

# Divisional Business Plan 2013-14

Directorate Name: Families and Social Care

Division/Business Unit Name: Strategic Commissioning

EXECUTIVE SUMMARY:
Cabinet Portfolio: Graham Gibbens (Adults) Jenny Whittle (Children)
Responsible Corporate Director: Andrew Ireland
Responsible Director: Mark Lobban
Head(s) of Service: Nick Sherlock (Adult Safeguarding) Christy Holden (Commissioning Adults Accommodation) Emma Hanson (Commissioning Adults Community Support) Helen Jones (Commissioning Children) Maureen Robinson (Performance and Management Information - Children) Steph Abbott (Performance and Information Management Adults)
Gross Expenditure: £6,873,400
FTE: 142.8



## SECTION A: ROLE/PURPOSE OF FUNCTION

The Health and Social Care sector is facing unprecedented change. In the future every aspect of social care provision, including how we commission services will be transformed. The Strategic Commissioning Division came into being September 2011 following an extensive KCC wide restructure. There was a further comprehensive review across Children and Adult contracting/ commissioning functions last year, with a new structure commencing on 1<sup>st</sup> October 2012. The purpose of the new commissioning function is to improve outcomes and quality of life for vulnerable adults, children and young people and carers in Kent, transforming the way social care services are delivered. We work closely with Health, District Councils, other KCC Directorates and the private and voluntary sector as well as service users and carers to ensure that services are efficient, effective and easy to access so that people, not organisations are at the centre of everything we do.

- For Adults the Division will drive forward the Transformation Programme, currently the largest single change programme Kent County Council is undertaking and will support FSC's contribution to the £200 million reduction in spend that KCC must achieve by 2015. We will do this by commissioning and procuring services within the themes of Transformation.
- For children our mission is to improve outcomes for children, young people and their families and to ensure the right services are provided at the right time, right place and at the right cost. We will ensure the effective commissioning of services to meet statutory duties and the delivery of Kent's strategic priorities as contained within Every Day Matters and Kent's Safeguarding and Looked After Children Improvement Plan – Putting Children First and the supporting Early Intervention and Preventative Strategy.

**The Strategic Commissioning Division supports the delivery of the following Social Care priorities:**

### **Prevention**

- Improve public information to give people more information about independence, choice and control.
- Promote enablement and target interventions so that fewer people become dependent on long term care services.
- Build community capacity and develop more inclusive access and participation.
- Improve access to services for carers.
- Further promote the use of assistive technology and other equipment to enable people to live independently.
- Investment in early help, early intervention and prevention services.
- Review and reform of Children's Centre provision.
- Support the Troubled Families Programme and the Kent Integrated Adolescent Support Service.
- Contributing to public health preventative and tackling inequalities agenda.
- Prevent escalation of children and young people to specialist services where it is safe to do so.

## **Productivity**

- Continue to develop and implement the Transformation Programme in adults to identify new ways of working.
- Review commissioned services to ensure best value for money and improved outcomes for service users.
- Identify opportunities for joint work with partner agencies to reduce any duplication.
- Review cost effectiveness of commissioned services.
- Integrated and child centred service development, commissioning and delivery.
- Delivery of Liquid Logic IT system changes.

## **Partnership**

- Work with the new CCGs to ensure coherent processes and systems across health and social care and to identify opportunities for integrated commissioning and working.
- Work with housing providers to increase housing choices for older and disabled people.
- Work through the Kent Learning Disability Partnership Board to improve delivery on key areas for people with disability.
- Work with KMPT to improve outcomes for service users and promote personalisation.
- Co – produce sustainable changes strategies with a wide range of partners, include those who use services, those who provide services and our health colleagues
- We will work with the voluntary and community sector to deliver in partnership services for young people.
- The local joint commissioning board arrangements will enable partnership working for services for young people.
- Engage with Health and Wellbeing board to ensure health reforms respond effectively to the needs of children in particular those with SEN and disability.

## **Procurement**

- Manage the market to ensure value for money and to provide choice including for people on direct payments.
- Develop commissioning plans for specific service areas e.g. accommodation solutions, community services, or children's services to determine if a tendering process is required and then implement.
- Develop the access to resources arrangements to purchase services at the best price and quality.
- Commission Integrated services for better value that meet the needs of service users.
- Jointly commission with health to address gaps in services for vulnerable groups
- Review the impact of commissioned services for value for money
- Develop a resource strategy for shifting resources to early intervention and prevention services.
- Engagement with a diverse VCS in commissioning processes.

## **People**

- Further promote personalisation giving people genuine choice and control over their lives.
- Continue to review safeguarding arrangements to ensure the protection of vulnerable people.
- Ensure services are customer-centric with clear information, access, complaints processes and quality assurance.
- Engage service users and others to obtain feedback on services
- Involve young people and their families in shaping service development, commissioning and evaluation

- Workforce Development, including supervision and sharing of best practice.

### **Financial & Policy Challenges**

- Continue to ensure value for money and check that “every penny counts”.
- Progress work on the integration of health and social care services.
- Implement the Transformation Programme.
- Delivery of Improvement Plan actions
- Develop inspection preparation plans and post inspection action plans
- Delivery of MTFP savings

### **Our Structure**

The Families and Social Care Strategic Commissioning Division has 4 functions currently delivered through 6 units:

#### **A. Safeguarding**

Adults’ Safeguarding Unit

#### **B. Commissioning**

1. Adults’ Commissioning
2. Children’s Commissioning.

#### **C. Performance and Information Management**

3. Performance and Management Information Unit–Children
4. Performance and Information Management – Adults

#### **D. Transformation Programme**

Delivering strategic oversight and Directorate wide support to the Transformation Programme.

### **An overview of the functions of our 6 units:**

#### **A. Adult Safeguarding Unit**

Keeping vulnerable adults free from harm and children safe continues to be our main priority and of paramount importance. The County Council has maintained a strong focus on and scrutiny of safeguarding during 2012-13 and this approach will continue through 2013-2014. The work of the Adults’ Safeguarding Team is critical to delivering the County Council’s key objective presented in Bold Steps for Kent and the Adults’ Safeguarding Plan.

Kent County Council is committed to ensuring that people in situations which could put them at risk of abuse and danger receive the support they need to maintain their personal safety and independence. Safeguarding is a major priority for us. Through Multi-Agency Public Protection Arrangements and the Multi-Agency Safeguarding Vulnerable Adults Executive Board, we have in place effective adult protection processes which safeguard vulnerable adults effectively. Kent County Council takes a personalised approach to safeguarding. Raising awareness amongst members of the community about safeguarding is key.

The functions of the Adult Safeguarding Unit include:

- Quality assurance work for senior managers and Members, including audits
- Safeguarding policy, procedure and risk management including complex investigations and Serious Case Reviews
- Analysing trends in adult safeguarding and developing new initiatives based on this
- Developing Adult Safeguarding policy including responses to national consultations
- Hosting and supporting the Safeguarding Vulnerable Adults Multi-Agency Executive Board and related Multi-Agency training
- Compliance and best practice with Mental Capacity Act and Deprivation of Liberty Safeguards
- Care Quality Commission response and relationship management, including Risk Strategy meetings
- Supporting the adult element of the CRU

The unit provides the Families and Social Care (FSC) Directorate Management Team and the Cabinet Member for Adult Social Care and Public Health with an independent quality assurance and scrutiny function. Strong governance arrangements are in place, with reporting lines from the Corporate Management Team and the Cabinet Member for Adult Social Care and Public Health through to Locality Teams. The Adult Safeguarding Unit implements a programme of practice and quality audits. Lessons learnt from internal and external audits are used to inform and improve practice and also feed into the FSC Strategic Adult Safeguarding action plan.

In 2012 the Adult Safeguarding Unit facilitated a Peer Review undertaken by Essex County Council. The overall conclusion of the Peer Review was that the vulnerable people of Kent are well served by Kent County Council and its safeguarding services

## **B. Commissioning**

Strategic commissioning effects changes in the supply and delivery of services to a population in order to meet the needs of that population and to support local and national policy objectives. Strategic commissioning can be thought of as having four key elements - analysis, planning, doing and reviewing.

