ADULT SOCIAL CARE AND HEALTH CABINET COMMITTEE

Tuesday, 3rd March, 2015

10.00 am

Darent Room, Sessions House, County Hall, Maidstone

Kent County Council
kent.gov.uk

AGENDA

ADULT SOCIAL CARE AND HEALTH CABINET COMMITTEE

Tuesday, 3 March 2015 at 10.00 am
Darent Room, Sessions House, County Hall, Maidstone

Ask for: **Theresa Grayell**
Telephone: **03000 416172**

Tea/Coffee will be available 15 minutes before the start of the meeting

Membership (13)

Conservative (8):	Mr C P Smith (Chairman), Mr G Lymer (Vice-Chairman), Mrs A D Allen, MBE, Mr R E Brookbank, Mrs P T Cole, Mrs V J Dagger and Vacancy
UKIP (2)	Mr H Birkby and Mr A D Crowther
Labour (2)	Mrs P Brivio and Mr T A Maddison
Liberal Democrat (1):	Mr S J G Koowaree

Webcasting Notice

Please note: this meeting may be filmed for the live or subsequent broadcast via the Council's internet site or by any member of the public or press present. The Chairman will confirm if all or part of the meeting is to be filmed by the Council.

By entering into this room you are consenting to being filmed. If you do not wish to have your image captured please let the Clerk know immediately

UNRESTRICTED ITEMS
(During these items the meeting is likely to be open to the public)

A - Committee Business

A1 Introduction/Webcast announcement

A2 Apologies and Substitutes

To receive apologies for absence and notification of any substitutes present.

A3 Declarations of Interest by Members in items on the Agenda

To receive any declarations of interest made by Members in relation to any matter on the agenda. Members are reminded to specify the agenda item number to which it refers and the nature of the interest being declared.

A4 Minutes of the meeting held on 15 January 2015 (Pages 7 - 18)

To consider and approve the minutes as a correct record.

A5 Verbal updates (Pages 19 - 20)

To receive a verbal update from the Cabinet Member for Adult Social Care and Public Health, the Corporate Director of Social Care, Health and Wellbeing and the Interim Director of Public Health.

B - Key or Significant Cabinet/Cabinet Member Decision(s) for Recommendation or Endorsement

B1 Tendering for Integrated Community Equipment Service (ICES) and Section 75 agreement between Health and Social Care (Pages 21 - 78)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director of Social Care, Health and Wellbeing, and to consider and endorse or make recommendations to the Cabinet Member on the proposed decision to deliver ICES as an integrated service, jointly-funded by the County Council and NHS clinical commissioning groups (CCGs), from 1 December 2015.

B2 Proposed revision of rates payable and charges levied for Adult Services in 2015/16 (Pages 79 - 88)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director of Social Care, Health and Wellbeing, and to consider and endorse or make recommendations to the Cabinet Member on the proposed decision to approve the proposed increase to the rates payable and charges levied and the introduction of the deferred payment scheme.

B3 Better Care Fund Section 75 Agreement (Pages 89 - 96)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director of Social Care, Health and Wellbeing, and to consider and endorse or make recommendations to the Cabinet Member on the proposed decision to enter into a Section 75 agreement with NHS clinical commissioning groups (CCGs) to formalise the implementation of the Better Care Fund and establish the required pooled fund.

B4 East Kent Sexual Health Services - interim contract extension (Pages 97 - 100)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Interim Director of Public Health, and to consider and endorse or make recommendations to the Cabinet Member on the proposed decision to extend an existing contract with KCHT to allow more time for transition to the new service.

C - Items for comment/recommendation to the Leader/Cabinet Member/Cabinet or officers

C1 Adult Social Care Transformation and Efficiency Partner update (Pages 101 - 114)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director of Social Care, Health and Wellbeing, setting out progress since appointing a transformation and efficiency partner, and a status update on staffing.

C2 Update on the Good Day Programme (Pages 115 - 128)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director of Social Care, Health and Wellbeing on the work of the Good Day programme since the modernisation programme.

C3 Care Act - consultation on the April 2016 changes (Pages 129 - 132)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director of Social Care, Health and Wellbeing on the reforms which are due to be implemented in April 2016; a cap on care costs, an increase to the capital thresholds (particularly for people in residential care) and proposals for an independent appeals system.

D - Monitoring

D1 Draft 2015/16 Social Care, Health and Wellbeing Directorate Business Plan and Strategic Risks (Pages 133 - 210)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director of Social Care, Health and Wellbeing on the arrangements for developing and approving business plans and reviewing key risks.

D2 Adult Social Care Performance Dashboard (Pages 211 - 228)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director of Social Care, Health and Wellbeing, outlining the performance against targets for December 2014 for Adult Social Care.

D3 Public Health Performance - Adults (Pages 229 - 234)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Interim Director of Public Health, outlining the performance against targets of Public Health services which relate specifically to adults.

D4 Commissioning of Home Care Services in Kent (Pages 235 - 242)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director of Social Care, Health and Wellbeing on issues experienced during the mobilisation of home care contracts.

D5 Work Programme 2015/16 (Pages 243 - 250)

To receive a report from the Head of Democratic Services on the Committee's work programme.

E - FOR INFORMATION ONLY - Key or significant Cabinet Member Decisions taken outside the Committee meeting cycle

E1 no items

MOTION TO EXCLUDE THE PRESS AND PUBLIC FOR EXEMPT ITEM

That, under Section 100A of the Local Government Act 1972, the press and public be excluded from the meeting for the following business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A of the Act.

EXEMPT ITEM

F1 East Kent Sexual Health Services - interim contract extension (appendix to item B4) (Pages 251 - 254)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Interim Director of Public Health, and to consider and endorse or make recommendations to the Cabinet Member on the proposed decision to extend an existing contract with KCHT to allow more time for transition to the new service.

Peter Sass
Head of Democratic Services
03000 416647

Monday, 23 February 2015

Please note that any background documents referred to in the accompanying papers maybe inspected by arrangement with the officer responsible for preparing the relevant report.

KENT COUNTY COUNCIL

ADULT SOCIAL CARE AND HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Adult Social Care and Health Cabinet Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Thursday, 15 January 2015.

PRESENT: Mr C P Smith (Chairman), Mr G Lymer (Vice-Chairman), Mrs A D Allen, MBE, Mr R H Bird (Substitute for Mr S J G Koowaree), Mr H Birkby, Mrs P Brivio, Mr R E Brookbank, Mrs P T Cole, Mrs V J Dagger, Mr R A Latchford, OBE (Substitute for Mr A D Crowther), Mr T A Maddison and Mrs P A V Stockell (Substitute for Vacancy)

ALSO PRESENT: Mr G Cowan, Mr G K Gibbens and Mr D Smyth

IN ATTENDANCE: Mr A Ireland (Corporate Director Social Care, Health & Wellbeing), Mr A Scott-Clark (Interim Director Public Health), Mrs J Duff (Head of Service Ashford & Shepway OPPD), Mr M Lobban (Director of Commissioning), Ms P Southern (Director, Learning Disability & Mental Health) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

20. Apologies and Substitutes
(Item A2)

The Democratic Services Officer reported that Mr R Bird was present as a substitute for Mr S J G Koowaree, Mr R A Latchford was present as a substitute for Mr A D Crowther, and Mrs P A V Stockell was present as a substitute for one of the Conservative vacancies on the committee.

21. Declarations of Interest by Members in items on the Agenda
(Item A3)

There were no declarations of interest.

22. Minutes of the meeting held on 4 December 2014
(Item A4)

RESOLVED that the minutes of the meeting held on 4 December 2014 are correctly recorded and they be signed by the Chairman. There were no matters arising.

23. Verbal updates
(Item A5)

Adult Social Care

1. Mr G K Gibbens gave a verbal update on the following issues:-

Key Decisions:

Strategic Efficiency and Transformation Partner - The Council was currently tendering using a fully compliant, open, Official Journal of the European Union (OJEU) process to select a strategic efficiency partner to continue the work currently being carried out in its transformation agenda.

The request to delegate the award decision to the Cabinet Member for Business Strategy, Audit and Transformation would be submitted to the Policy and Resources Cabinet Committee on Friday 16 January. As it was a cross-directorate initiative, the Chairman of the Policy and Resources Cabinet Committee wanted to ensure that directorates affected were kept informed and, as the first tranche of work to be carried out under this contract would be the Adult Social Care Phase 2 implementation, requested that this committee be given an update.

Events:
23 December 2014 – Chairman's Tour – this tour included a visit to the central referral unit at Kroner House in Ashford, and a similar visit was offered to any other Member who wished it.
20 January 2015 – will speak at conference in London about combatting loneliness and isolation

He responded to comments and questions, as follows:-

a) there had been recent media coverage of training and recruitment issues, including the use of agency staff, and the issues raised by this would be addressed in a report to the committee at its March meeting. Mr Ireland reassured Members that use of agency staff was carefully monitored, *and undertook to look into what policy the County Council had regarding re-engaging its former employees who had left to work for agencies.* He added that it was important that the Council secure the most skilled staff it could find, even if that meant using agency staff.

2. Mr A Ireland then gave a verbal update on the following issues:-

Hospital discharge – this item was covered by an item later on the agenda
Association of Directors of Adult Social Services (ADASS) Policy Day – this had taken place early in January and discussion had included the extent to which local authorities were prepared for the implementation of the Care Act. An ADASS document titled 'The Future of Social Care' was currently in draft and would be sent to Members of the committee once finalised.
Deprivation of Liberty Safeguards (DOLS) – an amendment to primary legislation would be required to change the current legislative framework of this, so it was expected that the current arrangements would apply for at least the next three years.

Adult Public Health

3. Mr A Scott-Clark then gave a verbal update on the following issues:-

Media campaigns – these were being tackled jointly by the public health and communications teams and external partners, mostly the NHS. Topics included late diagnosis of HIV, 'dry January' (giving up alcohol for January), national obesity week, starting on 19 January, noro virus and work with Public Health England on research into the health impacts of incidences of flooding.

4. The verbal updates were noted, with thanks.

24. Updating the Kent and Medway Suicide Prevention Strategy
(Item B1)

Ms J Mookherjee, Consultant in Public Health, was in attendance for this and the following item.

1. Ms Mookherjee introduced the report and explained that the committee was being asked to give views on the draft strategy and agree the process for, and content of, broader consultation. The Kent strategy was built around the same six key priorities as the national suicide prevention strategy but had its own, local, action plan. Recent research had identified that rates of suicide were higher in the construction, agriculture and highways maintenance industries. Ms Mookherjee responded to comments and questions from Members, as follows:-

a) data on the rate of suicide among young offenders had only recently been recorded; in 2013, 11 suicides were recorded in Kent among young people in custody. Work was ongoing with NHS partners to address this issue, using the mental health concordat and crisis intervention procedures. In addition, the police would need to have training in identifying mental health problems among young people upon arrest. This would be a challenge as mental health problems could seem to be anti-social behaviour;

b) the increase in the rate of suicide was made up of the number of suicides and the increased rate of suicide among construction workers. Debt and economic uncertainty were also contributors, and those dealing with these anxieties needed advice and support. *Ms Mookherjee undertook to check the involvement of the Citizen's Advice Bureau on a steering group which was looking at suicide prevention and advise the committee of the outcome outside the meeting.* Another speaker added that the Citizen's Advice Bureau had a duty of confidentiality, which might make it difficult to identify and use client data to monitor patterns;

c) it was difficult to identify war veterans among victims of suicide as a Coroner recording a verdict would not necessarily have access to, record and report information about a victim's past life. Accordingly, there was no data on the rate of suicide among former service personnel, although they were identified as a high-risk group in the wellbeing strategy. It was suggested that, as the Coroners service was run by the County Council, the Council could request that additional information be recorded which would help other areas of its work, and *Ms Mookherjee undertook to look into this suggestion;*

d) students were known to be at particular risk of self-harming but not of suicide. Although incidences of self-harming were viewed very seriously, they were not necessarily a pre-cursor to suicide and were seen as an expression of distress rather than an intention to take one's own life;

e) it was known that men with Asperger's syndrome or on the autistic spectrum tended towards depression but were less likely than other men to join support groups or projects such as the 'men's shed' scheme, which were designed to give men a way of seeking moral support and networking to combat mental health problems. Such young men would be hard to identify and reach;

f) the Live it Well strategy could also be more widely promoted to support the same aim; and

g) Ms Mookherjee advised Members that national and local good practice involved identifying popular venues chosen for suicide by jumping, eg Dover Cliffs, Beachy Head and the Clifton Suspension Bridge in Bristol, and ensuring that contact details for the Samaritans were displayed prominently at those sites. Asked if people who travelled to such locations to commit suicide would then be counted as a suicide from that area, thus inflating local figures, *Ms Mookherjee undertook to look into how such deaths would be recorded, geographically, and advice the speaker outside the meeting.*

2. RESOLVED that:-

a) the contents of the draft Strategy and Action Plan be noted; and

b) the proposed consultation process for the 2015-2020 Kent and Medway Suicide Prevention Strategy and Action Plan, and the questions to be used in this consultation, be endorsed.

25. Building a Mental Health Core Offer
(Item B2)

Ms S Scamell, Commissioning Manager, Mental Health, Ms J Mookherjee, Public Health Consultant, were in attendance for this item, with Ms P Southern.

1. Ms Southern presented a series of slides which set out the background to and context of the core offer, which aimed to meet needs in the community, using prevention and primary care services. The voluntary and community sector was best placed to identify and respond to community needs. The presentation included extracts from a DVD made recently by the Porchlight charity, *and Ms Southern undertook to send a link to the whole DVD and to the Live it Well website to Members of the committee* and these are also attached below:

Porchlight link
https://vimeo.com/kentcountycouncil/review/111101626/67e990a656

Live it Well website
http://www.liveitwell.org.uk/

2. Comments and questions from Members included the following points:-

a) the budget for mental health services seemed to have been reduced, and concern was expressed that service provision should not suffer. Ms Southern and Ms Scamell reassured Members that the overall level of

funding had not been reduced; the organisation of funding had simply changed, leading to figures being listed differently;

b) the plan to continue grants made to the voluntary sector was welcomed, as working with this sector was vital when preparing for change, and to retain knowledge and expertise. Contracts with the voluntary sector would need to include notice that regular monitoring would be undertaken. Ms Southern added that partners in the voluntary sector were supported and prepared to enable them to enter into and compete in the contracting process so they were able to take part fully;

c) Ms Scamell clarified that 'informal community services' listed among the grants and contracts to be awarded referred to day services, and that projects listed as 'others' were those which were supported by a collaboration of adult social care, public health and clinical commissioning groups;

d) Ms Scamell explained that adult social care staff worked with the NHS to improve access to psychological therapy services and was seeking further investment on this aspect of the mental health core offer;

e) concern was expressed that some organisations listed to receive grants and contracts were unknown to elected Members. Members surely needed to be aware of the organisations with which the Council was working in their areas, and what services were available, so they were able to help and advise local people. Ms Southern advised Members that local information could be found on the Live it Well website; and

f) one of the stated aims of the core offer was to achieve 'parity of esteem' for those suffering from poor mental health. This sought to address the disparity which had existed historically between the perception of mental health and physical health issues, to reduce stigma and emphasise that mental health issues needed to be treated as would any other health issue. Research had shown that people experiencing serious mental health problems tended to die up to 25 years earlier than those without.

3. The Cabinet Member, Mr Gibbens, thanked Members for their comments and added that the voluntary sector was keen to work with the County Council. He said he had been pleased to visit and see the work undertaken by the Porchlight charity across the county. He undertook to look into methods of keeping Members informed of work going on in their divisions.

4. RESOLVED that:-

a) the approach to develop a primary care and wellbeing service, and the proposed commissioning timeline, be supported;

b) the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to provide grants for one further year, 2015/16, and then to award contracts for mental health services, as detailed in the report, from 1 April 2016, be endorsed, taking account of the comments made by this committee; and

c) the procurement process for the primary care and wellbeing service duly commence.

26. Care Act Implementation - power to delegate Adult Care and Support functions
(Item B3)

Mr M Thomas-Sam, Strategic Business Advisor, and Ms C Grosskopf, Strategic Policy Lead for the Care Act Programme, were in attendance for this item.

1. Ms Grosskopf introduced the report and clarified that the ability to delegate the assessment function applied also to specialist assessments in respect of services for blind people and deaf people. The County Council was able to delegate the assessment function if it wished to; there was no obligation to do so. Ms Grosskopf, Mr Thomas-Sam and Mr Ireland responded to comments and questions from Members and the following points were highlighted:-

a) it was the assessment function and service provision for the specified areas only that the County Council was minded to delegate; the Council would retain control of the funding for services and the legal responsibility for contracting for those services;

b) concern was expressed that legal advice had been sought about the detailed operation of the new delegation but that advice had not yet been received, so the detail of how the new delegation would work was, as yet, unclear. However, Ms Grosskopf pointed out that, on the advice so far, it was expected that delegation would be implemented via the commissioning and procurement processes;

c) in response to a question about how the operation of the service would be monitored, Mr Thomas-Sam explained that regular monitoring would be part of the Care Act Programme and, in the light of actual data, following the implementation, any necessary adjustments needing to be made to the service would be reported to the committee as part of its usual monitoring process;

d) a view was expressed that existing expertise in undertaking assessments should be retained 'in-house' by the Council as far as possible. Mr Ireland clarified that the Council was not seeking to externalise its social work assessment functions; the new delegations related only to the specified client groups. In taking on new areas of responsibility, the Council was venturing into service areas of which it had no previous experience or expertise, so it made sense to delegate the assessment function to organisations which did have this experience;

e) a concern was expressed that the bodies to which the Council would delegate the assessments may not have sufficient capacity to undertake them; and

f) a view was expressed that there would need to be a robust system via which a client could appeal against their assessment and request that it be reviewed. Mr Thomas-Sam explained that there would indeed be a

national appeals system but the detail of this would be included in the second part of the Care Act implementation. It was expected that the Government would publish a consultation document in due course, early in 2015. However, as best practice, the Council would ensure that quality of decision-making could be clearly evidenced, in the event of any decision being challenged under an appeals system, and that every individual would be provided with the information they needed, relating to their assessment. This best practice would require staff to be given necessary training so they were able to provide and uphold the best possible assessment service.

2. The Cabinet Member, Mr Gibbens, commented that the Care Act was a huge piece of legislation which would bring far-reaching changes to the way in which the County Council delivered social care, and, as such, its implementation would need to be closely monitored. He suggested that regular update and monitoring reports be made to the committee on the overall implementation of the Care Act, and that the frequency of these reports could be agreed as part of the agenda planning process.

3. RESOLVED that:-

a) the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, that the following adult social care and support functions be delegated, from April 2015, under Section 79 of the Care Act 2014:

1) assessment and care provision for prisoners,
2) assessment of self-funders, existing and ongoing, for the purposes of the cap on care costs,
3) specialist assessments for blind people,
4) specialist assessments for deaf people, and
5) carers' assessments and administration of some aspects of support for carers,

be endorsed, taking account of the comments made by this committee; and

b) regular update and monitoring reports be made to this committee on the overall implementation of the Care Act.

27. Budget 2015/16 and Medium Term Financial Plan 2015/18

(Item C1)

Mr D Shipton, Head of Financial Strategy, was in attendance for this item.

1. Mr Shipton introduced the report and explained that the draft budget proposals for each of the Cabinet Committees had been published in time for those committees to consider them. However, the Government's provisional settlement and information on the tax base had been published very late before Christmas, and to accommodate this it would be necessary to make some small changes to the draft budget before it was considered by the Cabinet on 28 January. The Government's provisional settlement had been largely as expected, except for the element of funding for welfare reform. The increase to tax base had been estimated at 0.5%, but

provisional notification from districts showed a higher increase (1.7%), giving the Council more available funding. As a result, the savings proposals in the final draft budget would be reduced and some additional spending could also be funded. Mr Shipton responded to comments and questions from Members, as follows:-

a) the 'pay and reward' line in the Directorate's budget plan listed no figure, and Mr Shipton explained that pay awards made to staff no longer had a separate cost of living element but consisted just of a performance award. The Personnel Committee would meet at the end of January to identify the level of award to be made, and until that deliberation had taken place, it would not be possible to allocate a figure to this line. The estimated level of reward for achieving was expected to be similar to the current year, ie 2%;

b) the 'removal of grants' line in the draft plan referred to the annual £3.4m grant that local authorities had received from the Department for Work and Pensions (DWP) for the last two years, which had now ended. The provisional settlement had identified funding for welfare provision within the Revenue Support Grant, but this was not ring-fenced. This funding had been taken from elsewhere in the Revenue Support Grant and thus authorities had not received any additional funding to replace the lost DWP grant. The County Council would comment on this as part of its response to the provisional settlement. This area of the budget might require a late change as the Council had been surprised by the Government's approach to this issue. Mr Lobban added that planned future work on welfare provision, reported recently to the committee, would still go ahead;

c) the context and detail of the drop in funding listed against services for older people and those with physical disabilities in the A-Z service analysis would be explained in a variation statement which would be issued before the detailed budget was considered by the County Council on 12 February. Mr Ireland added that the Council needed to achieve a balance between reducing the level of affordable activity and the number of people needing services such as long term domiciliary care, eg due to an increase in enablement activity;

d) concern was expressed that, while the Council could plan to deliver regular services within the available funding, any crisis situation, such a period of unexpectedly harsh winter weather, could place a strain on resources. The Council would need to have some level of flexibility to respond to crises. Mr Ireland agreed that targets were challenging and relied on being able to minimise periods of crisis;

e) Mr Shipton explained that, in compiling the A-Z service analysis document, it had simply not been possible to list details of funding for all social care and health services individually. The rule of thumb was that only services with spending over £1m would be listed individually and, as a result, smaller areas of spending were listed as 'other adult services'. *He offered to send the speaker a detailed list of such services if this were required;*

f) one speaker said he had been sceptical about the feasibility of delivering the predicted transformation savings but was pleased that the planned savings were being realised, and he sought assurance that delivery of savings would continue, to achieve the optimum savings projected. Mr Ireland responded

that the transformation programme had changed the overall profile of the Council's services and the way in which those services were provided, eg by minimising the demand and need for long-term care placements by using enablement services such as telecare. He emphasised that this would not impact upon current service recipients; and

g) figures listed in the draft budget did not include the £10m of Government funding attached to the implementation of the 2014 Care Act. The allocation of this would be listed separately in the medium term financial plan. This level of funding was expected to be sufficient to cover current activity.

2. In response to a question about his ability to draw on reserve funds, the Cabinet Member, Mr Gibbens, reiterated his commitment to the continuation of the Kent Support and Assistance Service and the planned activity which had been reported to the previous meeting of the committee. He emphasised that, in bad weather, action would always be taken to protect and support the most vulnerable people. It was important to make funding available to protect and support these people in their own homes to avoid their needs escalating to more acute services at greater cost later. This view found general support from the committee.

3. RESOLVED that:-

a) the draft budget and medium term financial plan, including responses to consultation and Government announcements, be noted; and

b) Members' comments on the draft budget and medium term financial plan, set out above, be noted by the Cabinet Members for Finance and Procurement and Adult Social Care and Public Health when they are considered by the Cabinet on 28 January 2015 and County Council on 12 February 2015.

28. Drug and Alcohol Service commissioning
(Item C2)

Ms K Sharp, Head of Public Health Commissioning, was in attendance for this and the following item.

1. Ms Sharp introduced the report, which had been requested by the committee, as an overview of current drug and alcohol service commissioning. The report covered the key components of the services across Kent and the related performance.

2. She explained that, as part of a transfer process within Kent County Council, commissioning responsibility had moved to public health, and an County Council internal audit had been undertaken. This audit identified a number of issues which needed urgent action, in relation to the governance of the contracts.

3. As part of this, an urgent decision had been taken by the Cabinet Member for Adult Social Care and Public Health to ensure that contracting arrangements were appropriately formalised. The record of that decision was appended to the report and appeared also as Item E1 on the agenda, with its supporting paperwork.

4. Ms Sharp reassured Members that the need to take this action was not a reflection on the quality or performance of the services across Kent. The focus for the future would be on how to integrate the services across public health and ensure the best possible quality of service.

5. RESOLVED that the information set out in the report and in the attached record of decision be noted.

29. Public Health services - Dynamic Purchasing System
(Item C3)

Ms H Bradbury, Procurement Officer, was in attendance for this item, with Ms Sharp.

1. Ms Sharp introduced the report, which had been requested by the committee to inform them of the system which was being used for commissioning public health services and adult residential care. One of the benefits of the dynamic purchasing system was that it reduced bureaucracy by requiring any organisation which wished to be added to the system to be assessed only once, rather than at two separate stages. Ms Sharp and Ms Bradbury responded to comments and questions from Members, as follows:-

a) the move to broaden the scope for small and medium-sized enterprises (SMEs) to bid for County Contracts by joining the dynamic purchasing system was warmly welcomed;

b) joining the dynamic purchasing system could be achieved in one stage but a second stage was available, if required. The first stage would test applicants by requiring them to complete a quality and capability questionnaire to ensure that they met suitable quality thresholds, so they could proceed to the second stage. Once they had passed this stage, the County Council felt secure that it was considering providers who were suitable for and capable of delivering the required high standard of service; and

c) in assessing quality and capability, the County Council would refer to Care Quality Commission (CQC) ratings but would not rely wholly upon those ratings, making its own assessment alongside those of the CQC. Mr Lobban added that, in assessing quality of performance, the County Council would also apply the stringent performance indicators which governed the regulatory requirements of its work.

2. RESOLVED that:-

a) the opportunities presented by increased use of a dynamic purchasing system for commissioning social care, health and wellbeing services for Kent be noted; and

b) elected Members seek to raise awareness of the Public Health and Residential Care dynamic purchasing systems wherever possible and encourage potential providers interested in bidding to provide these services to apply to join.

30. Work Programme
(Item D1)

RESOLVED that the committee's work programme for 2015/16 be agreed.

31. Hospital Discharges and Delayed Transfers of Care
(Item D2)

1. Mr Ireland introduced the report and referred to the media coverage of crises in hospital services over Christmas and the new year. Although admissions of elderly and frail older people to hospitals would usually rise at that time of year, both the number of patients and the severity of their conditions had continued to increase beyond the holiday period. At a recent meeting of adult social care and clinical commissioning group partners, Kent's hospitals were judged to be holding up well against great strain. National media coverage had reported that no hospitals had met their targets. He explained that a dedicated social work team was now in each acute hospital in Kent and, in a three week period, had been effective in diverting 12 people from being admitted unnecessarily. There was also much activity to speed up placements and arrange domiciliary care packages, although the closure of two care homes during 2014, losing 60 care beds, had inevitably had some impact.

2. Ms Duff added that, as the lead officer for urgent care, she and area managers had been involved in taking on additional care workers to support enablement services to allow people to return home from hospital sooner. Response to the request for additional workers, and existing workers to take on extra shifts, had been good. She gave figures for the number of admissions during one week in December at the main East Kent hospitals, as follows: Queen Elizabeth the Queen Mother – 165, Kent and Canterbury – 222, and William Harvey - 208. The average weekly number of admissions was usually 50 to 60. To boost the number of short-term beds available, care homes had been asked to identify and offer any spare capacity they could. To illustrate the level of delayed discharge in East Kent, Ms Duff reported that, in the week of 18 December, there were 40 delayed discharges among clients for whom the County Council had responsibility; 31 of these delays were attributable to a health cause, 8 to social care causes, eg being able to find continuing care placements, and 1 to joint causes. Hence, none of the increase in delays was due to social care causes.

3. Mr Ireland and Ms Duff responded to comments and questions from Members, as follows:-

a) concern was expressed that, whereas a patient's discharge would once have been planned as soon as they were admitted to hospital, this practice may have been discontinued. Ms Duff confirmed that the usual practice was still for a plan of the patient's likely acute care needs to be drawn up upon admission and for this to shape their hospital stay. New integrated discharge teams, based within hospitals, would co-ordinate services and resources to plan a patient's discharge. The speaker added that the enablement team in her area was very successful;

b) the Director and staff were thanked for their work in co-ordinating hospital discharges over the busy Christmas and new year period. At a regional Health Overview and Scrutiny Committee meeting on 14 January, it was

highlighted that, although three hospitals in the region had had to declare emergency status, Kent's hospitals had managed to avoid this by close joint working between the NHS and adult social care staff;

c) another speaker endorsed this and offered to share a presentation that she had recently attended which highlighted the dangers of elderly people staying in hospital for extended periods; and

d) it was suggested that, once the 2014/15 winter had passed, the experience and performance be evaluated and any lessons learnt be highlighted so the County Council and its partners could prepare for the following winter. Mr Ireland supported this suggestion and added that, as no severe weather had so far been experienced this winter, it was not possible to predict what experiences might yet be to come. He explained that there was a delay in official data being collated and released and that NHS England were not able to provide validated figures beyond the end of November 2014. However, the County Council kept its own, un-validated, figures and monitored activity and costs of activity very closely.

4. The Cabinet Member, Mr Gibbens, thanked Members for their comments. He explained that he had requested the report to allow Members to have an opportunity to discuss this highly topical issue and hoped that they had found it reassuring. He thanked the adult social care and hospital teams for their work in avoiding the need to make unnecessary admissions to acute services. He asked any Member who had concerns about the issue to contact him directly.

5. RESOLVED that the information set out in the report, and given in response to questions, be noted.

32. 14/00161 - KDAAT: realignment to Public Health directorate
(Item E1)

1. The Cabinet Member, Mr Gibbens, reiterated that he did not like taking decisions outside the committee process but emphasised that an urgent decision had been needed in this case to ensure that contracting arrangements were appropriately formalised. He thanked Members for the cross-party support he had received at consultation meetings before taking the decision.

2. He commended the public health team for their extensive work since October 2014, following the transfer of the commissioning responsibility, in ensuring that the drug and alcohol commissioning system in Kent, was now significantly improved as a result of the actions taken.

3. RESOLVED that the taking of decision number 14/00161– 'KDAAT Realignment to Public Health Directorate', in accordance with the process set out in paragraph 7.10 of Appendix 4 Part 7 of the County Council's constitution, be noted.

By: Mr G K Gibbens, Cabinet Member for Adult Social Care and Public Health

Mr A Ireland, Corporate Director of Social Care, Health and Wellbeing

Mr A Scott-Clark, Interim Director of Public Health

To: Adult Social Care and Health Cabinet Committee – 3 March 2015

Subject: **Verbal updates by the Cabinet Member and Corporate Directors**

Classification: Unrestricted

The Committee is invited to note verbal updates on the following issues:-

Adult Social Care

Cabinet Member for Adult Social Care and Public Health – Mr G K Gibbens

Key Decisions

14/00135 – Charging for Adult Care and Support

14/00136 – Deferred Payments and Temporary Financial Assistance

Events

1. 20 January Spoke at Combatting Loneliness & Isolation Conference in London
2. 27 January Attended Melbourne Avenue PFI Scheme Cutting Ceremony in Ramsgate
3. 5 February Spoke at Social Care Forum in London
4. 24 February Hosted Kent Age UK Chairs Annual Meeting

Corporate Director of Social Care, Health and Wellbeing – Mr A Ireland

1. Delayed Transfers from Hospital
2. Care Act National Publicity Campaign

Adult Public Health

Cabinet Member for Adult Social Care and Public Health – Mr G K Gibbens

14/00146 – Contract Extension for Kent Community Health Trust – Smoking Cessation Service

14/00147 – Contract Extension for Kent Community Health Trust – Health Trainers Service

14/00148 - Contract Extension for Kent Community Health Trust – Healthy Weight Service

Events

1. 11 Feb Attended LGA Annual Public Health Conference in London

Interim Director of Public Health – Mr A Scott-Clark

1. Opening of Thanet Aspiration Healthy Living Centre

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

Andrew Ireland, Corporate Director for Social Care, Health and Wellbeing

To: Adult Social Care and Health Cabinet Committee
3 March 2015

Decision No: 15/00012

Subject: **TENDERING FOR INTEGRATED COMMUNITY EQUIPMENT SERVICES AND SECTION 75 AGREEMENT BETWEEN HEALTH AND SOCIAL CARE**

Classification: Unrestricted

Past Pathway: Social Care, Health and Wellbeing DMT – 2 July 2014

Future Pathway: N/A

Electoral Division: All

Summary:
The report is seeking the endorsement to enter into a Section 75 agreement for an Integrated Community Equipment Service with the NHS Clinical Commissioning Groups (CCG) and for officers to be delegated authority to enter all necessary contractual arrangements required to put the service in place.

The agreement covers the provision of equipment across both Adult Social Care and Specialist Children's Services divisions, as well as the Education and Young People's Directorate.

Recommendation:
The Adult Social Care and Health Cabinet Committee is asked to:

a) consider and either endorse or make a recommendation to the Cabinet Member on the proposed decision set out below;

The Cabinet Member will be asked to agree:

1) That the Integrated Community Equipment Service be delivered as an integrated service from 1 December 2015, jointly funded by Kent County Council and NHS Clinical Commissioning Groups and delivered by a preferred bidder identified, as a result of a competitive tendering exercise; and
2) To delegate to the Corporate Director for Social Care, Health and Wellbeing, or other nominated officer, responsibility to enter all necessary contractual arrangements to formalise the joint funding arrangements. These will include, but not be limited, to:

a) the signing and affixing of the Council seal to a section 75 agreement between Kent County Council and health partners.

b) the advertisement and management of a competitive tendering exercise and the award of contract to the preferred bidder, consulting the Cabinet Member as required by the Council's scheme of financial delegation.

1. Introduction

1.1 The purpose of this paper is to outline the joint proposal by the seven Kent Clinical Commissioning Groups and the County Council to commission an integrated community equipment service for Kent. This will need to be underpinned by a Section 75 Agreement between all partners.

2. Background

2.1 The Community Equipment Services play a crucial role in helping the most vulnerable people in Kent remain in their own homes. Through the provision of equipment, people are either enabled to carry out everyday activities, maximising their independence, or to be provided with equipment which supports them to be cared for at home. Children are given the best opportunity to be as independent as possible, at home and in education, and their parents/carers supported to care for them. The effect of this is to reduce care home and hospital admissions and to assist in timely discharge from hospital.

2.2 Currently, equipment is provided through three separate arrangements. Kent Community Health NHS Trust (KCHT) provides nursing/medical equipment, for example beds and pressure relief and walking aids, the County Council (through Commercial Services Kent) provide items such as chairs and bath lifts, and together KCHT and Kent County Council (through the Integrated Community Equipment Service) provide equipment for hospital discharge, moving and handling and standard equipment such as raised toilet seats/perching stools and all children's equipment. KCHT makes separate arrangements for health equipment and the County Council makes separate arrangements for the provision of social care equipment through Commercial Services Kent. The result is a set of complex purchasing and sub-contracting arrangements for equipment across health and social care.

2.3 The Integrated Community Equipment Service currently commissioned from Commercial Services Kent and Kent Community Health Trust includes:

- Procurement, provision, delivery, collection, cleaning and recycling of equipment for health and social care on behalf of children and adults living within the community (including Nursing/Residential Homes)

- Maintenance of equipment
- Use of various sub/loan stores
- A pooled resource across NHS and Social Care to secure efficiencies and value for money

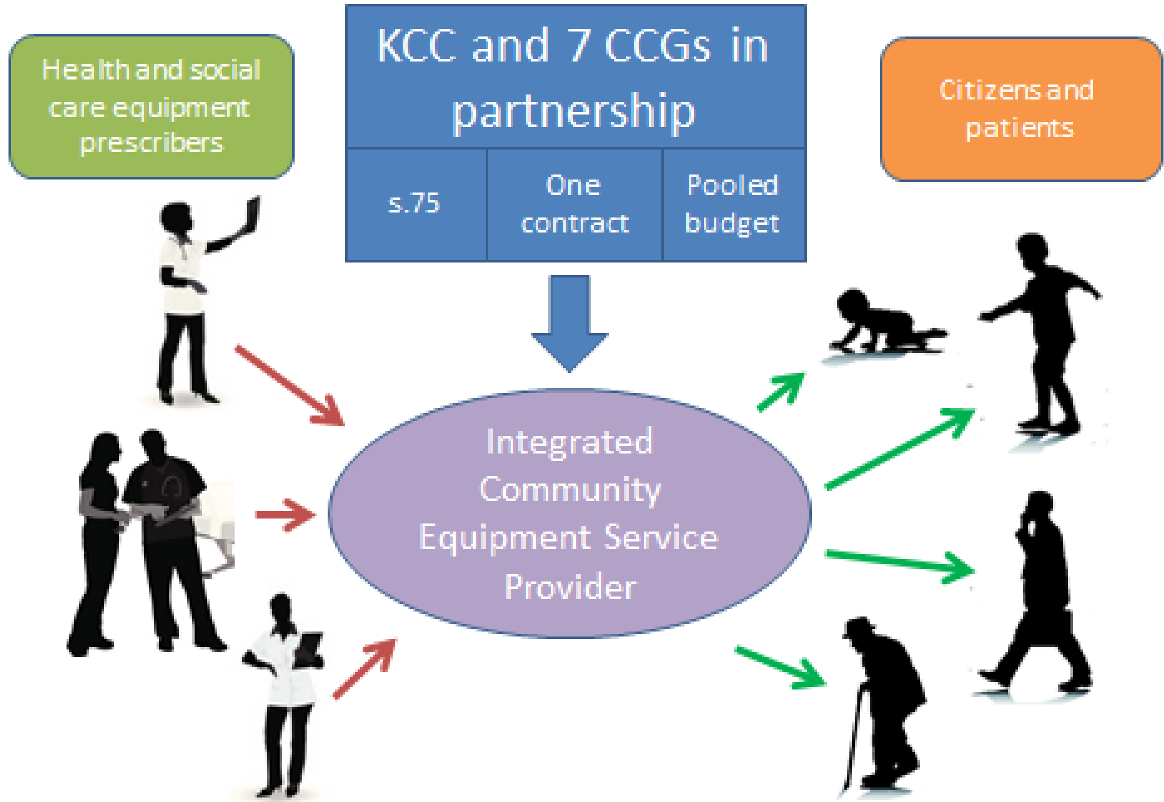
2.4 Although some elements of the current community equipment services are integrated, the arrangements are based on historic working arrangements put in place when the NHS Primary Care Trusts were in existence and there is no valid section 75 in place now.

2.5 Telecare installation services are commissioned from Commercial Services Kent and monitoring services from Centra Pulse (with this extended contract due to expire at the end of March 2016). A small range of other digital care services is being piloted but will need to be mainstreamed as new and emerging technology develops to support care provision.

2.6 Within the County Council we have extended the joint approach across social care to education, providing the equipment service to support Kent children in Kent schools. Whilst the service had been limited to those subject to a Statement of Special Education Need, from January 2015 the service is extended to those receiving SEN Support in their schools.

3. Service Model

3.1 The Partnership is committed to moving to a single provider with appropriately located stores to deliver both health and social care equipment to the people of Kent.



4. Commissioning Approach

4.1 The County Council and CCGs have worked collaboratively with all stakeholders on the service specification for an integrated community equipment service in Kent. The specification is based on successful similar contracts in operation for several years in other Counties and London Boroughs. It also takes into consideration the Community Equipment Code of Practice (CECOPS) and the nationally recognised Telecare Services Association standards and has been informed by the Equality Impact Assessment for the service. The high level service outcomes are listed in Appendix 2.

4.2 A market engagement exercise has been undertaken which identified a good level of interest from a range of providers capable of delivering a service of the scale demanded in Kent. In addition meetings have taken place with local councils and CCGs in other parts of the UK and visits have also been made to service providers to understand the developments and opportunities, both in terms of operation and achieving best value for money available to the partnership .

4.3 The existing Integrated Community Equipment Service (ICES) Partnership Board has provided governance and has overseen the work. An ICES Project Board was established to consider a range of options for the future

service. Kent County Council Procurement Board on the 27 November 2014, agreed the procurement route which was to follow a full Official Journal of the European Union (OJEU) process, using a restricted procedure for two lots – 1) Community Equipment and 2) Telecare.

5. Policy Context

5.1 This proposed service enables the County Council and the CCGs to meet a number national policies and directives in relation to the care and support for adults and children. It meets the joint agenda for integration of health and social care and supports the outcomes of the Joint Health and Wellbeing Strategy:

- Every child has the best start in life;
- Effective prevention of ill health by people taking greater responsibility for their health and wellbeing;
- The quality of life for people with long term conditions is enhanced and they have access to good quality care and support;
- People with mental health issues are supported to 'live well';
- People with dementia are assessed and treated earlier, and are supported to live well.

6. Legal Implications

6.1 In order for the integrated service to be provided, the partners will enter into a partnership arrangement under section 75 of the NHS Act 2006 to commission and provide integrated health and social care services to better meet the needs of the service users of Kent than if the partners were operating independently. The partnership shall:

- Comprise the delegation by the NHS Bodies to the Authority (Kent County Council) of the NHS functions so that it may exercise the NHS functions in part alongside the Authority health related functions

- Comprise the establishment and maintenance of pooled funds for the services in accordance with the regulations and on the terms set out in the agreement

- Establish integrated management and commissioning with regard to ICES

- The Authority (Kent County Council) shall host and provide the financial administrative systems for the pooled fund.

