3.2	Implementation of the Integrated Dementia commissioning plan and the Dementia Select Committee recommendations	Emma Hanson/Heads of Service	April 2013	March 2014
3.3	Implementation of the Prime Minister's Challenge bids in relation to Dementia friendly communities and increasing inter-generational community cross over and involvement	Emma Hanson/Heads of Service	April 2013	March 2014
3.4	Full implementation of the Autistic Spectrum Condition (ASC) team and development of the integrated model working in partnership with KPMT	Beryl Palmer/ Mike Powe	April 2013	March 2014
3.5	The team will complete all initial assessments and diagnosis of people with Autistic Spectrum Condition	Beryl Palmer	April 2013	March 2014
3.6	Expansion of the provision of voluntary sector based support services for people with ASC	Beryl Palmer/ Guy Offord	April 2013	March 2014
3.7	Development of an integrated framework for End of Life care in Kent	Anne Tidmarsh/ James Lampert	April 2013	March 2014
3.8	Development of the adult social care offer for End of Life care.	Heads of Service	April 2013	March 2014
4	**Improve access to services for carers**	Anne Tidmarsh	April 2013	March 2014
4.1	Work with Strategic Commissioning to ensure that the uptake of carers assessments is increased and that carers are informed of services available to them	Heads of Service/Team Managers	April 2013	March 2014
4.2	All known Carers signposted to contracted providers for Carers assessment and support	Heads of Service/Team Managers	April 2013	March 2014
4.3	Carers assessments offered to all eligible carers	Heads of Service/Team Managers	April 2013	March 2014
4.4	Carers treated as an expert partner in care by all OPPD care management teams	Heads of Service/Team Managers	April 2013	March 2014

5	**Further promote the use of assistive technology and other equipment to enable people to live independently**	James Lampert/Heads of Service	April 2013	March 2014
5.1	Refresh the Telecare strategy and commissioning plan to reflect Kent as a Pathfinder for the 3Million Lives programme doubling the usage and using different technologies and delivery models	James Lampert/ Anne Tidmarsh	April 2013	March 2014
5.2	Encourage and increase take up of tele-technology equipment to support people in community settings	Mary Silverton / Heads of Service	April 2013	March 2014

KEY MILESTONES		DATE (month/year)
A	Transformation Board approval of options paper to determine direction for delivery of IAG services to be used as action plan for service design and implementation	December 2012/January 2013
B	Review of current enablement service delivery and providers	January 2013/April 2013
C	Work with Strategic Commissioning on the tendering process for future enablement services	April 2013
D	38% of all Carers receive a needs assessment or review resulting in specific carers service or information and advice	March 2014
E	Review of the Adult placement service project to determine roll out across the County	March 2014
F	Telecare strategy refresh	April 2013

ARE THERE ANY KEY OR SIGNIFICANT DECISIONS THAT COULD ARISE FROM THIS PRIORITY?	ARE THESE ALREADY IN THE FORWARD PLAN? Yes/No
1	

PRIORITY 2: Productivity		DESCRIPTION OF PRIORITY: Transformation of service provision incorporating service review and redesign to increase efficiency, remove duplication and achieve value for money		
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.**	Anne Tidmarsh	April 2013	March 2014
1.1	Ensure enablement and/or enabling support is at the heart of our service offering and develop Locality referral management services for increased and faster take up of enablement services	Heads of Service	April 2013	June 2013
1.2	Ensure alternative models of care (specifically technological solutions) are considered as viable options	Heads of Service	April 2013	March 2014
1.3	Optimise usage of enablement and develop the delivery of accurate and useful performance data to evidence on-going improvement (using financial and non-financial measures)	Heads of Service/ Steph Abbott / Richard Benjamin	April 2013	March 2014
1.4	Optimise use of qualified professional time for service user contact; optimise use of support services for business processes	Heads of Service	April 2013	Sept 2013
2	**Review services to identify more efficient processes e.g. assessment and enablement and co-ordination**	Anne Tidmarsh	April 2013	July 2013
3.	**Identify opportunities for joint work with partner agencies to reduce any duplication**	Anne Tidmarsh	April 2013	March 2014
3.1	Expansion of assessment and review clinics and fast track services, working with partners such as Gateways, District councils, independent and voluntary sector providers	Heads of Service	April 2013	March 2014
3.2	Develop one Assessment and single Anticipatory Care Plan with health providers	HOS, Janice Grant	April 2013	Sept 2013
KEY MILESTONES				DATE (month/year)