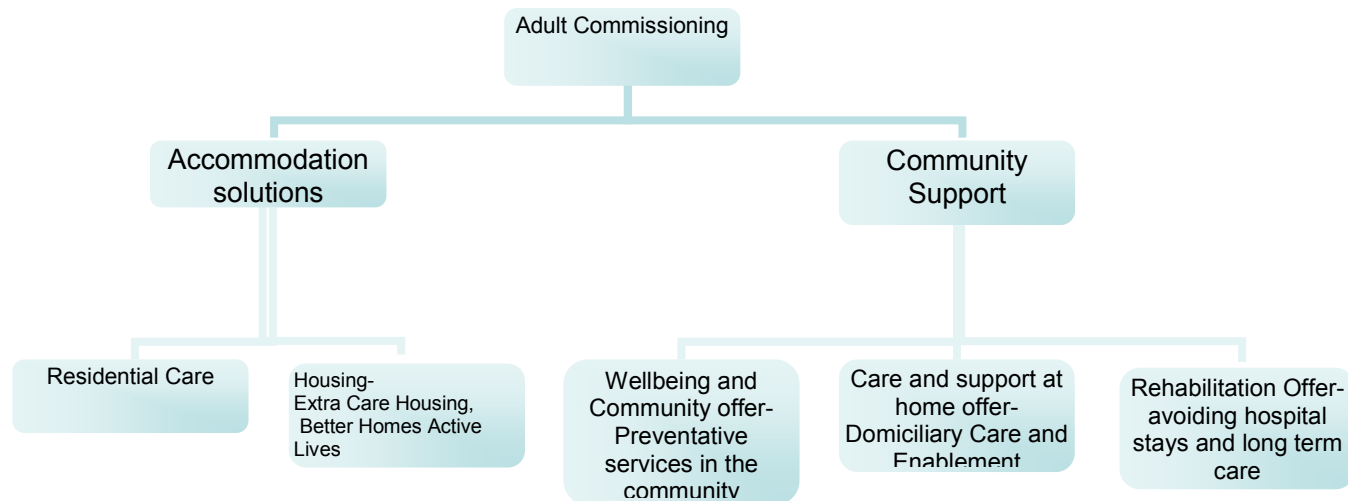
All activity is executed in line with the Council's Procurement Strategy "Spending the Council's Money", Kent County Council's Equality Strategy across the priority outcomes of the Equality Framework for Local Government (EFLG), customer insight and complying with the 'duty to involve', including the involvement of Service users, their carers, and Children and young people to inform the design and delivery of commissioned services, and where possible and appropriate The Kent Compact and KCC Environment Policy and standard ISO 14001 .

The new Strategic Commissioning Structure was implemented on 1<sup>st</sup> October 2012.

Strategic commissioning has been organised into 3 categories,

- Adults' Accommodation Solutions
- Adults' Community Support
- Children

## Function of the Adults Commissioning Unit



FSC is developing a robust commissioning function supporting vulnerable adults in Kent. 85%- 90% of services are currently provided are delivered through contracts or grants with external agencies. The function of the unit is to effectively commission services that support people to remain independent for as long as possible, as set out in Bold Steps for Kent and the Transformation Blueprint

Our work is led by the themes of the Transformation Blueprint:

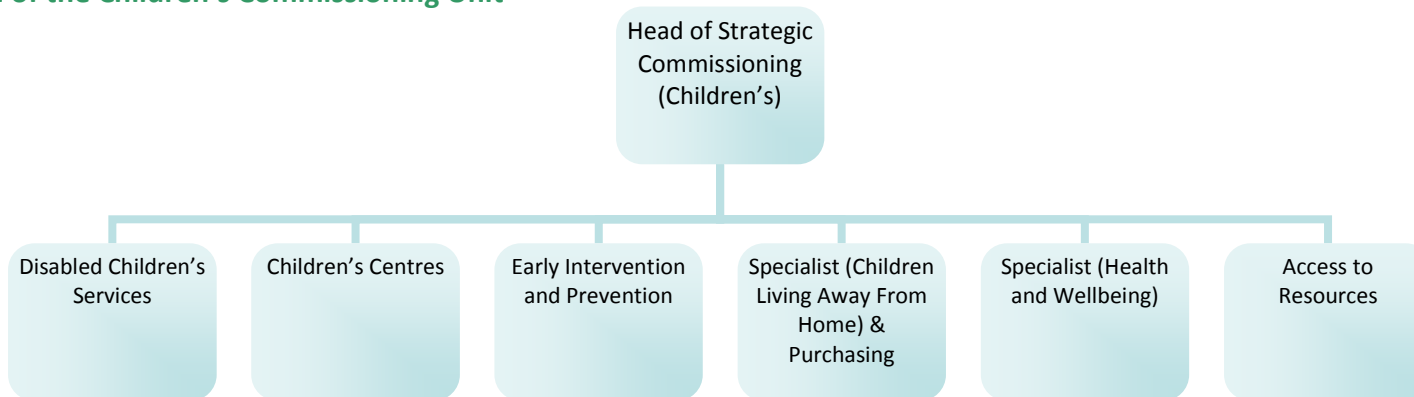
- Prevention, independence and wellbeing: Enabling people to find solutions that meet their needs.
- Support recovery, encouraging independence: Support that maximises the opportunity to recover prior to any long term care decisions.
- Support at home and in the community: Support and activities that encourage independence and prevent social isolation.
- Place to live: More options for people to live independently where they choose.
- Every penny counts: Providing value for money in everything we do.
- Doing the right things well: Ensuring the right processes are in place and applied consistently and effectively.

Local authorities also have a lead responsibility:

- in commissioning services for people who have not taken direct control of their funding through Direct Payments and personal budgets;
- for those who have Direct Payments or personal budgets, in helping to ensure the availability of appropriate support and a range of opportunities from which they can commission their own support in order to enable them to achieve their ambitions and aspirations.

- To have consideration for those who are not eligible for social care services but may need to be supported with information, advice and guidance.

### Function of the Children's Commissioning Unit



The **Children's Commissioning Unit** provides the strategic direction and practical support for the delivery of the commissioning function across children's social care ensuring that the organisation is able to deliver its strategic priorities and fulfil its statutory obligations. The vision of the unit is to drive, promote and support transformational change through strategic commissioning to ensure the provision of a range of high quality, cost effective, outcome based services for children, young people and their families. The unit ensures that commissioned services achieve best outcomes for children, young people and their families in the most efficient, effective, equitable and sustainable way through rigorous planning, needs analysis and evaluation, impact assessments, performance management and contract/market development and negotiation.

#### The unit will execute its role through:

- Ongoing assessment, review and performance management of children's commissioned services to ensure effectiveness, VFM and delivery of MTFP efficiency savings
- Processes for decommissioning of services as appropriate/ necessary
- Identification and development of opportunities for joint commissioning and planning to ensure best outcomes and cost efficiency
- Improved processes for engaging the VCS and facilitating/developing a market that is responsive to need and able to creatively meet demand
- Delivery of solutions to improve outcomes for children, young people and their families e.g. the development of an Access to Resources Team to co ordinate earlier and improved use of services to achieve better outcomes for children in care
- Service Transformation Review to improve outcomes for children, young people and their families
- Effective procurement practice, commitments and contractual arrangements

### **C. Performance and Information Management**

Robust performance and information management is critical to ensuring the Organisation is able to meet its key objectives, is performing effectively, offers value for money and recognises and manages any risks to delivery. Responsibility for statutory returns and monitoring is managed through these units.

#### **Children's Management Information Unit**

The Management Information Unit aims to ensure that we proactively manage, share and exploit data and business intelligence in order to achieve better outcomes for children, young people and their families in Kent.

The Management Information Unit achieves its aims through and by:

- Providing local and strategic information to support the key business needs of Government agencies, FSC, KCC Directorates, Commissioning Partners, Locality Boards and children and families in the community.
- Ensuring that Private, Voluntary and Independent Providers, FSC, KCC Directorates and partner agencies comply with all legislative and statutory requirements to provide and publish information, which in turn informs the centrally allocated funding ratios for the authority.
- Sharing and using the information, providing consultancy, training and other support to effectively inform performance management, strategic planning and service planning, development and design.
- Supporting and informing the management and ongoing development of core SCS business operating systems, including the procurement and implementation of additional systems as agreed with FSC business owners.

Tasks to Support Key Business Needs:

- Providing scrutiny to and for SCS performance.
- Production of data for Directorate and KCC Plans. The Management Information Unit is responsible for the management and review of the performance management and operational performance management frameworks and data quality framework for Specialist Children's Services.
- Data Collection, Submission of Statutory Returns
- To respond to FOI requests and ad hoc request for Management Information within timescale
- Data Quality- identify, manage and resolve data quality errors
- Training and Support- delivery of ICS / Protocols training workshops to systems users

#### **Adults Performance and Information Management Unit**

The Performance and Information Management team for Adult Social Care provides regular support and intelligence to staff at all levels of the organisation in order to manage the effective implementation of national and local policy drivers, ensuring that better outcomes are secured for the people of Kent.

The team works very closely with Directors, policy, training and operational staff to embed a performance culture and accountability throughout the organisation by improving data quality, setting targets, understanding and resolving reasons for inconsistent performance



and practice, supporting staff with monthly budget and activity monitoring and forecasting, and ensuring that mechanisms are in place for staff to manage their own performance locally and escalate risks.

This requires the team to:

- Focus on developing system reports, particularly operational reports.
- Ensure the system is fit for purpose, and resolve issues with inputting
- Ensure that resolutions are supported by clear operational and system guidance and training, which links with teams and policy.
- Support the implementation of initiatives such as personalisation, health integration with robust performance frameworks, which hold people to account.
- Ensure staff use current performance and activity intelligence to produce budget forecasts locally, which are validated at a county level.

The team is also responsible for National statutory returns, Corporate reporting - both to Cabinet Committee, but also to the Cabinet Member, User surveys, Freedom of Information requests, Identifying and reporting risks to DMT, budget and activity monitoring and analysis, and working with the Department of Health and ADASS to influence the national developments of performance frameworks.