6.2 The final version of the Section 75 agreement has been agreed by all the Kent CCGs, Kent County Council legal services and finance. (Appendix 3)

7. Financial Implications

7.1 A Section 75 agreement will be entered in to by all parties to provide a framework within which to work with health partners, and includes financial protections for the County Council.

7.2 A pooled fund will be created which will include two aligned budgets (one for the CCGs for health only equipment and one for the County Council for social care equipment) and an integrated budget for those items that are jointly funded.

7.3 The County Council's overall combined annual spend for community equipment services is approximately £11.3m.

7.4 The CCG current spend is detailed in "Schedule 3 – Contributions" of the section 75 Agreement included with these papers (Appendix 3). The total CCG spend is approximately £5.7m, of which £818k will be within the Integrated Budget and £4.8m from the CCG Aligned Budget.

7.5 The County Council spend for community equipment (including telecare) is approximately £5.6m.of which £785k will be within the Integrated budget and £4.8m from the County Council Aligned Budget.

7.6 The forthcoming tender will be for a contract length of five years, with the opportunity to extend for a further two years. Over five years the overall contract value will be circa £55m.

7.7 The governance will be provided through the ICES Partnership Board, as described in the principles in the section 75 agreement. The Director for Older People/People with Physical Disabilities, Social Care Health and Wellbeing will chair the Board which will comprise: Senior Managers from the seven CCGs; Senior Accountant from the County Council; County Manager for Occupational Therapy and Reablement Services; CCG Lead Officer for ICES and Contract and Procurement officers.

8. Equality Implications

8.1 None

9. **Recommendation:** The Adult Social Care and Health Cabinet Committee is asked to:

a) consider and either endorse or make a recommendation to the Cabinet Member on the proposed decision set out below;

The Cabinet Member will be asked to agree:

1) That the Integrated Community Equipment Service be delivered as an integrated service from 1 December 2015, jointly funded by Kent County Council and NHS Clinical Commissioning Groups and delivered by a preferred bidder identified, as a result of a competitive tendering exercise; and

2) To delegate to the Corporate Director for Social Care, Health and Wellbeing, or other nominated officer, responsibility to enter all necessary contractual arrangements to formalise the joint funding arrangements. These will include, but not be limited, to:
   a) the signing and affixing of the Council seal to a section 75 agreement between Kent County Council and health partners.
   b) the advertisement and management of a competitive tendering exercise and the award of contract to the preferred bidder, consulting the Cabinet Member as required by the Council's scheme of financial delegation.

10. Lead Officer:

Director: Anne Tidmarsh, Director of Older People and Physical Disability, Social Care Health and Wellbeing Tel No: 03000 415521
Email: patodirectorofoppd@kent.gov.uk

11. Report prepared by:

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Julie Ely – Head of SEN Assessment & Placement, Education & Young Peoples Services. Tel: 03000416063 Email: Julie.Ely@kent.gov.uk

12. Background Documents:

None

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Graham Gibbens, Cabinet Member for Adult Social Care & Public Health	15/00012

For publication

Key decision*
Affects all electoral divisions and expenditure of more than £1m.

Subject:
Integrated Community Equipment Services (ICES) tender and Section 75 Agreement between Health & Social Care.

Decision:

The Cabinet Member for Adult Social Care and Public Health will be asked to agree:

1) That the Integrated Community Equipment Service be delivered as an integrated service from 1 December 2015, jointly funded by Kent County Council and NHS Clinical Commissioning Groups and delivered by a preferred bidder identified, as a result of a competitive tendering exercise; and

2) To delegate to the Corporate Director for Social Care, Health and Wellbeing, or other nominated officer, responsibility to enter all necessary contractual arrangements to formalise the joint funding arrangements. These will include, but not be limited to,:
   a. the signing and affixing of the Council seal to a section 75 agreement between Kent County Council and health partners.
   b. the advertisement and management of a competitive tendering exercise and the award of contract to the preferred bidder, consulting the Cabinet Member as required by the Council's scheme of financial delegation.

Reason(s) for decision:

The tender of the Integrated Community Equipment Service supports major local and national strategies such as Facing the Challenge - Adult Social Care Transformation Programme (Kent County Council), and the changes required by the Care Act 2014 and the Children & Families Act 2014.

The way care is provided has to be transformed, and the ICES project contributes to key strategic outcomes through:

- Supporting access to the curriculum in education, reducing the need for additional care and support.
- Including equipment provision in the Education Health & Care Plans for eligible children and young people aged 0-25 years
- Reducing avoidable demand on health and social care services through early intervention and prevention
- Improving services for the most vulnerable people in the Kent County Council area

- Improving how the county council procures and commissions services for integrated health, social care and education.

Cabinet Committee recommendations and other consultation:
The proposed decision will be discussed by the Adult Social Care and Health Cabinet Committee on 3 March 2015 and the outcome of this included in the decision paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered:

Kent County Council has a statutory responsibility to provide some forms of community equipment and could do this independently of other organisations. This, however, would provide a more disjointed service for those users who access support from both social care and health organisations. Additionally, it would increase duplication across the public sector within Kent and reduce the ability of the provider to gain bulk purchase discounts from manufactures.

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

....
signed date

High Level Services Outcomes of the Integrated Community Equipment Service

1. Objectives of the Service

The Commissioners aim is to build upon the Integrated Community Equipment Service (ICES) arrangements which have been in place across the county for many years, and further enhance this configuration to develop a more singular integrated service for community services, thus providing prescribers and clients with a single point of contact and, wherever possible and appropriate, a more singular service solution.

The key aims of the new service arrangement will be:

1.1 Commission an Integrated Community Service solution incorporating retail facilities.

1.2 Pool resources across NHS, Education and Social Care to secure efficiencies and value for money.

1.3 Develop an easy to understand marketplace for people to access community equipment, products and advice/information, whether subsidised through the public purse or privately funded purchases, which provide a trusted environment for individuals, enabling them to make informed choices.

1.4 Increase performance and efficiencies through economies of scale, timely service delivery and faster end to end times, whilst at the same time reducing the number of interventions for clients.

1.5 Promote prevention and early intervention agendas by:

- Contributing towards a reduction in hospital admissions/re-admission to acute or urgent care;
- Assisting in the facilitation of early supported hospital discharge;
- Supporting care closer to home;
- Contributing towards a reduction of admissions into long term care;
- Supporting access to the curriculum in education, reducing the need for additional care and support;
- Supporting the reduction in the need for extensive care packages.

1.6 Support end of life care to be delivered within the individual’s chosen environment.

1.7 Support the delivery of the personalisation agenda in NHS, Education and Social Care through the use of personal budgets.

1.8 Meet the requirements of the Children and Families Act 2014 to include equipment provision in the Education, Health and Care plans for eligible children and young people aged 0-25 years.

1.9 Target resources at the right people at the right time through effective planning.

1.10 Reduce the impact on the environment through recycling of products and providing local access points to reduce the carbon footprint. As part of future development, 'Self-Assessment' is a form of assessment that is completed by the individual or their carer without the immediate involvement of professionals. This will enable people with disabilities to access simple pieces of equipment by completing questionnaires supported by diagrams.

1.11 Meet the requirements of the Care Act 2014 to include equipment provision to include eligible children and adults, with the inclusion of prisoners across Kent, from April 2015.

1.12 Improve and maintain individuals' health and wellbeing through increased independence, choice, control, dignity and quality of life within their own home environment.

1.13 To provide a high quality, value for money, safe, evidence-based service for those who meet the Kent eligibility equipment criteria, that optimises mobility and safety in meeting their overall aim of achieving independence and optimal function related to activities of daily living, and improving the client's quality of life.

1.14 To offer a timely, flexible, prompt and responsive service that is co-ordinated through either a multi-agency or multi-disciplinary care plan.

1.15 To provide a single point of contact for clients and their carer/parent to track the progress of the procurement of the equipment.

1.16 To deliver quality improvement and innovation through actively promoting the participation of clients, their carer/parent and staff in the ongoing development of the service.

1.17 To reduce length of stay in hospitals through the provision of specialist equipment, regardless of the duration of need, and ensure that provision of necessary community equipment is a seamless part of hospital discharge.

1.18 To provide effective arrangements for the delivery and collection of equipment from clients' homes, ensuring that the appropriate staff are present to allow demonstration and hand-over of equipment where necessary.

1.19 To provide a quick and responsive pathway for providing equipment which does not require a clinical assessment.

1.20 To operate within budgetary constraints and with appropriate regard to the management of resources.

1.21 To provide a tailored programme of training, information and advice for staff that enables the client to maximise their independence, mobility and quality of life.

1.22 To ensure the service will be compatible in the roll out of Personal Health Budgets/Individual Budgets for clients or their carers/parents, in line with government policy and any national pathfinder programme.

1.23 To ensure equipment is safe, suitable and is covered by appropriate maintenance and breakdown arrangements.

1.24 To ensure there is clarity around the roles, responsibilities, obligations and legal requirements where community equipment is provided to a care home, service users' own home or prison.

1.25 To enhance and maintain the quality of life for clients registered in Kent through achieving a greater degree of independence and safety within their own home environment, thereby maintaining the individual within their community.

1.26 To meet the assessed needs of the client and their carer/parent and ensure the service safely and effectively meets the needs of, and is responsive to, clients and carers/parents.

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Full name: Partnership agreement under section 75 of the National Health Service Act 2006.

DATED   20

NHS DARTFORD GRAVESHAM AND SWANLEY CLINICAL COMMISSIONING GROUP ("DGS CCG")
NHS WEST KENT CLINICAL COMMISSIONING GROUP ("WEST KENT CCG")
NHS SWALE CLINICAL COMMISSIONING GROUP ("SWALE CCG")
NHS ASHFORD CLINICAL COMMISSIONING GROUP ("ASHFORD CCG")
NHS CANTERBURY AND COASTAL CLINICAL COMMISSIONING GROUP ("CANTERBURY CCG")
NHS THANET CLINICAL COMMISSIONING GROUP ("THANET CCG")
NHS SOUTH KENT COAST CLINICAL COMMISSIONING GROUP ("SOUTH KENT COAST CCG")
("NHS BODY")

AND

THE KENT COUNTY COUNCIL ("AUTHORITY")

SECTION 75 AGREEMENT (NHS ACT 2006) FOR THE PROCUREMENT OF HEALTH AND SOCIAL CARE INTEGRATED COMMUNITY EQUIPMENT SERVICES (ICES) FOR ADULTS AND CHILDREN

Kent Legal Services
Kent County Council
County Hall
Maidstone
ME14 1XQ
T: 01622 694393
F: 01622 694402
www.kent.gov.uk/Legal
Ref: LS/22/103019/335

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THIS DEED is dated [DATE]

PARTIES

(1) **NHS DARTFORD GRAVESHAM AND SWANLEY CLINICAL COMMISSIONING GROUP** of Floor 2, Gravesham Civic Centre, Windmill Street, Gravesend, Kent DA12 1AU **("DGS CCG")** and

NHS WEST KENT CLINICAL COMMISSIONING GROUP of Wharf House, Medway Wharf Road, Tonbridge, Kent TN9 1RE **("West Kent CCG")** and

NHS SWALE CLINICAL COMMISSIONING GROUP of Bramblefield Clinic, Grovehurst Road, Kemsley, Sittingbourne, Kent ME10 2ST **("NHS Swale CCG")** and

NHS ASHFORD CLINICAL COMMISSIONING GROUP of Inca House, Trinity Road, Ashford, Kent TN25 4AB **("Ashford CCG")** and

NHS CANTERBURY AND COASTAL CLINICAL COMMISSIONING GROUP of Brook House, John Wilson Business Park, Reeves Way, Kent CT5 3DD **("Canterbury CCG")** and

NHS THANET CLINICAL COMMISSIONING GROUP of Thanet District Council, Cecil Street, Margate, Kent CT9 1XZ **("Thanet CCG")** and

NHS SOUTH KENT COAST CLINICAL COMMISSIONING GROUP of Council Offices, White Cliffs Business park, Whitfield CT16 3PJ **("South Kent Coast CCG")**

(each an "**NHS Body"**). The above being together referred to as **"NHS Bodies"**

(2) **THE KENT COUNTY COUNCIL** of Sessions House, County Hall, Maidstone, Kent ME14 1XQ ("**Authority"**).

BACKGROUND

(A) The Authority is a social services authority within the meaning of the Local Authorities Social Services Act 1970 and accordingly has statutory responsibility to make provision under its respective social services functions under The Chronically Sick and Disabled Persons Act 1970 in Kent.

(B) Each NHS Body is an NHS commissioning body that has been created by the Health and Social Care Act 2012. Each NHS Body has statutory responsibilities to:-

- secure the improvement of peoples physical and mental health;
- have regard to the need to safeguard and promote the welfare of children; and
- provide nursing care services for children and young people resident in the registered area for which it has statutory responsibility.

(C) In accordance with the NHS Regulations 2000 and NHS Act 2006, the Partners intend to establish and maintain a joint commissioning and pooled fund arrangement (the "Partnership Arrangements") relating to the procurement of an ICES to enhance and maintain the quality of life for adults and children with

severe and complex health and social care needs. The Services are defined below.

(D) The Partners have agreed that the Authority will be the Host Partner in respect of a pooled fund arrangement and will lead in respect of the procurement of ICES for adults and children. Both the Authority and the Lead Partner will jointly commission the procurement of ICES for adults and children. The Lead Partner will, however, have a supporting role in commissioning the procurement of ICES for adults and children.

(E) The Partners are satisfied that these arrangements are likely to lead to an improvement in the way in that their Relevant Functions (defined below) are exercised.

(F) The Partners confirm that they have jointly consulted the people likely to be affected by the Partnership Arrangements.

(G) The Partnership arrangements are in accordance with the general duty laid out in each CCG's constitution regarding integration and joint working arrangements between health and social care.

(H) Section 75 of the NHS Act 2006 contains powers enabling NHS bodies (as defined in Section 275 of the NHS Act 2006) to exercise certain local authority functions and for local authorities to exercise various NHS functions. The Partners are entering into this Agreement in exercise of those powers under and pursuant to the NHS Regulations 2000.

(I) The Partners are committed to better integration of the NHS Functions and the Authority Health-Related Functions, and therefore wish to enter into the arrangements under this Agreement.

(J) This Agreement provides the framework within which the Partners will work together to achieve the Aims and Outcomes.

(K) The NHS Bodies agree that the Lead Partner shall be the lead NHS Body on behalf of all of the NHS Bodies in this Agreement.

AGREED TERMS

1. DEFINITION AND INTERPRETATION

1.1 The definitions and rules of interpretation in this clause apply in this Agreement.

"Administrative Assets" equipment, publications, information systems, software licences and other assets used in the procurement of Community Equipment.

"Agreement" this Agreement between the NHS Bodies and the Authority comprising these terms and conditions together with all schedules attached to it.

"Annual Contribution" the annual contribution of the Partners to the Pooled Fund as calculated in accordance

	with clause 10.
“Annual Development Plan”	has the meaning set out in clause 7.
“Aims and Outcomes”	as set out in Schedule 1.
“Authority's Authorised Officer”	Shall be the Director of Older People and Physical Disability from time to time or if no officer holds that appointment the person carrying out the duties of that appointment or such other suitably qualified person as the Council’s Corporate Director of Social Care, Health and Wellbeing may from time to time nominate.
“Authority's Financial Contribution”	the Authority's financial contribution for the relevant Financial Year. The Authority's Financial Contribution for the First Financial Year is set out in Schedule 3.
“Authority Health-Related Functions”	shall have the same meaning as set out in Schedule 2
“Best Value”	the duty imposed on the Authority by Section 3 of the Local Government Act 1999
“CCG”	clinical commissioning group
“Change in Law”	a change in Law that impacts on the Partnership Arrangements, which comes into force after the Commencement Date.
“Claim”	any claim, demand, proceeding or liability.
“Commencement Date”	1 December 2015
“Community Equipment”	the ICES plays a crucial role in helping the most vulnerable people in Kent remain in their own home. Through the provision of equipment, people are either enabled to carry out everyday activities, whilst maximising their independence, or to be provided with equipment which supports them to be cared for at home.
“Data Protection Legislation”	this includes: (a) the Data Protection Act 1998 (**DPA 1998**); (b) Directive 95/46/EC on the protection of individuals with regard to the processing of personal data and on the free movement of such data;

	(c) the Regulation of Investigatory Powers Act 2000;
	(d) the Telecommunications (Lawful Business Practice) (Interception of Communications) Regulations 2000 (*SI 2000/2699*);
	(e) Directive 2002/58/EC concerning the processing of Personal Data and the protection of privacy in the electronic communications sector;
	(f) the Privacy and Electronic Communications (EC Directive) Regulations 2003 (*SI 2003/2426*); and
	(h) all applicable laws and regulations relating to processing personal data and privacy, including the guidance and codes of practice issued by the Information Commissioner, where applicable.
"Dispute Resolution Procedure"	the procedure set out in clause 26 .
"Financial Contributions"	the financial contributions of the Partners as set out in Schedule 3.
"Financial Year"	1 April to 31 March.
"First Financial Year"	1 April 2015 – 31 March 2016 which may be a part year.
"FOIA"	the Freedom of Information Act 2000 and any subordinate legislation made under it from time to time, together with any guidance or codes of practice issued by the Information Commissioner or relevant government department concerning this legislation.
"Functions"	the NHS Functions and the Authority's Health-Related Functions.
"Host Partner"	the host partner for the Functions under this Agreement or any of the Previous Section 31 Agreements, as appropriate.
"ICES"	Integrated Community Equipment Services
"Information"	has the meaning given under section 84 of

	FOIA.
“Information Sharing Protocol”	the protocol describing how the Partners will share Information contained in Schedule 4 .
“Joint Health and Social Care Directorate Management Team/Accountable Officer Meeting”	the joint monthly meeting of the Authority’s Health and Social Care Directorate Management Team and the CCG’s Accountable Officers.
“Law”	any applicable law, statute, bye-law, regulation, order, regulatory policy, guidance or industry code, rule of court, directives or requirements of any Regulatory Body, delegated or subordinate legislation, or notice of any Regulatory Body.
“Lead Partner”	South Kent Coast CCG.
“Local Healthwatch”	has the meaning given by section 222 of the Local Government and Public Involvement in Health Act 2007.
“Partnership Board”	the management board which shall manage the joint commissioning arrangements.
“NHS”	National Health Service.
“NHS Act 2006”	National Health Service Act 2006.
“NHS Body”	shall have the meaning set out in Regulation 3(1) of the NHS Regulations 2000.
“NHS Body’s Authorised Officer”	Shall be the Accountable Officer of South Kent Coast CCG and Thanet CCG from time to time or if no officer holds that appointment the person carrying out the duties of that appointment or such other suitably qualified person as the Accountable Officers of the other five CCG’s may from time to time nominate .
“NHS Bodies’ Financial Contribution”	the NHS Body's financial contribution for the relevant Financial Year. The NHS Body's Financial Contribution for the First Financial Year is set out in Schedule 3.
“NHS Functions”	shall have the meaning set out in Schedule 2
“NHS Regulations 2000”	the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (*SI 2000/617*).
“Partner”	either the NHS Bodies, or the Authority, and "**Partners**" shall be construed as the NHS bodies and the Authority accordingly.

"Partnership Arrangements"	the joint commissioning and pooled fund arrangements made between the Partners under this Agreement.
"Personal Data"	shall have the same meaning as set out in the DPA 1998.
"Pooled Fund"	a pooled fund comprising the Authority's Financial Contribution and the NHS Bodies Financial Contributions for the ICES, out of which payments may be made by the Authority towards expenditure incurred in the exercise of the Functions. For the avoidance of doubt, the Pooled Fund shall include both the integrated and aligned budgets.
"Pooled Fund Manager"	the officer of the Authority appointed to be the manager of the Pooled Fund pursuant to the NHS Regulations 2000.
"Previous Section 31 Agreements"	previous agreements entered into by the Partners under section 31 Health Act 1999.
"Provisional Annual Contribution"	the contributions proposed by the Pooled Fund Manager in accordance with clause 10.10.
"Quarter"	the following periods in each Financial Year: (a) 1 April to 30 June; (b) 1 July to 30 September; (c) 1 October to 31 December; and (d) 1 January to 31 March.
"Representative"	a Partner's employee, agent or subcontractor and any employee of the other Partner who is seconded to the Partner and is acting in accordance with the Partner's instructions.
"Section 75 Agreement Review"	has the meaning given in clause 16
"Service Charges"	the administrative fees of the Authority for providing the Pooled Fund in relation to the Partnership Arrangements. Such Charges shall include, but not be limited to systems administration, procurement and obtaining licenses.
"Service Provider"	a third-party provider of any of the Services, as commissioned by the Authority.
"Services"	the services to be delivered by or on behalf of the Partners under this Agreement are the

procurement of adult and children's ICES as more particularly described in **Error! Reference source not found.**.

"Service User"	individuals who are eligible to receive the Services, as more particularly described in **Error! Reference source not found.**.
"Term"	the period from the Commencement Date until this Agreement is terminated in accordance with the provisions of clause 27.
"VAT Guidance"	the guidance published by the Department of Health entitled "VAT arrangements for Joint NHS and Local Authority Initiatives including Disability Equipment Stores and Welfare-Section 31 Health Act 1999".
"Working Day"	any day other than Saturday, Sunday, a public or bank holiday in England.

1.2 Clause, Schedule and paragraph headings shall not affect the interpretation of this Agreement.

1.3 References to clauses are to the clauses of this Agreement. The Schedules form part of this Agreement and shall have effect as if set out in full in the body of this Agreement. Any reference to this Agreement includes the Schedules and a reference to a paragraph is a reference to the paragraph in the Schedule containing such a reference.

1.4 Words in the singular include the plural and vice versa and words importing individuals shall be treated as importing corporations and vice versa.

1.5 A reference to one gender includes a reference to the other genders.

1.6 A reference to a statute or statutory provision is a reference to it as it is in force for the time being, taking account of any amendment, extension or re-enactment and includes any subordinate legislation for the time being in force made under it.

1.7 A reference to **writing** or **written** includes e-mail.

1.8 Any obligation in this Agreement on a person not to do something includes an obligation not to agree or allow that thing to be done.

1.9 A reference to a document is a reference to that document as varied or novated (in each case, other than in breach of the provisions of this Agreement) at any time.

1.10 References to the word "including" are to be construed without limitation.

1.11 If there is any conflict between the contents of any Schedule and the main body of this Agreement, the provisions set out in the main body shall prevail.

1.12 This Agreement is intended to be binding on any successor body to any of the NHS Bodies or the Authority which is created during the Term by or under primary

or secondary legislation, and the Partners shall ensure (so far as the law permits) that any successor body agrees to be bound by the terms of this Agreement.

2. COMMENCEMENT AND DURATION

This Agreement shall take effect on the Commencement Date and shall continue until terminated in accordance with the provisions of clause 27.

3. PARTNERSHIP ARRANGEMENTS

3.1 The Partners enter into these Partnership Arrangements under section 75 of the NHS Act 2006 to commission and provide integrated health and social care services to better meet the needs of the Service Users of Kent than if the Partners were operating independently.

3.2 The specific Aims and Outcomes of the Partnership Arrangements are described in Schedule 1. The Parties shall work together to ensure these Aims and Outcomes are met during the Term.

3.3 From the Commencement Date, the Previous Section 31 Agreements are replaced by the provisions of this Agreement.

3.4 The Partnership Arrangements shall:

3.4.1 Comprise the delegation by the NHS Bodies to the Authority of the NHS Functions, so that it may exercise the NHS Functions in part alongside the Authority Health-Related Functions;

3.4.2 Comprise the establishment and maintenance of Pooled Funds for the Services in accordance with the NHS Regulations 2000 and on the terms set out in this Agreement for the Term; and

3.4.3 establish integrated management and commissioning with regard to ICES.

3.5 The Authority shall host and provide the financial administrative systems for the Pooled Fund.

4. POOLED FUND MANAGER

4.1 The Authority shall appoint a Pooled Fund Manager, who shall be responsible for:

4.1.1 managing the Pooled Fund on behalf of the Partners;

4.1.2 managing expenditure from the Pooled Fund within the budgets set by the Partners and in accordance with the Annual Development Plan;

4.1.3 submitting quarterly financial management reports and an annual return to the Partners, to enable them to monitor the success of the Partnership Arrangements;

4.1.4 preparing at the year-end a memorandum of accounts within the Authority's statement of accounts which shows:

- what has been received;
- what has been spent;
- what remains;
- proposals relating to assets held; and
- outstanding liabilities in respect of the Pooled Fund.

4.1.5 On or before 30th June of each Financial Year, providing to the Lead Partner it's memorandum of accounts for the previous Financial Year.

4.2 The Authority will retain records in relation to the Pooled Fund for at least six years.

4.3 The Pooled Fund Manager will authorise all payments from the Pooled Fund.

4.4 For the avoidance of doubt other than the Authority acting in accordance with this Agreement, no person shall be entitled to enter into any contract with any third party in respect of expenditure from the Pooled Fund save with the agreement of the Partnership Board.

4.5 In accordance with Regulation 4(2) of the NHS Regulations 2000, the Partners have carried out a joint consultation on the proposed Partnership Arrangements with Service Users, and other individuals and groups who appear to them to be affected by the Partnership Arrangements.

4.6 Nothing in this Agreement shall prejudice or affect:

4.6.1 the rights and powers, duties and obligations of the Partners in the exercise of their functions as public bodies or in any other capacity;

4.6.2 the powers of the Authority to set, administer and collect charges for any Authority Health-Related Function; or

4.6.3 the Authority's power to determine and apply eligibility criteria for the purposes of assessment under the Care Act 2014.

4.7 The Partners agree that each has consulted as required under the NHS Regulations 2000and otherwise confirm and acknowledge that each of them has the legal power and authority to enter into this Agreement.

Cooperation

4.8 This Agreement is intended to be entered into in accordance with Section 75 of the NHS Act 2006 and the NHS Regulations 2000. If for any other reason this Agreement does not comply with Section 75 of the NHS Act 2006 or the NHS Regulations 2000 the Parties agree to use reasonable endeavours to make such changes to the Partnership Arrangements so as to bring them into accordance with the NHS Act 2006 and the NHS Regulations 2000.

4.9 The Partners will, in relation to the Partnership Arrangements:

4.9.1 co-operate with each other and treat each other with respect;

4.9.2 be open with information about the performance and financial status of the Partnership Arrangements and more generally,

(a) provide early information and notice relating to relevant problems;

(b) act and deal in good faith towards each other in respect of all matters the subject of this Agreement; and

(c) co-operate with each other in connection with any legal proceedings brought against any one of the Parties' in connection with the Partnership Arrangements.

4.10 The Parties shall co-operate together in all aspects of the Partnership Arrangements in order to make the most efficient use of all resources and obtain the best outcomes achievable.

4.11 In the event that any Partner has any concerns regarding the operation of the Partnership Arrangements or the standards achieved in connection with the carrying out of the Services it may convene a review with the other Partners with a view to agreeing a course of action to resolve such concerns.

4.12 If any issues are not resolved in accordance with a review convened in accordance with clause 4.11 above, the Partners shall resolve the issue in accordance with the Dispute Resolution Procedure set out in clause 26.

5. DELEGATION OF FUNCTIONS

5.1 For the purposes of the implementation of the Partnership Arrangements, the NHS Bodies hereby delegates the exercise of the NHS Functions to the Authority to exercise alongside the Authority's Health-Related Functions and act as lead commissioner.

5.2 Additional services may be brought within the scope of this Agreement during the Term by agreement of the NHS Bodies and the Authority.

6. SERVICES

6.1 The Authority is the Host Partner for the Partnership Arrangements.

6.2 The Authority shall procure Services and ensure that they are provided and shall be accountable to the Lead Partner for the NHS Functions for the benefit of Service Users:

6.2.1 to ensure the proper discharge of the Partners' Functions;

6.2.2 with reasonable skill and care, and in accordance with best practice guidance;

6.2.3 in all respects in accordance with the Aims and Outcomes, the provisions of this Agreement, and the Authority and the NHS Bodies' applicable policies set out in **Error! Reference source not found.**;

6.2.4 in accordance with the Authority's standing orders or other rules on contracting; and

6.2.5 in accordance with all applicable Law.

7. ANNUAL DEVELOPMENT PLAN

7.1 The Partners shall prepare an Annual Development Plan for the Services at least twelve (12) weeks before the start of the Financial Year. The Annual Development Plan shall:

7.1.1 set out the agreed aims and outcomes for the Services;

7.1.2 describe any changes or development required for the Services;

7.1.3 provide information on how changes in funding or resources may impact the Services; and

7.1.4 include details of the estimated contributions due from each Partner for the Services and its designation to the Pooled Fund.

7.2 The Annual Development Plan shall commence on 1 April at the beginning of the Financial Year and shall continue for 12 months.

7.3 The Annual Development Plan may be varied by written agreement between the Lead Partner and the Authority. Any variation that increases or reduces the number or level of Services in the scope of the Agreement shall require the Partners to make corresponding adjustments to the NHS Bodies' Financial Contribution and the Authority's Financial Contribution.

7.4 If the Partners cannot agree the contents of the Annual Development Plan, the matter shall be dealt with in accordance with the Dispute Resolution Procedure. Pending the outcome of the Dispute Resolution Procedure or termination of the Agreement under clause 27, the Partners shall make available amounts equivalent to the Financial Contributions for the previous Financial Year.

8. FINANCIAL CONTRIBUTIONS

8.1 The NHS Bodies shall pay the NHS Bodies' Financial Contribution to the Authority to allocate to the Pooled Fund and to manage in accordance with this Agreement and the Annual Development Plan.

8.2 The Authority shall contribute the Authority's Financial Contribution to the Pooled Fund and shall manage the Pooled Fund in accordance with this Agreement and the Annual Development Plan.

8.3 The NHS Bodies' Financial Contribution and the Authority's Financial Contribution for the First Financial Year are set out in Schedule 3.

8.4 The Partners shall pay the Financial Contributions into the Pooled Fund quarterly in advance.

8.5 The Partners shall agree the NHS Bodies' Financial Contribution and the Authority's Financial Contribution for the following Financial Year by 1 January.

8.6 The Partners shall contribute all grants or other allocations that are intended to support the provision of the Services to the Pooled Fund.

8.7 The Partners agree to adopt "Partnership Structure (a)" as described in the VAT Guidance through which the Partners agree that goods and services will be purchased in accordance with the Authority's VAT regime and reimbursed from the Partners' Financial Contributions.

8.7.1 The Authority will provide sufficient and complete documentation to the NHS Bodies to enable the NHS Bodies to satisfy the requirements of HM Revenue and Customs with respect to reclaiming any VAT.

8.7.2 Any sums invoiced pursuant to clause 8.7 which result from an HM Revenue and Customs inspection or legal or accounting advice agreed by the Partnership Board regarding VAT treatment will be paid by the NHS Bodies within fifteen Working Days of receipt of the invoice.

9. OBLIGATIONS OF THE PARTNERS

9.1 As Host Partner, the Authority shall:

9.1.1 lead on the procurement/purchasing for the Kent ICES for Service Users;

9.1.2 provide financial and administrative and other relevant support and relevant information to enable effective and efficient management of the ICES and Pooled Fund;

9.1.3 be responsible for the accounts of the Partnership Arrangements (through the Pooled Fund Manager) and to integrate and maintain a clearly identifiable accounting structure to ensure effective monitoring and reporting of the Partnership Arrangements;

9.1.4 make arrangements to certify an annual return of the accounts pursuant to s.28(1)(d) of the Audit Commission Act 1998;

9.1.5 operate effective audit arrangements in accordance with the NHS Regulations 2000 which take account of relevant guidance from the Audit Commission;

9.1.6 operate the Pooled Fund in accordance with clause 10;

9.1.7 comply with all HM Revenue and Customs directions and have due regard to all guidance issued by HM Revenue and Customs regarding the VAT aspects of the Partnership;

9.1.8 Jointly with the NHS Bodies monitor the performance of the Services and report regularly to the Partnership Board in respect of such performance;

9.1.9 in respect of the Services comply, and ensure the Partnership Arrangements comply, with all statutory requirements national and local and other guidance on conduct and probity and ensure that good corporate governance applies in respect of the Partnership Arrangements; and

9.1.10 ensure the Partnership Arrangements are carried out in such a manner as to ensure, as far as budget constraints allow, that the Services are provided to a high standard.

9.2 Where this Agreement states that the Pooled Fund Manager shall be responsible for any matters the Authority shall be under an obligation to ensure that the Pooled Fund Manager complies with any such responsibilities.

NHS Bodies' Obligations

9.3 The Lead Partner undertakes on behalf of itself and all of the other NHS Bodies that it shall use all reasonable endeavours to ensure that none of the NHS Bodies do anything which they know would cause the Authority to be in breach of its agreements or arrangements with suppliers and Service Providers concerning the provision of the Services, nor act or omit to act in a manner that they know to be inconsistent with such agreements and arrangements.

9.4 Jointly with the Authority, the NHS Bodies shall monitor the performance of the Services and report regularly to the Partnership Board in respect of such performance.

9.5 The NHS Bodies shall:

9.5.1 in respect of the Services comply, and ensure the Partnership Arrangements comply, with all statutory requirements, national and local and other guidance on conduct and probity and ensure that good corporate governance applies in respect of the Partnership Arrangements; and

9.5.2 ensure the Partnership Arrangements are carried out in such a manner as to ensure, as far as budget constraints allow, the Services are provided to a high standard.

10. THE OPERATION OF THE POOLED FUND

10.1 The Authority shall be authorised and entitled to pay any monies from the Pooled Fund:

10.1.1 To any other third party or to reimburse itself in respect of any payments or reasonable and proper costs and losses incurred in respect of the Services. This will be monitored by financial management reports that will be provided to the Partners on a quarterly basis; and

10.1.2 To pay itself a reasonable amount agreed and approved by the Partnership Board at the beginning of each Financial Year in respect of the agreed Service Charges including any audit costs;

provided that such payments are made in accordance with the terms of this Agreement.

10.2 The Partners agree that the Authority will host the Pooled Fund under and in accordance with the NHS Regulations 2000 and shall be responsible for the accounts and audit of the Pooled Fund as set out in this Agreement.

10.3 The Authority will provide the required financial systems to manage the Pooled Fund and will be accountable for audit and good practice in the administration of the Pooled Fund and the costs shall be borne through the Partners' contributions to the Pooled Fund and the Authority shall do all that is necessary to allow the NHS Bodies to comply with their own audit requirements.

10.4 The Pooled Fund is intended to cover the following expenditure in relation to the Service in order to meet the Aims and Outcomes set out in Schedule 1.

10.5 Payments shall only be made out of the Pooled Fund in accordance with the terms of this Agreement.

Annual Contributions

10.6 The Partners shall each pay their respective Annual Contributions into the Pooled Fund in accordance with the provisions set out in this clause 10. For this purpose, the NHS Bodies shall make their respective payments to the Authority for payment into the Pooled Fund and the Pooled Fund Manager shall make the requisite accounting entry into the Pooled Fund which shall be deemed for the purposes of this Agreement to be a payment made by each of the NHS Bodies.

10.7 The overriding principle of the Pooled Fund is that the Services must be provided within the agreed Pooled Fund and that the Partners will use all reasonable endeavours to avoid overspends.

10.7.1 The Authority will invoice the NHS Bodies for its respective Annual Contribution to the Pooled Fund.

10.7.2 The NHS Bodies' initial Annual Contribution shall be a fixed sum in accordance with the amounts set out in Schedule 3 and any subsequent Annual Contributions payable by the NHS Bodies shall be agreed on an annual basis by the Authority and the Lead Partner.

10.8 The NHS Bodies will pay their Annual Contributions to the Authority within thirty (30) days of receipt of an invoice from the Authority for the same, provided that the Authority shall not issue such invoice until after 1st April of the relevant Financial Year.

Budget setting

10.9 By 1st January of each Financial Year the Pooled Fund Manager shall

10.9.1 calculate, taking into account the previous year's financial spend in respect of each of the NHS Bodies, each NHS Body's Provisional Annual Contribution to the Pooled Fund for the following Financial Year and notify these figures to the Lead Partner and;

10.9.2 provide to the NHS Bodies details of the basis upon which the calculation was made.

10.10 Where estimated projections have been used to calculate under-spends or overspends the Pooled Fund Manager will adjust the calculation of the amounts of the Provisional Annual Contributions to the Pooled Fund by using the actual under-spends or overspends as and when the information is available and shall notify the Lead Partner accordingly.

10.11 Where relevant, the Pooled Fund Manager will in agreement with the Lead Partner adjust the calculations to include annual inflationary uplifts and efficiency savings.

10.12 In calculating the Provisional Annual Contributions, the Pooled Fund Manager shall include a reasonable amount to reflect the Authority's Service Charge and

shall include detail as to how such proposed Service Charges have been calculated. For the avoidance of doubt:

10.12.1 any such Service Charge shall be subject to prior approval and agreement by the Partnership Board; and

10.12.2 any Service Charge which is agreed by the Partnership Board as payable shall be paid out of Pooled Funds.

10.13 On receipt of the information set out in Clauses 10.10 – 10.13 above, and taking into account the Provisional Annual Contribution figures proposed by the Pooled Fund Manager, each Party shall agree its Annual Contribution for the following Financial Year.

11. OVERSPENDS AND UNDERSPENDS

Overspends

11.1 The Authority shall use all reasonable endeavours to arrange for the discharge of the Authority Health-Related Functions and the NHS Functions within the Financial Contributions available in each Financial Year.

11.2 The Authority shall endeavour to manage any in-year overspends within its commissioning arrangements for the Services.

11.3 The Pooled Fund Manager shall at all times keep the Lead Partner informed of any anticipated overspends and the Authority shall make the Lead Partner aware of any potential overspend as soon as it becomes aware of this possibility. The Authority will highlight reasons for the overspend, both current and projected, and make recommendations for action to bring the relevant Financial Contributions back to balance.

11.4 Following the acceptance of the recommendations for action, the Pooled Fund Manager and the Lead Partner shall take such action as it considers appropriate in light of those recommendations to deal with the overspend.

11.5 If, at the end of the Financial Year or on termination of this Agreement, it becomes apparent that there has been an overspend of either the Authority's or any of the NHS Bodies' Financial Contributions the Authority and the NHS Bodies shall meet the overspend proportionately to their specific individual actual spend for the year provided that the Authority can identify spend to a specific Partner level. If this is not possible then overspends will be allocated proportionately to their respective Financial Contributions;

11.6 If at any time the Authority reasonably anticipates that (taking into account expected income and out-goings and any costs) the Pooled Fund shall have a negative balance at the end of the Financial Year the Authority shall notify the Lead Partner within 10 Working Days of the projection of an overspend. The Partners shall then prepare a joint plan for the management of the overspend, where possible within the limits of the Pooled Fund available for the relevant Financial Year.

11.7 If at the end of any Financial Year there is an overspend the Partners shall be liable to make additional payments into the Pooled Fund on the following basis proportionate to the projected actual spend for each Partner provided that the

Authority can identify spend to a specific Partner level. If this is not possible then overspends will be allocated proportionately to their respective Financial Contributions in the relevant Financial Year.

11.7.1 Overspends will be allocated to the relevant Partners for payment following a full analysis by the Pooled Fund Manager and the Health Lead Partner/(Representative) of the reasons for the overspend and the Partners shall be entitled to go to the Dispute Resolution Procedure if they dispute the conclusions.

11.7.2 At the end of the Financial Year in which any payments under clause 10.1 have been made, the relevant accounts shall be reconciled and any necessary adjustments shall be made to the Authority's Annual Contributions for the following Financial Year.

11.7.3 In the event that there is a dispute regarding the conclusions resulting from the full analysis and reasons for the overspend referred to in clause 11.7.1 above, then the Partners shall work together to continue to provide the Services whilst such dispute is being resolved in accordance with the Dispute Resolution Procedure.

Underspends

11.8 The Pooled Fund Manager shall at all times keep the Partners informed of any anticipated under-spend. In the event of an anticipated under-spend the Partners may agree to the redeployment of that under-spend or that the money shall be retained as a contingency in the Pooled Fund. In the event that agreement cannot be reached the money shall be retained as an under-spend.

11.9 If at the end of any Financial Year there is an under-spend in relation to the Pooled Fund the Pooled Fund Manager shall identify the reasons for the under-spend and identify any part of that underspend which is already contractually committed. The under-spend shall be apportioned in a just and equitable manner, based on the actual spend in that year provided that the Authority can identify spend to a specific Partner level. If this is not possible then under-spend will be allocated proportionately to their respective Financial Contributions, taking into account the circumstances of and the reasons for the under-spend.

11.10 Without prejudice to clauses 11.8 and 11.9 the Partners may agree to carry forward any under-spend in relation to the Pooled Fund provided that such carry forward is in accordance with any relevant statutory or other legal requirement or guidance.