A	The outcome of the tendering exercise for the KCC transformation Efficiency Partner is required to determine the direction of travel for the transformation agenda within OPPD	March 2013
B	Ensure enablement and telecare targets are embedded within locality and staff action plans	May 2013
C	Assessment and Anticipatory Care plan developed and implemented	September 2013
D	Have new business processes in place for both qualified and support staff	July 2013
ARE THERE ANY KEY OR SIGNIFICANT DECISIONS THAT COULD ARISE FROM THIS PRIORITY?		ARE THESE ALREADY IN THE FORWARD PLAN? Yes/No
1	Potential impact on staffing structures	No

PRIORITY 3: Partnership		DESCRIPTION OF PRIORITY: Building partnerships and improved relationships with a wide range of private, independent and health partners to ensure services are outcome focused and achieved		
Actions		Accountable Officer	Start Date (month/year)	End Date (month/year)
1	**Work with the new Clinical Commissioning Groups (CCGs) to ensure coherent processes and systems across health and social care and to identify opportunities for integrated commissioning and working**	Anne Tidmarsh	April 2013	March 2014
1.1	Establish joint locality commissioning processes with the CCGs.	James Lampert / Heads of Service	April 2013	March 2014
1.2	Developing the Long Term Conditions plan for Kent as set out in the Health and Wellbeing Boards priorities and in partnership with the NHS	James Lampert / Anne Tidmarsh	April 2013	Oct 2014
1.3	Implementation of Risk stratification for integrated teams, using anticipatory care planning and admission avoidance crisis services	Jo Frazer / Janice Grant/ HOS / Paula parker	April 2013	Oct 2014
1.4	Joint health and social care integrated teams to be in place in all localities, co-located where possible.	Heads of Service	April 2013	Oct 2013
1.5	Single points of access/Single referral services to be in place in all localities and operating on an Enhanced Hours basis (8-8 , 7 days a week)	Fiona Dempster / Heads of Service	April 2013	March 2014
1.6	Self care developed as a part of the offer from the Integrated teams for people who have a Long Term Condition	Heads of Service/Jo Frazer	April 2013	March 2014
1.7	Develop the use of supporting tools for people with Long Term Conditions:- Integrated personal budgets to be doubled in South Kent coast region Patient knows best to be utilised for people with LTC in Swale and Pro-active Care in South Kent coast Discharge services in Maidstone and Tunbridge Wells hospitals will be transformed with the development of new discharge model – 'Own bed, best bed', in partnership with	Heads of Service/Paula Parker	April 2013	March 2014

	East Kent Hospital Foundation Trust			
2	**Work with housing providers to increase housing choices for older and disabled people.**	Anne Tidmarsh	April 2013	March 2014
2.1	Implementation of the Accommodation Strategy	Anne Tidmarsh/Christy Holden	April 2013	March 2014
2.2	Locality based health, housing and social care groups to be established	Heads of Service	April 2013	March 2014
2.3	Implementation of the Excellent Homes for All scheme	Sarah Naylor	April 2013	March 2014
2.4	Development of Farrow Court in Ashford working in partnership with Ashford Borough Council to become a Dementia and vulnerable adults friendly community	Christy Holden / Mary Silverton	April 2013	March 2014
2.5	Development of Extra Care Housing in Swale	Mike Powe/ Christy Holden	April 2013	March 2014
2.6	Promote the growth of PD friendly, accessible housing by ensuring the design of future housing development is compliant, through the use of Section 106 funding	Christy Holden /Heads of Service	April 2013	March 2014