All local performance management feeds into DivMT and DMT reporting, which in turn supports corporate and national returns. This ensures that accountability for performance and the practise behind this, including team feedback, flows through the organisation from front line to Council and National monitoring.

In addition the team will support the development of other national initiatives, including Sector Led improvement, the production of the Local Account, with Service users and carers, as well as supporting ADASS through the ADASS Standards and Performance group.

#### **D: Transformation Programme Team**

A small team of two temporary staff support the Transformation Board and the Transformation Stakeholder Board. This team drives forward strategic thinking supporting Managers and staff to engage with the planning and implementation of the Transformation programme.

## SECTION B: CONTRIBUTION TO MTP OBJECTIVES

KCC's Medium Term Plan sets out how Social Care Services will shift to a commissioning organisation. This will enable us to deliver social care against growing demographic and financial pressures and within a context of significant national and local change for health and social care. As we reshape our services to focus on commissioning there will be activity throughout 2013/14 to explore ways that will enable older people and people with a physical disability to self manage and put in place preventative and early intervention services to vulnerable children and their families to support them before they reach crisis point.

The Medium Term Plan sets out 3 ambitions which will be supported by the activity of the Strategic Commissioning Division:

### **1. We will help the Kent economy to grow by:**

#### **• Improving how we procure and commission services**

Our procurement processes will be open, transparent and proportionate to reduce barriers to entry for Small and Medium Enterprises. We will continue to develop new ways to work with the voluntary and community sector, moving from the provision of direct grants to commissioning more services on a competitive basis. We will also provide training and events to providers to support them in working with us in new ways.

### **2. We will tackle disadvantage by:**

#### **• Improving services for the most vulnerable people in Kent**

We will have reduced the number of children in care through new innovative preventative services. We will review our Children's Centres services. There will be improved arrangements with the NHS to secure timely and appropriate treatment or social care support for children and adults requiring mental health services. We will support families with complex needs and increase the use of community budgets

### **3. We will look to put the citizen more in control through:**

#### **• Improving access to public services**

Planning for and delivering information, advice and guidance through a range of channels and with the help of service users and carers to identify what their information needs are and how best to deliver them

#### **• Empowering social service users**

We will empower service users through methods such as hearing the voice of children and young people in service design, commissioning and assessing and developing the use of personal budgets for disabled children and their families. A continuing focus on Enablement Services to provide intensive support so older persons can regain independence as quickly as possible and telehealth and telecare will be assisting older people to live independently in their own homes. A review of domiciliary services will enable us to develop a programme of help at home that meets the needs and wishes of service users and provides more choice about how and when people receive services at home. Building community capacity to prevent social isolation and a slide into dependency will support development of a range of services through the voluntary and community sector providing choice and opportunity to service users in their local area. The Good Day programme will continue to provide alternative activities to traditional day care services for people with a learning disability.

- **Supporting the transformation of health and social care in Kent**

We will improve patient experience of health and social care by delivering care closer to home and fostering more choice through developing greater diversity of provision from social enterprises and the voluntary and community sector. Strategic Commissioning will work closely with Clinical Commissioning Groups to deliver joint commissioning plans and attend local Health and Wellbeing Boards. There will be a focus on self management, Long term conditions, reablement services and falls prevention.

We will work to jointly commission services for young people with our health partners to ensure we reach the best outcomes for these young people.

- **Ensuring the most robust and effective public protection arrangements**

Ongoing audit and quality reviews give assurance to Members and Senior Managers that safeguarding is robust and effective. The Essex Peer review managed through the SC Adult Safeguarding Unit provided independent confirmation that vulnerable adults in Kent are safeguarded. The Central referral unit is now embedded to help ensure vulnerable adults safeguard referrals are assessed quickly, with swift intervention where necessary

### **Strategic Commissioning Contribution to Savings and Value for Money:**

The draft budget book 2013-14 indicates that:

- **Adult Social Care** must deliver £18.1m savings through Transformation of Adult Social Care with greater emphasis on better procurement, increased prevention and improved partnership with the NHS, through the integration of health and social care commissioning, to deliver better outcomes for Kent residents at lower cost. Health and Social Care Monies will help to redirect funding into community support.
- **Children's Centres**- Saving amount £1.4m from review of support services and central functions relating to running children's centres
- **SEN Transport** Review of provision- SC will contribute to saving 0.75m through re-negotiating contracts
- **Children in Care**- SC will contribute to savings of £5.3m through the commissioning of early help services to prevent children coming into care where it is unsafe to do so and ensuring there are efficiencies made through commissioning individual packages of support and care for children and young people.

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: Continue to develop and implement the Transformation Programme to identify new ways of working (Adult Social Care Priority- Productivity and Financial and Policy Challenges).**

**DESCRIPTION OF PRIORITY:** The transformation programme will deliver FSC’s contribution to Bold Steps. It will have numerous work streams with many key activities. The Transformation Programme is now entering its operational phase and the key activities for 2013-14 are highlighted here. The progress of Transformation is rigorously monitored through Transformation Board, Budget Board and Cabinet Members.

Actions		Accountable Officer	Start Date (month/year)	End Date (month/year)
<b>1</b>	<b>Organisational Optimisation</b>			
1.1	Agree and implement recommendations from diagnostic phase as a new Transformation workstream	Mark Lobban	April 2013	March 2014
1.2	Identify and quantify efficiencies and benefits from streamlining working processes and procedures	Mark Lobban	April 2013	May 2013
<b>2</b>	<b>Review of Care Pathways</b>			
2.1	Identify ideal pathways for optimum efficient use of all resources, analysis of change required and implementation	Mark Lobban/ Head of Programme	April 2013	June 2013 followed by monthly monitoring
<b>3</b>	<b>Implementation phase of Transformation - plan and agree phasing of programmes and identify benefits</b>			
3.1	Agree and set up performance framework for agreed activity	Mark Lobban/ Head of Programme	April 2013	May 2013

KEY MILESTONES		DATE (month/year)
A	<b>Procurement Options Paper for Cabinet</b>	May 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: Ensure we provide the most robust and effective public protection arrangements.		DESCRIPTION OF PRIORITY: Improving quality of practice for adult safeguarding.		
Actions		Accountable Officer	Start Date (month/year)	End Date (month/year)
<b>1.</b>	<b>Quality assurance and improving safeguarding practice</b>			
1.1	Independent audit of safeguarding cases. Ongoing programme of external and internal audits of FSC and KMPT case files, underpinned by effective governance arrangements to report outcomes of audits and safeguarding issues to use audit outcomes to address training and development needs.	Nick Sherlock	April 2013	March 2014
1.2	Develop effective mechanisms to capture feedback from service users and involving the service user/ carer/ family in the safeguarding process	Nick Sherlock	April 2013	November 2013
1.3	Work with Strategy Commissioning to ensure we have in place effective monitoring of providers, particularly around people's safety	Nick Sherlock	April 2013	November 2013
1.4	Develop new initiatives to improve the quality of safeguarding practice. These will be developed from a range of sources, including analysis of safeguarding training, Serious Case Reviews, LGO findings and national reports ,i.e. SCR Winterbourne	Nick Sherlock	April 2013	March 2014
<b>2.</b>	<b>Effective lead on partnership work in the ongoing implementation of MCA and DoLS across partner agencies</b>			
2.1	Lead commissioning and ongoing monitoring of new contract for the Kent and Medway IMCA Serve	Annie Ho	April 2013	March 2014
2.2	Effective arrangements in place for KCC taking over DoLS Supervisory Body function from PCTs, including agreement with KMPT regarding Mental Health Assessors and ongoing review of DoLS governance arrangements	Annie Ho	April 2013	March 2014
2.3	Internal MCA Audit	Annie Ho	April 2013	March 2014
<b>3.0</b>	<b>Effective management of the Kent and Medway Safeguarding Vulnerable Adults Executive Board</b>			
3.1	Finalise the governance review, including setting priorities for the next three years in response to the	Barbara Bradley	April 2013	August 2013

	possible new legislation			
3.2	Implement new structure following the governance review, involving establishing new groups and their priorities	Barbara Bradley	April 2013	August 2013
<b>KEY MILESTONES</b>			<b>DATE</b>	
A	Mechanisms in place to capture post abuse feedback			November 2013
B	Internal MCA Audit Programme established			June 2013
C	New structure of the Kent and Medway Safeguarding Vulnerable Adults Executive Board is implemented			August 2013
<b>ARE THERE ANY SIGNIFICANT DECISIONS THAT COULD ARISE FROM THIS PRIORITY?</b>			<b>ARE THESE ALREADY IN THE FORWARD PLAN? Yes/ No</b>	
A	<b>New Deprivation of Liberty agreement with Medway, in light of the Authorisation role now resting solely with Local Authorities</b>			<b>No</b>

