

To all Members of the Social Care and Public Health Cabinet Committee

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Ask for: Theresa Grayell Date: 9 January 2013

Dear Member

SOCIAL CARE AND PUBLIC HEALTH CABINET COMMITTEE - FRIDAY, 11 JANUARY 2013

I enclose, for consideration at next Friday's meeting of the Social Care and Public Health Cabinet Committee, two replacement pages (pages 291 and 292 in the published agenda) as these pages in the original document had become overlaid and information in them is illegible.

Agenda No Item

F2 Business Planning 2013/14 - Draft Plans (FSC) Appendix B2 (Pages 1 - 2)

Yours sincerely

Peter Sass

Head of Democratic Services



SECTION E: RISK AND BUSINESS CONTINUITY

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

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

BUSINESS CONTINUITY

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

Business Impact Analysis is reviewed at least every 12 months, or when substantive changes in processes and priorities are identified. The availability of up-to-date plans will ensure that the Directorate can continue to operate and provide essential services, at least, to a 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	TIMESCALES	MINIMUM SERVICE LEVELS
Local Access Response	4 hours	Maintain critical access for the public and multi-agency partners to joint adult health and social care through KCC and KCHT based services including the commissioning and provision of inpatient, outpatient, care in the home, community, day services, and residential and respite services.
Management of Contract of Service for Specialist Staff and Delegated Responsibilities (Learning Disability)	4 hours	Manage delegated responsibilities to KCC to provide an approved integrated Learning Disability Practitioner Service. Manage Continuing Health Care (Lead) and qualified social care staff from KCHT to support and deliver specialist services across Kent. Lead on practice and quality standards, undertaking regular audits to manage, maintain and report on performance of quality, practice and procedures, ensuring all services operate in line with NHS Standards, guidance, protocols, policies and mandates.
Safeguarding Processes	4 hours	Manage safeguarding alerts regarding new or existing Service Users. Undertake Adult Protection assessment, investigation, intervention and strategy discussion including coordination of case conferences
Referrals and Assessment Processes	4 hours	Manage new referrals to appropriate health or social care service, conduct priority care management, health assessments, screening, care plan and intervention for clients referred to health and social care professionals. Arrange appropriate services for people based on priority assessment