11.11 The benefit of any underspend at the end of the Financial Year or on termination of this Agreement (whichever is appropriate) shall in relation to the Pooled Fund:

11.11.1 if the Partners agree, be applied to the Services, as the Partnership Board shall determine;

11.11.2 if the Partners agree, be deducted proportionately from the Partners' Financial Contributions on the basis of actual spend for that year for the following Financial Year; or

11.11.3 if the Partners cannot agree, be returned to the Partners in proportion to their Financial Contribution for the Financial Year; or

11.11.4 be repaid in full to the Partner to whose Financial Contribution the underspend relates, unless otherwise agreed. If the Partners are unable to agree then such disagreement shall be referred to the Partnership Board whose decision shall be final and binding.

12. CAPITAL AND REVENUE EXPENDITURE

The Financial Contributions shall be directed exclusively to revenue expenditure. Any arrangements for the sharing of capital expenditure shall be made separately and in accordance with section 256 (or section 76) of the NHS Act 2006.

13. SET UP COSTS

Each Partner shall bear its own costs of the establishment of the Partnership Arrangements under this Agreement.

14. GOVERNANCE

14.1 The NHS Bodies shall nominate the NHS Bodies' Authorised Officer, who shall be the main point of contact for the Authority and shall be responsible for representing the NHS Bodies and liaising with the Authority's Authorised Officer in connection with the Partnership Arrangements.

14.2 The Authority shall nominate the Authority's Authorised Officer, who shall be the main point of contact for the NHS Bodies and shall be responsible for representing the Authority and liaising with the NHS Bodies' Authorised Officer in connection with the Partnership Arrangements.

14.3 The Authorised Officers shall be responsible for taking decisions concerning the Partnership Arrangements, unless they indicate that the decision is one that must be referred to their respective boards.

14.4 The Partners shall each appoint officers to the Partnership Board. The terms of reference of the Partnership Board are to be decided in agreement by the Partners.

15. QUARTERLY REVIEW AND REPORTING

15.1 The Partners shall carry out a quarterly review of the Partnership Arrangements by the end of each Quarter.

15.2 The Pooled Fund Manager shall prepare and submit a quarterly report to the Partnership Board setting out any forecast overspend or underspend of the Financial Contributions.

16. ANNUAL REVIEW & REVIEW OF THE AGREEMENT

16.1 The Partners agree to carry out a review of the Partnership Arrangements within three months of the end of each Financial Year (**Annual Review**), including:

16.1.1 the performance of the Partnership Arrangements against the Aims and Outcomes;

16.1.2 the performance of the individual Services against the service levels and other targets contained in the relevant contracts;

16.1.3 plans to address any underperformance in the Services;

16.1.4 actual expenditure compared with agreed budgets, and reasons for and plans to address any actual or potential underspends or overspends;

16.1.5 review of plans and performance levels for the following year; and

16.1.6 plans to respond to any changes in policy or legislation applicable to the Services or the Partnership Arrangements.

16.2 The Authority shall with the co-operation of the NHS Bodies and the Service Provider prepare an annual report following the Annual Review for submission to the Partners' respective boards.

16.3 The Partners shall hold a meeting (or series of meetings) to carry out a review of this Agreement (a "Section 75 Agreement Review") within 3 months of the end of the Financial Year. At this meeting the Partners shall consider the future of arrangements between the Partners and the matters set out below.

16.4 Once the Partners have carried out a Section 75 Agreement Review, the Partners shall decide what action (if any) to take. No amendment to this Agreement shall be made without the written agreement of the Partners.

16.5 The Partners should consider in the course of the Section 75 Agreement Review the occurrence of issues such as the following:

16.5.1 where the need for service changes arise, such as changes in customer preferences;

16.5.2 reviews for the purposes of Best Value;

16.5.3 recommendations following statutory and/or non-statutory changes;

16.5.4 where it is clear to the Partners that the aims and objectives of this Agreement are not being fulfilled;

16.5.5 in circumstances where the Partners wish to extend or decrease the scope of this Agreement; and

16.5.6 whether any changes to this Agreement are required,

and the Partners shall instigate any changes as are agreed necessary and such changes shall be recorded in a written memorandum signed by each Party and attached to this Agreement.

17. VARIATIONS

17.1 The Partners may agree to vary this Agreement from time to time in accordance with this clause 17.

17.2 This Agreement may be varied by the Partners at any time by agreement in writing in accordance with the Partners' internal decision-making processes.

17.3 If any Partner proposes a variation to any of the terms of this Agreement, the Partners shall use reasonable endeavours to agree the variation. The Partners agree to work together in good faith to agree any variations that may be required to this Agreement and as a result of any changes in Law. In the event of any disagreement in relation to the variation any Partner may refer the matter to the Dispute Resolution Procedure detailed in clause 26.

17.4 Variations, including to the Services, will only be effective if consulted upon and agreed by all Partners and, if agreed, will be evidenced by a document confirming the details of the variation signed on behalf of each Partner.

17.5 The Partners agree that as they have been unable to finalise the Specification prior to execution of this Agreement, they will enter into a Deed of Variation in accordance with the terms of this clause, once the Specification has been finalised and in any event no later than 1 March 2015.

17.6 The Partners agree that they have, for the purposes of being able to execute this Agreement, included the figures in Schedule 3, which are the best available to the NHS Bodies. The Partners agree that they will enter into a Deed of Variation in accordance with the terms of this clause once the NHS Bodies have been able to ascertain more accurate figures and in any event shall supply more accurate figures by no later than 1 April 2015.

17.7 The Partners agree that they have, for the purposes of being able to execute this Agreement, included the Information Sharing Protocol, which is not a definitive document. The Partners agree that they will enter into a Deed of Variation in accordance with the terms of this clause once they have been able to agree alternative wording for the Information Sharing Protocol. Such Information Sharing Protocol shall be agreed by no later than 1 December 2015.

18. FREEDOM OF INFORMATION

18.1 The Partners acknowledge that each is subject to the requirements of FOIA and the Environmental Information Regulations 2004 ("EIR"), and shall assist and co-operate with one another to enable each Partner to comply with these information disclosure requirements, where necessary.

18.1.1 Each partner ("the First Partner") acknowledges that in responding to a request received by any Partner ("the Other Partner") under the FOIA or the EIR the Other Partner will be entitled to provide information held by it relating to this Agreement or which otherwise relates to the First Partner;

18.1.2 The Other Partner shall use reasonable endeavours to notify the First Partner of any request under the FOIA or the EIR and the intention to disclose the information within 10 Working Days (as defined in the FOIA) of receipt of such request. Before disclosing any information, the Other Partner shall consider any representations made by the First Partner within 4 Working Days (as defined in the FOIA) of notification from the Other Partner to the First Partner in accordance with this clause 18.1.2;

18.1.3 The First Partner acknowledges that if it does not revert to the Other Partner within the period set out in clause 18.1.2 or if its representations do not alter the view of the Other Partner that the information should be disclosed, the Other Partner is under a duty to disclose such information;

18.1.4 The First partner shall co-operate with the Other Partner in connection with any request received by the Other Partner under the FOIA or the EIR and such co-operation shall be at no cost to the Other Partner;

18.1.5 Subject to the Data Protection Legislation, the Parties agree throughout the Term to co-operate with each other in the provision to each other of information reasonably required to enable each Party to account for the funds contributed to the Pooled Fund or otherwise under this Agreement, report on its statutory obligations and plan overall strategies to meet statutory obligations.

19. DATA PROTECTION AND INFORMATION SHARING

19.1 Each Partner shall (and shall procure that any of its Representatives involved in the provision of the Services shall) comply with any notification requirements under Data Protection Legislation. Each Partner shall duly observe all their obligations under Data Protection Legislation, which arise in connection with this Agreement.

19.2 The Partners shall share information about the Services to improve the quality of care and enable integrated working.

19.3 Subject to the Data Protection Legislation, the Parties agree throughout the Term to co-operate with each other in the provision to each other of information reasonably required to enable each Party to account for the funds contributed to the Pooled Fund or otherwise under this Agreement, report on its statutory obligations and plan overall strategies to meet statutory obligations.

20. CONFIDENTIALITY

20.1 The Partners agree to keep confidential all documents relating to or received from the other Partners under this Agreement that are labelled as confidential.

20.2 Where a Partner receives a request to disclose Information that the other Partner has designated as confidential, the receiving Partner shall consult with the other Partner before deciding whether the Information is subject to disclosure.

20.3 Subject to any overriding obligations under the FOIA, policies, and all other relevant legislation each Party shall at all times during the continuance of this Agreement and after its termination keep confidential all information relevant to clients, patients and carers.

20.4 Subject to the terms of the DPA 1998, and in accordance with the Partners Information Sharing Protocol, each Partner shall at all times during the continuance of this Agreement and after its termination keep confidential the medical condition, treatment received or other Personal Data of any person.

21. AUDIT

21.1 The Authority shall arrange for the audit of the accounts of the Pooled Fund in accordance with its statutory audit requirements.

21.2 The Authority shall provide to the NHS Bodies any reports required concerning the NHS Functions on reasonable notice.

21.3 The Partners shall co-operate in the provision of Information, and access to premises and staff, to ensure compliance with any statutory inspection requirements, or other monitoring or scrutiny functions. The Partners shall implement recommendations arising from these inspections, where appropriate.

22. INDEMNITIES

22.1 References in this section to damages claims and liabilities shall include the obligation to pay sums recommended by an Ombudsman or under any other complaint resolution process.

22.2 Each Partner (**Indemnifying Partner**) shall indemnify and keep indemnified the other Partners (**Indemnified Partners**) from and against all damages, actions, proceedings, costs incurred, claims, demands, liabilities suffered, losses and expenses and reasonable legal fees whatsoever, whether arising in tort (including negligence), default or breach of this Agreement, to the extent that any loss or claim is due to the breach of contract, negligence, wilful default or fraud of itself, the Indemnifying Partner's employees, or any of its Representatives or sub-contractors, except to the extent that the damages, liability, loss or claim is directly caused by or directly arises from the negligence, breach of this Agreement, or applicable Law by the Indemnified Partner or its Representatives.

Conduct of Claims

22.3 In respect of any claim by or against any Partner that in any way relates to the Services and/or a Service User including without limitation the performance by the Partners of their obligations under this Agreement, each Partner agrees:

22.3.1 to notify the other Partners in a timely manner of the details of any such Claims;

22.3.2 to consult with the other Partners and keep the other Partners fully informed of the progress and details of the Claim;

22.3.3 that where the Claim relates to more than one Partner not to compromise, dispose of or settle the Claim without the other Partner’s prior written consent (not to be unreasonably withheld or delayed);

22.3.4 that where the Claim relates solely to any one Partner (the “First Partner”) and:

(a) has been made against another Partner; or

(b) where the First Partner may be entitled to an indemnity from the other Partner under clause 22.2 above;

22.3.5 the Partners shall seek to agree which Partner shall have conduct of the Claim having regard to the requirements of each relevant Partner’s insurers (or equivalent) and no Partner shall compromise, dispose of or settle the Claim without the prior written consent of the other Partners (not to be unreasonably withheld or delayed).

22.4 Each Partner agrees to co-operate and provide all such advice, assistance and information to the other Partners as may be reasonably required in respect of any such Claim or the conduct of any such Claim in a timely manner.

23. LIABILITIES

23.1 Subject to clause 23.2, none of the Partners shall be liable to the other Partners for claims by third parties arising from any acts or omissions of the other Partners in connection with the Services before the Commencement Date.

23.2 Liabilities arising from Services provided or commissioned under the Previous Section 31 Agreements shall remain with the Partner specified under the relevant agreement and indemnified in accordance with the provisions set out above.

23.3 Each Partner shall, at all times, take all reasonable steps to minimise and mitigate any loss or damage for which the relevant Partner is entitled to bring a claim against the other Partners under this Agreement.

24. COMPLAINTS AND INVESTIGATIONS

24.1 The Partners agree that where a complaint is made to any of the Partners, the complaint shall be dealt with in accordance with the procedures of the receiving Partner and insofar as is reasonable to do so in consultation with the other Partners.

24.2 The Partners shall each fully comply with any investigation by the Ombudsman, including providing access to Information and making staff available for interview.

25. SERVICE USER PATIENT PUBLIC INVOLVEMENT

25.1 The Partners shall promote and facilitate the involvement of Service Users, carers and members of the public in decision-making concerning the Partnership Arrangements.

25.2 Nothing in this Agreement shall prejudice or affect:

25.2.1 the rights and powers, duties and obligations of the Partners in the exercise of their functions as public bodies or in any other capacity;

25.2.2 the powers of the Authority to set, administer and collect charges for any Authority Health-Related Function; or

25.2.3 the Authority’s power to determine and apply eligibility criteria for the purposes of assessment under the Care Act 2014.

26. DISPUTE RESOLUTION

26.1 In the event of a dispute between the Partners arising out of or in connection with the terms of this Agreement, any Partner shall submit details of the dispute in writing to the other Partner(s) within 5 Working Days of such dispute arising.

26.2 Following receipt by the Partner(s) of the details of the dispute in writing, the Partners shall use their reasonable endeavours to resolve such dispute within 20 Working Days of the dispute arising (notice submitted pursuant to clause 26.1).

26.3 If such dispute cannot be resolved in accordance with clause 26.2 above, then such dispute shall be referred in writing to the Partnership Board.

26.3.1 Such referrals shall include any notes of any progress made with a view to resolution of the dispute by the Partners to the dispute.

26.3.2 Such notes shall be taken into consideration by the Partnership Board in coming to and making their decision. For the avoidance of doubt, the Partnership Board shall not be bound by any wording/argument expressed in such notes in coming to and making its decision.

26.4 If such a dispute cannot be resolved by the Partnership Board in accordance with clause 26.3 above, or, if any of the Partners in dispute or the relevant Partner alleged to be in default are dissatisfied with the decision made by the Partnership Board in accordance with clause 26.3 above, then any of the Partners in dispute or the relevant Partner alleged to be in default shall refer the dispute in writing to the Joint Health and Social Care Directorate Management Team/Accountable Officer Meeting together with written information regarding the steps taken to resolve the dispute so far. Such information shall not be binding on the Joint Health and Social Care Directorate Management Team/Accountable Officer Meeting and the decision of the Joint Health and Social Care Directorate Management Team/Accountable Officer Meeting shall be final and binding.

27. TERMINATION

27.1 This Agreement may not be terminated by any Partner except as provided for under the provisions of clauses 27.2 to 27.4 below.

Early Termination

27.2 Early termination of this Agreement shall require twelve (12) months written notice by any one of the Partners to all of the other Partners. Any notice served in accordance with this clause shall expire at the end of a Financial Year. Following such notice period this Agreement shall terminate.

27.3 In the event of a dispute or disagreement relating to the terms and conditions of this Agreement which cannot be resolved under clause 26 of this Agreement, then a Partner may serve twelve 12 months' notice in writing upon the other Partners, following such notice period, this Agreement shall terminate. Such notice to expire at the end of the Financial Year.

27.4 Notwithstanding clause 27.3 any Partner may, at any time, by giving immediate notice in writing to the other Partners terminate the Agreement on the happening of one of the following:

27.4.1 One partner commits a material breach of any of its obligations under the Agreement which is not capable of remedy; or

27.4.2 A Partner commits a material breach of its obligations under the Agreement, which is capable of remedy.

27.4.3 Any Partner wishing to terminate this Agreement in accordance with the provisions of this clause 27.4 shall first serve a notice on the Partner committing a material breach of its obligations under this Agreement.

Such notice shall:

(a) specify the nature of the breach;

(b) require such breach to be remedied; and

(c) allow the Partner in default 30 days to remedy the breach.

If such breach has not been remedied within thirty (30) days after the receipt of written notice from the terminating Partner serving a notice on the Partner in default requiring remedy of the breach; or

27.4.4 As a result of any Change in Law or legislation the Partners are unable to fulfil their obligations under this Agreement; or

27.4.5 The fulfilment of any Partners' obligations under this Agreement would be in contravention of any guidance from the Secretary of State issued after the Commencement Date of this Agreement.

then the provisions of clause 28 shall apply on termination of this Agreement.

28. CONSEQUENCES OF TERMINATION AND WINDING DOWN ARRANGEMENTS

28.1 In the event that this Agreement is terminated the Partners agree to co-operate with each other in order to ensure an orderly wind down of joint activities as set out in the Agreement and to avoid or minimise the disruption of the Services to Clients and the Service Users. In winding down the Services, the Partners agree to co-operate with any new provider of the Services until such time as the Services are being undertaken by the new provider in accordance with the Service standard prevailing at the time that the new provider takes over provision of the Services.

28.2 In the event that there is early termination of this Agreement, the Partners agree that any balance of the Pooled Funds will be split pro-rata on the basis of Partners' contributions received in the last financial year in which such termination occurs. Such balance will be adjusted for unpaid activities taking into account the Authority's legal liabilities to suppliers.

28.3 In the event of termination the Partners shall value and take into account any Administrative Assets and any interests in such assets acquired for the purposes of this Agreement in order to distribute such assets to the Partners. Such distribution shall take into account the legal ownership of and any interest in such assets which shall be returned to their legal owner. If no legal owner can be identified after six months the relevant assets shall be distributed among the Partners as the Partnership Board may consider appropriate.

28.4 Any press release to be issued on behalf of the Partnership Board in relation to the Partners ceasing to provide the Services shall first be presented to the Partnership Board in order to allow the Partnership Board to comment on the contents of the press release.

28.5 Any such comments made by the Partnership Board shall be taken into consideration by the chair of the Partnership Board.

28.6 Following the presentation and receipt of any comments the chair of the Partnership Board shall be entitled to make a decision regarding the content of the press release.

29. SURVIVAL OF TERMINATION

29.1 The provisions of the following clauses shall survive termination of this Agreement however caused and shall continue in full force and effect:

29.1.1 Clause 18 Freedom of Information;

29.1.2 Clause 19 Data Protection and Information Sharing;

29.1.3 Clause 20 Confidentiality;

29.1.4 Clause 21 Audit;

29.1.5 Clause 22 Indemnities;

29.1.6 Clause 23 Liabilities; and

29.1.7 Clause 28 Consequences of Termination and Winding Down Arrangements.

30. PUBLICITY

The Partners shall use reasonable endeavours to consult one another before making any press announcements concerning the Services or the discharge of any Partner's Functions under this Agreement.

31. NO PARTNERSHIP

Nothing in this Agreement shall be construed as constituting a legal partnership between the Partners or as constituting any Partner as the agent of any of the others for any purpose whatsoever, except as specified by the terms of this Agreement.

32. THIRD PARTY RIGHTS

32.1 No term of this Agreement is intended to confer a benefit on or to be enforceable by any person who is not a party to this Agreement.

32.2 It is agreed that the Contracts (Rights of Third Parties) Act 1999 shall not apply to this Agreement.

33. NOTICES

33.1 Notices shall be in writing and shall be sent to the Authority, and the Lead Partner marked for the attention of the chief executive (or equivalent) or another person duly notified by the Authority, or the Lead Partner for the purposes of serving notices on the Authority, or that Lead Partner, at the postal or email address set out for the Authority, or the Lead Partner in this Agreement.

The Authority's email address: anne.tidmarsh@kent.gov.uk

The Lead Partner's email address: southkentcoast.ccg@nhs.net

33.2 Notices may be sent by first class mail or email, provided that read receipts are attached to the email sent. Correctly addressed notices sent by first class mail shall be deemed to have been delivered 72 hours after posting and correctly directed emails shall be deemed to have been received, provided a read receipt has been received by the sender.

34. ASSIGNMENT AND SUBCONTRACTING

34.1 Subject to clause 34.2, this Agreement and any right and conditions contained in it may not be assigned or transferred by any Partner without the prior written consent of the other Partners, except to any statutory successor to the relevant function.

34.2 The Partners recognise the recent changes to the structure of the NHS and agree that, where necessary, the NHS Bodies shall be entitled to novate, assign in whole or in part any right or condition under this Agreement to any other NHS organisation or any other entity replacing the NHS Bodies or who has become responsible for the exercise of any or all of the NHS Functions.

35. SEVERABILITY

35.1 If any term, condition or provision contained in this Agreement shall be held to be invalid, illegal, unlawful or unenforceable to any extent and for any reason by any court or competent jurisdiction, such term, condition or provision shall be severed and shall not affect the validity, legality or enforceability of the remaining provisions of this Agreement, which shall continue in full force and effect as if this Agreement had been executed with the invalid provisions eliminated.

35.2 In the event of a holding of invalidity so fundamental as to prevent the accomplishment of the purpose of this Agreement, the Parties shall immediately commence good faith negotiations to remedy such invalidity.

36. WAIVER

36.1 The failure of either Partner to enforce any of the provisions of this Agreement at any time or for any period of time shall not be construed to be a waiver of any such provision and shall in no matter affect the right of that Partner thereafter to enforce such provision.

36.2 No waiver in any one or more instances of a breach of any provision of this Agreement shall be deemed to be a further or continuing waiver of such provision in other instances.

37. ENTIRE AGREEMENT

37.1 This Agreement, the Schedules and the documents annexed to it or otherwise referred to in it contain the whole agreement between the Partners relating to the subject matter of it and supersede all prior communications, representations, agreements, arrangements and understandings between the Partners relating to that subject matter.

37.2 Any prior communications, representations, agreements, arrangements, understandings, promises or conditions not incorporated in this Agreement shall not be binding on any of the Partners.

38. GOVERNING LAW AND JURISDICTION

Subject to clause 26, this Agreement and any dispute or claim arising out of or in connection with it or its subject matter shall be governed by and construed in accordance with the law of England and Wales, and the Partners irrevocably agree that the courts of England shall have exclusive jurisdiction to settle any dispute or claim that arises out of or in connection with this Agreement.

39. FAIR DEALINGS

The Partners recognise that it is impracticable to make provision for every contingency which may arise during the life of this Agreement and they declare it to be their intention that this Agreement shall operate between them with fairness and without detriment to the interests of any of them and that if in the course of the performance of this Agreement, unfairness to any of them does or may result then the other Partners shall use their reasonable endeavours to agree upon such action as may be necessary to remove the cause or causes of such unfairness.

40. COUNTERPARTS

This Agreement may be executed in one or more counterparts. Any single counterpart or a set of counterparts executed, in either case, by all Partners shall constitute a full original of this Agreement for all purposes.

This document has been executed as a deed and is delivered and takes effect on the date stated at the beginning of it.

THE COMMON SEAL of)
THE KENT COUNTY COUNCIL)
was hereunto affixed in the presence of:)

Authorised Signatory

EXECUTED as a DEED)
by the signature of the Authorised)
Signatory)
of)
NHS DARTFORD GRAVESHAM AND SWANLEY CLINICAL COMMISSIONING GROUP
in the presence of:

Authorised Signatory

EXECUTED as a DEED)
by the signature of the Authorised)
Signatory)
of)
NHS WEST KENT CLINICAL COMMISSIONING GROUP
in the presence of:

Authorised Signatory

EXECUTED as a DEED)
by the signature of the Authorised)
Signatory of)
NHS SWALE CLINICAL)
COMMISSIONING GROUP
in the presence of:

Authorised Signatory

EXECUTED as a DEED)
by the signature of the Authorised)
Signatory of)
NHS ASHFORD CLINICAL)
COMMISSIONING GROUP
in the presence of:

Authorised Signatory

EXECUTED as a DEED)
by the signature of the Authorised)
Signatory of)
NHS CANTERBURY AND COASTAL)
CLINICAL COMMISSIONING GROUP
in the presence of:

Authorised Signatory

EXECUTED as a DEED)
by the signature of the Authorised)
Signatory of)
NHS THANET CLINICAL)
COMMISSIONING GROUP
in the presence of:

Authorised Signatory

EXECUTED as a DEED)
by the signature of the Authorised)
Signatory of)
NHS SOUTH KENT COAST CLINICAL)
COMMISSIONING GROUP
in the presence of:

Authorised Signatory

SCHEDULE 1 - Aims and Outcomes

Kent County Council, in partnership with NHS commissioning organisations in Kent, is seeking to establish a more singular ICES solution for the people and stakeholders of Kent (please note the exclusion of Medway Council and Medway Clinical Commissioning Group).

The population of the Kent County Council (KCC) area is projected to increase by an additional 153,800 people up by 10.5% over the next ten years bringing the population of Kent to 1,620,200. In addition to this Kent's older people population (65+) is projected to increase from 262,900 in 2011 to 335,700 in 2021an increase of 26.7%.

In Kent there is a complex landscape of equipment, goods and community services provision across the health and social care economy.

The ICES plays a crucial role in helping the most vulnerable people in Kent remain in their own home. Through the provision of equipment, people are either enabled to carry out everyday activities, whilst maximising their independence, or to be provided with equipment which supports them to be cared for at home. Children and young people are given the best opportunity to be as independent as possible, including accessing the curriculum in education, and their parents/carers supported to care for them. The effect of this is to increase the opportunity to be educated in a local school, increase educational attainments, reduce care home/foster care and hospital admissions and to assist in timely discharge from hospital.

SCHEDULE 2 - The NHS Functions and the Authority Health-Related Functions

THE NHS FUNCTIONS AND THE AUTHORITY HEALTH-RELATED FUNCTIONS THE EXERCISE OF WHICH ARE THE SUBJECT OF THIS AGREEMENT

NHS Functions

means as much of those functions of the Kent CCGs mentioned in paragraph 5 of the NHS Regulations 2000 as may be necessary to provide the Section 75 Services

Regulations by which Clinical Commissioning Groups deliver their Functions

- Corporate Manslaughter Act 2007
- Health and Safety at Work Act etc. 1974
- Management of Health and Safety at Work Regulations 1999
- The Health and Safety (Offences) Act 2008
- Common Law of Negligence
- Consumer Protection Act 1987 (Part 1)
- General Product Safety Regulations 2005
- Manual Handling Operations Regulations 1992
- Medical Devices Regulations 2002 (Amended 2003)
- Sale and Supply of Goods Act 1994
- Managing Medical Devices April 2014
- Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)
- Provision and Use of Work Equipment Regulations 1998 (PUWER)
- The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulation 2009 (SI 2009/1348)
- Control of Substances Hazardous to Health Regulations 2002 (COSHH)
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Equality Act 2010
- Gender Recognition Act 2004

Authority Health-Related Functions

The functions of the Authority exercisable under the Partnership Arrangements ("Authority Health-Related Functions") under this Agreement are as follows the functions specified in Schedule 1 to the Local Authorities Social Services Act 1970. Assessment of needs for

community services under The National Health Service and Community Care Act 1990 (part in force)

Making of assessments and payments to individuals for purchasing community care services under Health and Social Care Act 2001

Assessment of Ability of Carers to provide care under Care Act 2014,

Identifying the need for, and publishing information about welfare services, provision of certain services, and providing certain information to the Secretary of State under the Chronically Sick and Disabled Act 1970 (part in force),

Representation and assessment of disabled persons under 1986 Act,

The promotion of welfare of old people

Relevant and Necessary Legislation

- The UN Convention on the Rights of Disabled People
- The UN Convention on the Rights of the Child
- Human Rights Act 1998 (European Convention on Human Rights)
- The Equality Act 2010
- NHS Act 1977 (supplanted by the NHS Act 2006 in England)
- Health and Social Care Act 2008
- Education Act 1996
- Children Act 1989
- Fair Access to Care services
- Carers (Recognition and Services Act) 1995; and Carers (Equal Opportunities) Act 2004
- Care Act 2014

Part in force:

- Chronically Sick and Disabled Persons Act 1970
- NHS and Community Care Act 1990
- Health Services and Public Health Act 1968
- National Assistance Act 1948
- Carers and Disabled Children Act 2000

- Adhere to the Commissioner's procedures, protocols and guidance on Adult Protection.

- Embed learning from Serious Untoward Incidents into internal procedures and protocols.

- Adhere to the requirements of the Mental Capacity Act 2005 (amended 2007).

SCHEDULE 3 – Contributions

1. FINANCIAL CONTRIBUTIONS: Pooled Fund (Integrated)

The integrated portion of the Pooled Fund relates to joint equipment which could be commissioned by either the NHS Bodies or the Authority. The Partners contribute to the integrated Pooled Fund.

Authority's Financial Contribution for the First Financial Year will be based on the estimated forecast expenditure for the year 2014/15 which is approximately £785,000 for a full year. This sum will be divided pro-rata calculated on a daily basis to take into account the Commencement Date in relation to the Financial Year of the Authority.

2. The NHS Bodies' Financial Contribution for the First Financial Year will be based on the estimated forecast expenditure for the year 2014/15 which is set out below on a full year basis. These sums will be divided pro-rata calculated on a daily basis to take into account the Commencement Date in relation to the Financial Year of the NHS Bodies.

CCG	Approximate Contribution
Ashford	£79,000
Canterbury and Coastal	£109,000
South Kent Coast	£110,000
Swale	£53,000
Thanet	£97,000
Dartford, Gravesham & Swanley	£147,000
West Kent	£286,000

Actual contribution in the First Financial Year for each of the Partners will be calculated based on the actual expenditure for the year 2014/15.

3. The Contributions from the CCGs are net of VAT.

4. FINANCIAL CONTRIBUTIONS: Pooled Fund (Aligned)

The aligned portion of the Pooled Fund relates solely to NHS only equipment and is therefore funded wholly by NHS Bodies.

The NHS Bodies' Financial Contribution for the First Financial Year will be based on the estimated forecast expenditure for the year 2014/15 which is set out below on a full year basis. These sums will be divided pro-rata calculated on a daily basis to take into account the Commencement Date in relation to the Financial Year of the NHS Bodies.

CCG	Approximate Contribution
Ashford	£435,000
Canterbury and Coastal	£828,000
South Kent Coast	£887,000
Swale	£441,000
Thanet	£664,000
Dartford, Gravesham & Swanley	£475,000
West Kent	£1,117,000

N.B. This Schedule may be revised

- Pending outcome of the tender process there may be no requirement for the aligned portion of the Pooled Fund. In this instance only the integrated portion of the above Schedule will apply.
- In year adjustments to figures pending actual budget allocations from the Partners.

5. The Contributions from the CCG's are gross of VAT.

SCHEDULE 4- Information Sharing Protocol

Note: For the avoidance of doubt, the Standard Operating Procedure is an example rather than a prescriptive document and the Partners shall have flexibility with regard to its contents generally.

Section 75 Agreement for the Procurement of Integrated Community Equipment Services (ICES) For Adults and Children

Information Sharing Agreement Standard Operating Procedure (SOP) – December 2014

Type of Agreement

This SOP is to be read in conjunction with the Kent & Medway Information Sharing Agreement and with clauses 19 and 20 of the main body Section 75 Agreement for the Procurement of Integrated Community Equipment Services (ICES) for Adults and Children.

Personnel involved in the information sharing process must be fully aware of the requirements of the Agreement and with clauses 19 and 20 of the main body Section 75 Agreement for the Procurement of Integrated Community Equipment Services (ICES) for Adults and Children.

This SOP is included for information as an example of practice only; it is not prescriptive and parties will have flexibility according to situation and need.

Parties to this Agreement and contact number to identify Primary Designated Officer (PDO)

Anne Tidmarsh – Director of Older People and Physical Disability, Kent County Council (03000415521)

Hazel Carpenter – Accountable Officer, Thanet Clinical Commissioning Group (03000 424615)

A list of regular PDO and Designated Officer (DO) contacts is to be maintained for easy reference and is to be attached to this document (electronic and paper version). If there is any doubt about the contact or the information requested check with your supervisor before disclosing information.

Purpose

Information will be shared in order to supply community equipment to adults and children through an integrated health and social care equipment service.

Administration/Process

The administration/processes for sharing information are detailed in clauses 19 and 20 of the main body Section 75 Agreement for the Procurement of Integrated Community Equipment Services (ICES) for Adults and Children, with particular reference to clause 19.1.

Information Disclosure Types (Examples)

Disclosure for the following relevant areas for each partner will be considered. Specific exclusions are also listed.

For each client using the Integrated Community Equipment Service, the following information may be shared via an online database:

- Surname
- Forename/known as
- Title
- Address/postcode
- Telephone
- Date of birth
- Deceased date
- Gender
- Ethnicity
- GP
- Social care case manager/named health professional
- Agency identifiers – NHS number, Social Service ID number
- Hospital discharge date
- Next of kin/emergency contacts
- Main language
- Marital status/lives alone
- Access to property – for example key safe details and keyholders

- Hazards – relating to the household/individual
- Impairments
- Details of equipment assigned currently and historically
- Details of practitioner ordering/prescribing equipment
- Period of equipment loan
- Reason for equipment issue
- Notes relating to receipt/refusal of equipment

Specific exclusions will be processed in accordance with the principles set out in the main body Section 75 Agreement for the Procurement of Integrated Community Equipment Services (ICES) for Adults and Children clauses 28.1, 28.2 and 26.3.

For the purposes of Information Governance, the contractor will pseudonymise information for the CCGs to enable the CCGs to manage the information without breaching rules on Patient Identifiable Information

Signatory partners recognise that any data shared must be justified on the merits of each case.

Date of Next Review

The review of the Procedure will be completed by all partners to the Standard Operating Procedure by: ______________________

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

Andrew Ireland, Corporate Director for Social Care, Health and Wellbeing

To: Adult Social Care and Health Cabinet Committee – 3 March 2015

Decision No: **15/00013**

Subject: **PROPOSED REVISION OF RATES PAYABLE AND CHARGES LEVIED FOR ADULT SERVICES IN 2015-16**

Classification: Unrestricted

Past Pathway: Social Care Health and Wellbeing DMT - 11 February 2015

Future Pathway: Decision report to Cabinet Member

Electoral Division: All

Summary: This paper sets out the proposed rates and charges for Adult Social Care Services for the forthcoming financial year, along with any potential changes to the Adult Social Care charging policy, and sets out officer recommendations to the Cabinet Member for decision.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to:

a) **CONSIDER** and **ENDORSE** a recommendation to the Cabinet Member on the proposed decision set out below.

The Cabinet Member for Adult Social Care and Public Health will be asked to:

a) **APPROVE** the proposed increase to the rates payable and charges levied for adult services in 2015-16.
b) **APPROVE** the introduction of the Deferred Payment Scheme as detailed in paragraphs 2.8 -2.9 of the report.
c) **AGREE** that the Corporate Director for Social Care, Health and Wellbeing, or other suitable delegated officer, undertake the necessary actions to implement this decision.

1. Introduction

1.1 This report is produced annually and seeks approval of the Directorate's proposed rates and charges levied for the forthcoming financial year, along with any potential changes to the Adult Social Care charging policy. It is proposed, however, that the rates may be reviewed during the course of the year.

1.2 All proposed rates and charges levied for 2015-16 are listed in the attached appendix (Appendix 2) and represent those published on the annual booklet and on the Kent.gov.uk website.

1.3 The report distinguishes between those rates and charges over which the County Council can exercise their discretion and those which are laid down by Parliament.

1.4 The pay award for 2015-16 is based on a single performance-related payment rather than separate cost of living award and performance reward elements; as was the case for 2014-15. As there is no identifiable increase rate, some adults' rates are proposed to increase at 0%, or 1.58% in line with Consumer Price Index (CPI) at September 2014, which is in line with the benefits uplift.

1.5 The effective date, unless otherwise stated, for all proposed changes to adult services will be the week beginning 6 April 2015. This has been confirmed with the Department of Health.

2. Charges and Rates Payable for Adult Services

2.1 All rates and charges proposed for 2015-16 in respect of Adult Services are shown in the attached appendix (Appendix 2).

Client Contributions for Residential Care

2.2 Clients placed in residential care by the County Council are required to contribute to the cost of their care, as laid down by the National Assistance Act 1948, as amended by the National Health Service and Community Care Act 1990. The amount of contribution is based upon an assessment of their income and capital.

2.3 Under current residential charging rules, people who have savings or investments of more than £23,250, which has remained the same since April 2010 will pay the full cost of their care.

2.4 The provision for residential care for adults falls into two categories:
- The County Council's own provision
- Placements affected through the independent sector, purchased by the County Council.

2.5 For those clients with the ability to meet the full cost of a placement in the County Council's own provision, the proposals for the maximum contribution are as follows:

a) Older People

It is **proposed to increase this rate in line with the CPI figure as at September 2014 of 1.58%, to £463.07**.

b) People with Learning Difficulties

It is **proposed to increase this rate in line with the CPI figure as at September 2014 of 1.58%, to £631.26.**

2.6 There is no maximum contribution for placements in independent sector homes, though the contract price is agreed between the County Council and the care home.

2.7 For those clients that do not have the ability to meet the full cost of their placement, they will be re-assessed using the Care Act 2014 rules and their contribution towards residential care will rise in accordance with either their pension or benefits.

Deferred Payments

2.8 The Care Act 2014 introduces a new Universal Payments Scheme which all local authorities must introduce from April 2015. The relevant sections of the Act are sections 34 and 35. Further details are provided in The Care and Support (Deferred Payment) Regulations 2014 and in the statutory guidance, the final versions of which were issued in October 2014. The Act confers a duty on local authorities to develop a mandatory scheme based on national regulations. In addition to the mandatory scheme, the Act gives the local authority the power to offer Deferred Payments to a wider group of people on a discretionary basis.

2.9 Kent will institute a new Deferred Payments scheme (with both mandatory and discretionary elements) from April 2015, in accordance with the criteria in the Care Act and accompanying regulations and guidance. Decisions are needed on two aspects of the scheme, namely the rate of interest to be applied and the administrative charge, both of which are permitted under the Care Act.

(a) **Interest to be applied**
Under section 35 of the Care Act and Regulation 9 of The Care and Support (Deferred Payment) Regulations 2014, interest can be charged on the amount deferred for the purposes of a Deferred Payment agreement. Regulation 9 states that the maximum interest that can be charged is based on the “relevant rate” plus 0.15%. The “relevant rate” is the weighted average interest rate on conventional gilts. This is updated twice a year (1 January and 1 July) by the Office of Budget Responsibility. On this basis, the maximum annual interest rate that can be charged on 1 April 2015 will be 2.65%. The County Council intends to adopt this rate from 1 April and to update the interest rate every January and July, in line with the maximum that can be charged. Interest will be calculated and compounded daily.

(b) **Administrative charge to be applied**
Under section 35 of the Care Act and Regulation 10 of The Care and Support (Deferred Payment) Regulations, an amount for administration costs can be charged to people entering a Deferred Payment agreement. This amount can be added to the amount deferred or paid separately. It is proposed that the administration cost for the County Council scheme will be £480 at the start of the agreement, with £65 charged per year thereafter. The charges have been calculated based on the following costs: legal services and fees, staff, printing and postage costs involved in the invoicing process and staff costs involved in the financial assessment process. The staff costs used include the employer’s National Insurance and employer’s pension contributions. The costs associated with the role of case management have not been included and there is no amount included for overheads.

Personal Expenses Allowance

2.10 This is part of the pension identified as being for a client’s personal use and is set by the Department of Health; **the allowance will increase from £24.40 to £24.90 per week.**

Client Contributions for Non-Residential Care

2.11 Under current non-residential charging rules, people who have savings or investments of more than £23,250, which has remained the same since April 2010, will pay the full cost of their care.

2.12 People who have savings under £23,250 will be assessed to see if they are able to make a contribution to the cost of their support. The contribution is based on their weekly income (including pensions and benefits), and any savings/ investments between £14,250 and £23,250. Full details are in the "Charging for Homecare and Other Non-Residential Services Care" booklet.

Wellbeing Charge - Better Homes Active Lives (PFI) Schemes

2.13 Non-residential charging rules will also apply to these schemes. However, when working out the cost of the care and support, an additional cost will be added to the cost of any hours of care and support.

a) **Extra-care schemes for older people**
This is the cost of the 24 hour emergency cover available (for example if a person falls). A meeting of this Committee on 26 September 2014 endorsed a Cabinet Member decision **to set the rate for older people the at £15.00**

b) **Schemes for people with Learning Difficulties**
This is the cost of the sleeping night support service. It is **proposed to increase this rate in line with the CPI figure as at September 2014 of 1.58% to £44.92.**

Blue Badges

2.14 With effect from 1 April 1983, this charge was introduced to cover the administration of the application. The regulations governing the Blue Badge scheme give local authorities the discretion to charge a fee on the issue of a badge. **This fee currently cannot exceed £10. As from 1 January 2012, KCC has charged £10 and it is recommended that this rate continues.**

Notional Charges for Day Care

2.15 A notional rate applies to day care charges, however if the cost of care is lower than the notional charge then the lower charge will apply. People who have savings under £23,250 will be assessed to see if they are able to make a contribution to the cost of their day care. **An increase of 1.58% is proposed, in line with the CPI figure as at September 2014, as shown below**.

Care Item	Unit	Proposed Unit Charge (notional cost)
Learning Disability – day centre	Day	£37.64
Learning Disability – Day Centre half day	Session	£18.82
Older People – Day Centre	Day	£29.99
Older People – Day Centre Half Day	Session	£15.00
Physical Disability – Day Centre	Day	£35.80
Physical Disability – Day Centre Half Day	Session	£17.90
Older People with Mental Health Needs – Day Centre	Day	£35.45

Meals Charges/Other Snacks - Local Authority Day Centres

2.16 There are two meal charges: (i) meals (ii) meals and other snacks. An increase of 1.58% is proposed, in line with the CPI figure as at September 2014 (rounding to the nearest 5p):

	Proposed rate for 15/16
Meal Charge	£3.90
Meals and other snacks	£4.90

2.17 For 2015-16 there is an additional rate to be applied for refreshments only. This is set at a flat rate charge of £1.