PRIORITY 3: Embed New Commissioning structure and improve how we procure and commission services		DESCRIPTION OF PRIORITY: : Continue to improve processes, develop the market to allow maximum choice, support the local economy and deliver VFM in line with 'Bold Steps', 'The Kent Compact' and 'Spending the Council's Money '		
Actions		Accountable Officer	Start Date (month/year)	End Date (month/year)
<b>1</b>	<b>Manage the market to ensure value for money and to provide choice including for people on direct payments. (ASC priority- Procurement)</b>			
1.1	Participate in ADASS programme Developing Care Markets for Quality and Choice DCMQC – support development of Market Position Statements MPS to inform future commissioning strategies	Mark Lobban, Emma Hanson and Christy Holden	April 2013	January 2014
1.2	Engage the care sector market in the transformation programme through a programme of events including provider meetings, co-production workshops.	Emma Hanson/ all Commissioning Managers	April 2013	March 2014 (Review)
1.3	Develop processes that enable small and medium enterprises and voluntary sector organisations to competitively tender to move away from grants onto contracts where appropriate	Emma Hanson/ Samantha Sheppard/ Karen Cook	April 2013	March 2014
<b>2</b>	<b>Develop commissioning plans for specific service areas e.g. domiciliary care and respite services for people with learning disability to determine if a tendering process is required and then implement (ASC priority- Procurement)</b>			
2.1	Support to stay at home / Homecare and reablement strategy in place	Emma Hanson/Jo Empson	April 2013	Dec 2013
2.2	Prevention and Wellbeing Strategy produced	Karen Cook	April 2013	November 2013
2.3	Production of Accommodation Solutions Strategy	Christy Holden	April 2013	March 2014



<b>3</b>	<b>Review and redesign community based services to ensure best value for money/cost effectiveness and improved outcomes for service users. (ASC priority- Productivity)</b>	Emma Hanson/Samantha Sheppard		
3.1	Consider delivery of domiciliary care services and future model assessing impact of move to right number of providers through new ways of working- collaboration and federation	Emma Hanson/Jo Empson	April 2013	Dec 2013
3.2	Review of infrastructure organisations and volunteer bureaus to ensure effectiveness and value for money in supporting voluntary sector providers	Emma Hanson / Samantha Sheppard/ Communities Directorate	April 2013	September 2013
3.3	Mapping and analysis of preventative services funded through voluntary sector grants to develop a core offer	Emma Hanson / Samantha Sheppard	April 2013	November 2013
3.4	Review of day care services for older people to ensure a sustainable model for the future	Emma Hanson / Samantha Sheppard	April 2013	September 2013
<b>4</b>	<b>Develop the workforce to promote effective commissioning across the organisation by organising specific commissioning training (ASC and SCS priority- People)</b>	Heads of Service		
4.1	Review and rewrite commissioning and contracting processes to ensure effectiveness of the commissioning function tasks to make sure they meet audit and legal requirements in a streamlined manner	Christy Holden/ Emma Hanson/Kate Gifford	April 2013	November 2014
<b>5</b>	<b>Review and develop new risk assessed approach to quality monitoring</b>	All Heads of Service/ Steph Abbott/ Nick Sherlock/ Maureen Robinson		
5.1	Commence the Redesign of Quality Monitoring Process - understanding and defining roles and responsibilities how responses will be managed and the approach for all care providers and commissioned services	Christy Holden/Emma Hanson	April 2013	March 2014
5.2	Commence the Redesign of a Quality Monitoring Process for Care in the	Jo Empson and Emma Hanson	April 2013	Dec 2013

	Home/Community - understanding and defining roles and responsibilities and how responses will be managed. Consider outsourcing in the approach.		
KEY MILESTONES			DATE (month/year)
A	Identify service specific areas that will require implementation of a tendering process		April 2013
B	Give notice to Providers where Grants will be ending March 2014		October 2013
C	Voluntary Sector conference to co-produce prevention strategy and share effective new ways of working		May 2013
D	Working groups in place with support from Procurement to understand and agree new commissioning guidance		April 2013
E	Production of Accommodation Solutions Strategy		December 2013
ARE THERE ANY KEY OR SIGNIFICANT DECISIONS THAT COULD ARISE FROM THIS PRIORITY?			ARE THESE ALREADY IN THE FORWARD PLAN? Yes/No
1	Move to contracts from grant funding where appropriate		No
2	Implementation of tendering process for specific service areas – to be determined and entered onto forward plan when identified		No

<b>PRIORITY 4: Ensure there is a range of vibrant community based services to divert people away from health and social care systems. These services will seek to support a person's lifestyle and engagement with their community (Wellbeing and lifestyle Offer including self funders)</b>		<b>DESCRIPTION OF PRIORITY:</b> To deliver a range of health and well-being services designed to promote independence and continue older people's active involvement in their community regardless of age or condition. In particular these services should target vulnerable people who have pre-disposing factors likely to indicate high health needs or likelihood of later care home admission.		
Actions		Accountable Officer	Start Date (month/year)	End Date (month/year)
<b>1</b>	<b>Improve public information to give more people information about independence, choice and control (ASC Priority- Prevention)</b>			
1.1	Develop Information, advice and guidance strategy	Karen Cook	July 2013	March 2014
1.2	Review of carers information with support from Carers Advisory Group	Karen Cook	April 2013	March 2014
1.3	To increase number of Care Navigators in Kent using health monies investment and develop role to work in hospitals	Karen Cook/Paula Parker	April 2013	March 2014
<b>2</b>	<b>Build community capacity and develop more inclusive access and participation (ASC Priority- Prevention)</b>			
2.1	Hold a Community Capacity Conference to support co-production of prevention and wellbeing strategy.	Emma Hanson/ Samantha Sheppard/ Karen Cook	April 2013	May 2013
2.2	Review of key services and work with Providers to identify and commission ideal core community support offer- i.e. befriending, carers support, social activities	Samantha Sheppard/ Karen Cook	April 2013	March 2014
2.3	Develop a community chest to award small one of grants to community projects that promote social inclusion and the reduction of isolation and loneliness	Samantha Sheppard/ Karen Cook	April 2013	March 2014
<b>3</b>	<b>Improve access to services for Carers (ASC Priority- Prevention)</b>			
3.1	Develop and award contract for short term breaks in the home using additional funding form Health Monies to procure more services	Karen Cook/ Steve Lusk	April 2013	March 2014
3.2	Ensure implementation of carers support and	Karen Cook/ Steve Lusk	April 2014	Quarterly

	assessment contract which includes new GP/Health Referral services for carers in crisis			meetings to 2014
4	<b>Work through the Kent Learning Disability Partnership Board to improve delivery on key areas for people with disability. (ASC Priority-Partnership)</b>			
4.1	Continue to support Good Day Programme to ensure inclusive access to community services for people with LD	Paula Watson/ Sylvia Rolfe/Simone Bullen	April 2013	March 2014
4.2	Develop an enablement model to support people with learning disabilities to develop independent living skills	Sam Sheppard/Penny Southern	April 2013	March 2014
5	<b>Further promote personalisation giving people genuine choice and control over their lives. (ASC Priority-People)</b>			
5.1	Review and update KCC approach to personalisation up to DH Making it Real programme and deliver action plan against that programme in partnership with Kent residents	Emma Hanson/James Lampert with support from Adult Commissioning Managers	April 2013	March 2014
5.2	Work with KMPT to improve outcomes for service users and promote personalisation <b>(ASC Priority-Partnership)</b>	Sue Scammel	April 2013	March 2014
5.3	Taking forward & testing Integrated personal health budgets in SKC CCG as part of DH personal health budget programme	James Lampert/ Jo Empson /Gina Walton	Dec 2013	March 2014
KEY MILESTONES				DATE (month/year)
A	Core Offer for community services planned and agreed			April 2014
B	Produce New carers web based information			May 2013
C	'Making it Real' Launch event with public re co-production			Sept 2013
D	1 <sup>st</sup> progress report to Kent residents (6 monthly thereafter)			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	Short Term Breaks in the Home Contract		No	

<b>PRIORITY 5 : Sustain within the community people who require help and support to meet their health and care needs (help to live at home offer)</b>		<b>DESCRIPTION OF PRIORITY:</b> Working towards integrated services that seek to maintain a person within the community and out of residential care or hospital.		
Actions		Accountable Officer	Start Date (month/year)	End Date (month/year)
<b>1</b>	<b>Promote enablement and target interventions so that fewer people become dependent on long term care services. (ASC Priority- Prevention)</b>			
1.1	Further develop KEaH and Enablement enhancing efficiencies and effectiveness.	Jo Empson	April 2013	Review March 2014
1.2	Work with homecare providers to enable them to flex homecare to support people in a crisis and prevent care home or hospital admission.	Jo Empson	April 2013	March 2014
1.3	Embed and then review SIS contract to ensure fit; consider within scope of wider Homecare and Reablement Commissioning Strategy	Jo Empson	April 2013	January 2014
<b>2</b>	<b>Work with the new CCGs to ensure coherent processes and systems across health and social care and to identify opportunities for integrated commissioning and working. (ASC Priority-Partnership and Financial and Policy Challenges)</b>			
2.1	Explore with CCGs the opportunity for joint commissioning a patients/service users held shared care record	Mark Lobban/ Emma Hanson/ James Lampert/	April 2013	Sept 2013
2.2	Identify strategic commissioning resources aligned to support development of joint commissioning plans with CCGs, Public Health & District Councils	Jo Empson/Karen Cook/Paula Parker/James Lampert	April 2013	September 2013
2.3	Integrate commissioning strategies and plans at CCG level for each area.	Jo Empson/Karen Cook/Paula Parker/James Lampert	April 2013	March 2014
2.4	Actively engage with developing and providing Strategic Commissioning representation at Countywide and Local HWBB	Jo Empson/Karen Cook/Paula Parker/James Lampert	April 2013	March 2014
2.5	Work with CCGs to agree spending plans for Health and Social Care monies, performance manage and review schemes to ensure effectiveness.	Mark Lobban/ Emma Hanson Strategic Commissioning Managers	April 2013	March 2014 (review)
2.6	Work with CCGs, Secondary Care and other partners	Paula Parker/James Lampert/ Jo Empson	April 2013	March 2014