KEY MILESTONES		DATE (month/year)
A	'Own bed, best bed model implemented'	September 2013
B	Accommodation strategy developed	July 2013
C	Integrated health and social care teams established in all localities	October 2013
D	Utilise DH funding on going further, faster sites in the County to increase Personal Health Budget take up	April 2013
E	Hold workshops and training for staff in the localities to raise awareness of Personal Health Budgets	April 2013
F	Launch Self-care service within the localities working with integrated teams	October 2014
G	Launch Patient Knows Best and Pro-active care pilots in Swale and South Kent	April 2013
H	Development plan for Farrow Court written and agreed with Ashford BC	June 2013

ARE THERE ANY KEY OR SIGNIFICANT DECISIONS THAT COULD ARISE FROM THIS PRIORITY?	ARE THESE ALREADY IN THE FORWARD PLAN? Yes/No
1	

PRIORITY 4: Procurement		DESCRIPTION OF PRIORITY: Managing the market and commissioning intelligently to gain best value, flexibility and choice		
Actions		Accountable Officer	Start Date (month/year)	End Date (month/year)
1	**Manage the market to ensure value for money and to provide choice including for people on direct payments**	Anne Tidmarsh	April 2013	March 2014
1.1	Work closely with Strategic Commissioning to ensure that services provided reflect the requirements and needs of OPPD service users and are flexible in terms of choice	Anne Tidmarsh/Heads of Service	April 2013	March 2014
1.2	Continue to develop the provision of Provider Managed Services within OPPD and increase uptake Including Assistive Technologies	Heads of Service	April 2013	March 2014
2.	**Kent Card:-**			
2.1	Review of the contract for Kent Card to be carried out and a re-tender to be completed. Once completed, the new Kent Card will become the default option for delivering Direct Payments	Gina Walton	February 2013	March 2014
3.	**Personal Health Budgets:-**			
3.1	Develop an integrated personal budget programme with South Kent Coast CCG and KCC to test integrated budgets to inform wider roll out across the country.	Gina Walton	April 2013	March 2014
3.2	Work with the NHS to deliver personal health budgets for Continuing Health Care – developing a seamless service for clients who transition from social care funding into health funding	Gina Walton/ Mary Silverton	April 2013	March 2014
KEY MILESTONES				DATE (month/year)
A	Commence tendering process for Kent Card			Jan/Feb 2013
B	Implement new Kent Card within FSC			May 2013

C	Integrated personal budget programme developed and implemented	March 2014
D	Working relationships and communication links established with Strategic Commissioning	March/April 2013
ARE THERE ANY KEY OR SIGNIFICANT DECISIONS THAT COULD ARISE FROM THIS PRIORITY?		ARE THESE ALREADY IN THE FORWARD PLAN? Yes/No
1	New Kent Card provider	No

Actions	PRIORITY 5: People	DESCRIPTION OF PRIORITY: Promote personalisation for users to ensure increased choice and control with services offered being accessible and driven by customer demand		
Actions		Accountable Officer	Start Date (month/year)	End Date (month/year)
1	**Further promote personalisation giving people genuine choice and control over their lives**.	Anne Tidmarsh	April 2013	March 2014
	Development of Kent Card for use by people who opt for Direct Payments and for use in Personal Health Budgets for people who are in receipt of Continuing Health Care Funding	Gina Walton	April 2013	March 2014
2	**Ensure services are customer-centric with clear information, access, complaints processes and quality assurance**	Heads of Service/Team Managers	April 2013	March 2014
2.1	Centralise customer care teams within FSC to create one team dealing with all FSC complaints – children's and adults	Anne Tidmarsh	October 2012	April 2013
2.2	Link with KCC customer feedback project as part of the one council approach to customer complaints and feedback – streamline complaints process making it easier for customers to contact the Council	Anne Tidmarsh	October 2012	April 2013
2.3	Complete an Equality Impact Assessment in relation to the changes of the customer feedback process and the impact on FSC service users.	Pascale Blackburn-Clark/Tanya Parker	January 2013	February 2013
2.4	Continued use of Co-Production for the development of dementia and ASC services	Emma Barrett / Emma Hanson/ Beryl Palmer	April 2013	March 2014
3	**Continue to review safeguarding arrangements to ensure the protection of vulnerable people**	Anne Tidmarsh	April 2013	March 2014
3.1	Work with partners, including the NHS, police and criminal justice system to safeguard vulnerable people and, if they are victims of crime, ensure they have access to justice and support.	Heads of Service/Team Managers	April 2013	March 2014