Voluntary Drivers/Escort Mileage Rates

2.18 The current rate is usually reviewed in line with the Chancellor of the Exchequer's annual budget announcement. This rate is currently set at 45p per mile and is not expected to change in the near future.

Other Local Authority Charges for Adult Services

2.19 The Inter-Authority charges in 2014/15 were as follows, for any need-related assessments or reviews:

- £100 for a review
- £150 for an assessment
- £25 per hour for an assessment (if more than six hours work)

2.20 It is proposed that the above flat rates are removed in favour of an hourly rate which is in line with the charging policy for Children's services and other local authorities**. It is proposed to apply an hourly rate of £67.74** which allows for the percentage increase for the pay award uplift, excluding any performance reward element for 2015-16.

3. General Charges and Rates

Consultancy

3.1 County Council Finance dictates the rates to be levied for:

i) Middle Management (£82 per hour);
ii) Senior Management (£152 per hour);
iii) Director, when undertaking consultancy work (£246 per hour).

3.2 These rates have not been uplifted since April 2009; the above rates are reflective of today's prices.

Publications

3.3 The proposal is to leave the charge for key publications at £10, the same level as 2014-15.

4. **Recommendation**: The Adult Social Care and Health Cabinet Committee is asked to:

a) **CONSIDER** and **ENDORSE** a recommendation to the Cabinet Member on the proposed decision set out below.

The Cabinet Member for Adult Social Care and Public Health will be asked to:

a) **APPROVE** the proposed increase to the rates payable and charges levied for adult services in 2015-16.
b) **APPROVE** the introduction of the Deferred Payment Scheme as detailed in paragraphs 2.8 -2.9 of the report.
c) **AGREE** that the Corporate Director for Social Care, Health and Wellbeing, or other suitable delegated officer, undertake the necessary actions to implement this decision.

5. Background Documents

None

6. Report Author

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KENT COUNTY COUNCIL – Proposed RECORD OF DECISION

DECISION TO BE TAKEN BY	DECISION NO.
Graham Gibbens, Cabinet Member for Adult Social Care and Public Health	15/00013

If decision is likely to disclose exempt information please specify the relevant paragraph(s) of Part 1 of Schedule 12A of the Local Government Act 1972

Subject:
PROPOSED REVISION OF RATES PAYABLE AND CHARGES LEVIED FOR ADULTS SERVICES IN 2015-16

Decision:
In line with the recommendations in the report on the Proposed Revision of Rates Payable and Charges Levied for Adult Services in 2015-15, the Cabinet Member for Adult Social Care will be asked to:

1) **AGREE** the proposed increase to the rates payable and charges levied for adult services in 2015-16 as detailed below:

   i. Client Contributions for Residential Care – Older People. Increase to **£463.07** (in line with the CPI figure as at September 2014 of 1.58%).
   ii. Client contributions for Residential Care – People with Learning Difficulties. Increase to **£631.26** (in line with the CPI figure as at September 2014 of 1.58%)
   iii. Personal Expenses Allowance – Increase to **£24.90** per week.
   iv. Wellbeing Charge – Better Homes Active Lives (PFI) Schemes. Extra-care schemes for Older People. The new rate for 2015-16 will be **£15.00.**
   v. Wellbeing Charge – Better Homes Active Lives (PFI) Schemes. Schemes for People with Learning Difficulties. Increase to **£44.92** (in line with the CPI figure as at September 2014 of 1.58%).
   vi. Notional Charges for Day Care. Increase as shown below (in line with the CPI figure as at September 2014 of 1.58%):

Care Item	Unit	Proposed Unit Charge (notional cost)
Learning Disability – day centre	Day	**£37.64**
Learning Disability – Day Centre half day	Session	**£18.82**
Older People – Day Centre	Day	**£29.99**
Older People – Day Centre Half Day	Session	**£15.00**
Physical Disability – Day Centre	Day	**£35.80**
Physical Disability – Day Centre Half Day	Session	**£17.90**
Older People with Mental Health Needs – Day Centre	Day	**£35.45**

   vii. Meal Charges – Local Authority Day Centres. Increase to **£3.90** (in line with the CPI figure as at September 2014 of 1.58%).

viii. Meals and other snacks – Local Authority Day Centres. Increase to **£4.90** (in line with the CPI figure as at September 2014 of 1.58%).

ix. Inter- Authority Charges - It is proposed to apply an hourly rate of **£67.74** which allows for the percentage increase for the pay award uplift excluding any performance reward element for 2015-16.

2) **AGREE** the introduction of the Deferred Payment Scheme from April 2015

3) **AGREE** that the Corporate Director for Social Care, Health and Wellbeing, or other suitable delegated officer, undertake the necessary actions to implement this decision.

Reason(s) for decision, including alternatives considered and any additional information

The proposed rates payable and charges levied are considered annually, with any revisions normally introduced at the start of each financial year.

This decision relates to Adult Social Services and the rates and charges that are currently in place, with the Children's Social Services being addressed in a separate decision.

The rates and charges payable for 2015/16 will be introduced in the week commencing 6 April 2015. This has been confirmed with the Department of Health.

The accompanying report distinguishes between those rates and charges over which Members can exercise their discretion, and those which are laid down by Parliament.

Financial Implications:

The increase in income and the increase in payments that these changes will bring have been included in the 12 February 2015 County Council agreed budgets for the services affected.

Cabinet Committee recommendations and other consultation:

The proposed decision will be discussed at the Adult Social Care and Health Cabinet Committee on 3 March 2015 and the outcome of this included in the decision paperwork which the Cabinet Member will be asked to sign.

Background Documents:

Report on Proposed Revision of Rates Payable and Charges Levied for Adults Services in 2015-16 to the Adult Social Care and Health Cabinet Committee Meeting on 3 March 2015.

Any alternatives considered:

As noted, elements of these revisions are set by external agencies and are not subject to discretion.

For the discretionary elements, alternative % increases were considered but, as in previous years, the respective recommended uplifts equivalent to CPI (1.58% in Sept 14), as the best balance between increases and the agreed budget available.

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

....
signed

....
date

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Decision Referred to Cabinet Scrutiny			
YES		NO	

Cabinet Scrutiny Decision to Refer Back for Reconsideration			
YES		NO	

Reconsideration Record Sheet Issued			
YES		NO	

Reconsideration of Decision Published

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

Andrew Ireland, Corporate Director - Social Care Health and Wellbeing

To: Adult Social Care and Health Cabinet Committee
3 March 2015

Decision No: 15/00015

Subject: **BETTER CARE FUND SECTION 75 AGREEMENT**

Classification: Unrestricted

Past Pathway: Social Care, Health and Wellbeing DMT – 28 January 2015

Future Pathway: None

Electoral Division**:** All

Summary: This report seeks endorsement to enter into a Section 75 agreement with Kent Clinical Commissioning Groups which will formalise the implementation of the Better Care Fund and establish the required pooled fund.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to:

a) **CONSIDER** and **ENDORSE** a recommendation to the Cabinet Member for Adult Social Care and Public Heath on the proposed decision as set out below:

i. **AGREE** that Kent County Council will enter into a Section 75 agreement with Kent Clinical Commissioning Groups which will formalise the implementation of the Better Care Fund and establish the required pooled fund.

ii. **DELEGATE** authority to the Corporate Director - Social Care Health and Wellbeing or other suitable delegated officer to arrange the sealing of the Section 75 agreement.

1. Introduction

1.1 Health and social care integration in Kent is about improving outcomes for the 1.5 million residents by transforming services within the community to support independent living, empower people and place a greater emphasis on the role played by the citizen and their communities in managing care. The Better Care Fund (BCF) will be used to continue to provide opportunities to go further faster and continue the longer programme of transformation required.

1.2 Kent's BCF plan was agreed by the Health and Wellbeing Board in September 2014 and moved to fully approved status in December 2014. A pooled fund is required to implement the BCF plan, which will be formalised through the proposed Section 75 agreement with Kent Clinical Commissioning Groups (CCG).

1.3 The purpose of this report is to provide the information necessary for the key decision to be taken to enter into a Section 75 agreement with Kent CCGs and to allow the Cabinet Committee to comment on the proposed decision.

2. Financial Implications

2.1 The Section 75 agreement will include the pooling of £101.4m for the Better Care Fund. This will include £10.6m Capital Grant from the County Council and £90.8m Revenue from the CCGs. The County Council will be the host and the agreement outlines the financial contributions to the pool, the funding flows out of the pool including, for the protection of social care, VAT implications and financial reporting requirements.

2.2 The flow of funds within the agreement is as follows:

Source of Funds	**Pooled Fund**	**Application of funds**
KCC £10.640m	£101.404m	KCC Protection of social care £28.254m
CCGs £90.764m		KCC Care Act implementation £3.566 m
Total £101.404m		KCC Social Care Capital grant £3.432 m
		Districts Disabled facilities grant £7.208m
		BCF schemes (Ring-fenced CCG out of hospital commissioned services) £18.591m
		BCF Payment for performance £7.641m
		CCG carers' break schemes £3.443m
		BCF schemes £29.269m
		Total £101.404 m

3. Policy Context

3.1 The Section 75 agreement will allow the pool fund to be established and, in turn, the integration plans under the BCF to proceed. This supports the integration of health and social care in Kent and the implementation of the Care Act, in line with corporate objectives and national policy.

3.2 The BCF is one of the strategic priorities of the Adult Services Transformation Portfolio within the Social Care, Health and Wellbeing Business Plan and supports Phase Two of the Adult Social Care transformation programme through facilitating partnership working and joint commissioning of health and social services across the Kent health economy.

3.4 It supports the Kent Vision, as a national Integration Pioneer, to put the citizen at the centre with services wrapped around what's important to them. In doing this, the BCF will deliver several benefits to the residents of Kent:

- Better access – co-designed integrated teams working 24/7 around GP practices.
- Increased independence – supported by agencies working together.
- More control – empowerment for citizens to self-manage.
- Improved care at home – a reduction in acute admissions and long term care placements and rapid community response, particularly for people with dementia.
- To live and die safely at home – supported by anticipatory care plans.
- 'No information about me without me' – the citizen in control of electronic information sharing.
- Better use of information intelligence – evidence-based integrated commissioning.

4. The Section 75 Agreement

4.1 The BCF Section 75 agreement is being finalised between Kent County Council Legal Services and the CCGs' jointly nominated legal team. There is one Section 75 agreement with CCG-specific schedules attached to reflect the slightly different approaches to delivery and governance across local areas. Based on progress to date, it is anticipated that this agreement will be ready for approval in time for the go live date of 1 April 2015.

4.2 A Chief Finance Officer (CFO) Group (NHS Area team led group of CCG CFOs and senior council finance leads) has been working to discuss and recommend options for pooled fund arrangements and proposed governance arrangements for the BCF. The Kent Health and Wellbeing Board approved progress to date and proposed arrangements for the Section 75 agreement on 28 January 2015.

4.3 More people are living with multiple long-term conditions. This is a challenge locally and nationally to the public's health but also an opportunity to deliver services in a way that improves outcomes, improves experience of care and makes best use of resources**.** Through the implementation of the BCF plan, it is anticipated that this agreement will have a positive impact on health inequalities across the Kent health economy.

4.4 The County Council will be the host of the pooled fund and will be responsible for its management. The Director of Older People and Physical Disability SCHWB has been named the Pooled Fund Manager in the Section 75 agreement and will delegate the tasks and responsibilities associated with this role to an appointed council officer.

4.5 Final signature of the Section 75 agreement will need to be undertaken by the appointed representative who has delegated authority from each of the CCGs and the County Council to do so. At the council, the process would involve the Cabinet Member for Adult Social Care and Public Health taking the decision and thereafter, delegating authority to the Corporate Director, Social Care Health and Wellbeing to seal the agreement.

5. Legal Implications

5.1 Kent County Council Legal Services are currently engaged in drafting the Section 75 Agreement, which will then be reviewed and agreed by all relevant Parties and approved by the Kent Health and Wellbeing Board.

6. Equality Implications

6.1 The Section75 agreement will allow for the implementation of the BCF plan. The plan is centred on improving health and social care outcomes for all the residents of Kent by transforming services within the community.

7. Conclusions

7.1 By 2018, Kent as an Integration Pioneer wants to achieve an integrated system that is sustainable for the future with improved outcomes for people and includes the "Kent £" across the entire health and social care economy. The Better Care Fund is a key step toward achieving this vision.

7.2 The Section 75 agreement is essential to the implementation of the Better Care Fund and must be finalised and signed in order for the pooled fund to be set up and the relevant funding to be received on the go live date of 1 April 2015.

8. Recommendation: The Adult Social Care and Health Cabinet Committee is asked to:

a) **CONSIDER** and **ENDORSE** a recommendation to the Cabinet Member for Adult Social Care and Public Heath on the proposed decision as set out below:

i. **AGREE** that Kent County Council will enter into a Section 75 agreement with Kent Clinical Commissioning Groups which will formalise the implementation of the Better Care Fund and establish the required pooled fund.

ii. **DELEGATE** authority to the Corporate Director - Social Care Health and Wellbeing or other suitable delegated officer to arrange the sealing of the Section 75 agreement.

9. Background Documents

The Better Care Fund Plan:

http://www.kent.gov.uk/social-care-and-health/health/health-and-public-health-policies/better-care-fund-plan

8. Contact details

Lead officer:
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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Graham Gibbens, Cabinet Member for Adult Social Care and Public Health	15/00015

For publication or exempt – For Publication

Key decision

Key decision as the value of the Section 75 agreement exceeds £1m and that it affects more than two electoral divisions

Subject: **BETTER CARE FUND (BCF) SECTION 75 AGREEMENT**

Decision:

The Cabinet Member for Adult Social Care and Public Health will be asked to:

a) **AGREE** that Kent County Council will enter into a Section 75 agreement with the Kent Clinical Commissioning Groups, which will formalise the implementation of the Better Care Fund and establish the required pooled fund.

b) **DELEGATE** authority to the Corporate Director - Social Care, Health and Wellbeing or other suitable delegated officer to arrange sealing of the Section 75 agreement.

Reason(s) for decision:

- Supports Health and Social Integration – the Section 75 agreement will allow the pooled fund to be established and in turn, the integration plans under the BCF to proceed. The BCF Plan has been approved and the pooled fund is required to ensure these funds are available for 1st April 2015.
- Care Act Implementation – the Section 75 agreement will enable funding to support the implementation of the Care Act, in line with corporate objectives and national policy.
- Supports the Kent Vision as a national Integration Pioneer – to put the citizen at the centre with services wrapped around what's important to them.
- Supports Adult Social Care Transformation through facilitating partnership working and joint commissioning of health and social services across the Kent health economy.

Cabinet Committee recommendations and other consultation:
Updates have been provided to the Adult Social Care and Health Cabinet Committee in December 2013 and September 2014.

The proposed decision will be discussed at the Adult Social Care and Health Cabinet Committee on 3 March 2015 and the outcome of this included in the decision paperwork which the Cabinet Member will be asked to sign.

Public consultation was under taken between February 2014 and March 2014.
Any alternatives considered: National strategy requires the Better Care Fund to be delivered via a pooled budget, which requires a Section 75 agreement.
Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

....

signed date

By: Graham Gibbens
Cabinet Member, Adult Social Care and Public Health

Andrew Scott-Clark, Interim Director of Public Health

To: Adult Social Care and Health Cabinet Committee

Date: 3rd March 2015

Subject: East Kent Sexual Health Services – interim contract extension

Classification: Unrestricted

Summary
The contract award for community sexual health services for East Kent has required an extended period of tender clarification with the successful service provider.

This has required an extension of the existing contract with Kent Community Health Trust (KCHT) for four months to allow more time for transition to the new service.

Recommendation

The Adult Social Care and Health Cabinet Committee is asked to consider and either endorse or make recommendations to the Cabinet Member on the proposed key decision to extend the existing contract for sexual health services in East Kent until 31st July 2015.

1. Introduction

1.1. The purpose of this paper is to seek the committee's endorsement of a proposed key decision to extend the existing contract for community sexual health services in East Kent for four months until, 31st July 2015.

1.2. The need for the extension is a result of negotiations in the post-tender clarification process in relation to the new contract for the service.

2. Background

2.1. On 4th December 2014, the committee endorsed the proposal to award new contracts for community sexual health services. Since the decision was taken, the contract for West and North Kent has been awarded to Maidstone and Tunbridge Wells Trust (MTW) and is due to start operating as planned on 1st April 2015.

2.2. The contract award for East Kent has been delayed because of a number of outstanding issues. These outstanding issues have now been resolved following an extended period of tender clarification and legal advice.

3. Contract extension

3.1. Public Health have reached an agreement which will require a four month extension of the existing contract with KCHT to allow a managed transition to the new service.

3.2. The details of the agreement, risks and alternatives considered have been provided to the committee in a separate exempt report.

4. Conclusion

4.1. Public Health is seeking to extend the existing contract for sexual health services in East Kent by four months until 31st July 2015. The delays in the award process for the new contract and the extent of change management needed in East Kent means that it will not be possible for the new contract to start until 1st August 2015.

4.2. The new contract will deliver significant efficiency savings and represents good value for money for the County Council. Public Health therefore considers that the proposed contract extension represents the most favourable solution for the County Council.

5. Recommendations

5.1 The Adult Social Care and Health Cabinet Committee is asked to consider and either endorse or make recommendations to the Cabinet Member on the proposed key decision to extend the existing contract for sexual health services in East Kent until 31st July 2015.

Background documents
None

Report Prepared by

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Appendix 1

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Cabinet Member for Adult Social Care & Public Health	15/00016

For publication

Subject: Contract Extension – East Kent Community Sexual Health Services

Decision:

As Cabinet Member for Adult Social Care and Public Health, I propose to agree for Kent County Council to extend the current contract with Kent Community Health Trust (KCHT) for four months to deliver Community Sexual Health Services in East Kent from 1st May 2015 to 31st July 2015.

Reason(s) for decision:
Financial

Cabinet Committee recommendations and other consultation:

The Adult Social Care and Health Cabinet Committee will discuss the proposal to extend the existing contract at its meeting on 3rd March 2015.

The contract extension is being proposed to allow an additional four month period for transition to a new contract for East Kent from 1st August 2015.

A new contract for sexual health services in North and West Kent will begin operating as planned on 1st April, following the committee's approval of the decision to award that contract to Maidstone and Tunbridge Wells NHS Trust.

Other consultation planned or undertaken:
A service review and stakeholder consultation and market engagement exercise was undertaken in 2013.

Any alternatives considered:
A full competitive tendering exercise has been completed in order to award the proposed new contracts.

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

.... Signed

.... Date

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

Andrew Ireland, Corporate Director Social Care, Health and Wellbeing

To: Adult Social Care and Health Cabinet Committee
3 March 2015

Subject: **ADULT SOCIAL CARE TRANSFORMATION AND EFFICIENCY PARTNER UPDATE**

Classification: Unrestricted

Past Pathway of Paper: DMT

Future Pathway of Paper: N/A

Electoral Division: All divisions

Summary: This report provides an adult social care transformation and efficiency partner update, including a status update on staffing.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to:
a) **NOTE** the information provided in the report.

1. Background

1.1 Following the decision to appoint Newton Europe as the adult social care transformation and efficiency partner, a commitment was made to provide the Social Care and Health Cabinet Committee with six monthly updates. This report provides the latest update.

1.2 The three main programmes of activity in phase 1 were:
- Care Pathway
- Optimisation
- Commissioning and Procurement

1.3 Phase 1 activities have been completed and the benefits are being realised in this and the next couple of financial years.

1.4 Following a six week assessment in July 2014, a number of opportunities for phase 2 savings and transformation were identified. These included:

Service	Area	Name	Target	Target Total	Stretch	SU Outcomes
Older People, Physical Disability	Acute	Short Term Beds Reduction	£1.20m	£4.14m	£1.60m	*Improved outcomes from acute. Fewer service users requiring long term residential placements*
		Acute outcome improvement	£2.94m		£6.04m	
	Outcomes & Process	Enablement Volume	£1.83m	£7.77m	£2.44m	*Access to enablement service for all service users regardless of referral route. Standardised effectiveness across the service*
		Enablement Outcomes	£3.44m		£4.58m	
		Enablement Efficiency	£0.10m		£0.70m	
		Enablement Outsourcing	£2.40m		£4.60m	
Older People, Physical Disability Total				**£11.91m**	**£19.96m**	
Learning Disability	Reshaping the Market	Alternate Models of Care	£4.10m	£4.84m	£6.64m	*Development of supported living options*
		Reshaping support contracts	£0.42m		£0.83m	*Greater independence for service users*
		Process improvement Shared Lives	£0.32m		£0.49m	*Strategic relationship with housing and support providers*
	Enablement	Pathways to Independence	£1.93m	£1.93m	£5.03m	*Measurement and improvement in outcomes for service users*
Learning Disability Total				**£6.77m**	**£12.99m**	
Adults Total				**£18.68m**	**£32.95m**	

1.5 Newton Europe then was commissioned over the period of October 2014 to May 2015 to work with Council staff to design exactly how these opportunities will be realised.

2. Phase 1 – Impact on Staffing

2.1 Following a number of process efficiencies during phase 1, the Council was able to reduce the Older People/Physical Disability (OPPD) staff establishment by 23%. This reduction in staffing was managed through a voluntary redundancy process and natural wastage. At the point of the restructure, there was a peak in OPPD leavers - made up of 15.5 voluntary redundancies, 15.2 resignations and 5.2 retirements.

2.2 The number of resignations following the voluntary redundancy process was far higher than expected and as a result there are a number of vacancies in the OPPD area teams. The following table represents the position as at 30 January 2015 of the OPPD establishment which was implemented on 1 October 2014, as a result of the introduction of revised systems, processes and ways of working across the areas.

Area	Establishment FTE	Vacancy FTE	Vacancy % including agency workers	Agency FTE
West Kent				
Service Manager	2	1	50%	
Team Manager	4	0	0%	
Senior Practitioner /OT	11	2	18%	
Case Manager/OT	51.5	7.5	15%	
Assessment/Case Officers	48.5	7.5	15%	
Administration	32	3	9%	

Thanet & Kent Coast				
Service Manager	2	0	0%	
Team Manager	4	1	25%	
Senior Practitioner /OT	9	9	55%	4
Case Manager/OT	55	2.2	4%	
Assessment/Case Officers	36.5	5.7	16%	
Administration	26	0.07	0%	1

Area	**Establishment FTE**	**Vacancy FTE**	**Vacancy % including agency workers**	**Agency FTE**
Dartford, Gravesham, Swanley & Swale (DGSS)				
Service Manager	2	1	50%	
Team Manager	4	2	50%	
Senior Practitioner /OT	8	8	100%	
Case Manager/OT	31	4.3	11%	1
Assessment/Case Officers	54.5	6.8	12%	
Administration	30	7.9	20%	2
Ashford, Canterbury & Coastal				
Service Manager	2	1	50%	
Team Manager	4	1	25%	
Senior Practitioner /OT	7	2	29%	
Case Manager/OT	42	2.9	4.5%	1
Assessment/Case Officers	33.5	-2.5	0%	
Administration	27	-1.3	0%	2

2.3 Thirty-eight posts have been advertised on the KCC micro-site since the OPPD restructure and twelve appointments have been made so far. An external media campaign has been commissioned to recruit to the social work vacancies in Dartford, Gravesham, Swanley and Swale (the area most affected by the vacancies).

2.4 A total of thirty-two Non-Qualified Social Workers (NQSW) recruited to Adult Social Care roles: nineteen have completed Assessed and Supported Year in Employment (ASYE) in January 2015 and thirteen started the programme in 2014. This is a new programme introduced by the College of Social Work to enable newly qualified staff to receive appropriate supervision, training and mentoring to become effective practitioners.

2.5 Eight Open University (OU) students sponsored by the Council will be qualifying in 2015, with a further seven returning by 2017, who will be considered for available vacancies within Adult Social Care.

2.6 Retaining high quality staff is equally important as recruiting new staff. Research shows that social workers value manageable workloads, high quality professional development, good supervision and support and a culture that enables them to practice as a professional. An analysis of recent staff feedback has been used to develop an understanding of the key reasons why staff stay with the Council and what factors might cause them to look for alternative employment outside of the Council. An on-boarder

(recently recruited staff who started six to nine months ago) survey was carried out in December 2013 resulted in a response from around fifty staff in Adult Social Care. It showed that staff were engaged by the nature of the work itself and the calibre of their colleagues; The Council's reputation as an employer; and pay and benefits. The risk factors identified by more than 25% of the respondents included the potential for progression; the physical working environment; relationship with managers; and the match between their expectation and the reality of the work. By addressing some of these issues we would expect to reduce the risk of staff leaving the service. A further engagement survey is being undertaken to obtain views from staff who have started within the Council over the last six to nine months and we will use the information from this for Adult Social Care teams to inform future retention activity

2.7 Given some of the recent difficulties in recruiting and retaining specialist staff, concerns have been raised regarding the level of pay and benefits offered by the Council to the qualified social workers that are required across the service. Recent research into salary and benefits from neighbouring authorities has been compiled and shared with Directors to inform decisions about additional payments to attract and retain certain key staff as well as consideration of the level of salary for Approved Mental Health Professionals (AMHPs) given the skills, knowledge and experience required in these roles. Consideration is being given to market premium payments for recruitment and retention of critical roles both in terms of attracting to specific geographical areas and to specific identified roles.

2.8 A more detailed version of the workforce report is provided at Appendix 1.

3. Phase 2 design update

3.1 **Acute Demand** – work is ongoing to design an acute hospital discharge and short term pathway model which will make sure the right services are in place on hospital discharge and that service users are directed to the service which best supports a positive outcome. It is expected that this will result in fewer service users requiring long term placements and short term beds.

3.2 **Enablement** – work is ongoing to develop the enablement delivery model in line with the vision to become a commissioning authority. The project will build on the work in phase 1 (to increase the use of enablement) and will increase the capacity of the in-house provider through making processes more efficient. This in turn will enable the Council to improve the effectiveness of the service (thereby providing better outcomes for service users) and maximising value for money. Consideration will also be given to how we work with the NHS to develop an integrated pathway and work with the provider market to establish the capability of providers.

3.3 **Demand Management** – work is ongoing to develop ways to measure the effectiveness of the services which the Council commissions from voluntary organisations. This information will be used to build community capacity which will support service users to remain living independently in their community and thereby reduce dependence on social care.

3.4 **Alternative Models of Care** - work is ongoing to understand the housing needs of learning disability service users and to consider if alternative housing options (such as supported living) can enable service users to live

their life better than that achieved through standard residential provision. The project will include working with providers to shape the market.

3.5 **Pathways to Independence** – work is ongoing to build on the pathways to independence pilot which tested out an enablement approach with learning disability service users. Work is being focused on looking at which service users could most benefit from this type of approach, how existing service capacity can be realised to support this service and setting up a system to track service users' outcomes to ensure the service is having the desired positive impact.

3.6 **Shared Lives** – work is ongoing to increase the number of learning disability service users accessing the Shared Lives service (which is similar to fostering in that families host learning disability service users). The aim is to provide better outcomes for service users and reduce the weekly cost of care.

4. Progress on Phase 2 Design

4.1 Council staff have been identified as design leads and design team members. The design leads have received training to carry out this role and are leading the design teams (with support from Newton Europe) to develop the project to the position where it can be fully implemented.

4.2 A number of design workshops have taken place to date. This has included analysis being undertaken, processes being mapped and re-engineered, baselines being collected, key performance indicators being formulated and dashboards being designed.

4.3 Following early workshops, some processes and tools are being tested in 'sandboxes' to see if they work in practice, prior to any wider-scale roll out.

4.4 Work is also ongoing to support the Council in the development of a Portfolio Management Office (PMO) to support the co-ordinated management of adults' portfolio activity. This work will include the prioritisation and co-ordination of activity over the transformation phases and allow the portfolio board to allocate adult social care resources more effectively, identify corporate resource requirements and manage dependencies between projects.

4.5 Towards the end of the design phase, detailed design outputs will be provided which will set out how to implement the changes between May 2015 and early 2016.

5. Financial Implications

5.1 None at this time.

6. Legal Implications

6.1 None at this time.

7. Equality Implications

7.1 None at this time.

8. Recommendation:

8.1 The Adult Social Care and Health Cabinet Committee is asked to:

a) **NOTE** the information provided in the report.

9. Background Documents

9.1 None

10. Contact details

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Workforce Information for Adult Social Care within KCC

1. Introduction

1.1 Following a request from Members the following information has been collated from Older People/Physical Disability (OPPD) and Learning Disability/Mental Health (LDMH) in respect of the adult social care workforce within the County Council.

2. Context and current workforce information

2.1 The National Minimum Data Set for the Adult Social Care Workforce has identified the following numbers of employees within the Kent Local Authority area

Total	**41,100**
Direct Payments Recipients	**4,700**
Private	**27,300**
Voluntary	**9,100**

2.2 KCC currently commissions a significant number of contracts with the private and voluntary sector to provide direct care to vulnerable adults and carry out other social work activities including carer's assessments. It is not possible to quantify the numbers of staff employed by the organisations we contract with but the numbers in 2.1 above will include these.

2.3 Staff Numbers and vacancies by team as at 30 January 2015

a) OPPD

The number of resignations following the voluntary redundancy process was far higher than expected and as a result there are a number of vacancies in the OPPD area teams. The following table represents the OPPD establishment which was implemented on 1 October 2014, as a result of the introduction of revised systems, processes and new ways of working across the areas.

Area	Establishment FTE	Vacancy FTE	Vacancy rate including agency workers %	Agency FTE
West Kent				
Service Manager	2	1	50%	
Team Manager	4	0	0%	
Senior Practitioner /OT	11	2	18%	
Case Manager/OT	51.5	7.5	15%	

Assessment/Case Officers	48.5	7.5	15%	
Administration	32	3	9%	
Thanet & Kent Coast				
Service Manager	2	0	0%	
Team Manager	4	1	25%	
Senior Practitioner /OT	9	9	55%	4
Case Manager/OT	55	2.2	4%	
Assessment/Case Officers	36.5	5.7	16%	
Administration	26	0.07	0%	1
Dartford, Gravesham, Swanley & Swale				
Service Manager	2	1	50%	
Team Manager	4	2	50%	
Senior Practitioner /OT	8	8	100%	
Case Manager/OT	31	4.3	10%	1
Assessment/Case Officers	54.5	6.8	12%	
Administration	30	7.9	20%	2
Ashford, Canterbury & Coastal				
Service Manager	2	1	50%	
Team Manager	4	1	25%	
Senior Practitioner /OT	7	2	29%	
Case Manager/OT	42	2.9	4.5%	1
Assessment/Case Officers	33.5	-2.5	0%	
Administration	27	-1.3	0%	2

b) Provision

Establishment	Establishment FTE	Vacancies FTE	Vacancies %
OPPD – Broadmeadow	52.43	7.39	14%
OPPD – Blackburn Lodge	37.86	0	0%
OPPD – Dorothy Lucy Centre (Residential FTE)	37.2	1.5	4%
OPPD – Dorothy Lucy Centre (Day Centre FTE)	4.9	0	0%
OPPD – Gravesham Place	79.33	5.95	8%
OPPD – Kiln Court	27.85	3.33	12%
OPPD – The Well	3.37	0.235	7%
OPPD – Wayfarers	31.3	3	10%
OPPD – Westbrook House	35.91	1.07	3%
OPPD – West View	43	3.3	8%
OPPD – Minnis Day Centre	7.14	4.51	63%

Agency workers are used across all establishments on a shift by shift basis and will vary on a daily basis.

In addition, Kent Enablement at Home (KEAH) employs 190.1 fte enablement workers working a total of 7034 hours across the county.

c) Learning Disability

Area	Establishment FTE	Vacancies FTE	Vacancies %	Agency Workers
East Kent Provision	162.2	15	9%	Around 15 agency workers are used across the Provision service to provide 1 to 1 support to clients
East Kent Locality	70.5	1	1%	
West Kent Provision	195.04	7	4%	
West Kent Locality	72.19	2	3%	

d) Mental Health

	Establishment FTEs	Vacancies FTEs	Vacancies % including agency workers	Agency FTE
Area Teams				
Service Managers	5	0.00	0%	0
Team Leader/Senior Practitioner	33.01	4.50	11%	1.00
Social Workers (including AMHP)	93.08	15.90	4%	12.00
Social Work Assistant	26.79	1.20	4%	0
Administration	29.77	6.00	20%	0
Support Time and Recovery (STR)				
Team Leader				
Senior STR Worker	5.78	0.6	10%	0
STR Worker	40.05	2.2	5%	0
Administration	1	0.2	20%	0

e) Kent AMHP (Approved Mental Health Professional) Service

All AMHPs are trained to carry out assessments under the Mental Health Act on behalf of Kent County Council under the Section 75 Partnership Agreement with Kent & Medway Partnership Trust. The service is based at St Martin's Hospital in Canterbury and at Priority House in Maidstone. The AMHP service is a 24 hour service with all AMHPs centrally managed by the Dedicated AMHP service. There is a group of Dedicated AMHPs, which is made up of seven Team Leader AMHPs and four Dedicated AMHPs with a Service Manager and Administrative Support. The Dedicated AMHP service is supported by Mixed Role AMHPs who leave their Community Mental Health Teams for a focussed period of time to support the 24 hour AMHP rota.

3. Numbers of leavers

The following table is a summary of leavers in the key roles within OPPD and LDMH since April 2014.

Roles	OPPD (FTE)			LDMH (FTE)		
	Q1	Q2	Q3	Q1	Q2	Q3
Care Manager, Case Manager, Social Worker, Senior Practitioner	11.07	39.64	15.51	3.09	5	7

The peak in leavers within OPPD at Q2 is linked to the re-organisation of the area teams in line with the transformation programme and is made up of 15.5 voluntary redundancies, 15.2 resignations and 5.2 retirements. It should be noted that the resignations took place following completion of the voluntary redundancy process.

4 Recruitment Activity

4.1 OPPD

Since August 2014, following the re-organisation within OPPD, thirty-eight posts have been advertised on the KCC micro-site http://www.kent.gov.uk/jobs/careers-with-us/careers-in-adult-social-care/Adult-social-care-vacancies and twelve appointments have been made so far and recruitment is on-going.

An external media campaign has been commissioned to recruit to the social work vacancies in DGSS as this was the area most affected by the vacancies within key roles in the teams. This will be monitored and evaluated in terms of the number of applications and how many appointments are subsequently made. Through campaign monitoring it is possible to identify the number of "hits" on the microsite pages and where these originate from.

Following analysis of vacancies across the areas, there will be further work on using the media campaign to ensure a consistent approach

4.2 LDMH

A detailed recruitment strategy has been developed for mental health which includes the development of a revised employer brand and development of a dedicated microsite for mental health social work vacancies. The priority areas for recruitment are team leader, senior practitioner and experienced social worker roles across all teams. It is anticipated that a campaign approach to recruiting to these critical roles will be started in the next few weeks with results being monitored to inform future activity.

5 "Growing our own"

A total of thirty-two Newly Qualified Social Workers (NQSW) have been recruited to Adult Social Care roles since 2013: Nineteen completed the Assessed and Supported Year in Employment (ASYE) in January 2015; and a further thirteen started the programme in September 2014. This is a new programme introduced by the College of Social Work to enable newly qualified staff to receive appropriate supervision, training and mentoring to become effective practitioners.

Eight Open University (OU) students sponsored by the Council will be returning to practice in 2015 and will be considered for available vacancies. A further seven OU students will return by 2017. The OU students are existing Council staff employed in care manager assistant type roles, who have been selected for the OU degree in Social Work.

Consideration is currently being given to the continued use of the OU programme as well as participation in the Think Ahead Programme, being piloted for mental health social worker training.

The employment and development of newly qualified staff has to be balanced with the capacity of the experienced workforce to give support and mentoring. This means that future activity in this area has to be carefully managed by the different services.

6 Retention of staff

Retaining high quality staff is equally important as recruiting new staff and there are a number of ways in which our effectiveness in this area is monitored. Research shows that social workers value manageable workloads, high quality professional development, good supervision and support and a culture that enables them to practice as a professional. Offering a consistent culture which responds to these values will enable the Council to retain and attract the staff we need.

An analysis of recent staff feedback has been used to develop an understanding of the key reasons why staff stay with the Council and what factors might cause them to look for alternative employment outside of the Council. An on-boarder (recently recruited staff – those who started 6 – 9 months ago) survey carried out in December 2013 resulted in a response from around 50 staff in Adult Social Care.

It showed that staff were engaged by the nature of the work itself and the calibre of their colleagues; the Council's reputation as an employer; and pay and benefits. The risk factors identified by more than 25% of the respondents included the potential for progression; the physical working environment; relationship with managers; and the match between their expectation and the reality of the work. By addressing some of these issues we would expect to reduce the risk of staff leaving the service.

A further engagement survey is being undertaken to obtain views from staff who have started within the Council over the last six to nine months and we will use the information from this for Adult Social Care teams to inform future retention activity

7. Pay and reward

Given some of the recent difficulties in recruiting and retaining specialist staff, concerns have been raised regarding the level of pay and benefits offered by the Council to the qualified social workers that are required across the service. Recent research into salary and benefits from neighbouring authorities has been compiled and shared with Directors to inform decisions about additional payments to attract and retain certain key staff as well as consideration of the level of salary for AMHPs given the skills, knowledge and experience required in these roles. Consideration is being given to market premium payments for recruitment and retention of critical roles both in terms of attracting to specific geographical areas and to specific identified roles.

8. Re-engagement of ex-employees

The County Council's annual pay policy states that the Council would not expect the re-engagement of an individual who has left the organisation with a redundancy, retirement or severance package. There would be specific exceptions to this on a case by case basis and managers who wish to re-engage people who have left would need to have an audit trail of their decision.

It has been agreed that in Specialist Children's Services that any social worker who leaves to become an agency worker cannot work with the Council for twelve months.

9. Report Author

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Who this paper is from:

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

Andrew Ireland, Corporate Director – Social Care, Health and Wellbeing

Who it is to: Adult Social Care and Health Cabinet Committee

Date: 3 March 2015

What it is about:

An update on The Good Day Programme including:

1. What the Good Day Programme does
2. Why we are doing the work
3. What is the plan?
4. What has happened so far?
5. How we make sure the changes work
6. Cost of the programme
7. What people have said about the programme

Classification: Unrestricted

1. What the Good Day Programme does

The aim of the programme is to support people to:

- Choose what they want to do during the day, evenings and weekends

- Have support when and where they need it

- Feel equal in their local community

- Have opportunities to lead a full and meaningful life

- Ensure the work of the Good Day Programme supports independence and opportunity.

2. Why we are doing the work

- Many people with a learning disability living in Kent wanted to see a change in the way they access day services

- To develop services for people with learning disabilities in shared community buildings

- To link with the "Valuing People Now" (2009) plan and Kent County Council's "Facing the Challenge" plan.

- Better and efficient use of resources, giving modern facilities

3. What is the plan?

- The Good Day Programme is working with partners to make sure there is a range of facilities, activities and opportunities locally for people with learning disabilities

- The plan is always to look to see if Kent County Council (KCC) has buildings that can be used, as well as working with other partners

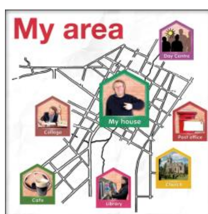
- When working with outside partners, we always make sure the right legal agreements are in place to protect KCC's money and the needs of people with learning disabilities.

- Our modern day services are located in places where people with Learning Disabilities are alongside members of the public

- The new services are operating in people's local area, so they can build connections

4. What is happening in the community?

- Money is invested for the services to have dedicated spaces in community hubs in shared buildings. Community hubs include a mixture of sensory multi-use spaces and changing places and have improved access



- Each district has helped shape their local community services

- Activities are being set up that involve members of the public alongside people with learning disabilities

- The new services are working with local people to identify where there are gaps in community facilities and they are being active in filling those gaps

- Partners have worked to make their services usable and welcoming for people with learning disabilities.

5. What has happened so far?

Our new service model supports smaller groups of people meeting at community hubs in shared buildings, with a day of activities starting from there.

We are taking steps to help people with learning disabilities to live ordinary lives and to take on valued roles in their community. We include family carers as important people in the planning.