	to develop and implement reablement and new reablement projects aligned with CCG intermediate care reviews			
<b>3</b>	<b>Further promote the use of assistive technology and other equipment to enable people to live independently. (ASC Priority-Prevention)</b>			
3.1	Start implementing 3 Million Lives - Kent has Pathfinder Status. Potential 5 year programme	James Lampert/ Hazel Price	November 2013	March 2014 (review)
3.2	Work with 3rd Sector to interface with service users to reach more people and develop understanding of assistive technology and potential for delivery through home care services	All Commissioning Mangers with James Lampert lead	April 2013	March 2014
3.3	Procure and implement range of dementia specific assistive technology to promote positive risk management and promote independence	James Lampert/ Hazel Price	April 2013	March 2014
<b>4</b>	<b>Work with CCGs , Providers and Public Health to design &amp; implement an integrated, coordinated falls strategy and pathway across Kent</b>			
4.1	Commission falls response service ( in partnership with South East Kent Ambulance Trust)	James Lampert	April 2013	March 2014
4.2	Develop Community Postural stability exercise classes across Kent	James Lampert/ Karen Shaw (PH)/ Hazel Price	April 2013	March 2014
<b>5</b>	<b>Jointly commission a range of services using NHS South England Dementia challenge funds</b>			
5.1	Deliver Dementia friendly communities Programme including Dementia Intergenerational Project	Emma Hanson/ Emma Barrett SILK Team	April 2013	March 2014
5.2	Develop a Dementia hospital admission avoidance & discharge support service to people with dementia who attend A&E or are admitted to Pembury Hospital	James Lampert	April 2013	Nov 2013
5.3	Develop the Kent Adult Placement Scheme to offer a Dementia shared lives scheme.	Emma Hanson/Jane Barnes/Kelly Ann Field	April 2013	Nov 2013
<b>6</b>	<b>Review End of Life Care pathways in partnership with CCGs and in line with Kent's HWB strategy recommendations</b>			
KEY MILESTONES				DATE (month/year)
A	Deliver projects funded by NHS South of England Dementia Challenge Fund			March 2014
ARE THERE ANY KEY OR SIGNIFICANT DECISIONS THAT COULD ARISE FROM THIS PRIORITY?			ARE THESE ALREADY IN THE FORWARD PLAN? Yes/No	

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<b>PRIORITY 6: Take people with identified risk factors who have suffered a critical incident, e.g. fracture and restore them to a state prior to the incident (Rehabilitation offer). Focus on self management and key long term conditions that lead to repeat admissions and lengthy hospital stays, e.g. falls strokes, dementia</b>		<b>DESCRIPTION OF PRIORITY:</b> Targeted interventions that aim to restore a person back to a preceding state of health and well-being. Brings together reablement, intermediate care and community health provision post hospital.		
Actions		Accountable Officer	Start Date (month/year)	End Date (month/year)
1	<b>Long Term Conditions (LTC)</b>			
1.1	Work with CCGs to develop Neuro-Rehabilitation strategy and implement recommendations	Paula Parker/James Lampert/ Jo Empson/ Christy Holden	April 2013	September 2013
1.2	Continue to implement Kent & Medway LTC programme including Risk stratification, integrated health and social care teams and self care strategies	Mark Lobban/ Emma Hanson/ Christy Holden/ All commissioning Managers	April 2013	Review progress March 2014
1.3	Pilot Year of Care tariff in partnership with CCGs for people with a Long term Condition	James Lampert/ Janice Grant	Nov 2013	March 2014
2	<b>Urgent Care</b>			
2.1	Work with NHS Commissioning Support unit to develop Short term care solutions/Intermediate Care Strategy for Kent	Paula Parker	April 2013	March 2014
2.2	Work with Secondary Care to develop seamless discharge pathways to ongoing short term services	Paula Parker	April 2013	March 2014
2.3	Work with partners to develop an integrated health and social care dashboard	Paula Parker	April 2013	July 2013
2.4	Develop new ways of accessing Information advice and guidance for people admitted to acute and community hospitals working with voluntary organisations	Paula Parker/Karen Cook	July 2013	March 2014
<b>KEY MILESTONES</b>				<b>DATE (month/year)</b>
A	Developing short term care solutions conference (joint health and social care conference to develop what intermediate care/ short term care/ reablement solutions are required to prevent hospital admissions and facilitate hospital discharges)			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		

<b>PRIORITY 7: Ensure there is a Strategic Framework for Commissioning for Children and Young People.</b>		<b>DESCRIPTION OF PRIORITY:</b> An overview of the strategic priorities for Children’s Commissioning. The vision of the unit is to drive, promote and support transformational change through strategic commissioning to ensure the provision of a range of high quality, cost effective, outcome based services for children, young people and their families.		
Actions		Accountable Officer	Start Date (month/year)	End Date (month/year)
<b>1</b>	<b>Remodelling services and practice to deliver and demonstrate better outcomes for all children, young people and the wider community within available resources.</b>			
1.1	Ensure we utilise the voice of young people and their families in shaping service development, commissioning and evaluation.	Helen Jones	April 2013	March 2014
1.2	Review high cost services and the impact of commissioned services for value for money.	Helen Jones	April 2013	November 2013
1.3	Ensure that there is improved integrated commissioning, particularly with ELS and Health, to address gaps in service for vulnerable groups.	Helen Jones	April 2013	March 2014
1.4	Promote use of a diverse VCS to enable partnership working to deliver the best outcomes for children and young people.	Helen Jones	April 2013	March 2014
<b>2</b>	<b>Improving the commissioning of effective integrated services that enable families to manage and support them in finding additional help when necessary</b>			
2.1	Develop a resource strategy for shifting resources to early intervention and prevention services.	Helen Jones/Jo Hook	April 2013	July 2013
<b>3</b>	<b>Staff recruitment and retention, sharing best practice and culture.</b>			
3.1	Identify professional needs of unit following restructure, promote Kent manager and ensure best practice from KCC and other local authorities in commissioning is shared.	Helen Jones	April 2013	October 2013

<b>PRIORITY 8: Early Intervention and prevention (Children)</b>		<b>DESCRIPTION OF PRIORITY: We will ensure there is investment in early help, intervention, and prevention services(SCS PRIORITY- Prevention)</b>		
Actions		Accountable Officer	Start Date (month/year)	End Date (month/year)
<b>1</b>	<b>Engage and work with families to build their resilience (SCS PRIORITY- Prevention)</b>			
1.1	Contribution to the Kent Troubled Families Programme and the Kent Integrated Adolescent Support Service work being led by colleagues in Customer & Communities, and Education Learning & Skills. <b>(SCS PRIORITY- Prevention)</b>	Jo Hook	April 2013	March 2014
<b>2</b>	<b>Commission Integrated Services for better value</b>			
2.1	Review commissioned Early Intervention services to ensure they supply an effective provision which is cost effective and improves outcomes.	Jo Hook	April 2013	October 2013
2.2	Develop payment by results methodology for early intervention services	Jo Hook	April 2013	October 2013
2.3	Support the integration of commissioned services with in-house services as part of Kent's early intervention and prevention strategy	Jo Hook	April 2013	March 2014
<b>KEY MILESTONES</b>				<b>DATE (month/year)</b>
A	Contracts start for young carers, parenting, FIP and family mediation			April 2013
B	Performance management framework for commissioned services in place			April 2013
C	Monitoring of all EIP commissioned services undertaken and evidence of improved outcomes and value for money.			April 2013 (Quarterly review)
D	EIP strategy reviewed and updated where appropriate.			September 2013
<b>ARE THERE ANY KEY OR SIGNIFICANT DECISIONS THAT COULD ARISE FROM THIS PRIORITY?</b>			<b>ARE THESE ALREADY IN THE FORWARD PLAN? Yes/No</b>	