3.2	Use and develop the Safeguarding Vulnerable Adults Competency Framework to evidence the competence of community teams to deal with safeguarding issues	Nick Sherlock/Carol McKeough	April 2013	March 2014
	Reduce the number of Safeguarding Cases open beyond 6 months	Heads of Service/Team Managers	April 2013	March 2014
	Work with the care sector to improve dignity and quality in care and develop a methodology to identify early systemic failures in service delivery	Nick Sherlock/Christy Holden/Heads of Service	April 2013	March 2014
4.	**Workforce Development**	Anne Tidmarsh	April 2013	March 2014
4.1	Developing modular based development programmes for case management staff	Jane Barnes/Mags Harrison	April 2013	March 2014
4.2	Developing our approach to Assessed and Supported Year of Employment	Jane Barnes/Mags Harrison	April 2013	March 2014
4.3	Re-commissioning the National Skills Academy for Social Care front line leaders programme	Jane Barnes/Mags Harrison	April 2013	March 2014

KEY MILESTONES		DATE (month/year)
A	Customer care centralised team structure agreed by DMT	April 2013
B	Centralised customer care team structure implemented	June 2013
C	Customer complaints process for FSC developed to align with KCC one council feedback approach	September 2013
D	Performance monitoring of safeguarding cases included within locality performance frameworks	April 2013
E	National Skills Academy for frontline leaders programme implemented for FSC staff	January 2014
F	Develop methodology for early identification of care and quality issues in the care sector	August 2013
G	Workforce development plan completed and implemented	March 2014

ARE THERE ANY KEY OR SIGNIFICANT DECISIONS THAT COULD ARISE FROM THIS PRIORITY?	ARE THESE ALREADY IN THE FORWARD PLAN? Yes/No
1	

PRIORITY 6: Financial and Policy Challenges		DESCRIPTION OF PRIORITY: Future planning of service and budgets within the division to meet legislative requirements on time with the minimum of disruption to end users		
Actions		Accountable Officer	Start Date (month/year)	End Date (month/year)
1	**To monitor progress of the Care and Support Bill to prepare for any changes and assess the impact it will have on services in Kent (e.g. changes to legislation, charging)**	Anne Tidmarsh/ Janice Grant	April 2013	March 2014
2	**Prepare for legislation that is likely to reform SEN and disability services**	Anne Tidmarsh/Anthony Mort	April 2013	March 2014
3.	**Implement the Transformation programme**	Anne Tidmarsh/Heads of Service	April 2013	March 2014
3.1	Ensure that service users access the right service at the right time at the right cost	Heads of Service/ Sharon Buckingham	April 2013	March 2014
3.2	Work with the Transformation team and the Efficiency partner to implement changes identified within the diagnostic evaluation	Anne Tidmarsh/Heads of Service	February 2013	March 2014
KEY MILESTONES				DATE (month/year)
A	Care and Support Bill legislation to be translated into operational and policy protocols			March 2014
B	Access to resource protocols in place for use in Localities			April 2013
C	SEN legislation translated into operational and policy protocols			March 2014
D	Optimisation work implemented			March 2014
ARE THERE ANY KEY OR SIGNIFICANT DECISIONS THAT COULD ARISE FROM THIS PRIORITY?			ARE THESE ALREADY IN THE FORWARD PLAN? Yes/No	
1				