- **Ashford:**
  2 new facilities in the town centre
  The old day service building closed in October 2011

- **Canterbury:**
  Moved from the old day centre building in June 2013 to hubs that had been set up

- **Dartford**:
  Moved to one hub in December 2013
  Looking for other hub sites to support the service

- **Dover:**
  A consultation was held in 2014
  3 places are now being considered as hub bases

- **Gravesham:**
  Building began in July 2014 and is due to finish soon
  Looking for another hub site to support the service

- **Maidstone and Malling:**
  Services have moved to 4 hubs across the district
  No further work needed

- **Shepway:**
  Community based services and hubs are in Folkestone, Cheriton, Hythe and New Romney
  The old day service building closed in June 2013

- **Swale:**
  A consultation was held in August 2014
  We are looking at places where hubs can be developed

- **Swanley:**
  Building a hub within the Swanley Gateway
  Work is due to finish by summer 2015

- **Thanet**:
  Work has been delayed
  2 sites developed will continue to be used as hubs
  Looking for another 2 hubs to support the service

- **Tunbridge Wells:**
  The day service is based in 2 hubs and the service is working well

- **Changing places:**
  There are now 22 accessible changing places toilets throughout the county.

What is left to do:
These are the districts we are working with to modernise the service. They have all completed formal engagement and consultation:

1. Dartford (some changes to Dartford may need further consultation)
2. Dover
3. Gravesham
4. Thanet
5. Swale

6. How we make sure the changes work

- The programme listens to focus groups, partners and people using the services

- The programme looks at past work to see how things could be done in a better way e.g. special care opportunities in Canterbury were not designed well and the programme will work with the people in the Canterbury Service to improve the service

An internal KCC audit was done during 2014 and it found:

- We need to look at better ways of recording the things that people say about the programme

- We need to find a way of recording risks or things that might go wrong with the programme

- We need to keep good information on what decisions have been made on the programme

- We are good at consulting with all the people who are involved with the services

Through listening to others, we now make sure that:

- Hubs are only on the ground floor of community spaces e.g. the hub on the second floor of the Ashford Gateway was not in use for a long time when the lifts were broken

- We make sure that there is good air flow or air-conditioning in each hub

- We are working with Libraries to develop more hubs in the heart of town centres

7. Cost of the programme

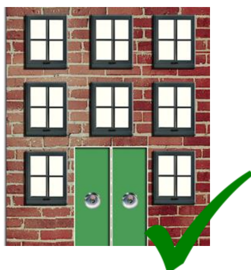
- The Good Day Programme was not about saving money but, by working in better ways, savings have been made

Capital

- The cost of the Good Day Programme from March 2007 to March 2015:
  Spend to date £2,087K
  Planned Spend from April 2015 £1,810K
  Total £3,897K

- The programme hands back buildings to the Corporate Landlord to gain capital receipts and has made revenue savings by closing the old day centres

- We have been successful in getting £42K investment from Developer Contributions



- Where community hubs are not in KCC buildings, KCC has given money to improve the building and make it better for people with learning disabilities. For this, we get free rent for a period of time, with additional benefits for people attending the service

- Once this period of time comes to an end, KCC will then pay rent. It has been agreed that this money will come from KCC's current revenue budget.

Revenue

- Changes in how staff work at the In House Day Services have meant that there are now less staff costs

- Transport costs are reduced and the time spent on transport is reduced as community hubs are closer to where people live

13.0 Recommendations

Adult Social Care and Health Cabinet Committee is asked to:

a. **comment** on the paper and work undertaken already.

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Appendix 1: What do people say about the services after the changes have been made?

Appendix 2: What do our community hubs and day activities look like?

Appendix 3: Changing Places map

Appendix 1

What do people say about our services after the changes have been made?

"This is so wonderful; I can't believe this is for people with learning disabilities"
Parent/family carer looking at community hub facility

"I love the library and having it with everything here"
Person accessing our service visiting Ashford Gateway Plus community

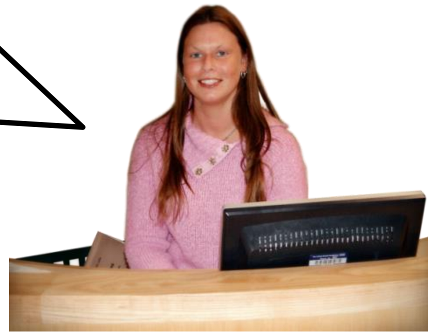
"Can we have this in Dover please, it's great"
Parent/family carer looking at hub facilities

"The support from Kent County Council and the Good Day Programme particularly with putting in the lift made this happen today"
Staff member from Folkestone Sports Centre hosting the IPC Paralympic Bench Press Championships

How people would like our service to improve in the future

"Canterbury isn't quite right for our people with complex needs, we want to keep improving this for them."

Kent County Council Employee



"I want to use the Gateway but I can't get up the stairs."

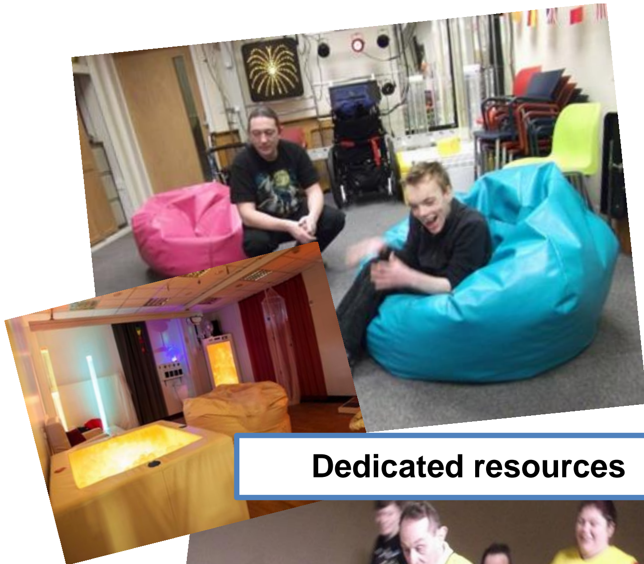
Person not accessing the service

"I like the library but I don't like the lift, I don't like lifts"

Person not accessing the service

Appendix 2

What do our community hubs and day activities look like?



Community Hub

Dedicated resources

Empowered to make choices

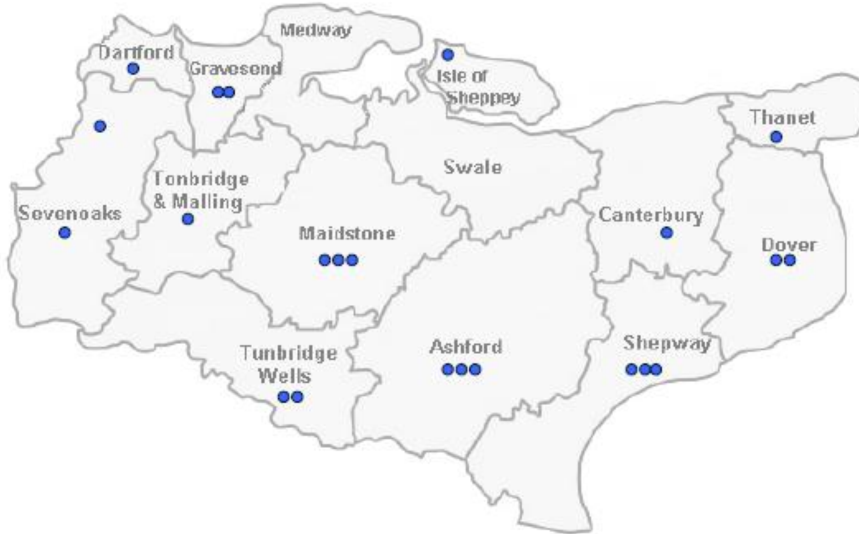
Activities

Learning new skills

Activities in the community

Appendix 3: Changing Places in Kent

Existing Changing Places in Kent – March 2014



Key:

- Existing Changing Place facilities
- Changing Place in a Gateway
- Equipment Provided in each Changing Place

This document will be updated when other changing places are available in new locations. Updated versions can be found on the Good Day programme Website:
www.kent.gov.uk/adult_social_services/your_social_services/services_and_support/learning_disability/good_day_programme.aspx

For any feedback/comments please email:
gooddayprogramme@kent.gov.uk

Ownership is with the Good Day Programme Families and Social Care in collaboration with Gateways.

Equipment Provided in each Changing Place

- Height adjustable Changing Bench
- Tracking/Mobile Hoist system
- Toilet with space for 2 carers

Existing Facilities – Including Gateways

- Ashford - Gateway Plus, Church Road, Ashford, TN23 1AS
- Ashford – The Stour Centre, Station Approach, TN23 1ET
- Ashford - Gateway, 2 manor Row, Tenterden, TN30 6HP
- Canterbury – Northgate Community Centre, Military Rd, CT1 1YX
- Dartford – Bluewater Shopping Centre, Bluewater, Greenhithe, DA9 9ST.
- Dover – Deal Library, Broad Street, CT14 6ER.
- Dover- Gateway, 71 Castle Street, CT16 1PD
- Gravesend – Gravesham Gateway, 132 Windmill Street, DA12 1AU
- Gravesend – Cyclopark, The Tollgate, Wrotham Road, Gravesend, Kent DA11 7NP
- Maidstone – YMCA Leisure Centre, Melrose Close, Cripple Street, ME15 6BD
- Maidstone – Trinity Foyer 20 Church Street, ME14 1LY
- Maidstone - Gateway, King Street, ME15 6JQ
- Sevenoaks - Leisure Centre, Stangrove Park, Edenbridge TN8 5LU
- Sheppey – Sheerness Gateway, 38-42 High Street, Sheerness, ME12 INL
- Shepway – The Bridge Centre, Whitegates Close, Hythe CT21 6BD
- Shepway – Eurotunnel, UK Terminal, Ashford Road, Folkestone CT18 8XX
- Shepway – Folkestone Sports Centre, Radnor Park Avenue, Folkestone CT19 5HX
- Swanley- Gateway, London Road, Swanley BR8 7AE
- Thanet - Gateway Plus, Cecil Street, Margate, CT9 1RE
- Tonbridge - Castle Gateway, Castle Street, TN9 1BG
- Tunbridge Wells - Gateway, 8 Grosvenor Road, Tunbridge Wells, TN1 2AB
- Tunbridge Wells – The Pagoda Centre, St Johns Road, TN4 9TX

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

Andrew Ireland, Corporate Director - Social Care, Health and Wellbeing

To: Adult Social Care and Health Cabinet Committee
3 March 2015

Subject: **CARE ACT – CONSULTATION ON THE APRIL 2016 CHANGES**

Classification: Unrestricted

Past Pathway: Not applicable

Future Pathway: Corporate Management Team - 24 March 2015
Adults Transformation Board – 25 March 2015

Electoral Division: All

Summary: This report provides an update on the consultation on the regulations and guidance for the Care Act reforms that are due to be implemented in April 2016. This involves the cap on care costs, the increase in the capital thresholds (particularly for people in residential care) and the proposals for an independent appeals system.

Recommendations:

The Adult Social Care and Health Cabinet Committee is asked to:

a) **NOTE** the actions being taken in order to respond to the consultation by the deadline.

b) **DISCUSS** any of the issues raised in the report.

1. Introduction

1.1 The Care Act 2014 received Royal Assent in May 2014. It is being implemented in two stages, starting in April 2015 with the introduction of the new legal framework. The majority of the reforms will come into effect in April 2015 but the key ‘Dilnot’ reforms (cap on care costs and raising of the capital threshold), new rights for self-funders in relation to care homes and the new appeal rights will not be instituted until April 2016 (subject to final decisions by the Government).

2. Timing of the consultation on the 2016 changes

2.1 The consultation document on the proposed 2016 changes was released on 4 February 2015, two months later than initially expected. As a result it has not been possible to provide the Cabinet Committee with the draft response as this would have to have been submitted for publication before key meetings had taken place and feedback obtained from officers and Members.

2.2 The deadline for the responses is 30 March. In order to ensure the response takes into account the views of Members, a meeting is being arranged for mid-March and Cabinet Members will be invited to comment on the draft response. In addition, Members are invited to send any comments to the officers named at the end of this report. The consultation documents can be viewed at the following link: **https://www.gov.uk/government/consultations/care-act-2014-cap-on-care-costs-and-appeals**

2.3 In advance of the Member engagement, relevant operational, commissioning and policy officers will be engaged to ensure an informed response is prepared.

3. Key points from the consultation

3.1 **Cap on care costs:** for people aged twenty-five and above, it is proposed that this is set at £72,000. Some people will reach the cap before they have actually spent £72,000 as what a person contributes to the cost of their eligible care is means-tested. It is the total reasonable cost (if the local authority was paying) for meeting the eligible needs that counts towards the cap, not just a person's contribution.

3.2 It is proposed that people who develop their care and support needs under the age of twenty-five will receive free lifetime care for their assessed eligible needs. In other words, the cap will be zero for this group.

3.3 **Changes to the upper capital threshold:** for people living in the community and for those in residential care whose property is disregarded (e.g. because their spouse/partner still lives in it) this is being increased from £23,250 to £27,000. For everyone else in residential care, it is increasing from £23,250 to £118,000.

3.4 The lower capital threshold is also increasing from £14,250 to £17,000 in all settings. Capital below this amount will be completely disregarded. People who have capital between the lower and upper thresholds will be expected to contribute from that capital based on a "tariff income" formula (expected to be £1 per week for every £250 between the two limits).

3.5 **First-party top-ups in residential care:** it is proposed that all residents in residential care will be able to top-up out of their own resources, provided it is determined that this is sustainable and will not prove to be a risk to the local authority. Currently residents can only top-up out of their own resources in fairly limited circumstances and most top-ups have to be provided by third parties.

3.6 **New appeals system:** the appeals policy is at an earlier stage of development than the other reforms and therefore the consultation does not contain draft regulations or guidance. Rather, views are sought on the need for a new system and on the policy proposals.

3.7 The proposal for the appeal system is for it to be a three stage process:

- an early resolution internal stage, followed by, if necessary,
- an independent review stage and
- a new decision taken by the local authority, taking into account the independent reviewer's recommendation

3.8 It is proposed that there will be a right of appeal against all individual decisions concerning assessment, eligibility, care planning, direct payments, personal budgets, independent personal budgets, deferred payments, transition from children to adult care and independent advocacy. Views are sought on whether all of these areas should be included in the scope of the appeals system and also whether, in addition, charging should be included.

3.9 Views are sought on the experience and background of the independent reviewer, who should appoint them, how to ensure there is no conflict of interest (for example, should there be a three year gap if the individual was previously employed by the local authority?) and how they should carry out their role.

3.10 The consultation document states that the administration of a new appeals system would be funded by the Department of Health.

4. Financial Implications

4.1 These are being analysed and will inform the consultation response. This will be made available to the Committee once drafted.

5. Legal Implications

5.1 These are being analysed and will inform the consultation response. This will be made available to the Committee once drafted.

6. Equalities Implications

6.1 These are being analysed and will inform the consultation response. This will be made available to the Committee once drafted.

7. Recommendations

7.1 The Adult Social Care and Health Cabinet Committee is asked to:

a) **NOTE** the actions being taken in order to respond to the consultation by the deadline.

b) **DISCUSS** any of the issues raised in the report.

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Background documents:
Care Act 2014
Consultation documents for the 2016 changes – see above link

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

Andrew Ireland, Corporate Director - Social Care, Health and Wellbeing

To: Adult Social Care and Health Cabinet Committee
3 March 2015

Subject: **DRAFT 2015-16 SOCIAL CARE, HEALTH AND WELLBEING DIRECTORATE BUSINESS PLAN AND STRATEGIC RISKS**

Classification: Unrestricted

Past Pathway of Paper: Social Care, Health and Wellbeing DMT - 14 December 2014 and 11 February 2015

Future Pathway of Paper: Children's Social Care and Health Cabinet Committee – 21 April 2015
Cabinet – 27 April 2015

Electoral Division: All

Summary: This paper presents the draft Directorate Business Plan (Appendix 1) and Strategic risks (Appendix 2) for the Social Care, Health and Wellbeing directorate

The paper sets out the arrangements for developing and approving 2015/16 business plans and explains the management process for review of key risks, which, although reported to Members in September 2014, are being reported to this Cabinet Committee to align with the Business Planning Process.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to:

a) **CONSIDER** and **COMMENT** on the draft 2015-16 Directorate Business Plan (Appendix 1) for the Social Care, Health and Wellbeing directorate, in advance of the final version being approved by the relevant Cabinet Members and Corporate Director.

b) **CONSIDER** and **COMMENT** on the directorate risk register (Appendix 2).

1 Business Plans 2015/16

1.1 This report presents the draft Directorate Business Plan 2015/16 and sets out the arrangements for developing and approving 2015/16 business plans, which was agreed by Policy and Resources Cabinet Committee in December 2014. The draft Directorate Business Plan is included as Appendix 1 to this paper.

1.2 The Directorate Business Plan is intended to provide a summary of the key strategic priorities for the directorate, along with high level resourcing, risk and performance management information.

1.3 This paper presents the draft directorate business plan 2014-15 for the Social Care, Health and Wellbeing directorate, for consideration and comment by the Cabinet Committee.

1.4 Directorate business plans will be approved by the relevant Cabinet Members and Corporate Director. Final approval by the Leader and Cabinet Members will be sought following consultation with the Adult Social Care and Health Cabinet Committee on 3 March 2015 and Children's Social Care and Health Cabinet Committee on 21 April 2015.

2. Policy Framework

2.1 The priorities set out in the draft Social Care, Health and Wellbeing Directorate Business Plan will support the overall objectives of the County Council's strategic priorities in the Corporate Outcomes Framework (the County Council's strategic statement from 2015/16 onwards) and the County Council's Strategic Commissioning Plan.

2.2 In the context of Facing the Challenge, the Directorate Business Plan identifies priorities for the directorate in terms of service delivery and transformation to meet future challenges.

3. Draft Directorate Business Plan for Social Care, Health and Wellbeing directorate

3.1 The draft Directorate Business Plan for the Social Care, Health and Wellbeing directorate reflects the move towards supporting Kent County Council becoming a strategic commissioning authority and comprises the following sections:

- Corporate Director's foreword
- Who we are, what we do – providing a summary of the role and purpose of the five divisions in the directorate and the key service delivery priorities for the coming year
- Cross-cutting strategic priorities – setting out three strategic themes for the directorate that are relevant to all of the services provided by Social Care, Health and Wellbeing. The strategic themes reflect the current context in terms of the Facing the Challenge transformation agenda, the Corporate Outcomes Framework, and the wider economic challenges that the county is facing. This section explains how Social Care, Health and Wellbeing will make a contribution to addressing these challenges. The Business Plan aligns with the Corporate Outcomes Framework and the Commissioning Framework.
- Key divisional objectives and priorities enhancing and supporting the strategic priorities
- Directorate resources – providing a summary of the financial and staff resources of the Social Care, Health and Wellbeing directorate
- Workforce development priorities
- Key directorate risks and resilience

- A description of how the Directorate considers sustainability and social value in its commissioning and service delivery
- Performance Indicators and Activity Indicators

3.2 The Directorate Business Plan brings together information about each of the services of Social Care, Health and Wellbeing directorate. The Directorate brings together Specialist Children's Services, Older People and Physical Disability, Disabled Children and Adults Learning Disability and Mental Health, Commissioning and Public Health divisions. The three shared strategic themes set out in the Directorate Business Plan demonstrate how the Social Care, Health and Wellbeing directorate will work together collectively to deliver a diverse range of services more efficiently and effectively for the people of Kent.

3.3 The Directorate Business Plan includes a section on workforce development. The Directorate has identified a number of priorities for the year which will support staff to achieve the directorate's strategic priorities. The priorities are drawn from KCC's Organisation Development Plan and Social Care, Health and Wellbeing's Organisational Development Group Action Plan, both of which provide more detail. Workforce development is supported by four organisation-wide development frameworks managed by Human Resources.

3.4 Each directorate business plan includes a section on performance, listing the Key Performance Indicators (KPIs) and Activity Indicators that will be used to monitor and report on the directorate's performance over the year. A selection of KPIs and Activity Indicators is included in the Quarterly Performance Report to Cabinet and the Performance Dashboards are presented to Cabinet Committees. It should be noted that the KPIs for the directorate will be published in the final version of the Directorate Business Plan, once approved, before it is presented to the Leader and Cabinet Members.

3.5 Each directorate business plan also includes a section on the key directorate risks, which are set out in more detail in the Directorate Risk Register. Directorate Risk Registers are brought to Cabinet Committees for consideration in the planned round of meetings.

4. Business Planning Next Steps

4.1 Following any final amendments, including responses to comments made by members of both the Adult Social Care and Health and Children's Social Care and Health Cabinet Committees, the final version of the Directorate Business Plan for Social Care, Health and Wellbeing will be cleared by the Corporate Director and the respective Cabinet Members. All Directorate Business Plans will be collectively agreed by the Leader and Cabinet and will be published on the Council's website.

4.2 The 2015/16 business planning round requires the directorate to provide additional information to support Members on the Commissioning Advisory Board and Cabinet Committees to better identify forthcoming issues they may wish to explore in more detail, in support of their role in a strategic commissioning authority.

4.3 The information required in addition to the 2015/16 Directorate Business Plan is:

a) An indicative list of any major service redesign, commissioning or procurement exercises expected over a rolling three-year period that would require a Key Decision

b) Identification of where the Directorate will consider putting in place a Service Level Agreement (SLA) with new service delivery vehicle such as a Local Authority Trading Company (LATCO)

4.4 The information will be collated separately and provided in a corporately agreed format.

4.5 The business planning process does not remove the need for business planning below the directorate level. It is a management responsibility to ensure that business plans are produced at divisional and/or business unit level by Directors and Heads of Service in order to run their area of the business effectively. Divisional level plans will be approved by the Corporate Director in consultation with the relevant Cabinet Member and published on KNet for accessibility and transparency purposes.

4.6 The Divisional level Business Plans will identify key actions and milestones for business-as-usual priorities and will reflect the actions and milestones required in order to deliver key projects and changes set out in the Directorate Business Plan.

5. Conclusions

5.1 The draft Directorate Business Plan 2015/16 for the Social Care, Health and Wellbeing directorate provides a simple reference guide to the services that make up the directorate and the top level directorate priorities for 2015/16. It sets out how the directorate is contributing to the strategic direction of the Council in meeting the outcomes of the Corporate Outcomes Framework and Facing the Challenge agenda.

6. Strategic Risks

6.1 As part of the Authority's business planning process and reporting cycle, a section of the business plan includes a high-level section relating to key directorate risks. These are set out in more detail in this section.

6.2 Risk management is a key element of the Council's Internal Control Framework and the requirement to maintain risk registers ensures that potential risks that may prevent the County Council from achieving its objectives are identified and controlled. The process of developing the registers is therefore important in underpinning business planning, performance management and service procedures. The risks outlined in risk registers are taken into account in the development of the Internal Audit programme for the year.

6.3 Directorate risk registers are reported to Cabinet Committees annually, and contain strategic or cross-cutting risks that potentially affect several functions

across the Social Care, Health and Wellbeing Directorate. Some risks also have wider potential interdependencies with other services across the Council and external parties.

6.4 Corporate Directors also lead or co-ordinate mitigating actions in conjunction with other Directors across the organisation to manage risks featuring on the Corporate Risk Register. The Corporate Director for Social Care Health and Wellbeing is designated 'Risk Owner' for several corporate risks included in the Corporate Risk Register.

6.5 A standard reporting format is used to facilitate the gathering of consistent risk information and a 5x5 matrix is used to rank the scale of risk in terms of likelihood of occurrence and impact. Firstly, the current level of risk is assessed, taking into account any controls already in place to mitigate the risk. If the current level of risk is deemed unacceptable, a 'target' risk level is set and further mitigating actions introduced, with the aim of reducing the risk to a tolerable and realistic level.

6.6 The numeric score in itself is less significant than its importance in enabling categorisation of risks and prioritisation of any management action. Further information on KCC risk management methodologies can be found in the risk management guide on the KNet intranet site:
http://knet/ourcouncil/Pages/MG2-managing-risk.aspx

6.7 The presentation of risk registers to Cabinet Committees is a requirement of the County Council's Risk Management Policy.

7. Risks relating to the Social Care, Health and Wellbeing Directorate

7.1 There are currently eigtheen risks featured on the Directorate's risk register (Appendix 2). The higher level risks include:

- Transformation
- Safeguarding
- Austerity and Pressures on Public Sector Funding
- Health and Social Care Integration and the Better Care Fund.
- Increasing Demand for Social Care Services
- Mental Capacity Act and Deprivation of Liberty.

7.2 The more significant risks for the directorate are also included in the Corporate Risk Register. Another key risk at present is the preparation for the implementation of the Care Act 2014. Many of the risks highlighted on the register are discussed implicitly as part of regular items to Cabinet Committees.

7.3 Inclusion of risks on this register does not necessarily mean there is a problem. On the contrary, it can give reassurance that they have been properly identified and are being managed proactively.

7.4 The directorate risk register is monitored and reviewed quarterly at Directorate Management Team meetings, although individual risks can be identified and added to the register at any time. Key questions to be asked when reviewing risks are:

- Are the key risks still relevant?
- Has anything occurred which could impact upon the risks?
- Has the risk appetite or tolerance levels changed?
- Are the controls in place effective?
- Has the current risk level changed and, if so, is it decreasing or increasing?
- Has the "target" level of risk been achieved?
- If risk profiles are increasing, what further actions might be needed?
- If risk profiles are decreasing, can controls be relaxed?
- Are there risks that need to be discussed with or communicated to other functions across the Council or with other stakeholders?

8. Recommendation(s)

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to:

a) **CONSIDER** and **COMMENT** on the draft Directorate Business Plan 2015-16 (Appendix 1) for the Social Care, Health and Wellbeing Directorate, in advance of the final version being approved by the relevant Cabinet Members and Corporate Director.

b) **CONSIDER** and **COMMENT** on the directorate risk register (Appendix 2).

9. Background Documents

9.1 KCC Risk Management Policy on KNet intranet site.
http://knet/ourcouncil/Pages/MG2-managing-risk.aspx

10. Contact details

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DRAFT (v0.7) Directorate Business Plan
Social Care, Health and Wellbeing Directorate
2015 – 2016

Section 1 - Foreword from the Corporate Director

I am delighted to present the Social Care, Health and Wellbeing Directorate Business Plan for the 2015-2016 financial year.

This Business Plan begins with information about the key roles and responsibilities of the directorate and it describes the vision, core values and principles which underpin our continuing transformation programmes. Above all, our directorate is about building on peoples' strengths and capabilities and promoting their independence to improve their health and wellbeing, assisting people to achieve outcomes that matter to them and working with statutory and non-statutory partners to protect the most vulnerable children and adults.

It is clear from what we know that we will continue to work in a challenging financial climate and changing external context. As a directorate, we are fully committed to making our contribution as the Council moves to becoming a commissioning authority and we will continue to support the delivery of the objectives of 'Facing the Challenge: Whole Council Transformation'. Through the Adult and Children's services transformation programmes and the Public Health redesign programme we will maintain our capacity to contribute to 'Facing the Challenge' in the face of managing with less funding.

We will carry on building on the significant service changes put in place through improvements and credible alternative ways of working. The principal ambitions of the changes are improving outcomes for people and managing increasing demand relating to the demographic trend of an ageing population which often present with multiple needs. We will pursue plans to reduce our cost base where possible and ensure efficient commissioning and service delivery know-how.

We will rise to the task by sustaining quality of practice and retaining high standard and consistency of casework practice. We regard this to be one of the most effective responses we can mount for ensuring a positive outcome from any review of our services by external inspection bodies. We will be attentive and connect the drive and commitment of our staff which is a necessary factor to the success of the services we provide. Staff in the directorate are essential resource and we will maintain the required investment as set out in our Workforce Development Plan. This should guarantee that our staff will be provided with the crucial skills and capabilities to fulfil their responsibilities.

The national policy context will be influenced by significant children's services regulatory changes and the implementation of the Care Act 2014 which is to be phased in over two years. The main regulatory and legislative changes will have major financial and cultural impact on children and adult services'. The combined effect is that more people may come forward for information and advice, assessment or funded support from the Council. We will establish Portfolio Management Office function to ensure effective implementation of our transformation programmes. It is important for us to respond to other emerging key national policies, learn from them and respond appropriately.

Resilience, enablement, asset-based and personalisation approach are key concepts threading through all transformation programmes in the directorate. We will stay on the course of working with the families of children and young people for them to make use of early help and preventatives support that is targeted to building their resilience, improving the likelihood of dealing better with circumstances and decreasing their dependency. The Adult Transformation Programme Phase 2 will be extended to new services areas across the three divisions. The extension will include Alternative Models of Care, Kent Pathway Service, Shared Lives, Enablement Delivery Acute Demand and Demand Management.

We will host the Better Care Fund partnership agreement on behalf of the Council. This will serve as the vehicle for delivering our joint plans with the NHS, whilst moving forward with the Pioneer Programme. These will create the foundation for ever increasing integration of front-line services and joint commissioning. In the same way, the 0-25 Unified Transformation Programme will oversee the delivery of key priorities for integration as stated in the Portfolio plans.

The Directorate Business Plan for 2015/16 mirrors the national and local context and key objectives of the Council and should be read in conjunction with related published plans which hold additional detailed information. We look forward to working with all partners in the forthcoming year.

Andrew Ireland, Corporate Director, Social Care, Health and Wellbeing

Section 2 - Introduction

The Health and Social Care sector continues to be in an era of unprecedented change. Every aspect of social care provision, including how we commission services is being transformed.

The Adult's and Children's Services Transformation Programmes are currently the Authority's largest change programmes. They will support the Social Care, Health and Wellbeing Directorate's contribution to the £90million reduction in spend that the County Council must achieve in 2015/16. We will do this by commissioning and procuring services informed by the *Facing the Challenge* themes of Transformation.

Our Children's Social Care continues to support improving outcomes for children, young people and their families. It ensures the right services are provided at the right time, right place and at the right cost. We will continue to 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 the Early Intervention and Preventative Strategy supporting the Children's (Social Care) Transformation Plan.

This year, we will be working to maximise the impact of the Public Health monies by continuing to embed our public health priorities across the authority and ensuring that our policy and programmes consider the impact on the health of the population of Kent, and reducing health inequalities.

Our Vision

Our vision is ambitious and aims to promote and ensure:

- *Every child and young person in Kent achieves their full potential in life, whatever their background*
- *People with care and support needs in Kent live independent and fulfilled lives safely in their local communities*
- *We protect and improve the health of the population of Kent*
- *That those most in need will receive the best possible service by ensuring that we have the workforce, the leadership and the systems and processes.*

Section 3 - Who we are, and what we do

The Directorate has a leading role in discharging the Council's statutory responsibilities for public health and social care. The principal responsibilities of the Directorate include undertaking individual and population needs assessment, commissioning and arranging to meet the eligible needs of people and safeguarding vulnerable children and adults.

Social Care, Health and Wellbeing Directorate Structure

There are five divisions within the Social Care, Health and Wellbeing Directorate:

- Specialist Children's Services
- Older People and Physical Disability
- Disabled Children and Adults Learning Disability and Mental Health
- Commissioning
- Public Health

What does Social Care, Health and Wellbeing do?

In 2015/16 Children's Social Care plans to:

- provide short and long term family based care for over 1000 children through the fostering service
- through our Virtual School service improve key academic and health outcomes for 1,800 Children in Care; increasing children achieving 5 A*-C grades, reducing children permanently excluded and those persistently absent from school, ensuring Children in Care receive the high quality education to which they are entitled
- continue to be part of the multi-agency Central Referral Unit partnership, with Police, Health, Probation and Adult Services, open 24/7 to provide immediate support
- safeguard children at risk of harm and support vulnerable families to improve their situation through the efforts of dedicated social work teams
- provide adoption and other permanent care arrangements for children who are unable to live with birth families

In 2015/16 Adult Social Care plans to:

- enable over 4000 older people and those with disabilities and mental health issues, choice and control over their care needs through personalised budgets and direct payments
- provide care in the home enabling over 2000 older people and those with disabilities to live safely in their own community
- support over 6000 older people and those with disabilities and mental health issues in nursing or residential care
- provide supported living services to over 1000 older people and those with disabilities enabling them to live safe, independent lives
- collaborate with health services on the delivery of Telehealth and Telecare services to enable Kent residents to remain living in their own homes by installing equipment in 3000 properties
- provide 12,000 home delivered hot meals
- support residents with immediate need and who are in crisis to live independently by signposting to current services and helping with the purchase of equipment and supplies to ensure the safety and comfort of the most vulnerable in our society
- provide short and long term supported accommodation, floating support and home improvement to over 17,000 older people and those with disabilities and mental health issues enabling them to live independently

- support people to regain and extend their independent living skills through enablement provided by the in-house Kent Enablement at Home service.
- work in partnership with Hi Kent and Kent Association for the Blind to support people with a sensory disability
- seek to prevent social isolation through independent and voluntary sector befriending services

In 2015/16 Public Health plans to:

- deliver the universal Health visiting Service supporting over 90,000 children between the ages of 0-5
- work with the Family Nurse Partnership delivering an evidence based preventative programme targeted to vulnerable young mothers aged 19 and under having their first baby
- provide structured alcohol and drug treatment services to 5,000 adults and substance misuse early intervention services for 3,000 young people
- engage 3,000 people in specialist weight management services in the community to support overweight and obese individuals to reach and maintain a healthier body mass index
- provide access to early intervention services addressing mental wellbeing from the workplace to war veterans in the community
- screen 35,000 people aged 15-24 for chlamydia as part of the national screening programme
- engage 9,000 people in adult smoking cessation services and other programmes which focus on prevention, awareness and de-normalisation of smoking
- provide public health advice to Kent's seven Clinical Commissioning Groups to support the commissioning of NHS services for local people

Specialist Children’s Services

Specialist Children’s Services is responsible for discharging the statutory duties placed on the authority by safeguarding children from harm and promoting the wellbeing of children and young people together with all the key partners. The purpose of the Division is to deliver positive outcomes for Kent’s children, young people and their families.

> *“Our aim is to ensure children and young people are positive about their future and are at the heart of joined up service planning. Children and young people are nurtured and encouraged at home, inspired and motivated by learning, safe and secure in the community and live healthy and fulfilled lives.”*

The service supports all children and young people across Kent:

- We support children in need and their wider family; identifying children and families who are vulnerable and need more support by working closely with Education and Young People Services at children’s centres and with our partners in health, the police and adult services

- We provide protection for children at risk of abuse or neglect; safeguarding all children and young people at risk in their homes and community and those who are in local authority care; whilst working with adult social care services to ensure better continuity of support through transition

- Working hard to identify children and young people’s needs as early as possible in order to improve their chances of success and to use our limited resources wisely

- We meet the needs of children in care and promote permanence and stability

- Services for children with a disability are realigned with Adult services to form the Disabled Children and Adults Learning Disability and Mental Health Division.

Specialist Children’s Services, specifically through the Corporate Director of Social Care, Health and Wellbeing, has a statutory duty to safeguard and promote the welfare of children. Our primary function is to secure the best outcomes for children, young people and their families in Kent.

Our top 3 priorities for Specialist Children’s Services in 2015/16:

1. Recruitment and retention of qualified social work staff
2. Budgetary control in line with efficiency targets
3. Effective casework intervention, management, and quality assurance processes to ensure consistency of frontline practice at a whole County level

In 2015/16 the division is comprised of Ten key business areas:

Central Referral Unit – deals with all child contacts and enforces robust and consistent management of thresholds. The Central Referral Unit includes representatives from Police, Health and Adult Services. The Out of Hours Service provides an emergency response outside normal working hours.

Family Support Teams - deliver frontline services to children and families across Kent, in particular the coordination of multi-agency child in need and child protection work and the management of child protection referrals across Kent. Statutory tasks include: Undertaking child protection investigations, undertaking Child and Family assessments, undertaking parenting

assessments, developing and driving child protection plans, initiating legal proceedings to apply for a range of orders including admitting children to the care system.

Integrated Children in Care Service – provides support to all children in care and care leavers, including unaccompanied asylum seeking children. The service develops and drives the Child in Care plan, undertakes the lead professional role for Children in Care, and discharges parental responsibilities in partnership with parents' dependent upon the legal status of the child.

Fostering Service - the main aim of Kent's Fostering Service is to provide stable and high quality foster care placements for children of all ages that value, support and encourage them to grow and develop as individuals.

In addition to promoting their health and general well-being the service is also committed to ensuring that every foster carer recognises the importance of the educational achievement of Children in Care and work with KCC in raising the academic attainment for all Children in Care. The Service also recognises that a small number of children may not achieve formal academic qualifications but will encourage foster carers to help children and young people to reach their maximum educational ability.

Adoption Service -provides a comprehensive social work service under the Adoption and Children Act (2002). A Voluntary Adoption Agency, Coram Kent Adoption is to be established this year. In line with statutory and legal requirements the VAA will manage the recruitment, assessment and approval of adopters, adopter preparation, training and post adoption support.

Safeguarding and Quality Assurance Unit - the core purpose of the Safeguarding unit is to provide a quality assurance service and ensure that the provision of services for vulnerable children and young people is compliant with national statutory requirements and performance standards. The unit also oversees that safeguarding practice across the directorate is effective and supports improved social work practice.

Local Authority Designated Officer service - oversees and advises on allegations against those working in the children's workforce in Kent.

Virtual School Kent - acts as a local authority champion to bring about improvements in the education of Children in Care and Young Care Leavers and to promote their educational achievement as if they were in a single school. Ensuring that they receive a high quality education is the foundation for improving their lives.

Family Group Conferencing – ensures all children in Kent at risk of entering care are given the opportunity of having a Family Group Conference; a partnership and decision-making process that engages the child's family and family network with Children's Social Services and other service providers in making safe plans for the child's care.

The Management Information Team – the team works with Specialist Children's Services, other directorates and partners to provide accurate, timely and relevant management information and performance data relating to children's social care, providing staff at all levels of the organisation with information relating to levels of demand, performance and outcomes, and helps to promote and embed a culture of performance management within the Service. The team oversee the centralised recording of information relating to: notifications of other local authority children placed in Kent; Persons who pose a risk to Children; the maintenance of the Children's Disability Register; and notifications to other local authorities when vulnerable children go missing.

The team is also responsible for National Statutory Returns, Corporate reporting to Cabinet Committee, and the Cabinet Member, Freedom of Information requests, activity monitoring and analysis, and working with the Regional Performance Groups to influence the national developments of performance frameworks.

Adult Social Care

Services for adult social care are provided by two Divisions; ***Older People and Physical Disability***, ***Disabled Children*** **and Adults Learning Disability and Mental Health**. The Divisions are responsible for assessment, commissioning and arranging to meet the eligible needs of adults (and disabled children) with care and support needs and their carers to help regain or maintain their independence.

> *"Our aim is to ensure that Kent's population of older people, people with physical disabilities, people with learning disabilities and people with mental health issues live healthy, fulfilled and independent lives and are socially and economically included in the community. Individuals are at the heart of joined up service planning, and empowered to make choices about how they are supported".*

- Our work covers preventative services, including the provision of information, advice, advocacy and support to individuals and their carers to enable each individual to be as independent as possible and self-manage their care and support.

- We assess the social care needs of adults and their carers, determine their eligibility for care and support and help people to identify the support they need which builds on their personal strengths and to achieve the outcomes they want. For those who are eligible for local authority support we commission and arrange care and support in the home, which may include meals, equipment and adaptations, day services, adult placement, supported living, residential and nursing care.

- We offer assistive technology equipment, adaptations and enablement services to promote independence and prevent, avoid or reduce the need for more expensive services in the future. We work with our partners, including the Voluntary and Community Sector organisations, as part of demand management in helping to prevent the need for coming into formal services.

- We support people to exercise choice and control and independence through the promotion of the use of direct payments.

- Services for children with a disability are realigned with Adult services to form the Disabled Children and Adults Learning Disability and Mental Health Division.

Older People and Physical Disability

Older People and Physical Disability commissions and provides a range of services to deliver the best possible social care outcomes for older people and disabled adults and their carers living in Kent. We work to promote the health, wellbeing, quality of life and independence of older and vulnerable people and their carers. The purpose of the Division is to help the people of Kent live independent and fulfilled lives safely in their local communities.

Our top 3 priorities for Older People and Physical Disability in 2015/16:

1. Transform and modernise service with effective management and control of resources
2. Implement the Integrated Care and Support Pioneer Programme and Delivery Plan, integrating Health and Social Care commissioning and service delivery (including Better Care Fund)
3. Improve social care practice, keeping vulnerable adults safe, promoting independence and fulfilling lives for all

In 2015/16 the division is comprised of Eight key business areas*:*

Area Referral Management Service (ARMS) - responds to and manages in-coming contact for OPPD service, either as a result of referral from the KCC Contact Point, referral from another agency or directly from the public.

The service provides information, advice and guidance where required and arranges for assessment of social care needs to be carried out.

Adult Community Teams - undertake community care assessments and determine eligibility for community care support. Occupational Therapists carry out functional assessment and make recommendations for equipment and adaptations. The team work with service users, carers and other professional partners to develop support plans describing the services to support individual needs.

Adult Community Teams respond to reports of adults who may be experiencing harm, abuse, neglect or a breach or failure in care standards, working closely with the Central Referral Unit, Police and other agencies to ensure a coordinated response to address the identified risks and issues.