<b>PRIORITY 9: Disabled Children</b>		<b>DESCRIPTION OF PRIORITY:</b> Ensure KCC responds effectively to the needs of children and young people with SEN and disability in Kent.		
Actions		Accountable Officer	Start Date (month/year)	End Date (month/year)
<b>1</b>	<b>Engage health and wellbeing board to ensure health reforms respond effectively to the needs of children with SEN and disability. (SCS PRIORITY- Partnerships)</b>			
1.1	Work with colleagues in public health to jointly commission services where appropriate. <b>(SCS PRIORITY- Procurement)</b>	Liz Williams	April 2013	March 2014
1.2	Work with colleagues in NHS Kent and Medway to jointly fund and commission overnight short breaks services as appropriate under the NHS Act 2006, Section 75 Agreements.	Liz Williams	April 2013	May 2013
<b>2</b>	<b>Implement direct payments where possible</b>			
2.1	Look at the possibility of jointly commissioning a direct payment system with the adults' services, to enable young people and their families to have choice in which services they access.	Liz Williams	April 2013	September 2013
2.2	Ensure that support services are available to families to enable them to manage a direct payment	Liz Williams	April 2013	March 2014
2.3	Implement access to the Kent Card	Liz Williams	April 2013	November 2013
<b>3</b>	<b>Ensure that short breaks services are available to comply with statutory requirements</b>			
3.1	Involve children and young people and their families in shaping service development, commissioning and evaluation. (SCS PRIORITY- People).	Liz Williams	April 2013	October 2013
3.2	Require providers to engage with children, young people and their families in the planning and development of every short break and family advice and support service commissioned	Liz Williams	April 2013	March 2014
<b>4</b>	<b>SEND Pathfinder programme</b>			
4.1	Support SEND Pathfinder Programme including development of a Local Offer; integrated Health,	Liz Williams	April 2013	September 2014

	Education and Social Care Plan and Personal Budgets		
KEY MILESTONES			DATE (month/year)
A	Commissioning of a Disabled Children's Family Advice and Support Service		Sept 2013
B	Contracts called off and awarded through the Disabled Children's Short Breaks Framework		October 2013
C	Monitoring of all disabled children services		Quarterly
ARE THERE ANY KEY OR SIGNIFICANT DECISIONS THAT COULD ARISE FROM THIS PRIORITY?			ARE THESE ALREADY IN THE FORWARD PLAN? Yes/No
1	Implementation of direct payments for young people.		October 2013
2	Implementation of specifically targeted specialist services		N
3	Implementation of personal budgets with ELS and Health		N

<b>PRIORITY 10: Children's Centres</b>		<b>DESCRIPTION OF PRIORITY: Review and reform of children's centre provision as part of KCC's Future Service Options programme. (SCS Priority- Productivity)</b>		
Actions		Accountable Officer	Start Date (month/year)	End Date (month/year)
<b>1</b>	<b>Children's Centres Service Transformation (SCS Priority - Productivity)</b>			
1.1	Develop public consultation document (as required) based on Make, Buy, Sell Steps 1 – 3, local and strategic engagement, analysis and impact assessment of options and local solutions.	Karen Mills	April 2013	May 2013
1.2	Public Consultation exercise	Karen Mills	May 2013	August 2013
1.3	Report outcome of Consultation to inform decision making	Karen Mills	October 2013	October 2013
1.4	Support implementation of 'decision'.	Karen Mills	November 2013	March 2014
<b>2</b>	<b>Support the commissioning of Children's Centre services (and commissioned centres) in line with the Core Offer and EIP Strategy</b>			
2.1	Support the delivery of proposals to achieve the 2013/14 Children's Centre programme efficiency savings.	Karen Mills	April 2013	March 2014
2.2	Maintain a register for all services and support local commissioning and performance management of commissioned Children's Centre services (currently 106), commissioned centres (currently 8) and nursery provision (currently 49) to enable accurate and timely reporting, facilitate improvements to the commissioning process and ensure that services comply consistently with procurement regulations.	Karen Mills	April 2013	March 2014
2.3	Promote vibrant and diverse VCS (SCS Priority-Procurement) – identify and remove the barriers faced by the VCS in commissioning services in Children's centres.	Karen Mills	April 2013	March 2014
<b>3</b>	<b>Support operational arrangements (transition)</b>			

3.1	Strengthen and support delivery of the Children's Centre programme through 12 identified work streams. Ensuring all statutory requirements and local priorities are met.	Karen Mills	April 2013	March 2014
3.2	Support Children's Centres to maintain and improve existing level of achievement in Ofsted inspections.	Karen Mills	April 2013	March 2014
KEY MILESTONES				DATE (month/year)
A	Impact of additional potential reductions to Early Intervention Grant identified			April 2013
B	Agreement to carry out Public Consultation reached			May 2013
C	Decision on recommendations made			October 2013
D	Assess the implications of the revised Ofsted Inspection Framework with necessary recommendation for actions			Spring 2013
ARE THERE ANY KEY OR SIGNIFICANT DECISIONS THAT COULD ARISE FROM THIS PRIORITY?			ARE THESE ALREADY IN THE FORWARD PLAN? Yes/No	
1	Decision on Children's Centre Service Transformation		October 2013	

<b>PRIORITY 11: Health and wellbeing (Children)</b>		<b>DESCRIPTION OF PRIORITY:</b> Delivery of services that promote good health and wellbeing for young people in Kent to ensure positive outcomes for these children. <b>(SCS Priority- Productivity)</b>		
Actions		Accountable Officer	Start Date (month/year)	End Date (month/year)
<b>1</b>	<b>Jointly commission with health to address gaps in services for vulnerable groups (SCS Priority- Procurement)</b>			
1.1	Contributing to the public health preventative and tackling inequalities agenda <b>(SCS Priority- Prevention)</b>	Sue Mullin	April 2013	February 2014
1.2	Aim to secure funding from 7 CCGs to enable rollout of post abuse services across the county.	Sue Mullin	April 2013	April 2013
<b>2</b>	<b>Develop framework of approved therapists</b>			
2.1	Work to develop a framework of approved therapists to be used for future procurement exercises.	Sue Mullin	April 2013	March 2014
<b>3</b>	<b>Delivery of highest quality and responsive practice to improve outcomes for children and young people. (SCS Priority- Productivity)</b>			
3.1	Ensure CiC element of the CAMHS service is embedded and demonstrating improved performance.	Sue Mullin	April 2013	October 2013
<b>4</b>	<b>Implement contract variation to the leaving and after care service (Catch 22).</b>			
4.1	Put in place robust quarterly performance management and budget monitoring framework.	Sue Mullin	April 2013	March 2014
4.2	Support Director of SCS to review leaving and after care services and develop forward strategy	Sue Mullin	April 2013	September 2013
<b>KEY MILESTONES</b>				<b>DATE (month/year)</b>
A	Framework developed of approved therapists.			March 2014
B	Reviewing CiC element of CAMHS service to ensure improvement is being made.			Quarterly
<b>ARE THERE ANY KEY OR SIGNIFICANT DECISIONS THAT COULD ARISE FROM THIS PRIORITY?</b>			<b>ARE THESE ALREADY IN THE FORWARD PLAN? Yes/No</b>	
1				



<b>PRIORITY 12: Children Living Away From Home (SCS Priority- Procurement)</b>		<b>DESCRIPTION OF PRIORITY:</b> Review and manage contracts for services for children living away from home to ensure these young people are getting the best service possible, for good value		
Actions		Accountable Officer	Start Date (month/year)	End Date (month/year)
<b>1</b>	<b>Review high cost services within children living away from home category. (SCS Priority- Procurement)</b>			
1.1	Continue to negotiate residential placement costs through Placement Support Services	Michelle Hall	April 2013	May 2013
1.2	Implement the new Access to Resources Team.	Helen Jones	April 2013	May 2013
1.3	Implementation of an independent fostering framework agreement	Michelle Hall	April 2013	April 2013
1.4	Work with strategic procurement regarding options for residential children's homes, accommodation, and support accommodation for unaccompanied asylum seeking children.	Michelle Hall	April 2013	August 2013
1.5	Review SCS Client Transport to make savings towards the Medium Term Financial Plan	Michelle Hall	April 2013	March 2014
<b>KEY MILESTONES</b>				<b>DATE (month/year)</b>
A	Access to Resources Team in place.			May 2013
B	Independent Fostering Agreement in place.			April 2013
<b>ARE THERE ANY KEY OR SIGNIFICANT DECISIONS THAT COULD ARISE FROM THIS PRIORITY?</b>			<b>ARE THESE ALREADY IN THE FORWARD PLAN? Yes/No</b>	
1				

<b>PRIORITY 13: Continuously review performance information and scrutiny to support and improve operational business and outcomes for service users. CHILDRENS.</b>		<b>DESCRIPTION OF PRIORITY:</b> To review and implement robust management information systems to support scrutiny and performance management, service delivery, data collection and reporting requirements		
Actions		Accountable Officer	Start Date (month/year)	End Date (month/year)
<b>1</b>	<b>Improve the availability of information sets, integrating data from multiple sources to provide a 'richer picture' of service delivery to the children and young people of Kent</b>			
1.1	Provide a comprehensive suite of Performance Monitoring Reports for use by KCC, its partners and regulators.	Maureen Robinson	April 2013	March 2014
1.2	Improve transparency and access to SCS Performance Monitoring information through increased use of the KNET SCS Performance Management site.	Maureen Robinson	April 2013	March 2014
1.3	Integrate CAF Reporting into SCS Performance Reporting	Maureen Robinson	June 2013	September 2013
1.4	Implement Activity and Performance Reporting for Children's Centres	Maureen Robinson	April 2013	April 2013
1.5	Ensure the availability of Equality and Diversity information within scheduled performance reports for SCS.	Maureen Robinson	April 2013	June 2013
<b>2</b>	<b>Support the development and implementation of the Liquid Logic PROTOCOL system, ensuring that information required for operational business and service delivery can be recorded and reported upon appropriately.</b>			
2.1	Specify, develop and test a suite of reports to ensure that Case Management/tracking, Performance Monitoring and Data Quality are all effectively supported.	Maureen Robinson/Ian Valentine	April 2013	March 2014
2.2	Identify and rectify data migration errors to ensure accurate data is held against children's electronic records.	Maureen Robinson	April 2013	September 2013
2.3	Provide appropriate levels of PROTOCOL training to ensure that system users are competent in its use.	Maureen Robinson/Darren Laurie	April 2013	March 2014