FINANCIAL RESOURCES (000's)

Divisional Unit	Responsible Manager	Staffing	Non Staffing	Gross Expenditure	Service Income	Net Expenditure	Govt. Grants	Net Cost
Ashford & Shepway Locality	Mary Silverton	£ 9,979.9	£ 32,610.8	£ 42,590.7	-£ 10,719.7	£ 31,871.0	£ -	£ 31,871.0
Canterbury & Swale Locality	Mike Powe	£ 5,320.8	£ 36,110.0	£ 41,430.8	-£ 11,462.6	£ 29,968.2	£ -	£ 29,968.2
Dover & Thanet Locality	Janice Duff	£ 4,566.2	£ 37,789.1	£ 42,355.3	-£ 12,735.7	£ 29,619.6	£ -	£ 29,619.6
Dartford, Gravesham & Swanley Locality	Vinay Sanger	£ 3,006.9	£ 27,372.9	£ 30,379.8	-£ 8,978.7	£ 21,401.1	£ -	£ 21,401.1
Maidstone & Malling Locality	Jane Barnes	£ 2,890.4	£ 24,836.5	£ 27,726.9	-£ 7,713.4	£ 20,013.5	£ -	£ 20,013.5
South West Kent Locality	Sue Stower	£ 4,172.9	£ 31,703.9	£ 35,876.8	-£ 10,278.8	£ 25,598.0	£ -	£ 25,598.0
Older People Provision	Caroline Hillen	£ 12,589.1	£ 10,317.7	£ 22,906.8	-£ 3,607.8	£ 19,299.0	-£ 1,922.2	£ 17,376.8
Older People and Physical Disability Divisional Budget *	Anne Tidmarsh	£ 807.8	£ 21,907.8	£ 22,715.6	-£ 26,493.7	-£ 3,778.1	-£ 4,381.2	-£ 8,159.3
Total	Anne Tidmarsh	£ 43,334.0	£ 222,648.7	£ 265,982.7	-£ 91,990.4	£ 173,992.3	-£ 6,303.4	£ 167,688.9

HUMAN RESOURCES		
FTE establishment at 31 March 2013	**Estimate of FTE establishment at 31 March 2014**	**Reasons for any variance**
1278.0	1278.0	

Section E: Risks and Business Continuity

Risks

RISKS	MITIGATION
Transformation agenda and the need to introduce significant changes to ways of working	Transformation programme in place, blueprint produced, understand phase completed, exploring options including increasing prevention, access to enablement and ensuring value for money.
Further develop integration of health and social care services – at a time of significant organisational change	Working with colleagues in health to develop integrated ways of working through for example single points of access. Developing links with the new Clinical Commissioning Groups.
Increasing demand for social care services.	Building community capacity, supporting carers, improved advice and guidance to give people more independence. Use of risk stratification to identify future demand and target support interventions
Safeguarding vulnerable people	Kent Adult Safeguarding Board in place with key agencies. Peer reviews and audits conducted.
Need to Manage the market to ensure value for money	Close working with Strategic Commissioning and developing the Access to Resources function to ensure best value obtained from providers and new relationship with providers.
Need to ensure most efficient use of resources	Reviewing arrangements to ensure that services are organised in the most effective/efficient way e.g. review A & E and co-ordination arrangements
Need to sustain performance and quality	Regular performance monitoring, learning from customer feedback, and developing quality assurance function
Need to respond to developing areas of need e.g autism/dementia services .	Introducing the autism/aspergers service with health colleagues. Linking with strategic commissioning to commission dementia services

