

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

Penny Southern, Corporate Director of Adult Social Care and Health

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

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

**Classification:** Unrestricted

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

**Future Pathway of Paper:** None

**Electoral Division:** All

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

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

## 1. Introduction

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

## 2. Strategic Statement and Policy Framework

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

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

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

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

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

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

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

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

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

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

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

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

### **3. Background**

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

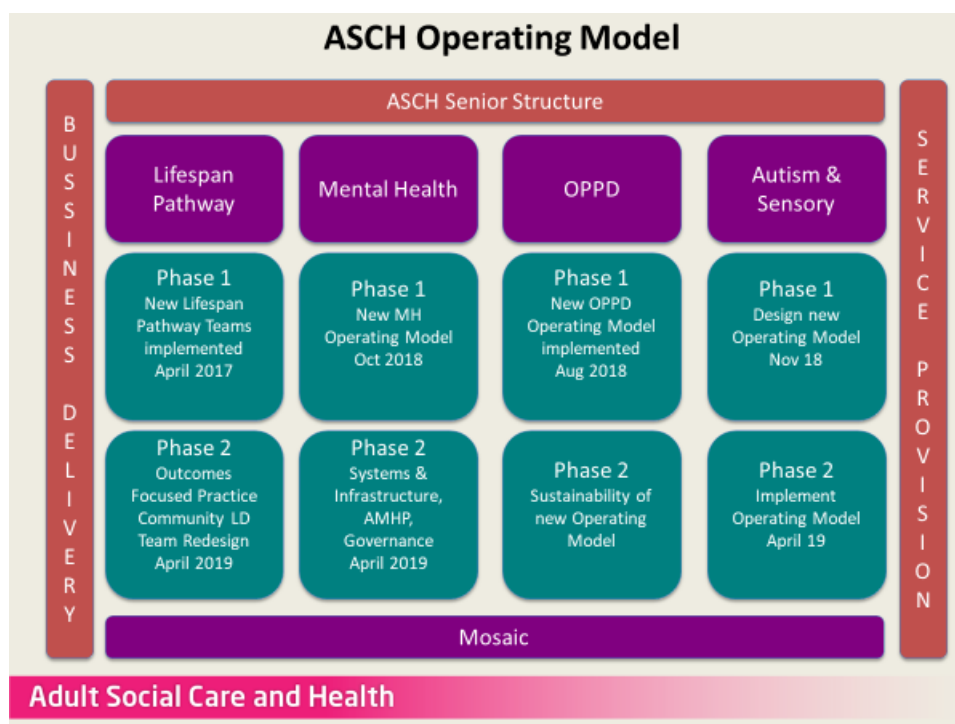
Education Directorate in providing appropriate support services to disabled children and young people.

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

#### **4. New Operating Models**

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

**Fig 1 ASCH Operating Models**



#### **4.4 Lifespan Pathway Service**

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

#### **4.5 Joint Delivery Model for Community Mental Health and Social Care**

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

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

#### **4.6 Older People and Physical Disability**

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

#### **4.7 Autism and Sensory**

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

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

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

#### **4.9 New Adult Social and Finance System – MOSAIC**

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

## **5. Building Blocks to the New Operating Models**

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

### **5.2 Protection (Safeguarding)**

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

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

### **5.3 Workforce**

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

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



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

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

#### 5.4 Commissioning

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

#### 5.5 Partnerships

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

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

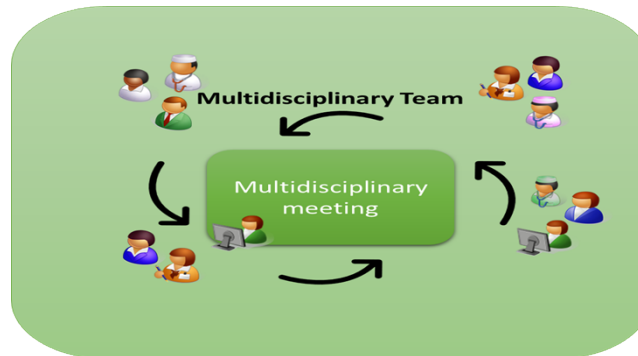
### **6. Local Care Implementation**

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

Quote from Social Care Practitioner

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

**Fig 2. Multi-Disciplinary Team Meeting (MDMs)**



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

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

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

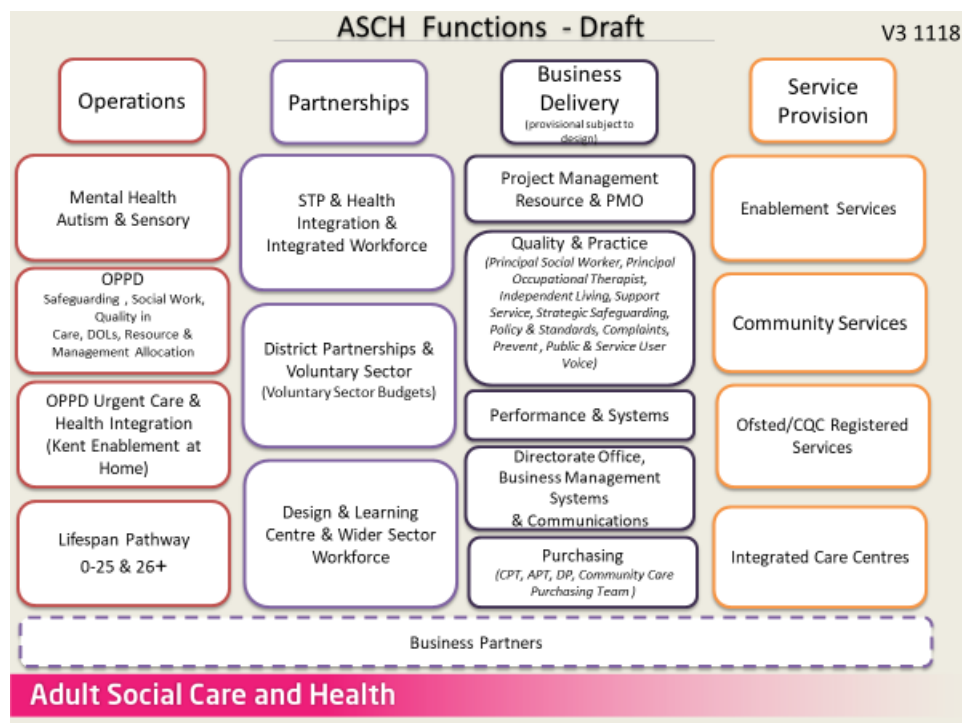
individual, reduces multiple referrals to different organisations and promotes joint working.

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

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

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

**Fig 3. ASCH Functions**



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

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

## **8. Financial Implications**

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

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

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

## **9. Legal Implications**

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

## **10. Equality Implications**

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

## **11. Conclusions**

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

## **12. Recommendation(s)**

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

### **13. Background Documents**

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

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

Care Model Definitions

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

### **14. Lead Officer**

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