2.4	Review Data Quality Plan for SCS for use with PROTOCOL to ensure that data recorded is accurate, timely, relevant, reliable, valid and complete and complies with guidance in KCC's Data Quality Policy.	Maureen Robinson	June 2013	September 2013
<b>3</b>	<b>Implement robust systems for children's social care statutory reporting</b>			
3.1	Submission of all Children's Social Care Statutory Returns within timescale, ensuring that full data quality checks have been completed by MIU, validation checks are undertaken by the relevant business unit, and that information contained within the Return is signed off appropriately prior to submission to the DfE.	Maureen Robinson/Ian Valentine	April 2013	June 2013
3.2	Implement changes in recording/reporting requirements as directed by the DfE.	Maureen Robinson	April 2013	April 2013
KEY MILESTONES				DATE (month/year)
A	Review of all SCS Performance Reports			April 2013
B	Implementation on Children's Centre Activity and Performance Reporting			April 2013
C	Submission of Statutory Returns for Children's Social Care			May/June 2013
D	Implementation of PROTOCOL			May 2013
ARE THERE ANY KEY OR SIGNIFICANT DECISIONS THAT COULD ARISE FROM THIS PRIORITY?			ARE THESE ALREADY IN THE FORWARD PLAN? Yes/No	
1				

<b>PRIORITY 14: Support the delivery of FSC key business objectives with timely, relevant, effective information management. ADULTS</b>		<b>DESCRIPTION OF PRIORITY:</b> The Performance and Information Management team will develop and provide services that support delivery of key business objectives- to support transformation programme and ensure adequate recording and scrutiny of safeguarding data across the Directorate.		
ACTIONS		Accountable Officer	Start Date (month/year)	End Date (month/year)
	<b>ADULTS</b>			
<b>1</b>	<b>Work with DivMT's to develop an outcome based performance framework to evidence the progress of the transformation programme, ensuring that the systems meet our requirements</b>			
<b>2</b>	<b>Further embed the personalisation culture and ensure that staff are fully aware of the concept of a personal budget and how it is recorded (ASC Priority- People)</b>			
2.1	Ensure that training and support is provided for those teams that are identified as needing more support.		April 2013	March 2014
<b>3</b>	<b>Develop a programme to ensure that staff understand the process for inputting safeguarding data.</b>			
3.1	Support staff with training and 1:1 support where inputting or process issues are not understood		October 2012	March 2014
3.2	Ensure that admin support for the teams is assessed as competent.		October 2012	March 2014
<b>4.0</b>	<b>Ensure Kent is linked into the development and implementation of new National statutory returns, initiatives relating to Sector Led Improvement and ADASS support.</b>			
4.1	Develop the Local Account with service users and carers	Steph Abbott	April 2013	March 2014
KEY MILESTONES				DATE (month/year)
A	A local Account is produced with service users and carers			March 2014

## SECTION D: FINANCIAL AND HUMAN RESOURCES

FINANCIAL RESOURCES (000's)								
Divisional Unit	Responsible Manager	Staffing	Non Staffing	Gross Expenditure	Service Income	Net Expenditure	Govt. Grants	Net Cost
Childrens Strategic Commissioning	Helen Jones	£ 1,328.0	£ 74.3	£ 1,402.3	£ -	£ 1,402.3	£ -	£ 1,402.3
Community Support Strategic Commissioning	Emma Hanson	£ 1,053.2	£ 24.6	£ 1,077.8	£ -	£ 1,077.8	£ -	£ 1,077.8
Accommodation Solutions Strategic Commissioning	Christy Holden	£ 891.8	£ 17.5	£ 909.3	£ -	£ 909.3	£ -	£ 909.3
Performance & Information Management (Adults)	Steph Abbott	£ 929.2	£ 28.4	£ 957.6	£ -	£ 957.6	£ -	£ 957.6
Safeguarding Adults	Nick Sherlock	£ 727.2	£ 381.0	£ 1,108.2	-£ 157.6	£ 950.6	-£ 104.0	£ 846.6
Management Information (Children)	Maureen Robinson	£ 914.3	£ 33.6	£ 947.9	£ -	£ 947.9	£ -	£ 947.9
Strategic Commissioning Divisional Budget	Mark Lobban	£ 431.1	£ 39.2	£ 470.3	£ -	£ 470.3	£ -	£ 470.3
<b>Total</b>	Mark Lobban	£ 6,274.8	£ 598.6	£ 6,873.4	-£ 157.6	£ 6,715.8	-£ 104.0	£ 6,611.8

HUMAN RESOURCES		
FTE establishment at 31 March 2013	Estimate of FTE establishment at 31 March 2014	Reasons for any variance
142.8	145.8	Phase 2 of the Access to Resources Children's Team – expected September 2013



SECTION E: RISK & BUSINESS CONTINUITY

RISKS	MITIGATION
<p><b>The Transformation programme</b> is likely to have a significant impact on the Directorate and social care services. In Children’s Services the Improvement Plan and need to transform social care will have an impact on Strategic Commissioning.</p>	<ul style="list-style-type: none"> <li>• Regular Reporting arrangements to Senior Managers and Members. Transformation Blueprint.</li> <li>• Support of consultants to make sure we do the right things at the right time</li> <li>• Oversight and monitoring by Programme Board, Budget Board and Cabinet</li> <li>• Children-Improvement Board in place</li> <li>• Children’s Budget Board is being established</li> </ul>
<p><b>Safeguarding</b> The Council must fulfil its statutory obligations to effectively safeguard vulnerable adults</p>	<ul style="list-style-type: none"> <li>• A range of governance and reporting arrangements to Senior Mangers and Members and regular quality assurance reviews</li> <li>• Safeguarding Board-</li> <li>• Multi-Agency Public Protection Arrangements</li> <li>• Quarterly reporting to directors and Cabinet Members.</li> <li>• Complaints process/advocacy.</li> <li>• Mental Capacity Act Arrangements</li> <li>• Positive Risk Management Policy</li> <li>• Implementing of safeguarding stream for independence in place</li> <li>• Extensive staff training</li> <li>• Multi agency Central Referral Unit established.</li> <li>• On-going programme of external and internal audits including peer review.</li> <li>• Action plan based on recommendations of the Peer Review is in place</li> </ul>
<p><b>Implementation of new structure within Strategic Commissioning</b> Ability to manage business process with fewer staff through the recruitment stage of the restructure. A number of key posts are vacant that require some of the fundamental roles to be undertaken (payments to care homes/day care providers/domiciliary agencies) and processes lacking structure and support due to individuals moving on from the unit (Individual Contracts, LD Cost Matrix, PD Cost Matrix). Implementation of SIS. Quality Monitoring providers and links to Safeguarding</p>	<ul style="list-style-type: none"> <li>• Regular monitoring of outstanding work</li> <li>• Use of overtime in exceptional cases to individuals in the unit and those that have moved on to new units that have the skills</li> <li>• Appointment of a temporary admin staff member to underpin some work to free up staff to process</li> <li>• Planned short term project to manage split of functions</li> </ul>

<p><b>Growing Demand and Financial Pressures</b></p>	<ul style="list-style-type: none"> <li>• Review and re-focusing of early intervention and prevention services for children and young people</li> <li>• Continuing to improve signposting, information, advice and guidance</li> <li>• Transformation and reshaping of services for adults to encourage self management wherever possible and for children to make best use of resources- such as through children’s centres</li> <li>• Continuing to move to personalised services and direct payments</li> <li>• Maintaining preventative services to help people stay independent for as long as possible</li> <li>• Implement Children’s access to resources team</li> </ul>
<p><b>Organisational Change and restructure</b> Centralisation of some support services e.g. finance, personnel, training, information systems and some policy. This could lead to less specialist support to FSC managers and breakdown in processes resulting in late payments to Providers</p>	<p>Close working with Finance and other teams to ensure managers are aware of any risks.</p>
<p><b>Legislation: Health and Social Care Act 2012</b> Abolition of PCT’s, emergence of Clinical Commissioning Groups and transfer of public health functions to Local Authorities will require funding and breaks down the cohesion of locality boundaries with PCT’s</p>	<ul style="list-style-type: none"> <li>• Existing partnership working with health which is leading to shared improvements</li> <li>• Effective joint initiatives in place with Health</li> <li>• JSNA to support GP commissioning</li> <li>• Close working at leadership level seeking to build a shared transformation plan.</li> </ul>
<p><b>Managing and working with the Social Care market.</b> FSC adult services commissions about 90% of services from outside the Directorate. Many of them from the Private and Voluntary Sector. Although this offers efficiencies and value for money it does mean the Directorate needs the market to be buoyant to achieve best value and to give service users real choice and control</p> <p>Lack of capacity impacts on choice to support the personalisation agenda</p>	<ul style="list-style-type: none"> <li>• A strong Strategic Commissioning and Access to Resources function across FSC to ensure KCC gets value for money – whilst maintaining productive relationships with providers.</li> <li>• Regular market mapping and price increase pressure tracking.</li> <li>• Procurement and Contracting Controls.</li> <li>• Commissioning in partnership with key agencies (Health)</li> <li>• Regular meetings with provider and trade organisations.</li> <li>• A risk based approach to monitoring providers.</li> <li>• Reviewing relationships with Voluntary organisations</li> </ul> <p>Commissioning Framework for children’s services.</p>