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 pre-determined 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 adult social care services including the commissioning and provision of care in the home, meals, equipment and adaptations, day services, residential and nursing home care.
Client and Business Information Management Processes	4 Hours	Maintain client records and critical business information (client records, financial, contractual, systems, other information assets) and all aspects of record keeping, including hardcopy and electronic data formats (Swift), in line with Information Governance procedures.
Referral Processes	4 Hours	Manage referrals requesting new assessment of needs. Risk assess and prioritising and allocating in order of urgency.
Enablement at Home Service	4 Hours	Manage referrals from Assessment and Enablement (incl hospitals) and Co ordination Services to provide enablement services to service users in their own home.
Safeguarding Processes	4 Hours	Manage safeguarding alerts regarding new or existing Service Users. Undertake Adult Protection assessment, strategy discussion and decision on further action required including investigation and intervention, case conference requirements and multi agency participation.
Case Management and	4 Hours	Manage priority information regarding new or existing Service Users' changes of circumstances

Assessment Processes		to assess/ re-assess, risk assess and prioritise in urgency of need, develop new Support Plan including brokerage (if appropriate) and to set up actual budget and revise/ cancel/ postpone services. Procure services or equipment as part of support plan.
Hospital Discharge Assessment Processes	4 Hours	Manage referrals, prioritising and allocating in order of urgency. Carry out assessment, arrange services and facilitate timely and safe hospital discharges for service users, to prevent delays and consequent bed shortages. Co-ordinate referrals to Co-ordination teams or Enablement at Home to provide service to users.
Careline Service	4 Hours	Manage Careline Service to provide critical support to community based staff, response to Telecare systems calls and referrals from Contact Kent.
Deaf and Deafblind Interpreter Service	4 Hours	Manage essential access and provision of countywide deaf and deafblind interpreter service.
Residential and Day Care Operations Processes	4 Hours	Manage all critical Residential and Day Care operation s to provide and maintain a safe/secure environment conducive to meeting the needs of staff and service users to meet their accommodation needs.

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

PERFORMANCE INDICATORS – QUARTERLY BY FINANCIAL YEAR	Floor Performance Standard	December	Comparative Benchmark	Target			
				Q1	Q2	Q3	Q4
ADASS Definition - 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.		78.0%	64%	70%	77%	84%	90%
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%
Achieving independence for older people through **rehabilitation/intermediate care.**		85.0%	81%	87%	87%	87%	87%
Admissions to permanent residential care		5.8	7	5.7	5.7	5.7	5.7
% Contacts resolved at sources		24%		25%	26%	28%	30%
% ST intervention that results in no further service provided for new clients – linked to new National Returns		TBC		TBC	TBC	TBC	TBC
Personal outcomes achieved		72%		74%	76%	78%	80%
% telecare installations for complex equipment		15%		16%	17%	18%	20%

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

ACTIVITY INDICATOR	2012/13 Outturn	December 2012	Expected range for activity				
			Threshold	Q1	Q2	Q3	Q4
Older Persons in permanent Residential care	2,736	2,707	Upper				
Older Persons in permanent nursing care	1,479	1,497	Lower				
Older persons receiving home care	5,386	5,451	Upper				
Older persons receiving a direct payment	822	763	Lower				
People with a physical disability in permanent residential care	245	235					
People with a physical disability receiving a direct payment	928	958					
People with a physical disability receiving homecare	970	903					

SECTION G: ACTIVITY REQUIRING SUPPORT FROM OTHER DIVISIONS/SERVICES (For example Property, ICT, Business Strategy, Human Resources, Finance & Procurement, Planning & Environment, Public Health, Service Improvement, Commercial Services, Governance & Law, Customer Relationships, Communications & Community Engagement or other Divisions/Services)		

ACTIVITY DETAILS	EXPECTED IMPACT	EXPECTED DATE
Kent Card re-tender	Strategic Commissioning	Feb 2013
Accommodation Strategy	Strategic Commissioning	April 2013
Review of A&E and Co-ordination	Human Resources	TBC
Increased uptake of tele-technology	Operational Support	April 2013
Channel shift, IAG options development	Customer and Communities	April 2013
Customer Care Review	Customer and Communities	January 2013
Implementation of the Transformation agenda	Transformation team, Operational Support	March 2013