In addition the service provides assessment and support for hospital discharge at the earliest appropriate opportunity, to the individuals' home with the relevant care, support, enablement or other commissioned service, or if that is not possible anymore, to Extra Care Housing, residential care or nursing care settings.

Kent Enablement at Home – provides short term support in the home to help service users regain maximum independence and daily living skills, usually as part of the recovery process after illness or injury.

Sensory and Autistic Spectrum Conditions Services – the Sensory Services Team provides a range of services and support for Deaf or hard of hearing people, Blind and sight impaired people and Deafblind people. Services are delivered as a partnership with Hi-Kent and Kent Association for the Blind.

The Autistic Spectrum Conditions Team provides assessment for individuals who may require local authority support following a formal diagnosis of Autism or Asperger's Syndrome by a GP or specialist, such as a psychiatrist or clinical psychologist.

Integrated/Registered Care Centres - provide a range of residential and nursing care services, some fully integrated with Health, in a variety of settings offering local access and choice for individuals and their families. Support and care for people with dementia is available at some centres offering an enhanced level of service.

Day Centres - provide a range of day care services in a variety of settings offering local access and choice for individuals and their families. Support and care for people with dementia is available at some settings.

The Adults Transformation **Programme Management Officer** works with project managers to identify relevant projects to support adult transformation, ensuring they help to deliver the organisation's vision.

Health and Social Care Integration Team – the Division hosts the programme management for the integration of health and social care services in Kent, and is also responsible for the implementation of the **Integrated Care and Support Pioneer Delivery Plan** and use of the **Better Care Fund** on behalf of the NHS, District Councils and Kent County Council.

Older People and Physical Disability Division and the Disabled Children and Adults Learning Disability and Mental Health Division work closely with Kent Community Health NHS Trust, Kent and Medway NHS and Social Care Partnership Trust, Clinical Commissioning Groups, Public Health, Specialist Children's Services and Education and Young People's Services, the private and voluntary sectors as well as with our service users and their carers to ensure that services are efficient, effective, safe, high quality and easy to access for older people, physical disability, learning disability and mental health service users.

Disabled Children and Adults Learning Disability and Mental Health

Disabled Children and Adults Learning Disability and Mental Health commissions and provides a range of services to deliver the best possible social care outcomes for people with a learning disability, people with mental health issues and their carers living in Kent. The division aims to help the people of Kent live independent and fulfilled lives safely in their local communities and works to promote the health, wellbeing, quality of life and independence of our service users and their carers.

Disabled Children's Service has been realigned with Adult services to form the Disabled Children and Adults Learning Disability and Mental Division. This transfer gives us the opportunity to work more closely to deliver a seamless continuity of support for children, young people and adults with a disability. It will also allow us to develop more joined up service delivery between Social Care, Health and Education, and support the maximisation of joint commissioning opportunities.

Our top 3 priorities for Disabled Children and Adults Learning Disability and Mental Health in 2015/16:

1. Keep vulnerable people safe through robust and effective safeguarding procedures
2. Work in partnership across health and social care to encourage innovation, improve efficiency and support healthy and productive lives for people in Kent
3. Ensure that there is a smooth transition for vulnerable young people from health, education and Disabled Children's Services into Adult Social Care Services

In 2015/16 the division is comprised of Five key business areas:

Community Learning Disability Teams – our community teams are integrated with Kent Community Health NHS Trust (KCHT) and Kent and Medway Partnership Trust (KMPT) and undertake assessments for adults with learning disabilities and determine eligibility for support. The team works with service users and carers to develop support plans describing the services to support individual needs. Service users can manage these services with a Direct Payment.

The community teams work closely with the Central Referral Unit, Police and other professionals to identify vulnerable adults experiencing harm, abuse, neglect or a breach or failure in care standards, ensuring a coordinated response to address the identified risks and issues.

Learning Disability Provision Services – a range of services are provided for adults with a learning disability including daily living activities, shared lives, independent living schemes, short breaks which support people with a learning disability to lead their lives with the same aspirations and opportunities as any other citizen.

Disabled Children's Services and Short Breaks – provide Social Work and Occupational Therapy services for children and young people whose disability is complex or profound. This includes a wide range of commissioned short break activities at weekends and during school holidays, or overnight care in our own 5 units or with short break foster carers. Families may choose a Direct Payment to arrange their own support service. Our Occupational Therapists provide equipment and advice about adaptations. Our Countywide Sensory Children and Families team works with children who have a sensory or multi-sensory loss.

***Mental Health Services* -** our Mental Health services work closely with colleagues from KMPT to provide mental health support in times of crisis and to those with long term mental health issues living in the community. The services help people towards mental health wellbeing and recovery

through adult placements, advocacy, carers' services, community support services, service user groups and employment services.

Operational Support Unit – the Director of Disabled Children and Adults Learning Disability and Mental Health has senior management accountability for the work of the Operational Support Unit which delivers a diverse range of frontline and support services across the Directorate. The function has responsibility for the Kent Blue Badge Service, making adaptations in people's houses to enable them to stay at home and some purchasing of care. It helps to develop operational policy, coordinates business planning and business continuity management, and manages the customer complaints system.

Commissioning

The Division is responsible for the commissioning and procurement of social care services to ensure that the right level of support is provided at the right time, right place and at the right cost for vulnerable adults, children and young people and carers in Kent.

> *"Our aim is to drive, promote and support transformational change through commissioning strategically to ensure the provision of a range of high quality, cost effective, outcome based services for vulnerable adults, children, young people and their families".*

The service supports the Council in meeting its statutory responsibility for the effective commissioning of social care services across Kent:

- We plan and commission social care services, analyse, evaluate, and performance manage contracts and shape the market to ensure we are able to deliver our strategic priorities and fulfil statutory obligations.

- We maintain oversight of adult protection processes to ensure 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.

- We improve the outcomes and quality of life for vulnerable adults, children, young people and carers in Kent by transforming the way social care services are delivered.

Our top 3 priorities for Commissioning in 2015/16:

1. To ensure that Social Care, Health and Wellbeing develop safeguarding services which wherever possible stop abuse, prevent harm and reduce risk.
2. 'Facing the Challenge' - Transformation
3. Contribution to the delivery of the Corporate Outcomes Framework - Supporting Independence and Opportunity and the Commissioning Framework

In 2015/16 the division is comprised of Four key business areas:

Commissioning – the commissioning units provide the strategic direction and practical support for the delivery of the commissioning function across adults and children's social care ensuring that the organisation is able to deliver its strategic priorities and fulfil its statutory obligations.

The units will continue to embark on a transformation programme this year that will integrate and reposition our services to ensure that shared priorities within the council and those of key strategic partners such as housing, health and criminal justice are met.

The units ensure that the services that we commission achieve the best outcomes for adults, 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.

Adult Safeguarding Unit – the core function of the unit is to ensure effective safeguarding processes are in place 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. A key function of the unit is the implementation of the Deprivation of Liberty Safeguards (DoLs) process.

This is achieved through; Quality Assurance work 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 the Care Act; hosting and supporting the Safeguarding Vulnerable Adults Multi-Agency Board and related Multi-Agency training; compliance and best practice with Mental Capacity Act and Deprivation of Liberty Safeguards; Risk Strategy meetings and supporting the adult element of the Central Referral Unit.

The DoLs Unit is a major priority following the Cheshire Judgement which has seen a 10 fold increase nationally in applications received.

Performance and Information Management (Adults) – the team works closely with Directors, policy, training and operational staff to help deliver the key strategic objectives whether through transformation, integration, commissioning or legislation by embedding a performance culture and accountability throughout the organisation. This includes 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.

The team is also responsible for; National statutory returns; Corporate reporting to Cabinet Committee and the Cabinet Member; user and Carers surveys and engagement; production of an annual Adult Social Care Local Account; Freedom of Information requests; budget and activity monitoring and analysis; and working with the Department of Health and Association of Directors of Adult Social Services to influence the national developments of performance frameworks.

Programme Management Office (PMO) – the core function of the PMO is to prioritise projects against the strategic objectives of adult social care and KCC and assign required resources for delivery. The PMO will support change helping us to:

- do the right projects
- focus on our priorities, in the right way
- ensuring capacity to deliver, and in the right order
- understanding dependencies.

It’s aims and objectives are:

- Prioritise activities and clearly demonstrate what activities we should stop doing as appropriate
- Provide a single list of all live and future projects defining all the necessary activity to achieve our strategic vision.
- Improve scheduling and allocation of resource across projects to increase efficiency of project delivery.
- Provide advice and guidance to people delivering projects and programmes.
- Communicate progress and outcomes of projects.
- Help inform future organisation development plans.

The PMO will work with project managers to identify relevant projects. These will then be reviewed by Divisional Management Teams, with recommendations made for the Directors PMO Group and Adult Portfolio Board who will make the final decision on how projects are prioritised.

Public Health

Public Health is responsible for the commissioning and provision of services that will improve and protect the health of the population of Kent. The role of the Public Health team is to understand and describe the factors that affect people's health and with partners, promote and deliver action across the life course to promote health and wellbeing and to reduce inequalities in health.

> *"Our aim is to improve the wellbeing of the people of Kent, enabling them to lead healthy lives, by delivering effective services and ensuring public health is an integral part of our partners' service design and delivery, helping to reduce the need for expensive acute interventions."*

We do this working across three areas or domains:

1. Health Improvement
2. Health Protection
3. Improving quality, effectiveness and access to integrated health and social care services

The Public Health team provides the leadership and the strategic framework under which effective action can be taken to address the public health priorities identified in Kent, and provides public health advice to a range of organisations and communities.

The service supports all people across Kent through:

- Improving the health of the local population and reducing health inequalities with a focus on prevention
- Oversight of plans to protect the health of the local population from public health hazards, such as infectious disease.
- Providing specialist public health advice to local authority and local NHS Commissioners.

As part of our role in improving and protecting health, the Council will be expected to commission or directly provide a wide range of services to meet the public health priorities identified in Kent including:

- reducing health inequalities through a life-course approach
- improving children's mental health and wellbeing,
- increasing levels of physical activity
- improving adult mental health and wellbeing
- improving sexual health and reducing teenage conceptions
- reducing childhood obesity
- enabling more people with chronic disease to live at home
- reducing the harms caused by substance misuse and/or excessive alcohol drinking

To meet these priorities we deliver or commission 23 service areas, including statutory public health functions:

- Providing appropriate access to sexual health services
- Taking steps to protect the health of the population
- Ensuring NHS Commissioners receive the public health advice they need
- Ensuring NHS Health checks are delivered
- Delivering the National Child Measurement Programme

The division commissions a range of programmes designed to protect and improve health including sexual health, drugs and alcohol misuse, health checks, tobacco control and smoking cessation services, healthy weight and schools based services such as school nurses and the National Childhood Measurement Programme.

The Public Health Division is instrumental in improving and protecting health across all functions within the local authority. In addition, the Public Health team has a key role in the statutory duty of the Council to co-ordinate the Health and Wellbeing Board, prepare a Joint Strategic Needs Assessment and produce a Joint Health and Wellbeing Strategy, against which the commissioning plans of Kent's seven Clinical Commissioning Groups are assessed.

Our top 3 priorities for Public Health in 2015/16:

1. To develop whole system approach to the design a new model of provision
2. To work in partnership with organisations across the public sector to maximise the impact of our work, and to ensure that Public Health outcomes are integral to the design and delivery of services
3. To raise awareness of key public health challenges both through proactive public relations and through a series of campaigns, with the aim of educating and supporting people to take more responsibility for their own health and wellbeing

In 2015/16 the division is comprised of Six key business areas:

Children & Young People – this category combines a variety of services to meet the needs of children and young people. Within this category sit services such as School Nursing, Infant Feeding, Healthy Schools.

Our School Nursing Service delivers a core public health package to children, young people and schools within education settings through wider community locations. The Healthy Schools Programme works with schools to provide an environment that enable healthy behaviours and development.

Health Improvement Services – which include, Health Check service for adults between 40 and 74 years of age, Smoking Cessation Programmes, Health Trainers, and Healthy Weight programmes for both Adults and Children are key to the delivery of Kent's identified public health priorities.

Kent Public Health Observatory – provides health intelligence, analysing data to inform service design and delivery, and produces, amongst a suite of publications, the Joint Strategic Needs Assessment to inform the commissioning plans of the Authority, and the seven Clinical Commissioning Groups in Kent.

Health Protection and Sexual Health – fulfils the Authority's responsibility to assess the effectiveness of immunisation programmes delivered by other sectors of the health system, whilst promoting the benefits of immunisation. Our services respond to potential pandemic situations, and maintain oversight of acute provider plans for prevention and control of infection, ensuring they are robust.

Services commissioned in this category include Contraceptive and Sexual Health Services, Genitourinary medicine including HIV, Emergency Hormone Contraception schemes, school based sexual health clinics, condom registration and access points and outreach work.

Mental Health & Community Wellbeing - this group of services includes workforce wellbeing and mental health campaigns. Our Drug and Alcohol Services, commissioned by the Kent Drug and Alcohol Action Team, provide advice, sign posting to other services, substance misuse detoxification services and needle exchange and blood borne virus treatment and screening.

Health and Social Care Integration and Health Inequalities - services in this category include Workplace Health, supporting businesses to maintain a healthy workforce, Postural Stability programme to help prevent falls, and programmes such as Winter Warmth, which works to reduce excess winter deaths and focuses on people over 65 years old with underlying coronary heart, respiratory disease or mobility related conditions.

Section 4 - *Facing the Challenge* – our Directorate's strategic priorities for 2015-16

Kent County Council and its partner organisations have a range of priorities and targets that we aim to meet when working with our customers. The Social Care, Health and Wellbeing Directorate is contributing to the delivery of whole council transformation in implementing the Transformation Plan – ***Facing the Challenge: Whole Council Transformation***. We are doing this within the three key transformation themes of ***Managing Change Better***, ***Integration & Service Redesign***, and ***Market Engagement & Service Review,*** and the main areas of focus in our Directorate Business Plan this year are:

1) Planning for growth and a changing population; meeting the increasing demand for services in a challenging financial environment, and changing national policy context
2) Tackling deprivation and removing inequalities; improving user outcomes and positive experiences for all
3) Promoting independence, resilience and enablement
4) Creating a more sustainable service through transformation, with greater emphasis on better procurement, increased prevention, and improved partnership with the NHS to deliver better outcomes for Kent residents at lower cost
5) Developing a workforce that is flexible, adaptable to change and that has the skills, competencies and capacity to deliver on our priorities; ensure that our leaders and managers have the skills and tools required to lead the change, improving the capacity and performance of the management structure and decision making authority.

Our main drivers for change

National Level	Local Level
• Care Act 2014 • Children and Families Act 2014 • Welfare Reform Act 2012 • Better Care Fund • Integrated Care and Support Pioneer Programme • Health and Social Care Act 2012 • National Outcomes Framework; Public Health; Social Care • National Drug Strategy 2010 • National Alcohol Strategy 2012 • Mental Capacity Act 2005 • NHS Five Year Forward View • Sustainable Development Strategy for the Health and Care System 2014 – 2020 • Public Services Social Value Act 2012	• Facing the Challenge: Whole Council Transformation • Medium Term Financial Plan • Corporate Outcomes Framework • Corporate Commissioning Framework • Health and Wellbeing Strategy • Joint Strategic Needs Assessment • Adult Social Care Transformation Portfolio Blueprints – Phase 2 (2014) • 0 – 25 Unified Programme • Commissioning & Sufficiency Strategy • Every Day Matters • Emotional Well Being Strategy • Social Work Contract • Community Solutions Strategy • Kent Accommodation Strategy • Local district and borough housing strategies • Housing related support Commissioning Plan 2013-2016 • Kent and Medway Domestic Abuse Strategy • Kent and Medway Reducing Reoffending Strategy

In 2015/16 we will deliver:

We are committed to the strategic priority to reduce reliance and dependency on public services through a focus on early intervention and improving outcomes. In 2014/15 social care services for Children, Adults and Public Health were integrated under a single directorate. In 2015/16 the Directorate will continue to deliver Kent's priorities in prevention, promoting independence and wellbeing in a more holistic, joined up way for the people of Kent. Wherever possible, we want to align more of our services with Health to achieve better outcomes for Kent residents and increased value for money.

As we reshape our services to focus on commissioning there will be activity throughout this year to explore ways that will enable older people and people with a physical disability to self-manage and to put in place an increased range of preventative and early intervention services for vulnerable children and their families to support them before they reach crisis point.

Our Directorate Business Plan will support the overall objectives of the County Council's strategic priorities in the KCC Strategic Commissioning Plan and Outcomes Framework (KCC's strategic statement from 2015/16 onwards).

The Corporate Director and Directors in the Social Care, Health and Wellbeing Directorate have collectively identified the following ***three*** strategic priorities for the year ahead:

1. Children's (Social Care) Transformation Programme (0-25 Unified Programme)

In 2015/16 Specialist Children's Service will continue with the next phase of the journey 'from improvement to transformation' building on the solid foundations now in place across the service to radically improve the quality of service provision offered to all our service users.

We have made significant improvement to the quality of children's services. This Business Plan reflects the completion of the Kent Safeguarding and Children in Care Improvement Plan and continues the focus on quality and sustainability - this has been recognised by OFSTED which has now removed all improvement notices. This year we will build on the improvements achieved to date, and further integrate and embed Improvement Programme actions into 'Business as Usual' practice.

This year Children's Services will manage a single transformation programme to focus on embedding improvements in social care practice, oversight and case management to deliver transformational change in children's social services. Our aim will be to have fewer children in care through earlier preventative work with families, and delivering better educational and social outcomes for those children in care, with improved service efficiency operating within a more sustainable budget.

The children we work with need the right response from the very beginning and throughout our involvement with them. The reality of what are always limited and often reducing resources means we literally cannot afford not to manage resources well. The achievement of quality service provision is a central part of our approach to efficiencies - confident that we use what we have well, and effectively.

Children's (Social Care) Transformation is underpinned by the Social Work Contract. This sets out both the standard expected of our practitioners, and the support the organisation will offer them in return. The contract builds on the outcomes of the Munro Review, and, central to it is the importance of building relationships as the key to helping families change.

The **0-25 Unified Programme** is part of the overarching **0-25 Change Portfolio**, a Facing the Challenge transformation theme. A key element of the Children's Transformation strategy will be to manage efficiency and improvement through the same programme. Working jointly with Early Help and Preventative Services Division the programme will see the transformation of these services

delivering in a more joined up way to have maximum impact on improving outcomes, achieving the most efficient use of resources and reducing the demand for more costly services.

The programme will deliver a new integrated commissioning strategy and more integrated working with other statutory agencies and the voluntary sector, as well as the greater integration of the Council's services, in order to bring about a radical shift in ways of working.

2. Adult Services Transformation Change Portfolio

This is a time of unprecedented change for the adult social care sector which brings challenge and opportunity. The challenge includes delivering excellent services at a time of significant demographic change (with increased demand on services) and a time of financial constraint. The opportunities are through transforming existing services; the delivery and commissioning of services in an integrated way with the NHS to deliver sustainable financial savings and improve the quality of the customer's experience; and promoting the personalisation agenda.

When considering the services we provide, it is important to note the changing national legislative context. The welfare reform agenda is likely to continue to place additional demands on local authority services as well as transferring more responsibility to local government. The Care Act 2014 introduces major changes to adult social care from April 2015, with additional changes planned to come in to effect in 2016. The Care Act brings together a number of new duties and powers, as well as making changes to existing duties and processes. This will include the introduction of a national minimum eligibility threshold for meeting needs, planned changes to the thresholds for the funding of care and support, new responsibilities in respect of carer assessments, legal right to receive services and entitlements to hold personal budgets. In 2015-16 we will see the implementation of the Better Care Fund which will require improved collaboration and integration between health and social care services.

The challenge for the County Council is to ensure that we build a social care and support system that has at its heart an ability to assist people to build on their capabilities and live as independent a life as is possible for them given their needs and circumstances.

We will focus on managing the demand for older people services to ensure that our funding is used in the most efficient way and the Directorate is able to manage the demand for services within our net available resource. There are significant opportunities to design and implement a better system of services for older people that support people to stay at home and remain as independent as possible, support carers, put people in control of the care they receive, and support them to live with dignity.

To address the financial challenges we face in the coming years, we will continue to work with Newton, our Transformation Partner, to redesign whole system pathways across our services and bring about innovation to make further improvements. This will transform the way we deliver services for vulnerable adults and older people, with our health, voluntary and community sector partners.

During 2014/15, Phase 1 of the **Adult Services Transformation Change Portfolio** focused on three Newton Europe partnership programmes: Care Pathways; Optimisation; and Commissioning. Much of the work in phase one concentrated on making better use of existing systems and embedding the culture of promoting service user independence, while establishing the foundations for future transformation. The changes delivered from these programmes has increased productivity, reduced costs and improved service user outcomes; the amount of cashable savings forecast is in the region of £30m.

Phase 2 of the **Adult Services Transformation Change Portfolio** will be implemented in 2015/16 and will include all partnership and County Council related change. Phase 2 of Adult Transformation will consist of the ***Care Act Programme***, to help us prepare for the new legislation

that came into effect from April 2015, and the ***Integrated Care and Support Pioneer Programme***, which will see health and social care services work together to provide better support at home and earlier treatment in the community to prevent people needing emergency care in hospital or care homes. In addition to these major change programmes, we will work with our transformation partner Newton to extend the Adult Transformation Programme Phase 2 to new service areas across Older People, Learning Disability and Commissioning. The extension will include reviews around ***Alternative Models of Care***, ***Kent Pathway Service***, ***Shared Lives***, ***Enablement Delivery***, ***Acute Demand*** and ***Demand Management***. This year we must achieve a £18million (including Commissioned Services for Kent Support and Assistance Service) saving from the Adult Services Transformation Programme, which includes investment in services to manage demand in order to deliver these savings.

Our long term intention for Adult Social Care is that, we will have a sustainable model of integrated Health and Social Care services which offers integrated access, integrated provision and integrated commissioning. We will have improved outcomes for people across Kent by maximising people's independence and promoting personalisation. We will have maximised value for money by optimising our business, managing demand and shaping the market through strategic engagement with key suppliers.

Implementation of the Care Act

The Care Act Programme is now a well-established part of the Adult Services Transformation Change Portfolio and the 2014/15 preparatory work has provided a sound framework for implementation of the 2015 changes from 1 April. The implementation of this phase of the changes will be closely monitored and the information from the review will inform the revision of the initial planning assumptions and assist with work on preparing for the changes in 2016. The training and development programme for the Care Act will be further rolled out during 2015/16 and additional elements will be added as progress is made on the 2016 changes to implement the reform of funding for care and support. The policy framework will be implemented and the 5 key principles of the Care Act will be embedded in practice. Detailed work on the expected changes for 2016 will continue with work particularly concentrated on assessment of self-funders and the system development for the Care Account. We will review the vision and strategic direction for adult social care including the design, form and function of how care and support will be provided.

The Building Community Capacity initiative will be progressed through co-development with voluntary and community sector as a principal means of supporting greater number of people without necessarily being subject of formal assessment or ongoing support from adult social care.

Integrated Care and Support Pioneer Programme

The integration of Health and Social Care services is being managed as part of the wider Adults Transformation, meaning that the redesign of our services will facilitate integration with the NHS. Kent is one of fourteen Pioneer areas in the Department of Health's Integrated Care and Support Pioneer Programme, which aims to establish new ways of delivering coordinated care. There is no funding attached with being a Pioneer area but it means that we have greater opportunity to secure freedom to remove barriers that can get in the way of integration. In Kent, the focus will be around creating an integrated health and social care system which aims to help people live as independent a life as possible, based on their needs and circumstances. By bringing together Clinical Commissioning Groups, Kent County Council, District Councils, acute services and the Voluntary Sector we will move to care and support provision that will promote greater independence for patients, whilst reducing care home admissions. In addition, a new workforce with the skills to deliver integrated care will be recruited.

Better Care Fund

In 2014/15 Kent's plan for the Better Care Fund was approved and further work took place to prepare for implementation in 2015/16. This included investing in preventative and intervention activity and supporting our strategy to manage demand for adult social care, for example through extended working hours.

The Directorate will host the Better Care Fund partnership agreement on behalf of the County Council. This will serve as the vehicle for delivering our joint plans with the NHS, whilst moving forward with the Pioneer Programme. In 2015/16 we will see the delivery of schemes across Kent as part of the Better Care Fund plan which seeks to deliver co-designed integrated teams working 24/7 around GP practices, with rapid community response particularly for people with dementia and empowerment for citizens to self-manage - all supported by anticipatory care plans which results in a reduction for acute admissions and long term care placements.

As part of this initiative consideration will be made of the Adult Transformation Programmes to ensure that activity to transform adult social care is aligned with the outcomes identified in the Better Care Fund plan.

More detailed information about the transformation of Adult Social Care can be found in our Adults Transformation Programme Plans. Information about the integrated commissioning and integrated provision plans, developed with our Health partners, are set out in the Better Care Fund Plan.

3. Public Health Priorities

In 2015/16 Public Health will work to maximise the impact of the Public Health grant to embed public health priorities across the County Council and ensure our policies and programmes consider the impact on the health of the population of Kent.

Public Health has three overriding aims, these are:

- Improving the health of the Kent population
- Protecting the health of the Kent population
- Improving the quality, effectiveness of, and access to, integrated health and social care services

There are a number of Public Health challenges in Kent including; the proportion of people overweight, reducing the prevalence of smoking, reducing health inequalities, reducing the harm caused by alcohol.

The Public Health division works closely with the Health & Wellbeing Board, and is a key partner in producing the Health & Wellbeing Strategy for Kent. Its commissioning plan is considered by the board, and the Joint Strategic Needs Assessment is a key tool for the board in developing its strategy.

During 2015/16 we will develop a whole system approach to designing a new model of provision for improving core public health outcomes, to promote independence and wellbeing by identifying and exploiting opportunities for efficiencies, integrating key services around the needs, and the individual and using the Bentley Tool to reduce health inequalities. Key to delivering this priority will be;

- Integrating the Health Visiting and Family Nurse Partnership services (which transfer to KCC in October 2015) with the wider Early Help service offer across the county and managing the transfer of commissioning responsibility from the NHS to KCC.

- Intensive market development including the consideration of both KCC provided services and GP provider organisations such as Integrated Care Organisations.
- Contract management focus to drive productivity in current services whilst preparing for tender processes.

In order to support people to take responsibility for their own health and wellbeing, and that of their family, we will, during 2015/16 take every opportunity to raise the level of understanding of what can damage an individual's health and wellbeing, and provide information on how they can make positive changes.

In achieving our strategic objectives this year we will not only improve the wellbeing of the people of Kent, but also reduce the need for expensive acute interventions, thereby reducing the pressure on other Council services, and the wider public sector.

Section 5 - Key Divisional priorities for 2015/16:

Specialist Children's Services key priorities for 2015/16

1. Recruitment and retention of qualified social work staff

We will work hard to improve the recruitment and retention of qualified social work staff employed by the service by continuing to build on the work of the Improvement Programme to develop a stable, permanent workforce, which will result in fewer agency workers. We will seek to increase the proportion of social work staff that are permanent members of the workforce. This will ensure that consistent contact is maintained with children, young people and their families and will improve staff morale.

2. Budgetary control in line with efficiency targets

The 0-25 Unified Programme will review our financial processes, streamline service provision, and improve the level of in-house foster care and adoption provision in order to be more efficient with resources. As a result, more Children in Care will have a permanent, stable placement and we will meet efficiency targets.

3. Effective casework intervention, management, and quality assurance processes to ensure consistency of frontline practice at a whole County level

We will support frontline social workers with child protection responsibilities, who operate in challenging, stressful and demanding circumstances through the Social Work Contract. To improve the quality of social work practice we will ensure that caseloads are manageable and that social work staff receive regular, reflective supervision and feel supported through line management. Social work staff will be encouraged to share good practice; and a structured mechanism for feeding back lessons learnt from assessment, regulation and inspection will be implemented. As part of Kent's efforts to become a learning organisation, all social work staff will regularly access high quality continuous professional development.

We will introduce and support staff in using the 'Signs of Safety' practice model. The model is designed to help conduct risk assessments and produce action plans for increasing safety, and to reduce risk and danger by identifying areas that need change while focusing on strengths, resources and networks that the family have.

Through regular and robust quality assurance of case-work and practice, and data analysis we will ensure continued focus on the best interests of children and young people, the voice and wishes of the children and young people are listened to, and that these decisions are well reflected within the child's online record.

Older People and Physical Disability key priorities for 2015/16

1. Transform and modernise service with effective management and control of resources

The experience of the public in contact with the service will be improved with reduced time between initial contact and assessment of need, more enablement and telecare services, and direct provision of equipment and adaptations will support independence and encourage self-care and management. Access to care and support services will be enhanced by revised and streamlined care pathways. We will support people to go home after a hospital admission and will help people to access voluntary sector support in the community instead of having to access long term social care support. We will meet the financial savings required for 2015-16 in the Medium Term Financial Plan by delivering the objectives of the Adult Social Care Transformation Programme.

2. Implement the Integrated Care and Support Pioneer Programme and Delivery Plan, integrating Health and Social Care commissioning and service delivery (including Better Care Fund)

We will work alongside our health and social care partners to implement the Integrated Care Pioneer Programme and contribute to the Five Year Forward View. The service we deliver to the public will be improved through integrated commissioning and service provision, avoiding duplication and ensuring clearer care and support planning from strategic to individual service user level.

3. Improve social care practice, keeping vulnerable adults safe, promoting independence and fulfilling lives for all

Our workforce will be trained, qualified, supported and clear about their roles and accountabilities which will improve the experience for the public in contact with the service. Social work staff will be appropriately trained and supported to operate the modernised services introduced under the Adult Social Care Transformation Programme. All staff will be clear about their accountabilities through personal action planning and individual performance management. Staff will receive regular supervision; reflect on their practice, development and performance management. Social care staff will be clear about how they deliver quality standards through systematic sharing of best practice, lessons learnt and developing their understanding of the inspection and regulatory framework for adult social care.

Disabled Children and Adults Learning Disability and Mental Health key priorities for 2015/16

1. Keep vulnerable people safe through robust and effective safeguarding procedures

We will work to ensure that our safeguarding monitoring and practice are of the highest standards and continue to focus our efforts to eliminate abuse and discrimination. Our lead role in co-ordinating the development of policies, procedures and practice with other agencies including providing training programmes and regular audits will ensure quality of practice. All our service users will be able to lead, safe and fulfilling lives.

2. Work in partnership across health and social care to encourage innovation, improve efficiency and support healthy and productive lives for people in Kent

We will continue to work in partnership with health to deliver effective, seamless services to the vulnerable adults in our care. Our integrated teams, including a range of health and social care professionals, will continue to support people with learning disabilities live full, active lives in their local communities. As we continue to innovate and improve efficiency through our partnership we will provide that most appropriate type and level of support, helping people to take care of their health and well-being and be active and productive in their daily lives.

3. Ensure that there is a smooth transition for vulnerable young people from health, education and Disabled Children's Services into Adult Social Care Services

We will continue to develop a more joined-up approach to the delivery of services for Children, Young People and Adults, in particular those with disabilities and additional needs. We will realign the Disabled Children's Service, currently based within Specialist Children's Services (SCS) into Adult services, which will give us the opportunity to work more closely with children's services, to deliver a seamless continuity of support for children, young people and adults with a disability. It will also allow us to develop more joined up service delivery between Social Care, Health and Education, and support the maximisation of joint commissioning opportunities.

Commissioning key priorities for 2015/16

1. **To ensure that Social Care, Health and Wellbeing develop safeguarding services which wherever possible stop abuse, prevent harm and reduce risk**

Key Actions:

- Ensure that we implement the changes to safeguarding as outlined in the Care Act/guidance
- We reshape the Mental Capacity Act/Deprivation of Liberty service to meet the challenges of the Cheshire West Judgements
- We work with other units in Strategic Commissioning/Operational divisions to implement the Quality in Care Framework and utilise intelligence from the Care Quality Commissioning to reduce the number of providers with a safeguarding or quality concern
- We continue to develop and implement our quality assurance processes to ensure best practice
- We develop new practice initiatives supported by training to manage the changing landscape in safeguarding
- Work with other agencies in ensuring that the statutory role of the Safeguarding Adults Board is fulfilled.

2. **'Facing the Challenge' - Transformation**

To meet the financial savings required for 2015/16 in the Medium Term Financial Plan we are establishing the Programme Management Office (PMO) for the Adults Portfolio to enable prioritisation of programmes and projects against the strategic objectives and assign the required resources for delivery. For both the Adults Portfolio and the 0-25 Portfolio we will continue to review services commissioned for adults, children, young people and their families to ensure we achieve the desired efficiencies and deliver improved outcomes.

3. **Contribution to the delivery of the Corporate Outcomes Framework - Supporting Independence and Opportunity and the Commissioning Framework**

We will continue the work already in progress with the Clinical Commissioning Groups (CCGs) and other partners and providers to deliver coherent processes and systems across health and social care to identify opportunities for integrated commissioning. We will continue to develop the capacity within our provider partners and develop local markets to encourage new models of delivery. We will continue to develop our workforce so that they have the skills and resources required to commission for outcomes and deliver best value for KCC.

Public Health key priorities for 2015/16

1. **To develop whole system approach to the design a new model of provision** for improving core public health outcomes to promote independence and wellbeing by identifying and exploiting opportunities for efficiencies, integrating key services around needs, and the individual and using the Bentley Tool to reduce health inequalities. Key to delivering this priority will be:

    - **Integrating the Health Visiting and Family Nurse Partnership services** with the wider Early Help service offer across the county and managing the transfer of commissioning responsibility from the NHS to KCC;

    - **Intensive market development** including the consideration of both KCC provided services and GP provider organisations such as Integrated Care Organisations;

    - **Contract management** focus to drive productivity in current services whilst preparing for tender processes.

2. **To work in partnership with organisations across the public sector to maximise the impact of our work, and to ensure that Public Health outcomes are integral to the design and delivery of services**

We will work with colleagues in the public sector, and our partners including Clinical Commissioning Groups, and Local Health and Wellbeing Boards to finalise our strategic delivery plan for public health, and ensure that Public Health outcomes are integral to the design and delivery of services, using the expertise of public health consultants to inform and influence decision making.

We will ensure that the Joint Strategic Needs Assessment is used to inform the whole public sector, and that it will support the development of services targeted to achieve maximum effect. We will support the work of the Better Care Fund to deliver the integration of health and social care and a whole systems approach to reducing the need for acute interventions.

3. **To raise awareness of key public health challenges both through proactive public relations and through a series of campaigns, with the aim of educating and supporting people to take more responsibility for their own health and wellbeing**

In order to support people to take responsibility for their own health and wellbeing, and that of their family, we will, during 2015/16 take every opportunity to raise the level of understanding of what can damage a person's health and wellbeing, and provide information on how they can make positive changes.

We will utilise media interest and focus during certain times of the year to proactively promote our key messages in our priority areas of alcohol, smoking, obesity and physical activity, and mental health. We will produce a programme of targeted campaigns aimed at reducing harm in specific areas including smoking in pregnancy, reducing suicides, encouraging safer sexual practices, and increasing the uptake of flu vaccine.

Section 6 - Directorate Resources

The total gross expenditure for the Social Care, Health and Wellbeing Directorate for 2015-16 is: £689m.

The high-level budget breakdown is shown below.

			2015-16 Budget						
2014-15 Adjusted Approved Budget	**Division**	**FTE**	**Staffing**	**Non staffing**	**Gross Expenditure**	**Internal Income**	**External Income**	**Grants**	**Net Cost**
£000s			£000s	£000s	£000s	£000s	£000s	£000s	£000s
10,342.3	Strategic Management and Directorate Budgets *(Andrew Ireland)*	3.0	918.8	10,595.5	11,514.3	0.0	-160.0	-299.0	11,055.3
7,637.7	Commissioning *(Mark Lobban)*	163.7	7,765.1	3,050.5	10,815.6	-40.0	-552.1	-830.4	9,393.1
196,904.8	Disabled Children and Adults Learning Disability and Mental Health *(Penny Southern)*	*818.2	36,338.6	189,825.6	226,164.2	-2,237.8	-17,573.5	-2,537.4	203,815.5
153,941.7	Older People and Physical Disability *(Anne Tidmarsh)*	1,183.2	41,301.0	210,955.6	252,256.6	-362.8	-93,710.3	-13,823.6	144,359.9
-109.5	Public Health (Andrew Scott-Clark)	64.2	4,305.3	63,922.2	68,227.5	0.0	-5,810.4	-64,080.0	-1,662.9
102,697.4	Specialist Children's Services *(Philip Segurola)*	*1,216.0	45,502.9	78,898.1	124,401.0	-2,022.3	-1,880.6	-10,497.7	110,000.4
471,414.4	**Total**	**3,448.3**	**136,131.7**	**557,247.5**	**693,379.2**	**-4,662.9**	**-119,686.9**	**-92,068.1**	**476,961.3**

*FTE as of December 2014 does not take in to account the transfer of staff from Disabled Children's Services to the new Disabled Children and Adults Learning Disability and Mental Health Division.

The Disabled Children and Adults Learning Disability and Mental Health gross expenditure for 2015-16 (£229m) is £54m higher than the Learning Disability and Mental Health budget for 2014-15 (£175m). This is a consequence of the creation of a new Division. Services for children with a disability are realigned from Specialist Children's Services with Learning Disability and Mental Health to form the Disabled Children and Adults Learning Disability and Mental Health Division.

Savings and Income

The total savings and income target for the Directorate is £48m in 2015-16.

Savings Area	Saving £'000
Transformation Savings	
Adults Phase 1: Continued roll-out of phase 1 transformation including improved assessment, care placement decisions and improved contract management	9,527.6
Adults Phase 2 OP/PD: New initiatives aimed at promoting better integration with health services including better range of support services for clients leaving hospital	4,347.7
Adults Phase 2 LD/MH: New initiatives aimed at reducing dependence on care services for vulnerable adults	850.0
Reduction in the number and length of time children are in care following improved targeting of preventative services including reduction and improvement in assessment activity	2,400.0
Transfer of back-office support functions into integrated business service centre and planned Property LATCO	143.0
Income	
Uplift in social care client contributions in line with benefit uplifts for 2015-16 and charges for other activity led services	1,454.3
Grants and Contributions	
Transfer of 0-5 children's public health commissioning from Health to local Authority from 1 October 2015	10,816.0
Grants from DCLG and DoH for aspects of preparation and implementation of provisions in the Care Act 2014	8,852.5
Contribution from Better Care Fund pool towards KCC's additional costs with the implementation of the Social Care Act	3,566.0
Contracts and Procurement	
Savings across a range of non-staffing budgets including consultants, contracts and other procurement activates	62.0
Savings on commissioned activity under budgets managed by Director of Strategic Commissioning in Adult Social Care	859.0
Efficiency savings on activities commissioned through the public health team. Savings will enable Public Health Grant to be redirected to existing public health improvement programmes	1,476.4
Efficiency savings on activities for vulnerable adults and older people through the Supporting People Commissioning Body	429.0
Policy Savings	
Net effect of removal of specific DWP funding and creation of a new base budget from increased RSG	1,936.5
Total savings and income	**46,720.0**

Additional Spending Pressures for 2015-2016

Budget pressure areas that will need to be carefully monitored and managed during the course of the year include:

Pressure Area	Pressure £'000
Pay and prices	
Non-specific price provision for inflation on other negotiated contracts without indexation clauses	4,000.0
Demography	
Adults with learning Disabilities and Mental Health additional clients arising from children progressing into adulthood (transitions) and older people previously cared for by families (provisionals)	7,200.0
Specialist Children's Services impact of current year placements of children in care	1,400.0
Government and Legislative	
Transfer of 0-5 children's public health commissioning from Health to local Authority from 1 October 2015	10,816.0

New costs associated with the implementation of provisions Care Act in relation to carers and prisoners which come into force during 2015-16. Funded by new grant income from DCLG and DoH	1,904.6
New costs associated with additional assessment activity in advance of provisions in the Care Act in relation to cap on care costs and universal deferred payments which come into force in 2016-17. Funded by new grant income from DCLG	6,947.9
Additional support for carers, advocacy and related activity funded out of KCC's element of the Better Care Fund pool for Social Care Act	3,566.0
Estimated additional assessment costs following Supreme Court judgement in March 2014 in relation to the Mental Capacity Act 2005 or Mental Health Act 1983	1,300.0
Revised financial allowances for the provision of support for children, their families and carers as they relate to Child Arrangement Orders, Special Guardianship Orders and Adoption Orders	1,000.0
Increase in revenue costs due to general capital funding for adult social care being reduced requiring a revenue contribution to capital to fund minor occupational therapy equipment	1,028.0
Removal of Grants	
Removal of specific un-ring-fenced grant used to fund Kent Support and Assistance Service	3,418.0
Removal of specific Adoption Reform Grant income on the assumption that it will not continue in the absence of any announcement from the DfE	1,257.8
Budget Realignment	
Specialist Children's Services unachievable prior year savings	3,350.0
Early retirement enhancements from restructuring within OPPD Division and Double Day Lodge residential care home	238.6
Realisation of transformation savings in Domiciliary Care now profiled over a longer time period	800.0
Replace use of one-offs	
Impact of not being able to repeat one-off use of reserves and underspends in approved budget for 2014-15	3,696.0
Total additional spending demands	**51,922.9**

Section 7 - Organisational Development Priorities

Organisational Design – Business Planning

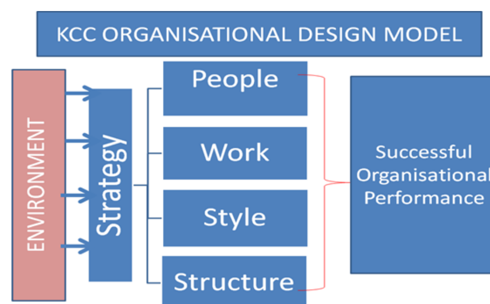
To help the County Council achieve its Strategic Outcomes, move to a Strategic Commissioning Authority and tackle the challenges ahead we need a clear, consistent and holistic approach to the way we design our teams and services. Good design turns business strategy into successful performance. The KCC Organisational Design Model and supporting tools/guidance enables this by considering and aligning the Environment we operate in and Organisational and Service strategy with four key components:

- People
- Work
- Style and Culture
- Structure

This approach puts customers and outcomes at the heart of design; helps develop the culture of the organisation, service or team; ensures overall team performance is maximised by looking at all factors, not just structures; encourages consideration of alternative ways of delivering services; identifies how and where resources need to be focussed and enables resources to be re-configured when priorities change.