## BUISNESS 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 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
<b>Local Access Response</b>	4 hours	Maintain critical access for internal and multi-agency partners to adult and children's social care commissioned services, providing advice and support on the availability and use of contracts. Maintain a duty service for staff, public and multi-agency partners to Adult Safeguarding Unit to provide information, advice and guidance on safeguarding issues including Mental Capacity Act Deprivation of Liberty processes.
<b>Emergency and Business Critical Management Reporting</b>	4 hours	Provide critical business reports and access to information including emergency reports, statutory returns, finance information, risk management, service performance, safeguarding reporting and identifying vulnerable people in a major emergency. Ensure input of statutory data on behalf of SCS such as Persons who pose a risk and OLA LAC.
<b>Deprivation of Liberty (Mental Capacity Act) Process</b>	4 hours	Maintain response to applications from social and health care providers across Kent and Medway for Deprivation of Liberty authorisation, instructing assessors and issuing outcomes within the statutory time frame on behalf of local authority and health partners.
<b>Procurement Process</b>	24 hours	Procure individual placements and priority services on behalf of service units, service users, providers and key stakeholders. Co-ordinate provision across social care providers to ensure individual client need is met.
<b>Business Information Management</b>	3 days	To maintain critical business information (records contractual, financial, other information assets) and all aspects of record keeping, including hardcopy and

		electronic data formats (Swift, ICS, Contracts database), in line with Information Governance procedures.
<b>Contract Management and Performance Monitoring</b>	3 days	Monitor provider performance; manage issues, incidents (including supporting safeguarding process), priority contract reviews, variations and other changes. Manage priority tenders and evaluation and letting of contracts.
<b>Commissioning and Decommissioning of services (including joint commissioning with Health)</b>	3 days	Maintain commissioning and decommissioning activity of adult and children's social care services in partnership with service units, service users, providers and key stakeholders. (Assess equality impact, identify risks and need, plan, specify service, evaluate tenders, award contract, manage transition arrangements, market and service development, provider relationship management).

<b>Support sustainability and climate change ISO14001</b>
Build into our contracting arrangements with external social care providers the requirements to have business continuity plans in place
Support the drive to build into our contracting arrangements environmental sustainability and take advantage of commissioning and supply chain opportunities to limit environmental impact

SECTION F: PERFORMANCE AND ACTIVITY INDICATORS

The work of the Strategic Commissioning Unit will impact on a number of key indicators providing assurance for quality of data, monitoring, and scrutiny of performance. However the Division is not directly responsible for the delivery of any Performance Indicators. Performance Indicators we support include:

**People with a learning disability and People with a mental health need. (\* nationally set target)**

PERFORMANCE INDICATORS – QUARTERLY BY FINANCIAL YEAR	Floor Performance Standard	December	Comparative Benchmark	Target			
				Q1	Q2	Q3	Q4
All service users and carers as at the last day of the period with a <b>personal budget/direct payment</b> 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 <b>personal budget/direct payment</b> 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.		Draft 36.0%	N/A	55%	60%	65%	70%
<b>Carers</b> receiving a needs assessment or review resulting in specific carer's service or information and advice.		38.0%	31%	40%	40%	40%	40%
<b>People with a learning disability in residential care</b>		1270.0		1265	1260	1255	1250
People with a learning disability in <b>supported employment.</b>		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%
% ST intervention that results in no further service provided for new clients		Starts 06/13	N/A	TBC	TBC	TBC	TBC

## Older people and People with a physical disability

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 <b>personal budget/direct payment</b> 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%
<b>Carers</b> 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 <b>rehabilitation/intermediate care.</b>		85.0%	81%	87%	87%	87%	87%
<b>Admissions to permanent residential care</b>		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%

## Specialist Children's Services

PERFORMANCE INDICATORS – QUARTERLY BY FINANCIAL YEAR	Floor Performance Standard	2012/2013 Latest (Dec 12)	Comparative Benchmark	Target			
				Q1	Q2	Q3	Q4
Number of CAFs completed per 10,000 population under 18		64.9		69.5	72.0	74.5	77.0
Percentage of TAFs closed where the outcome is achieved or closed to single agency	Q1 63% Q2 65.3 Q3/4 67.5%	66.2%	Not available	70.0%	72.5%	75.0%	75.0%
Percentage of children who have been Children in Need	81%	-	Not	90.0%	90.0%	90.0%	90.0%

PERFORMANCE INDICATORS – QUARTERLY BY FINANCIAL YEAR	Floor Performance Standard	2012/2013 Latest (Dec 12)	Comparative Benchmark	Target			
				Q1	Q2	Q3	Q4
for at least four weeks and have a Plan			available				
Percentage of Children becoming subject to a Child Protection Plan for a second or subsequent time within 24 months	<2% and >13%	11.9%	Not available	5-10%	5-10%	5-10%	5-10%
Percentage of Child Protection Plans lasting 2 years or more at the point of de-registration	9%	6.9%	5.7% (SN)	6%	6%	6%	6%
Children in Care Placement stability: Same placement for last 2 years	63%	68.7%	67.4% (SN)	70%	70%	70%	70%
Percentage of Children in Care in Fostering Placements	67.5%	75.5%	75% (SN)	75.0%	75.0%	75.0%	75.0%
Percentage of children who wait less than 21 months between coming into Care and being placed for Adoption	45%	51.5%	55% (SN)	56.0%	56.0%	56.0%	56.0%
Percentage of case holding posts filled by Qualified Social Workers	81%	86.5%	Not available	90.0%	90.0%	90.0%	90.0%
Average length of waiting time for a first CAMHS appointment (Weeks)	>12			12	10	8	6
Number of disabled children with a joint Health, Education and Social Care Plan (SEN Pathfinder Project)				10	20	30	40

### Activity

#### People with a learning disability and People with a mental health need.

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

ACTIVITY INDICATOR	2012/13 Outturn	December 2012	Expected range for activity				
			Threshol d	Q1	Q2	Q3	Q4
residential care							
People with a mental health need receiving a direct payment	160	171					

### Older people and People with a physical disability

ACTIVITY INDICATOR	2012/13 Outturn	December 2012	Expected range for activity				
			Threshol d	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					

### Specialist Children's Services

ACTIVITY INDICATOR	2012/201 3 Latest (Dec 12)	Comparativ e Benchmark	Expected range for activity				
			Threshol d	Q1	Q2	Q3	Q4
Referrals per 10,000	403.6	597.6 (SN)	Upper	747	747	747	747
			Lower	448.2	448.2	448.2	448.2
CIN per 10,000	283.8	323.8 (SN)	Upper	404.8	404.8	404.8	404.8
			Lower	242.9	242.9	242.9	242.9
CP per 10,000	29.3	34.9 (SN)	Upper	43.6	43.6	43.6	43.6
			Lower	26.2	26.2	26.2	26.2
LAC per 10,000	50.2	48.7 (SN)	Upper	60.9	60.9	60.9	60.9
			Lower	36.5	36.5	36.5	36.5

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
All Commissioning activity	Procurement, Finance, Legal advice and guidance including Procurement Board, Communications and Community Engagement	Ongoing through 2013-14
Commissioning protocols and guidance	Procurement	September 2013
Ending Grant funding	Finance support with budgets Legal	End March 2014
CVS Infra structure review	Communities support and advice re impact on volunteering policy	To September 2013
Commissioning training offer	Learning and Development	Summer 2013
Prevention strategy	Business Strategy advice and guidance on National position and effective interventions	September 2013
Dementia Friendly Communities project	Communities SILK team	2013-14
Understanding our Communities and needs analysis.	Demographic profiles, use of Mosaic, Health data... from both Public Health Observatory and Business Strategy Research and intelligence units	Ongoing to deliver Prevention strategy, domiciliary plan, long term conditions plan.
Troubled Families Agenda and the Kent Integrated Adolescent Support Service	Work collaboratively with Customer and Communities, and Education Learning and Skills on these agendas.	Ongoing through 2013-2015
Falls strategy	Joint work with Public Health developing capacity and rapid response	Throughout 2014