As a result KCC will be able to deliver a focussed, effective and efficient service to all our customers.

All review exercises are expected to apply the model.



Organisational Development Priorities

As KCC becomes a strategic commissioning authority, our Organisational Development priorities need to reflect the outcomes in the Corporate Outcomes Framework. As our services become increasingly focused on meeting needs most efficiently we will need outstanding financial, operational and delivery skills so that we can exploit new ways of working through best use of technology and achieve value for money in everything that we do.

Complementing our approach to Organisation Design noted previously in the KCC Organisation Design Model, our workforce and organisational development priorities for 2015/16 are set out in

the **Organisation Development Plan.** This will help us to plan and develop a workforce that is flexible, adaptable to change and has the mindset, knowledge, skills, behaviours, competencies and capacity to deliver the transformation and integration programmes set out in Facing the Challenge.

As a public service we strive to become more business-like, more dynamic, more decisive and more resilient. We will increase the challenge to our services to continue to improve their processes and better demonstrate the impact of their work. We are committed to leading a flexible workforce which is flexible both in its skills and in the way and location in which it works.

Central to delivering services differently is planning for the workforce KCC requires in the future, so that they have the above to deliver services in the right way for service users. Our workforce strategies will support our employees to ensure that they have the ability to work across and outside the Council, sharing expertise and skills, with our resources directed to where they are needed most. Workforce resourcing, including development, also directly enables managers to think about the future as part of the dynamic annual business planning model now embedded in KCC as well as organisation design.

Our strategic priorities are as follows:

Strategic Development Frameworks – These frameworks set out how we will deliver our statutory and mandatory training and ensure we deliver fundamental development consistently across the Council. There are 4 frameworks which have been developed and reviewed with managers and staff – Health & Safety, Social Care, Leadership and Management and Staff Development.

Transformation - Building capacity and developing new skills for the future must remain a priority. The Director's OD Group will help ensure the outcomes meet business need in key skills areas such as commissioning, project management, commercial and business acumen, analytical skills and partnership working.

Leadership and management development – increasing our leadership skills and capability is fundamental to the success of transformation. Building on the evaluation work with the LGA we will continue to focus on the implementation and impact of our leadership development strategy, developing future talent and evaluation of our changing leadership profile against performance.

Right people, right place, right time – continued implementation of our workforce planning tools will ensure we have the right number of people with the right skills in the right jobs at the right time. Implementation of a 'recruit for mindset, develop for skills' strategy focusing on our core values will ensure we select on characteristics including tolerance for ambiguity, comfortable with change and a willingness and capacity to learn. Continued delivery of interventions that will enable and support a resilient and healthy workforce.

Organisation design and culture change – supporting new service delivery models, service reviews and new ways of doing things will be a particular priority in 2015/16. Bespoke support for individual services will be required as well as continued management of change across the organisation to support new ways of working, lean processes and the priorities coming out of the Portfolio Boards.

Apprenticeships and graduate recruitment programmes – maintaining a focus on developing future talent and recruitment and retention of young people. Ensuring that these programmes are developing the skills and competencies identified through transformation and new ways of working.

Self-sufficiency – continued development of our IT skills and capability in line with our IT strategy and focus on efficiency. Ensuring staff working in integrated teams have the skills and systems access to work more effectively.

Knowledge management – developing a whole systems approach to sharing knowledge and learning internally and from external experts. Incorporating the development of topic specific Networks, Learning Sets and 'Communities of Practice'.

Member Development – continued investment in Member Development including joint training with Officers and core skills training as set out in the Charter Plus Standard.

An Action Plan will be drawn up by the County Council's Directors Organisational Development Group in conjunction with the Directorate Organisation Development (OD) Groups.

The Action Plan will detail key Directorate strategic workforce priorities and OD activities that are being undertaken to ensure that the Directorate has a highly skilled workforce that is flexible, responsive and effective in meeting service needs, particularly in the current climate of significant change. Priorities include:

1. Use of workforce planning tools, such as succession planning and talent management, to ensure there are no gaps in service delivery and provide career development opportunities for staff to broaden their knowledge and experience within KCC, by encouraging movement within and between services (e.g. secondments, cross service projects, mentoring and work shadowing). This will include effective recruitment and retention for hard to fill roles.
2. Promote workforce development opportunities and build capacity and capability across the Directorate by ensuring that staff at all levels engage with and benefit from the development and training frameworks: the Staff Development Framework for support and administrative staff; the Social Care Development Framework and the Management and Leadership Development Framework, including the Management and Leadership Social Care offer.
3. Building on the Development Frameworks, identify the core knowledge, skills and techniques needed to work in an effective integrated way for all Directorate services, including defining the skills required to improve commercial acumen and develop a private sector mind-set.
4. Undertake workforce development in areas that require new skills or are subject to significant change, e.g. Safeguarding/Mental Capacity Act, Care Act, Children and Families Act, Special Educational Needs and Disabilities (SEND), Preventative Services and Integrated working.
5. Effective performance management to ensure effective management of services and high quality service delivery, utilising a competency based framework. This will include appropriate support for qualifications and agreed principles for progression.
6. Commissioning – incorporating customer service, integration and analytical skills, and a specific focus on contract and procurement management.
7. Programme and project management skills – implementation of a KCC competency framework.
8. Leadership and Management Development - increasing our leadership and management capability. Using evaluation data to inform future decisions, eg skills gaps, resourcing priorities, behavioural change.
9. Improving workplace health and resilience, including delivering tailored messages for Mental Health.
10. Apprenticeships and Graduates - KCC's strategy for the future incorporating a review of current practice.

In addition, the implementation of 'Facing the Challenge' within the Directorate will need to be supported by:

- Facilitated sessions and support for new teams coming together to form new services and in doing things differently.

- Knowledge and implementation of Organisation Design methodologies, as stated previously in the KCC Organisation Design Model and exploring new service delivery models.

- Developing self-sufficient managers and workforce through cultural change and building skills, confidence and flexibility.

Section 8 - Key Directorate Risks and Resilience

Effective risk management is essential to ensuring we can achieve the challenging priorities and targets set out in this Directorate Business Plan, and is driven by the Council's objectives to enable the achievement of the aims set out in the forthcoming KCC Outcomes Framework. Our risk management process informs the business planning and performance management processes, budget and resource allocation, to ensure risk management supports the delivery of our organisational priorities and objectives.

Social Care, Health and Wellbeing maintains a **Directorate Risk Register** which is regularly monitored and revised to reflect action taken to mitigate the risk occurring or increasing. As risks de-escalate they are removed from the register and where necessary, new emerging risks are added.

The directorate takes a mature approach to risk, involving an appropriate balancing of risk and reward to ensure that threats to achievement of objectives are appropriately managed, while opportunities are enhanced or exploited to achieve the required transformational outcomes.

The Directorate continues to build on its business continuity preparedness arrangements working with the changes presented by national policy reforms and the transformation of services locally.

The key risks to the directorate for the coming year are:

- Ensuring delivery of benefits from the Adult Social Care Transformation Portfolio, including the need for savings to be realised in tight timescales, while ensuring appropriate alignment with wider key organisational change programmes. This links to the ongoing challenge of managing demand for Adults and Children's Social Care services, a significant corporate risk for the Council.
- Delivery of our statutory duties to safeguard vulnerable adults and children, ensuring we keep strong management controls while facing challenges such as recruitment and retention of permanent high quality workforce.
- Ongoing public sector financial pressures which also impact on our partner organisations and private sector providers.
- The move towards integrated Health and Social Care and delivery of the joint Council / Clinical Commissioning Group Health and Social Care Commissioning Plan, which will require major change in ways of working.
- Being able to manage and work within the social care market to enable the securing of "best value" when commissioning services and to give service users real choice and control.
- Ensuring that ICT systems are "fit for purpose" and utlilised to deliver services effectively and act as a key enabler of change.
- The management/governance/security of information being handled by our staff and also information owned by the authority but accessed by partner agencies.
- Ensuring that the directorate can continue to effectively provide at least essential services during any disruption or emergency.
- Reacting to and embedding recent and future legislative changes such as the Welfare Reform Act 2012, Care Act 2014, and Children and Families Act 2014.
- The ability of the Kent and Medway Partnership Trust to deliver sufficient mental health services in order to meet statutory requirements.
- The increased number of Deprivation of Liberty assessments required to be completed as a result of a Supreme Court judgement, representing a strain on resources to complete Best Interest Assessments within required timescales.

- The potential financial risk associated with the transfer of responsibility to meet the support needs of Independent Living Fund users when the scheme closes in June 2015.
- Ensuring continual improvement in children's services can be demonstrated.
- Ensuring close working with colleagues in Early Help & Preventative Services to deliver effective intervention and support to meet the needs of children and families and manage demand for specialist children's services.

Several of these risks feature on the Corporate Risk Register due to their potential organisation-wide implications:

- management of demand for adult and children's social care;
- implications of the Welfare Reform Act 2012 and Care Act 2014;
- use of the Better Care Fund to support social acre services;
- commissioning arrangements and obtaining value for money
- data protection breaches
- impact of a business continuity or emergency incident

The Directorate will also contribute to the mitigation of several corporate risks, including a key involvement in organisational transformation to meet the financial challenges facing the Council.

More detail of these risks and their mitigating actions are outlined in the **Directorate Risk Register** for the Social Care, Health and Wellbeing Directorate.

Section 9 - Sustainability and Social Value

Social Care, Health and Wellbeing Directorate recognises the links between health and the environment and that climate change and the depletion of finite resources are a real and growing threat for our local population. We are committed to the strategic view of sustainable development and will endeavour to take all reasonable steps to ensure we carry out our activities in a sustainable manner, minimising the impact from our actions and implementing policy so as to meet our environmental, social and economic targets.

A sustainable health and care system requires an integrated approach, improving quality of life and meeting the needs of current and future generations, whilst simultaneously protecting and enhancing the natural environment. Through considering ***economic***, ***social*** and ***environmental*** impacts in our decision making we can ensure that our approach to delivery of health and social care in Kent is sustainable, with outcomes benefiting our residents now and into the future. Local planning and commissioning will consider and address the impact of environmental factors that can impact positively or negatively on health, in particular:

- Housing and fuel poverty
- Transport
- Climate resilience
- Air quality
- Workplace and supply chain
- Natural environment

The Kent Health and Wellbeing Board is required to consider social, environmental and economic factors that impact on health and wellbeing. In 2014/15 the Directorate brought together Kent partners from across health, public health, social care, local authorities and sustainability to identify our priorities as part of a Sustainability Assessment for the Joint Strategic Needs Assessment (JSNA), including housing, climate resilience, natural environment, air quality and planning. The JSNA has been showcased nationally through the Sustainable Development Unit of NHS England and Public Health England, and a toolkit produced to assist other public sector partnerships in supporting sustainable communities. Embedding these principles within the JSNA has raised awareness (and senior support) of the critical link between the natural environment and health and wellbeing, and the importance of adapting to the impacts of climate change.

In 2015/16 the Directorate's Business Plan builds on the achievements in meeting the County Council's commitment to the Kent Environment Strategy that were integral to Bold Steps for Kent. The Council's **Environment Policy** and the **Kent Environment Strategy** set out the framework for delivering our strategic environmental priorities and our corporate targets to 2015.

We acknowledge and support the County Council's commitment to sustainable development and its endorsement of environmental management as one of the tools we can use to ensure a better quality of life for our staff and well as people of Kent that we both serve and impact upon. This is clearly signalled by recognising the importance of social impacts alongside economic and environmental impacts in our decision making.

In 2015/16 the Directorate will outline how we will deliver its priorities through a forthcoming Sustainable Development Management Plan, which will be designed to ensure compliance with any relevant environmental legislation, awareness of the Directorate's significant environmental impacts and the reduction of our impacts and continual improvement of our environmental performance. We recognise the vital role that the Director of Public Health and the Health and Wellbeing Board can take in developing locally relevant plans.

We will apply the core principles of the Corporate Commissioning Framework to maximise social, environmental and economic benefits through our commissioning activity. We will focus on

priorities that are most relevant to the County Council as a standard part of our service design, incorporating social and environmental outcomes, and how these can be advanced, where relevant in a proportionate way.

The Sustainable Development Management Plan will provide a clear roadmap for our members of staff to follow, identifying the approach we will take to support and improve our corporate social, environmental and financial performance. The Sustainable Development Management Plan will align with the National Public Health Outcomes Framework and National Cross System Sustainable Development Strategy for the NHS, Public Health and Social Care System, and will support the overall objectives of the County Council's strategic priorities in the KCC Corporate Outcomes Framework (KCC's strategic statement from 2015/19) and the KCC Commissioning Framework.

Further details about our actions and outcomes can be found in the Directorate Environmental Action Plan. More information about the Kent Environment Strategy and the Climate Local Kent targets are available here.

Section 10 - Key Performance Indicators and Activity Thresholds

To make sure we are providing our services in the right way, we have a number of key performance measures and milestones that reflect what we set out to achieve. These Key Performance Indicators (KPIs) support the delivery of our key priorities detailed in this Statement.

We use our monthly **Performance Dashboard** to track how well we are progressing; identifying quickly any areas where we may need to improve or take action. Our overall performance in delivering against our strategic priorities will be measured by these indicators, which are published in our **Quarterly Performance Report**.

Our Quarterly Performance Report

Performance indicators provide valuable information and must be defined very carefully to balance the need to be proportionate in collecting information, with the level of detail that is required in order to be operationally useful. Our key performance indicators will take account of changes to the data that government requires local authorities to submit as well as the level of change and transformation within the Council that is required to respond to current challenges.

Although a small set of performance indicators will be reported to Cabinet on a quarterly basis in our Quarterly Performance Report, each of our services within the five Divisions monitor a larger set to make sure that the services they manage are performing as well as possible. Services and Divisions typically monitor these indicators, as set out in their Business Plans, in monthly meetings.

Below is a list that sets the targets and activity measures we will use to measure our performance in 2014/15. It provides a flavour of the areas we monitor to assess the benefits of our services. The targets centre on the objectives linked to our vision and to particular themes within our strategic framework, and are as follows:

Some of our targets at a glance

[Note: this section will be completed before the Business Plan is presented to Cabinet Committee]

Current performance against our Key Performance Indicators and targets can be viewed in the **Quarterly Performance Report** and **Directorate Dashboard**.

Social Care Health and Wellbeing

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level
SCHW 01 Transformation of adult social care services	Financial Operational Strategic	Transformation of adult social care services.	The transformation programme is being implemented in adult social care. Adopting new ways of working and implementing a programme of significant change is not without risk. Significant savings need to be made and carrying out the transformation is a demand on resources. If the transformation programme does not meet targets then this will lead to further pressures on the service and on budgets.	If the transformation programme does not meet targets this will lead to significant pressures on the service and on the directorate and local authority budgets. How the phases of theTransformation Programme are managed and implemented is crucial as it has a major impact on the service.	Andrew Ireland; Mark Lobban		H16	M9

Controls

Control	Control Measure Description	Control Owner
Finance Monitoring Meeting	Monthly meeting to assess whether the programme benefit is achieving expectations.	Andrew Ireland
Governance Arrangements	A Transformation Portfolio Board is established with agreed Governance arrangements. As part of phase two there is a proposal to have a project management office to ensure the right change intiatives are being delivered in the right way.	Andrew Ireland Mark Lobban
Oversight and monitoring in place	Oversight and monitoring by Transformation Advisory Group Programme Board, Budget board and Cabinet Committee.	Andrew Ireland Mark Lobban
Reporting	6 monthly reporting to Cabinet Committee and monthly programme reporting to portfolio board and TAG.	Andrew Ireland Mark Lobban
Separate risk register for Transformation.	There is a separate risk register and issues log at portfolio, programme and project levels.	Andrew Ireland Mark Lobban
Support of Efficiency partner.	Support of Efficiency partner with diagnostics, design and implementation of the Transformation agenda.	Andrew Ireland Mark Lobban
Transformation Programme in place	Transformation Programme in place with links and interdependencies with the KCC Transformation /Facing the Challenge Programme.	Andrew Ireland Mark Lobban

Actions

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Communication	Ensure effective two way communication re the Transformation Programme. Need to ensure staff are informed and there is "ownership" of the message. A 6 weekly/monthly communication bulletin is produced and disseminated.	Accepted	Mark Lobban	31/03/2015
Efficiency Partner	Agreed on going work with an Efficiency Partner	Accepted	Mark Lobban	31/03/2015
Implementation	Implementation and roll out phase of Transformation: Optimisation, Care Pathways, Commissioning. Roll out of "Sandbox" methodology. Handover to business as usual to ensure the continued realisation of the benefits of the changes made.	Accepted	Anne Tidmarsh	31/03/2015
Manage the interdependencies.	Manage the interdependencies and relationship between transformation and other Corporate and Directorate programmes.	Accepted	Andrew Ireland	31/03/2015
Phase 2 design	Working with Newton Europe on the design of Phase 2. PMO and design team are being set up. Priorities for all phase 2 activity being defined (regardless of whether KCC or Newton Europe).	Accepted	Mark Lobban	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level
SCHW 02 Transformation of children's services	Political Operational	Transformation of children's services	SCS Transformation to make continuous improvements to services for vulnerable children and young people in Kent.	Failing to Transform and Continuously improve services could adversely impact on vulnerable children and young people. Failure to maxmimise the benefits of the work with Newton Europe could have an adverse impact on service delivery, budgets and key performance indicators.	Andrew Ireland; Philip Segurola		M9	L6

Controls

Control	Control Measure Description	Control Owner
Efficiency Partner	SCS working with an efficiency partner to transform services, developing Sandbox approach	Philip Segurola
Frameworks in place	Performance framework, operational framework and quality assurance framework in place.	Andrew Ireland Philip Segurola
Practice Development Programme	Practice Development Programme rolled out including masterclasses/training. Programme being evaluated.	Andrew Ireland Philip Segurola
Robust performance monitoring	Robust performance monitoring	Andrew Ireland Philip Segurola
SCS Transformation.	0 to 25 Unified Programe is part of the over-arching cross-directorate 0-25 Portfolio. The programme is developing an improved toolkit for practitioners; for SCS this will include further implementation of the standards of practice within the Social Work Contract across the County. Change management activity is robustly monitored via SCS Div Mt and the 0 to 25 Programme Board.	Andrew Ireland Philip Segurola

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Audits	Rolling programme of audits of services. Peer review audits of services including children in need, child protection and children in care. Track progress against previous audits. Results presented to SCS Div MT. six monthly and yearly audits of services. Redesign of on line audit process taking place. Ensure lessons are learned from audits and inform practice and training.	Accepted	Philip Segurola	31/03/2015
Recruitment.	Recruitment to permanent Social work and Managment vacancies. website produced, recruitment events. New recruitment and retention package agreed.	Accepted	Andrew Ireland	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level

Risk	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Sandbox	Sandbox testing is in progress with regular reporting to Director and Div Mt. Need to continue to cascade the learning from Sandbox with regular DivMT updates and extended Div Mt to identify and cascade the learning.	Accepted	Philip Segurola	01/04/2015
SCS Transformation Programme.	Needs to be clear links between Transformation and Prevention. Support of Newton-Europe as an Efficiency Partner.	Accepted	Philip Segurola	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level
SCHW 03 Safeguarding - Protecting vulnerable children and adults	Political Operational Reputational	Safeguarding - Protecting vulnerable children and adults.	The Council must fulfill its statutory obligations to effectively safeguard vulnerable children and adults.	Its ability to fulfill this obligation could be affected by the adequacy of its controls, management and operational practices or if demand for its services exceeds its capacity and capability.	Andrew Ireland; Mark Lobban; Philip Segurola; Penny Southern; Anne Tidmarsh		H16	M9

Controls

Control	Control Measure Description	Control Owner
Safeguarding Improvement Plans	OPPD and SCS have Safeguarding Improvment Plans in place. The SCS Improvement Plan recently updated to reflect Child Sexual Exploitation themes inspection.	Philip Segurola Anne Tidmarsh
0 to 25 Unified Programme in SCS	0 to 25 Unified Programme in SCS as part of the wider 0 to 25 Portfolio.	Andrew Ireland Philip Segurola
Capability Framework	A tender process completed to supply a capability framework for safeguarding and MCA for adult social care. RiPfA to develop the framework. Also to revise the training for staff and ensure it is consistent with changes associated with the Care Act.	Mark Lobban Penny Southern Anne Tidmarsh
Deep Dives	Deep dives for constructive challenge by Senior Managers of front line services. More Deep dives planned.	Andrew Ireland
Extensive Staff Training	Extensive Staff Training. In SCS a Professional Capability Framework has been launched with a Safeguarding element. Training is being rolled out by Learning and Development in order for practitioners to utilise the Capabilities Framework to improve outcomes.	Andrew Ireland Mark Lobban Philip Segurola Penny Southern Anne Tidmarsh
Multi-agency working.	Multi-agency public protection arrangements in place.	Andrew Ireland Mark Lobban Philip Segurola Penny Southern Anne Tidmarsh
Regular Reporting on Safeguarding.	Quarterly reporting to Directors and Cabinet Members and Annual Report for Members	Andrew Ireland Mark Lobban Philip Segurola Penny Southern Anne Tidmarsh
Safeguarding Boards	Safeguarding Boards in place for children's and for adult social care services, providing a strategic countywide overview across agencies. The SVA board will be statutory in 2015.	Andrew Ireland Mark Lobban Philip Segurola Penny Southern Anne Tidmarsh
Scrutiny and Performance monitoring.	consistent scrutiny and performance monitoring through Divisional Management Teams, Deep Dives and audit activity.	Andrew Ireland Mark Lobban Philip Segurola Penny Southern Anne Tidmarsh

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level

Control	Control Measure Description	Control Owner
Winterbourne	In Kent a joint Kent Winterbourne Steering Group has been established to learn the lessons from Winterbourne. The Steering group has established its own risk register and action plan.	Penny Southern

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Audit feedback sessions	Audit feedback sessions taking place.	Accepted	Andrew Ireland	31/03/2015
Capability Framework	Preparation for the introduction of a Capability Framework for safeguarding and MCA in adult social care. Develop associated training to ensure it reflects Care Act changes	Accepted	Mark Lobban	31/03/2015
Care Act	Revision to the safeguarding polcy, protocols and guidance document to update it for the Care Act. Training materials also to be Care Act compliant. The Making Safeguarding Personal initiative which is a key element of the Act was launched in December 2014.	Accepted	Nick Sherlock	31/03/2015
Cross County file audits	On going programme of cross-County file audits	Accepted	Andrew Ireland	31/03/2015
Internal Audit (adult safeguardiing practices).	Implement the outcomes of the internal audit report (adult services). Has been through the assurance processes and actions to be included in the Safeguarding Action Plans.	Accepted	Mark Lobban	31/03/2015
Optimisation	Need to ensure capacity to deliver safeguarding is maintained through the OPPD optimisation and boundary re -alignment work.	Accepted	Anne Tidmarsh	31/03/2015
Practice development programme to strengthen practice across children and families	Practice development programme to strengthen practice across children and families. Delivery of Phase 4 Improvement Plan Actions.	Accepted	Andrew Ireland	31/03/2015
Recruitment programme	Active recruitment programme in place to attract and retain high calibre social workers and managers	Accepted	Andrew Ireland	31/03/2015
Safeguarding training for the relevant staff.	Ongoing provision of safeguarding training for the relevant staff.	Accepted	Andrew Ireland	31/03/2015
Transformation in SCS	Transformation in SCS to get the business processes right to assist practitioners.	Accepted	Philip Segurola	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level
SCHW 04 Austerity and pressures on public sector funding	Financial Operational Reputational	Austerity and pressures on public sector funding impacting on capital and revenue budgets.	Public sector finance pressures and the need to achieve significant efficiencies for foreseeable future impacting on capital and revenue budgets. Partner organisations and private sector providers also experiencing funding challenges potentially putting joint working at risk. Increased stress on some families due to financial pressures. In sufficient central government funding for the increased UASC arrival rate.	Major funding pressures impact on the delivery of social care services. The capital strategy putting specific projects at risk.	Michelle Goldsmith; Andrew Ireland		H25	H16

Controls

Control	Control Measure Description	Control Owner
0 to 25 Partnership Board.	The 0 to 25 Partnership Board is overseeing the joint Transformation projects of SCS, Early Help and Preventative Services and Children's Comissioning - working closely with Newton-Europe. The programme feeds into the overarching 0 to 25 Change Portfolio.	Philip Segurola
More efficient use of assistive technology	More efficient use of assistive technology	Michelle Goldsmith Andrew Ireland Mark Lobban Penny Southern Anne Tidmarsh
Robust debt monitoring	Robust debt monitoring	Michelle Goldsmith Andrew Ireland
Robust financial and activity monitoring.	Robust financial and activity monitoring regularly reported to DMT and budget reporting within the DIv MTs	Michelle Goldsmith Andrew Ireland
Strategic Priority Plans.	Strategic Prioirty Plans in place for 2014/15 along with Divisional Plans.	Andrew Ireland
Transformation programme	Transformation programme to ensure efficiencies and the best use of available resources.	Michelle Goldsmith Andrew Ireland Mark Lobban Penny Southern Anne Tidmarsh
UASC	Dialogue with the Home Office re the increasing numbers of unaccompanied minors.	Philip Segurola

Actions

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level

Risk	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Building community capacity	Building community capacity. In LD services the GDP programme moving from segregated facilities to inclusive settings with partners.	Accepted	Andrew Ireland	31/03/2015
Business Plans for capital projects.	Business Plans for specific LD capital projects to demonstrate the efficiencies and value.	Accepted	Penny Southern	31/03/2015
Commissioning arrangements	Developing robust commissioning arrangements to manage /shape the social care market.	Accepted	Mark Lobban	31/03/2015
Continue to work innovatively with partners to identify any efficiencies.	Continue to work innovatively with partners, including health services, to identify any efficiencies.	Accepted	Andrew Ireland	31/03/2015
Development of appropriate incentives within the commissioning framework	Development of appropriate incentives within the commissioning framework	Accepted	Mark Lobban	31/03/2015
Focus on prevention, enablement and independence for vulnerable adults.	Focus on prevention, enablement and independence for vulnerable adults.	Accepted	Andrew Ireland	31/03/2015
High Cost Placements	Continue to review and ensure value for money from residential and IFA placements.	Accepted	Mark Lobban	31/03/2015
SCS 0 -25 programme	SCS to continue to manage budget reductions including care cost reduction and placement reconfiguration. Improve business processes. Management Actions in place, close monitoring of spend, engaging finance staff in monthly Div Mt slot, savings targets part of N.E work.	Accepted	Philip Segurola	01/04/2015
Transformation and modernisation agenda	Continued drive to deliver efficient and effective services through transformation and modernisation agenda.	Accepted	Andrew Ireland	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level
SCHW 05 Health and Social Care integration Pioneer and BCF	Political Operational Strategic Reputational	Health and Social Care integration	There is a need to develop integrated health and social care services, there is a risk if services do not become fully integrated.	This is a major strategic development that will impact on ways of working and the delivery of services. If services are not integrated there is a risk of gaps between services or in some instances duplication of services or inefficient use of the available joint resources.	Anne Tidmarsh		M12	L6

Controls

Control	Control Measure Description	Control Owner
Better Care Fund	The Better Care Fund will help the integration programme and the development of joined up working and commissioning.	Anne Tidmarsh
Integrated Care and Support Pioneer.	Kent is one of the 14 Integrated Care and Support Pioneers. This is giving renewed imputus to the integration programme in Kent. An Integration Pioneer Steering Group is in place.	Anne Tidmarsh
Programme management.	Programme management arrangements in place with a Programme Plan and local action plans based on the Programme Plan.	Anne Tidmarsh
Reporting Arrangements in place.	Reporting and inputting to Transformation Board but also to Health and Well Being Boards, and Locality boards and Clinical Commissioning Groups.	Anne Tidmarsh

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Agreeing integrated performance measure and monitoring	Developing integrated performance measures and monitoring	Accepted	Anne Tidmarsh	31/03/2015
BCF Delivery	Local BCF delivery groups working on local action plans.	Accepted	Anne Tidmarsh	31/03/2015
Better Care Fund	The Better Care Fund plan has been produced and agreed by the Health and Wellbeing Board and submitted to NHS England. Further updates to be provided to the Health and Wellbeing Board.	Accepted	Jo Frazer	31/03/2015
Connectivity of information systems	Working towards greater Connectivity of information systems via a shared integrated plan.	Accepted	Anne Tidmarsh	31/03/2015
Joint work with CCGs	Work closely with the CCGs to focus on long term conditions to improve people's ability to self care.	Accepted	Anne Tidmarsh	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Pioneer Status	Kent has Pioneer Status for Health and Social Care Integration. This broadens the integration programme to include commissioning and provision. Further work to be done to develop and take forward the integration programme and wider Pioneer work.	Accepted	Anne Tidmarsh	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level
SCHW 06 Health and Social Care Act 2012	Financial Operational Legal Strategic	Health and Social Care Act 2012	Working arrangements and health architecture following the Health and Social Care Act.	Significant implications for the delivery and provision of social care and health. Emergence of Clinical Commissioning Groups and the transfer of public health functions to Local authorities has required building new relationships and working arrangements. Could be increased diversity of practices to reflect the CCG areas. Possible implications for Section 75 agreements. Risks of potential cost shunting. One example is the joint equipment store where there is a need to develop a Section 75 Agreement to ensure contribution from health agencies and social care.	Andrew Ireland; Mark Lobban; Philip Segurola; Penny Southern; Anne Tidmarsh		M12	M9

Controls

Control	Control Measure Description	Control Owner
Integrated Community Equipment Service Partnership Working	Joint working with health on the development and signing off of the S75 agreement for the provision and funding of the community equipment service between CCGs and social care.	Anne Tidmarsh
Close working at leadership level	Close working at leadership level seeking to build a shared transomation plan. Health and Well Being Board in place. FSC Directors meet with the CCG Accountable Officers.	Andrew Ireland Mark Lobban Philip Segurola Penny Southern Anne Tidmarsh
Existing partnership working with Health	Existing partnership working and joint initiatives with Health which are leading to shared improvements.	Andrew Ireland Mark Lobban Philip Segurola Penny Southern Anne Tidmarsh
JSNA to support health and social care commissioning	JSNA to support health and social care commissioning	Andrew Ireland Mark Lobban Philip Segurola Penny Southern Anne Tidmarsh
Maintain close links with commissioners	Maintain close links with commissioners to ensure application of continuing health care and Section 117 arrangements.	Andrew Ireland Mark Lobban Philip Segurola Penny Southern Anne Tidmarsh

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level

Control	Control Measure Description	Control Owner
Potential Cost Shunting	Ensure adherence to CHC framework. Monitor joint working arrangments.	Mark Lobban Philip Segurola Penny Southern Anne Tidmarsh
Review of locality boundaries	Restructure of OPPD boundaries and restructure of teams in progress.	Anne Tidmarsh
Section 75 agreements.	Ensure Section 75 agreements are monitored in new arrangments.	Mark Lobban Philip Segurola Penny Southern Anne Tidmarsh

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Alignment of the commissioning plans	Alignment of the commissioning plans for SC and Clinical Commissioning Groups. Use of the Health and Well Being Strategy.	Accepted	Andrew Ireland	31/03/2015
Community Equipment Store	Section 75 agreement been produced and checked with legal services. It is currenlty with health partners and is scheduled to be signed in Febrauary 2015.	Accepted	Anne Tidmarsh	31/03/2015
Continued joint working with Health	Continued joint working with Health following the changes to the health architecture. Working with the CCGs and other health providers.	Accepted	Andrew Ireland	31/03/2015
PHBs - Section 75 Agreement	A new Section 75 agreement produced including Personal Health Budgets. To implement the new agreement subject to approvals. The agreement to be signed.	Accepted	Anne Tidmarsh	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level
SCHW 07 Increasing demand for social care services	Financial Operational Reputational	Risk that demand will outstrip available resources.	Risk that demand will outstrip available resources. Fulfilling statutory obligations and duties becomes increasingly difficult against rising expectations. Increased demand due to: - demographic changes in population i.e. more people living longer, more people with dementia and an increase in clients with complex needs. Austerity potentially leads to more stress, family breakdown and need for support from specialist children's services. More reliance on informal carers leads to strain on families and individuals	Austerity potentially leads to more stress, family breakdown and need for support from specialist children's services. More reliance on informal carers leads to strain on families and individuals	Andrew Ireland; Mark Lobban; Penny Southern; Anne Tidmarsh		H20	H16

Controls

Control	Control Measure Description	Control Owner
Community Capacity	Developing community capacity	Andrew Ireland
Continue to explore roles and functions	Continue to explore roles and functions	Andrew Ireland Mark Lobban Penny Southern Anne Tidmarsh
Contracting and Procurement controls	Contracting and Procurement controls	Andrew Ireland Mark Lobban Penny Southern Anne Tidmarsh
Early intervention and Preventative services	Early intervention and Preventative services aimed at reducing demand-enablement, fast track minor equipment, short term care with step down and step up support.	Andrew Ireland Mark Lobban Penny Southern Anne Tidmarsh
In SCS streamlining back office processes and systems	In SCS, NE providing advice re streamlining back office processes and systems. e.g closing cases in a timely manner and step down to early help where apporpriate.	Philip Segurola
Joint planning and commissioning with partners	Joint planning and commissioning with partners	Andrew Ireland Mark Lobban Penny Southern Anne Tidmarsh
Modernisation of older peoples and Learning Disability Services	Modernisation of older peoples and learning disability services	Andrew Ireland Mark Lobban Penny Southern Anne Tidmarsh

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level

Control	Control Measure Description	Control Owner
Representation being made regarding persons being placed into Kent.	Continued representation to central government and other agencies regarding the disproportionate number of people in need across the age ranges (children and adults) being placed by other local authorities into Kent.	Andrew Ireland Philip Segurola Penny Southern
Robust reporting and analysis to DMT and Business Planning	Robust reporting and analysis to DMT and Business Planning	Andrew Ireland Mark Lobban Penny Southern Anne Tidmarsh
Transformation Programme	Implementation of Adults Transformation Programme underway including: Care Pathways, Commissioning and Procurement and Optimisation.	Andrew Ireland Mark Lobban Penny Southern Anne Tidmarsh

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Adult social care Transformation Programme	Adult social care Transformation Programme - tracking and monitoring the impact of delivery -on going.	Accepted	Andrew Ireland	31/03/2015
Assistive Technology (Telecare)	Continued use and development of Assistive Technology (Telecare). Extend scope of Telecare.	Accepted	Andrew Ireland	31/03/2015
Continue to invest in preventative services	Continue to invest in preventative services through voluntary sector partners.	Accepted	Andrew Ireland	31/03/2015
Contracting and commissioning services	SCS working with Strategic Commissioning and EYP to negotiate improved contracts with providers.	Proposed	Philip Segurola	31/03/2015
Managing prices:	Managing Prices: Re-tendering for home Care and Residential Care.	Accepted	Mark Lobban	31/03/2015
Modernisation of Services	Continued modernisation of Older People Services and of Learning Disability Day Services through the Good Day Programme.	Accepted	Andrew Ireland	31/03/2015
monitoring demand	to monitor demand for services including new referrals and people requiring services for longer -often with complex needs.	Proposed	Penny Southern	31/03/2015
Ordinary Residence	Checking cases to ensure that where SCHW is approached to take cases on then the individual case does "qualify" under the Ordinary Residence guidance - on going.	Accepted	Andrew Ireland	31/03/2015
Review of care	Review of care ensuring good outcomes linked to effective arrangements for support. monitoring of trusted assessor arrangements eg carers assessments.	Accepted	Andrew Ireland	31/03/2015
SCS working with Newton Europe	Working with N.E to streamline back office processes, step cases down to early help where appropriate.	Accepted	Philip Segurola	01/04/2015
Working to ensure children in care are supported with a permanency plan.	Continued working to ensure children in care are supported with a permanency plan. Early help for families. Promoting adoption and permanency where it is right for the child.	Accepted	Andrew Ireland	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level
SCHW 08 Managing and working within the Social Care Market.	Financial Political Operational	Managing and working within the Social Care Market.	SCHW 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. Develop and promote the Children's social care market to ensure the sufficient supply to meet the needs of children in need and children in care.	Lack of capacity impacts on choice to support the personalisation agenda. Impact on P&V sector if we are contracting a range of different services in the community through personal budgets/direct payments creates a level of uncertainty for the P&V sector.	Andrew Ireland; Mark Lobban		M12	M9

Controls

Control	Control Measure Description	Control Owner
A risk based approach to monitoring providers	A risk based approach to monitoring providers	Andrew Ireland Mark Lobban
Commissioning framework for children's services	Commissioning framework for children's services	Andrew Ireland Mark Lobban
Commissioning in partnership with key agencies (health)	Commissioning in partnership with key agencies (health)	Andrew Ireland Mark Lobban
Commissioning Plans	Develop commissioning plans for specific service areas to determine if a tendering process is required and then implement.	Mark Lobban
Home Care Re-let	Separate Project Risk register held. Working with legal services and corporate procurement. Regular briefings to staff and communication with service users. monitoring the mobilsation phase of the home care re-let.	Mark Lobban
Independent Fostering Agencies	Every provider has signed the National Fostering Framework agreement and KCC'service specification.	Mark Lobban
Procurement and contract controls	Procurement and contract controls	Andrew Ireland Mark Lobban
Regular market mapping and price increase pressure tracking	Regular market mapping and price increase pressure tracking	Andrew Ireland Mark Lobban
Regular meetings with provider and trade organisations	Regular meetings with provider and trade organisations	Andrew Ireland Mark Lobban
Residential re-let	Commencing the reisdential relet	Mark Lobban
Reviewing relationships with voluntary organisations	Reviewing relationships with voluntary organisations	Andrew Ireland Mark Lobban

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level

Control	Control Measure Description	Control Owner
Strategic Commissioning and Access to Resources.	A strong Strategic Commissioning and Access to Resources function across FSC to ensure KCC gets value for money - whilst maintaining productive relationships with providers.	Andrew Ireland Mark Lobban

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Children's high cost placements.	Continue to review high cost placements in IFA and residential. Developing a commissioning framework for children's residential care.	Accepted	Mark Lobban	31/03/2015
Ensuring market is able to offer choice in the new market conditions opened up by personalisation	Ensuring market is able to offer choice in the new market conditions opened up by personalisation	Accepted	Mark Lobban	31/03/2015
Home Care Re Tender	Mobilisation phase in progress re the Home Care Tender.	Accepted	Mark Lobban	31/03/2015
Quality In Care	Project to improve quality of care in independent sector. Framework to be produced.	Accepted	Mark Lobban	31/03/2015
Residential and nursing home relet.	tender for residential and nursing home care.	Accepted	Mark Lobban	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level
SCHW 09 Information Technology	Operational Technological	Need to ensure that information systems are fit for purpose and support business requirements.	There is a risk that the ICT systems will fail.	If information systems are not fit for purpose then it can impact on the business and the delivery of services.	Andrew Ireland; Philip Segurola; Penny Southern		M12	L6

Controls

Control	Control Measure Description	Control Owner
An ICS board established.	An ICS Children's System Programme Boardwas established to oversee the procurement and integration of the new system.	Philip Segurola
ICS Liberi system is being project managed.	In specialist childrens services the new Liberi system has been implemented. Version 10 of the new system will be implemented in November/December 2014.	Philip Segurola
Programme infrastructure being developed for AIS/SWIFT upgrade.	Upgrade to latest version of SWIFT/AIS to ensure the system meets Care Act requirements.	Penny Southern
Systems group is in place	Systems group is in place with clear governance arrangements to manage demands for changes to the system and to ensure operational resilience.	Penny Southern
Tender for an adult social care system.	It is recognised as a risk that the contract with the current system provider is time limited and the procurement procedures are to be implemented to prepare for a tendering process.	Penny Southern

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Adult Social Care - client database.	The contract with the current provider is time limited. A number of actions are now required. 1) A specification to be developed that reflects the Care Act/Transformation/SEND changes 2) A strategic decision making group to consider the direction of travel and the scope of business requirements. 3) Initiate and follow the procurement processes.	Accepted	Penny Southern	31/03/2015
Liberi system.	Any issues and risks regarding the new Liberi system are to be dealt with in the Programme board	Accepted	Philip Segurola	31/03/2015
Upgrade to SWIFT/AIS	Project management arrangements in place and working towards an upgrade of SWIFT/AIS to version29.1. System user involvement to assist with the design and testing of an upgraded version of SWIFT/AIS.	Accepted	Penny Southern	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level
SCHW 10 Information Governance	Operational Legal Technological	With New Ways of Working, flexible working and increased information sharing across agencies there are increased risks in relation to data protection.With office moves taking place files may need to be moved and there could be insufficient storage in the accommodation provided.	The success of health and social care integration is dependent upon organisations being able to share information across agencies boundaries. Such working means that client information may be shared with other organisations which may have an implication on information sharing protocols. Also flexible working could lead to increased risk of loss of data or equipment. Delegated functions to other organisations raises issues about information sharing and what controls, systems and I.G assurance mechanisms the other organisations have in place.	This could lead to breaches of the Data Protection Act if protocols and procedures are not followed.	Andrew Ireland; Mark Lobban; Philip Segurola; Penny Southern; Anne Tidmarsh		M9	L6

Controls

Control	Control Measure Description	Control Owner
Caldicott Guardians	Caldicott Guardian in place for FSC and Caldicott Guardian Guidance and register in place.	Andrew Ireland
E Learning training	E Learning training for staff to raise awareness. All staff to complete the e-learning training.	Andrew Ireland Mark Lobban Penny Southern Anne Tidmarsh
Employment contracts.	Clause in employment contracts requiring compliance with data protection requirements.	Andrew Ireland Mark Lobban Penny Southern Anne Tidmarsh
Information sharing agreements.	Information sharing agreements and protocols for some specific projects are in place.	Andrew Ireland Mark Lobban Penny Southern Anne Tidmarsh
Organisational policies.	Organisational policies on IT security and the principles of Data Protection in place.	Andrew Ireland Mark Lobban Penny Southern Anne Tidmarsh
Systems Development for newly commissioned services.	Policy impact Assessment for the information governance aspects of projects such as the residential re-let.	Andrew Ireland

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Communication	In SCS regular communication with staff to remind them of data protection requirements and the need to use secure e-mails etc. Also topic discussed at SCS Div MT.	Accepted	Philip Segurola	31/03/2015
Information Governance Update	Information Governance reports to DMT with updates.	Accepted	David Oxlade	31/03/2015
Information sharing agreements	All projects need to have information protocols and agreements where information is to be shared across agencies.	Accepted	Andrew Ireland	31/03/2015
Information sharing with health	On going work with health partners regarding information sharing through the Pioneer Programme.	Accepted	Anne Tidmarsh	31/03/2015
Lessons Learned	Ensure lessons are learned from the Information Commissioner's findings and are cascaded and inform training.	Accepted	Philip Segurola	01/04/2015
Production of SOPs	Standard operating procedures being produced with organisations that are to be data processors with access to adult social care client database information.	Accepted	Anne Tidmarsh	31/03/2015
Raising awareness	Need to continue to raise awareness across staff groups. all staff to undertake E-learning in information governance	Accepted	Andrew Ireland	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level
SCHW 11 Business disruption	Financial Operational Legal Technological Reputational	Possible disruption to services	Impact of emergency or major business disruption on the ability of the Directorate to provide essential services to meet its statutory obligations.	Such an event would impact on the customers of our services and possibility the reputation of the service would suffer	Andrew Ireland; Penny Southern		M9	M9

Controls

Control	Control Measure Description	Control Owner
Business continuity in the independent sector.	Business continuity planning forms part of the contracting arrangements with private and voluntary sector providers	Andrew Ireland Penny Southern
Business Continuity Plans	Business Contniuity plans reviewed annually or in light of significant changes or events.	Andrew Ireland Penny Southern
Business Continuity Systems and Procedures are in place	Business Continuity Systems and Procedures are in place	Andrew Ireland Penny Southern
Business Impact Analysis.	Business Impact Analysis and Risk Assessment is reviewed at least every 12 months or when substantive changes in processes and priorities are identified.	Andrew Ireland Penny Southern
Partnership working at all levels	Good partnership working at all levels for emergency planning.	Andrew Ireland Penny Southern
Training	Crisis/emergency planning training available for staff.	Andrew Ireland Penny Southern

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Adverse Weather	Learn lessons from the response to the adverse weather events that occurred in 2013/14.	Accepted	David Oxlade	31/03/2015
Business continuity in the independent sector.	Business Management Team to work with strategic commissioning and corprate procurement to ensure contracted services have business continuity arrangements in place.	Accepted	David Oxlade	31/03/2015
Business Continuity Risk Assessment	Business Continuity Risk Assessment identifies actions at divisional level	Accepted	Andrew Ireland	31/03/2015
Regular review and update of continuity plans	Regular review and update of continuity plans	Accepted	Andrew Ireland	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level
SCHW 12 KCC KMPT partnership agreement	Financial Legal Reputational	Partnership agreement with KMPT to deliver mental health services.	Risk that a failure to meet mental health statutory requirements would have legal, financial and reputational risks for the Local Authority and would impact on service quality for service users.	Legal, financial and reputational risks for the Local authority and impact on service users.	Penny Southern		M9	L6

Controls

Control	Control Measure Description	Control Owner
Governance and performance monitoring	Improved governance and performance monitoring arrangements in place.	Penny Southern
Monitoring at Divisional Management Team	Div Mt oversight of the joint operating plan and improved data quality to monitor services.	Cheryl Fenton Penny Southern
Operating Agreement	Operating Agreement developed and established between KCC and KMPT.	Cheryl Fenton Penny Southern
Safeguarding arrangements	Safeguarding posts in place. Safeguarding audits take place and regular performance monitoring.	Penny Southern

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Care Act	A mental health reference group is in place to prepare for the implementation of the Care Act	Accepted	Cheryl Fenton	31/03/2015
Deliver the personalisation agenda	Continue to promote the personalisation agenda with social care clients in mental health services. Including increase in social care clients with a personal budget - some increase in the number of DPs. STR service restructured. Training on personalisation provided, teams producing action plan re promoting personalisation.	Accepted	Cheryl Fenton	01/04/2015
mental health social care responses in primary care.	An alternative model to deliver social care in mental health being developed inlcuding increasing community capacity. Pilot project planned.	Accepted	Penny Southern	01/04/2015
Operating Agreement	Operating Agreement between KCC and KMPT monitored through Div MT on an on-going basis.	Accepted	Cheryl Fenton	31/03/2015
Reporting KPIs	Monitor KPIs -focus on red indicators and exception reports. Address IT issues - action plan to do this. On-going monitoring, discussion and action planning re KPIs in place. Learning from audits.	Accepted	Cheryl Fenton	31/03/2015
Social Care Staffing in KMPT	Improve the supervision and support for social care staff - Arrangements for professional supervision in place. Supervision audits on-going. Various workforce reviews undertaken - to monitor outcomes. Targeted recruitment plan re posts that are hard to recruit to.	Accepted	Cheryl Fenton	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level
SCHW 13 Preparation for legislative change	Operational Legal Reputational	Care Act and Children and Families Act.	Care Act - Significant implications for adult social care services. It establishes a new legal framework for care and support services. An emphasis on early intervention, prevention and increasing choice and control and changes to charging. New duties to be introduced to provide support services to carers. Children and Families Act introduced, implications for - assessments for children with SEN, adoption services and contact and residence plans.	The Care Act when implemented will have a significant impact on services. The Children and Families Act has implications for some SCS services and a significant impact on SEN services.	Andrew Ireland; Michael Thomas-Sam		M9	L6

Controls

Control	Control Measure Description	Control Owner
Care Act	Transactional, activity and financial implications of the Act are reported to DMT. Implications of the Act also reported to CMT. KCC budget for 2015/16 reflects the cost of implementation. Programme Plan went to the Transformation Board, Corporate Board and Cabinet Committee. Key decisions taken.	Andrew Ireland Michael Thomas-Sam
Care Act Programme	A Care Act Programme established to ensure KCC is well placed to deliver the new responsibilities. A programme board in place with representatives from across KCC and the efficiency partner. Regular briefings for elected Members and other stakeholders held. Key policy revisions being completed. Communication plan being put into effect.	Michael Thomas-Sam
Children and Families Act	Children and Families Act implemented. Working with colleagues in SEN services on the changes.	Philip Segurola Penny Southern
Increase awareness of the Welfare Reform Act.	Reports to Corporate Board and DMTs. Also to Policy and Resources Committee and Kent Joint Chiefs meeting.	Michael Thomas-Sam

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Care Act	Workshops and training to be being provided on the implications of the Care Act.	Accepted	Michael Thomas-Sam	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Care Act	To monitor key tasks in preparation for implementation of the Act including the commissioning and delivery of training; identify capacity to manager the estimated additional demand and making key policy decisions.	Proposed	Michael Thomas-Sam	01/04/2015
Care Act Programme Plan	An outline programme plan in place with a number of projects including: costs modelling; communications;workforce capacity; commissioning; financial assessment and charging; safeguarding; IT and information systems	Accepted	Michael Thomas-Sam	31/03/2015
Care Act progress	To continue to prepare for the Care Act. Project plans in place with workstreams for key areas. To determine the implications of the Act and the associated regulations and guidance for KCC. To prepare for implementation when the Act in enacted in 2015.	Accepted	Andrew Ireland	31/03/2015
Children and Families Act	Further input to an SEN pathfinder project and development of a "local offer".	Accepted	Andrew Ireland	31/03/2015
reporting and communication	To keep DMT and Div Mts informed of developments and preparations for the Care Act. To communicate through briefings and updates to staff.	Accepted	Michael Thomas-Sam	31/03/2015
Transformation programme.	The principles contained in the Care Act to inform the Transformation programme. .	Accepted	Michael Thomas-Sam	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level
SCHW 14 Organisational Change	Operational Strategic	Significant amount of organisational change.	Several major change programmes underway at the same time.	Possible impact on service delivery and could lead to unclear responsibilities	Andrew Ireland; Mark Lobban; Philip Segurola; Penny Southern; Anne Tidmarsh		M12	M12

Controls

Control	Control Measure Description	Control Owner
Centralisation and market testing of key support services e.g finance, training function, business support, ICT, communication.	Business support arrangements in place. On going engagement in management team.	Andrew Ireland
Disabled Children's Service	Realignment of Disabled Children's Service to Adult services and to be line managed within the Learning Disability & Mental Health Division from January 2015	Penny Southern
Facing the Challenge	Facing the Challenge: Delivering Better Outcomes. Transformation Plan - version 1 produced and disseminated. Phase 2 now in progress market engagement and service reviews.	Andrew Ireland
New Ways of Working	New ways of working is leading to changes in KCC accommodation arrangements and where people are based. A New Ways of Working Risk Register exists to log risks. SCHWB has representation on the New Ways of Working Programme Board.	Andrew Ireland
OPPD boundary realignment and optimisation restructuring.	Phase 3 was completed on 30.9.14 following the final phase of restructure of the OPPD workforce The new OPPD service and structure went live on 1.10.14. A two month restructure settling in period has been built in to the programme to resolve any outstanding queries and issues.	Anne Tidmarsh

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Care Leavers	Changes to the Care Leaver Service and what was the 16+ service.	Accepted	Philip Segurola	31/03/2015
Centralisation of Support Services	Continue to maintain close working with support services e.g finance, ICT, training, communication.	Accepted	Andrew Ireland	31/03/2015
KCC Transformation Plan	Phase 2 of Facing the Challenge in progress. Workshops provided for staff.	Accepted	Andrew Ireland	31/03/2015
New Ways of Working	To continue to communicate the implications of New Ways of working for the Directorate. Office moves taking place. NWW has its own risk log.	Accepted	Penny Southern	31/03/2015
OPPD Boundary Realignment and Optimisation Restructuring.	Bedding in and completing the OPPD restructure	Accepted	Anne Tidmarsh	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level
SCHW 15 MCA and Deprivation of Liberty Assessments	Financial Operational Legal Reputational	A judgement by the Supreme Court has implications for the number of Deprivaton of Liberty Assessments that are required.	The number of Deprivation of Liberty assessments has significantly increased. This could lead to some DOLs applications and Best Interests Assessments not being done within the statutory framework.	This could result in some people living in circumstances where they are deprived of their liberty based on the new legal interpretation but without a DoLs assessment. This could be detrimental to the individual and could result in a challenge based on the Supreme Court judgement.	Mark Lobban		H16	M8

Controls

Control	Control Measure Description	Control Owner
Analysis produced	An analysis of the management processes for DoLs applications completed. DMT considered the various scenarios for different application levels and the impact on staff resources.	Mark Lobban
Briefing issued to staff regarding the Supreme Court judgement.	Briefing issued by Corporate Director.	Nick Sherlock
Briefing to DMT regarding the Supreme Court judgement.	DMT briefed on the judgement and its implications.	Nick Sherlock
DoLs	Support is provided to staff through the DoLs/MCA team.	Nick Sherlock
MCA training	MCA training is available for staff.	Nick Sherlock

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Analysis	An analysis completed to identify the likely extent of demand.. The number of referrals has trebled and some providers have requested assessments of all their residents. an input/output model refined to reflect managment processes for DoLs applications from institutional care settings. DMT considered the various scenarios for different application levels and the impact on staff resources. A risk profiling approach is being piolted in Learning Disability to identify cases that need to go to the Court of Protection.	Accepted	Mark Lobban	31/03/2015
DOLS/MCA resource	Staff who have completed the BIA training are being put onto the BIA rota. More training to be commissioned. .	Accepted	Mark Lobban	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Resources	Additional funding identified in the MTFP for 2015/16 to invest in additional staff and to met costs (e.g legal costs). DMT agreed a way forward for the deployment of these resources for DoLs applications for institutional care settings. Authorisation for the recruitment of additional staff ageed. Action plan to be developed to ensure a systematic implementation of managing these resources. DMT agreed to extend the number of authorisers within the Directorate. Cost modelling underway for identifying costs for applications arising from suported living situations.	Accepted	Mark Lobban	31/03/2015
Review the MCA/BIA work.	Review the MCA/BIA work to identify any efficiencies that can be made in the processes or ways of working. Process mapping work completed examining work flows and organisation. New systems introduced and development of new module within AIS underway. This work to inform the steering group looking at the possible longer term options for managnig MCA/DoLs work. Update reported to DMT in January 2015.	Accepted	David Oxlade	31/03/2015
Wider context	As this risk is the result of a national judgement - most Local Authorities will be facing similar challenges. To keep abreast of any national (DH) or regional developments.	Proposed	Mark Lobban	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level
SCHW 16 Independent Living Fund	Financial Operational	The Independent Living Fund will close on 30 June 2015.	When the ILF closes, responsibility to meet the support needs of the ILF users will be devloved to Local Authorities.	There is a financial risk to KCC as to date there is little clarity on what funding will be transferred to the Local Authority and it is thought any funding will not be ringfenced.	Michael Thomas-Sam		M12	M8

Controls

Control	Control Measure Description	Control Owner
Reports to DMT	Reports submitted to DMT to update them on the transfer programme.	Michael Thomas-Sam
transfer programme	The ILF has developed a transfer programme with local authorities with a code of practice. KCC has been a"critical friend" to the ILF in shaping the transfer programme.	Michael Thomas-Sam

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Assessments of ILF clients	To prepare to undertake assessments of ILF clients in Kent early in 2015	Proposed	Penny Southern	31/03/2015
ILF transfer	to maintain links with the ILF regarding the transfer programme	Proposed	Michael Thomas-Sam	31/03/2015
OSU change team	The OSU change implementation team will co-ordinate ILS transfer activity.	Proposed	David Oxlade	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level
SCHW 17 OFSTED preparedness and service improvement	Political Operational Reputational	Preparedness for an Ofsted Inspection	An announced Ofsted Single Inspection Framework is expected in 2015	Failure to maintain service improvement could adversely impact on children and young people, budget and staffing. A critical inspection could result in being placed on an improvement notice.	Andrew Ireland; Philip Segurola		M12	M8

Controls

Control	Control Measure Description	Control Owner
0 -25 programme board	The 0 to 25 programme Board provides a strategic overview.	
Children's Improvement Group	A children's improvement group has been established, comprising of senior manager from SCS and Early Help and Preventative Services.	Philip Segurola
Children's Improvement Plan.	The Children's Improvement Plan has been revised and re-launched. The plan inlcudes actions to address areas for improvement identified in recent OFSTED inspections and focuses on continous service improvement.	Philip Segurola
Performance Monitoring	Progress is robustly monitored locally, at monthly performance slots at divisional management teams and at area deep dive meetings.	Philip Segurola
Principal Practitioners	Engagement with expert practitioner group. Ensure implementation of the social work contract.	Philip Segurola
Recruitment and Retention	Recruitment and retention plan in place and monitored through the resource group.	Philip Segurola

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Annex A	Annex A documentation collated and updated in readiness for an Ofsted inspection.	Accepted	Philip Segurola	31/03/2015
Audit	Multi agency "mock inspection" arranged for January 2015. continous programme of audits and regualr reporting and dissemination of lessons learned.	Accepted	Philip Segurola	27/02/2015
CSE Action Plan	Develop an action plan to implement the objectives of the CSE strategy	Accepted	Philip Segurola	31/03/2015
Good Practice	Teams to identify adn collate good practice examples	Accepted	Philip Segurola	31/03/2015
KSCB	A SELIP Peer Challenge on effectiveness of the Board's scrutiny and challenge planned for December.	Accepted	Philip Segurola	31/03/2015
Liberi	Improve recording on Liberi	Proposed	Philip Segurola	31/03/2015
Signs of Safety	SCS has chosen to adopt the Signs of Safety Model of intervention.A package of training to be arranged for 2015.	Accepted	Philip Segurola	01/04/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	Inherent Risk Level	RiskLevel	Target Risk Level
SCHW 18 Early Help and Preventative Services		Early Help and Preventative Services - Following the top tier (phase one of Facing the Challenge) Early Help and Preventative Services were aligned under the Education and Young People Directorate. Specialist Children's Serices are aligned under Social Care Health and Wellbeing.	The early help and preventative services are no longer managed by Specialist Children's Services division. This poses a risk to joined up working.	Children and families do not receive the correct level of intervention and suport to meet their needs in a timely and joined up way. Lack of effective "step up" and "step down" between early help and specialist services cuold result in families not receiving the right level of intervention for their needs and circumstances. Lack of appropriate and timely support to manage the step down of cases could affect the ability to maintain an appropriate throughput of cases and lead to an increase in the CIC population.	Philip Segurola		M12	M8

Controls

Control	Control Measure Description	Control Owner
Governance	Performance, risks, issues and threats to efficient service delivery are challenged and addressed through the cross directorate 0 -25 programme board, multi-agency KICSB, Children's Improvement Board.	Philip Segurola

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Joint Meetings	Establish joint regular Div Mt Meetings	Accepted	Philip Segurola	01/04/2015

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

Andrew Ireland, Corporate Director - Social Care, Health and Wellbeing

To: Adult Social Care and Health Cabinet Committee
3 March 2015

Subject: **ADULT SOCIAL CARE PERFORMANCE DASHBOARD**

Classification: Unrestricted

Previous Pathway: Social Care, Health and Wellbeing DMT

Future Pathway: None

Electoral Division: All

Summary:
The performance dashboard provides Members with progress against targets set for key performance and activity indicators for December 2014 for Adult Social Care.

Recommendation:
The Adult Social Care and Health Cabinet Committee is asked to:
a) **REVIEW** the Adult Social Care performance dashboard

---

1. Introduction

1.1 Appendix 2 Part 4 of the Kent County Council Constitution states that:

"Cabinet Committees shall review the performance of the functions of the Council that fall within the remit of the Cabinet Committee in relation to its policy objectives, performance targets and the customer experience."

1.2 To this end, each Cabinet Committee is receiving a performance dashboard.

2. Performance Report

2.1 The main element of the Performance Report can be found at Appendix 1; the Adult Social Care dashboard which includes latest available results for the key performance and activity indicators

2.2 The Adult Social Care dashboard is a subset of the detailed monthly performance report that is used at team, DivMT and DMT level. The indicators included are based on key priorities for the Directorate, as outlined in the business plans, and include operational data that is regularly used within

Directorate. The dashboard will evolve for Adult Social Care as the transformation programme is shaped.

2.3 Cabinet Committees have a role to review the selection of indicators included in dashboards, improving the focus on strategic issues and qualitative outcomes, and this will be a key element for reviewing the dashboard

2.4 A subset of these indicators is also used within the quarterly performance report, which is submitted to Cabinet.

2.5 As an outcome of this report, members may make reports and recommendations to the Leader, Cabinet Members, the Cabinet or officers.

2.6 Performance results are assigned an alert on the following basis:

Green: Current target achieved or exceeded

Red: Performance is below a pre-defined minimum standard

Amber: Performance is below current target but above minimum standard.

3. Financial Implications

3.1 Not applicable.

4. Legal Implications

4.1 Not applicable.

5. Equalities Implications

5.1 Not applicable.

6. Recommendations

6.1 The Adult Social Care and Health Cabinet Committee is asked to:

a) **REVIEW** the Adult Social Care performance dashboard.

Report Author
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Title: Head of Performance for Adult Social Care
Tel No: 03000 415501
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Adult Social Care Dashboard

December 2014

Key to RAG (Red/Amber/Green) ratings applied to KPIs

GREEN	Target has been achieved or exceeded
AMBER	Performance is behind target but within acceptable limits
RED	Performance is significantly behind target and is below an acceptable pre-defined minimum *
↑	Performance has improved relative to targets set
↓	Performance has worsened relative to targets set

* In future, when annual business plan targets are set, we will also publish the minimum acceptable level of performance for each indicator which will cause the KPI to be assessed as Red when performance falls below this threshold.

Adult Social Care Indicators

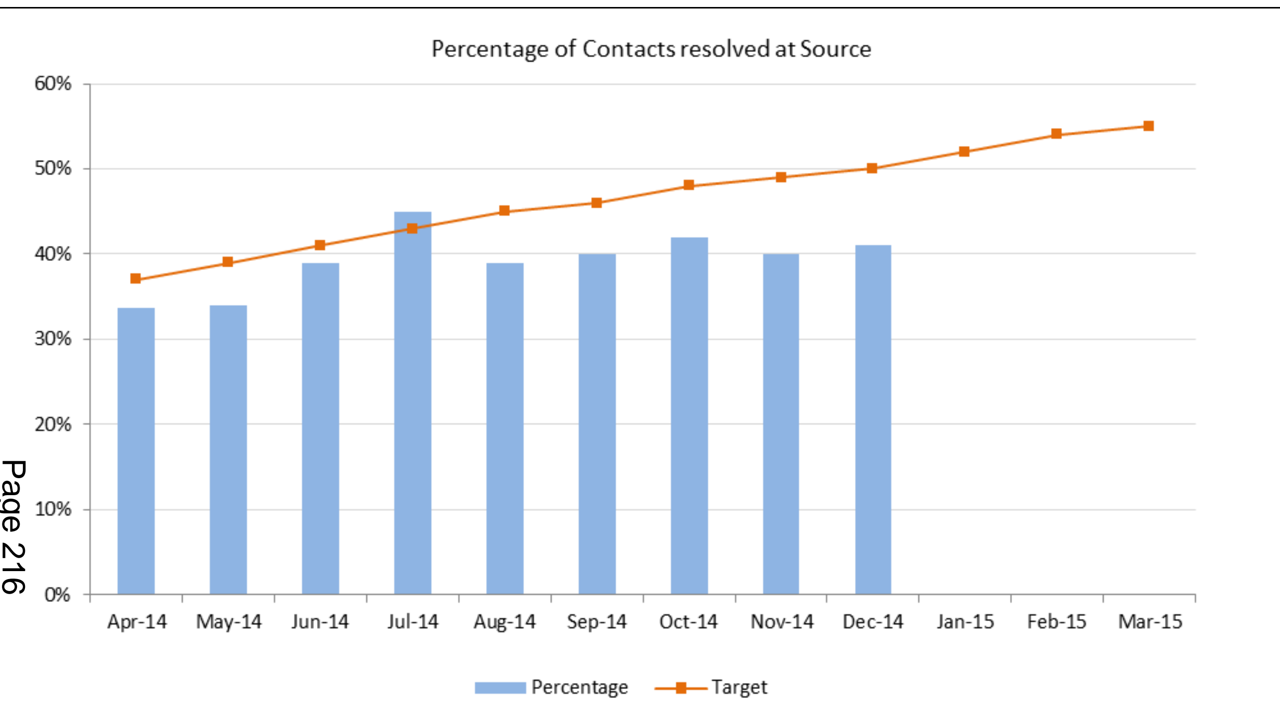
The key Adult Social Care indicators are listed in summary form below, with more detail in the following pages. A subset of these indicators feed into the Quarterly Monitoring Report, for Cabinet. This is clearly labelled on the summary and in the detail.

Some indicators are monthly indicators, some are annual, and this is clearly stated.

All information is as at December 2014 where possible.

Indicator Description	SCHW SPS	QPR	2013-14 Outturn	Current 14-15 Target	Current Position	Data Period	RAG	Direction
1. Percentage of contacts resolved at source (ASC01)	Y	Y	35.9%	55%	**41.0%**	Month	AMBER	↑
2. Number of completed Promoting Independence Reviews		Y	350	638	**313**	Month	RED	↓
3. Number of adult social care clients receiving a Telecare service (ASC02)	Y	Y	3238	3907	**4088**	Cumulative	GREEN	↑
4. Referrals to enablement (ASC03)	Y	Y	700	700	**844**	Month	GREEN	↑
5. Delayed transfers of care			5.73	5.40	**5.29**	12M	GREEN	↑
6. Admissions to permanent residential or nursing care for people aged 65+			149	130	**63**	12M	GREEN	↑
7. Number of people aged 65+ in permanent residential care (AS01)	Y	Y	2845	2793	**2559**	Snapshot	GREEN	↑
8. Number of people aged 65+ in permanent nursing care (AS02)	Y	Y	1429	1428	**1260**	Snapshot	GREEN	↑
9. Number of people aged 65+ receiving domiciliary care (AS03)	Y	Y	5161	4977	**3730**	Snapshot	GREEN	↑
10. Number of people with a learning disability in residential care (AS04)	Y	Y	1243	1258	**1231**	Snapshot	GREEN	↑
11. Number of people with a learning disability receiving a community service			1343	1197	**1483**	Snapshot	GREEN	↑
12. Percentage of adults in contact with secondary mental health in settled accommodation			86%	75%	**83%**	Quarterly	GREEN	↓
13. Percentage of adults with a mental health needs in employment			-	13%	**11.9%**	Quarterly	GREEN	-

1. Percentage of contacts resolved at source (ASC01)			AMBER ⇧
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Older People and Physical Disability



Data Notes.
Data Source: SWIFT report but this will be monitored using the Area Referral Management Service information.

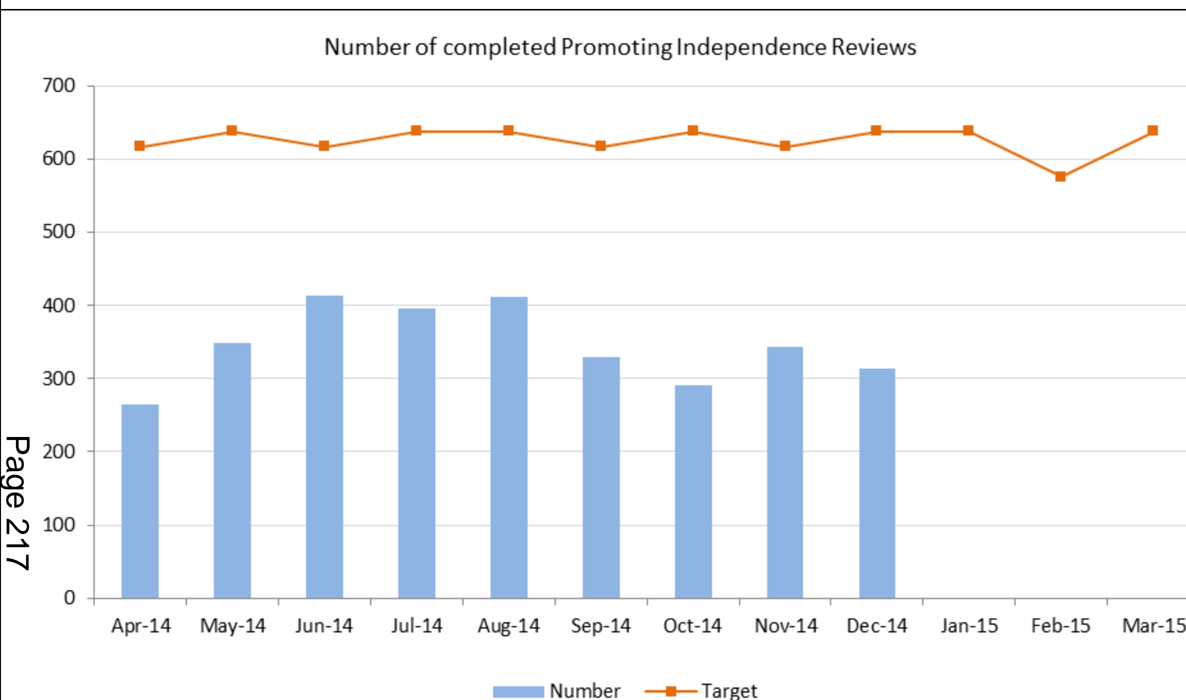
Quarterly Performance Report Indicator

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target	**37%**	**39%**	**41%**	**43%**	**45%**	**46%**	**48%**	**49%**	**50%**	**52%**	**54%**	**55%**
Percentage	33.61%	34.00%	39.00%	45.00%	39.00%	40.00%	42.00%	40.00%	41.00%			
RAG Rating	AMBER	AMBER	AMBER	GREEN	RED	RED	AMBER	AMBER	AMBER			

Commentary

A key priority for Adult Social Care is to respond to more people's needs at the point of contact, through better information, advice and guidance, or provision of equipment where appropriate. Although performance in March was on target, and has since improved, as stretching targets for improvement have been set for this year, current performance is behind target.

2. Number of completed Promoting Independence Reviews			RED ⇩
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Older People and Physical Disability



Data Notes.
The information collected shows the number of review completed as at Monday of every week and is presented weekly within DivMT dashboards. Due to the target for this indicator being weekly, when it is presented in a monthly format the target will vary because of the number of days in the month. If a particular week falls across two months, the number of reviews is proportionate.

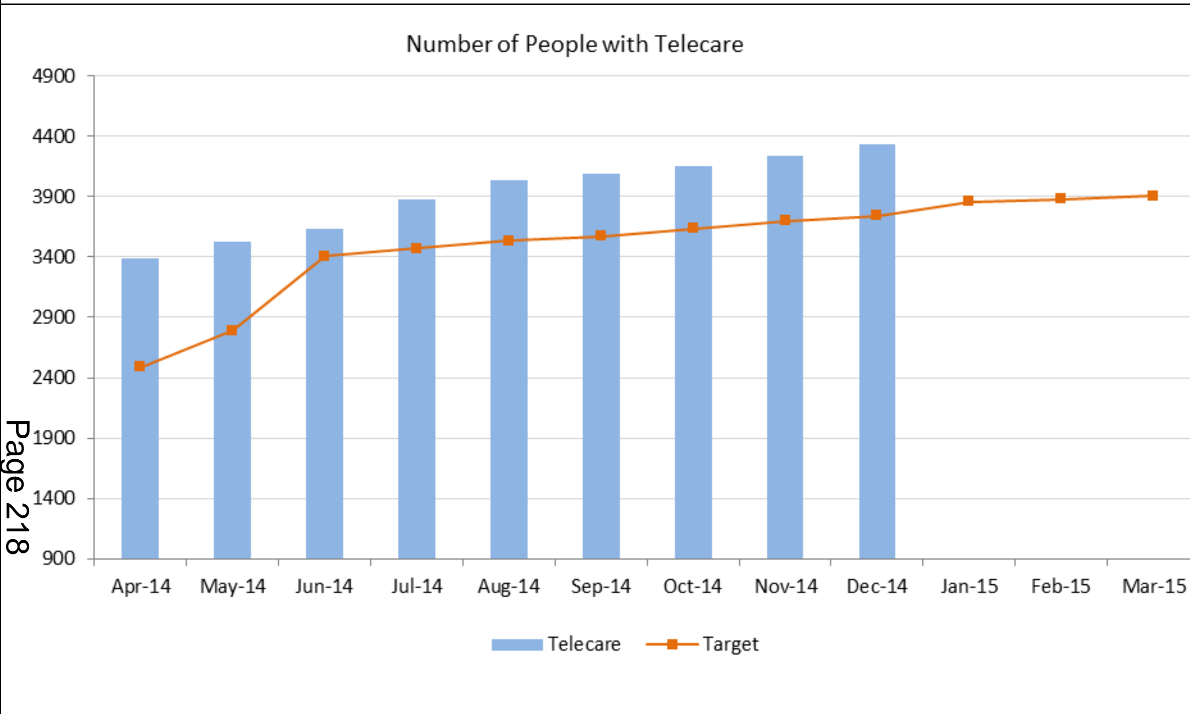
Data Source: Newton Europe PIR Tracker

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target	**617**	**638**	**617**	**638**	**638**	**617**	**638**	**617**	**638**	**638**	**576**	**638**
Number	265	349	414	395	411	330	291	343	313			
RAG Rating	RED	RED	RED	RED	RED	RED	RED	RED	RED			

Commentary

The current phase of the Transformation programme involves the staffing consultation, mobilisation of home care and staff reduction and these issues are influencing performance in the short term. Discussions continue to take place on a regular basis to ensure that any operational issues are identified and resolved.

3. Number of adult social care clients receiving a Telecare service (ASC02)			GREEN ⇧
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Older People and Physical Disability



Data Notes.

Units of Measure: Snapshot of people with Telecare as at the end of each month

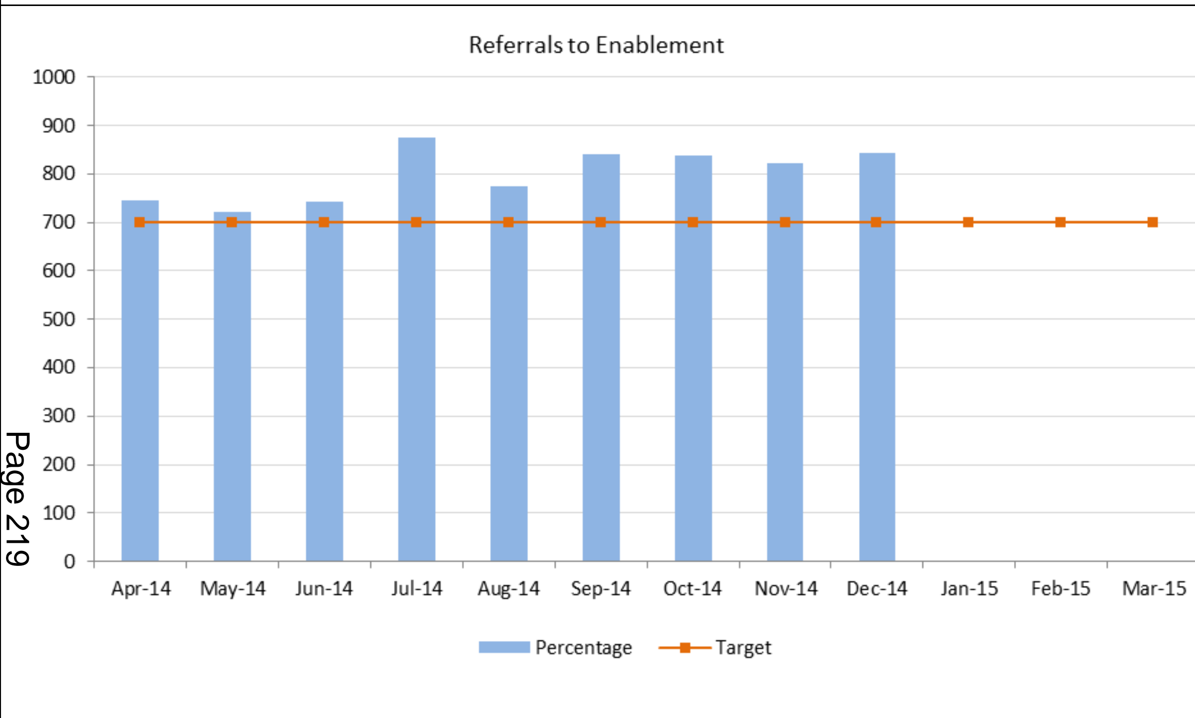
Data Source: Adult Social Care Swift client System

Quarterly Performance Report Indicator

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target	**2491**	**2793**	**3405**	**3471**	**3537**	**3573**	**3638**	**3700**	**3740**	**3856**	**3880**	**3907**
Telecare	3392	3531	3637	3877	4041	4088	4151	4234	4332			
RAG rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN			

The number of people in receipt of a Telecare service continues to exceed target. Telecare is being promoted as a key mechanism for supporting people to live independently at home, including within Personal Budgets. The availability of new monitoring devices (for dementia for instance) is expected to increase the usage and benefits of telecare. Awareness training continues to be delivered to staff to ensure we optimise the opportunities for supporting people with more complex and enabling teletechnology solutions.

4. Referrals to Enablement (ASC03)			GREEN ⇧
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Older People and Physical Disability



Data Notes.
Units of Measure: Number of people who had a referral that led to an Enablement service
Data Source: Adult Social Care Swift client System – Enablement Services Report

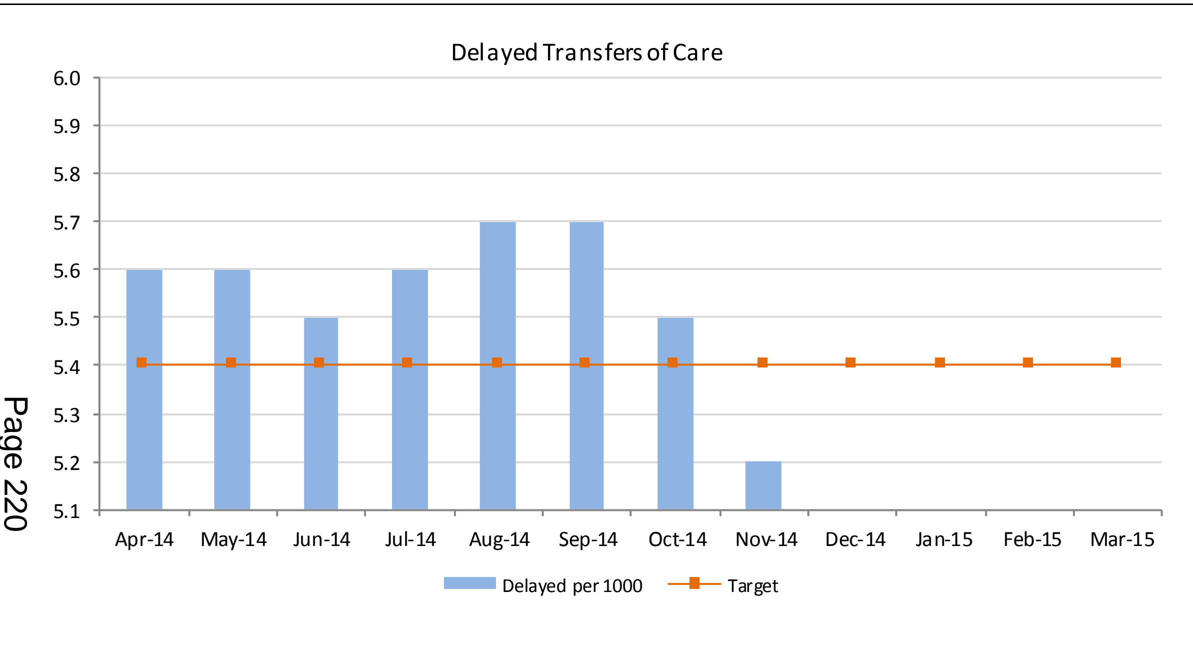
Quarterly Performance Report indicator

Trend Data	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target	**700**	**700**	**700**	**700**	**700**	**700**	**700**	**700**	**700**	**700**	**700**	**700**
Enablement Referrals	745	722	742	875	775	842	838	822	844			
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN			

Commentary

Enablement continues to be above target.

5. Delayed transfers of care			GREEN ⇧
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Older People and Physical Disability



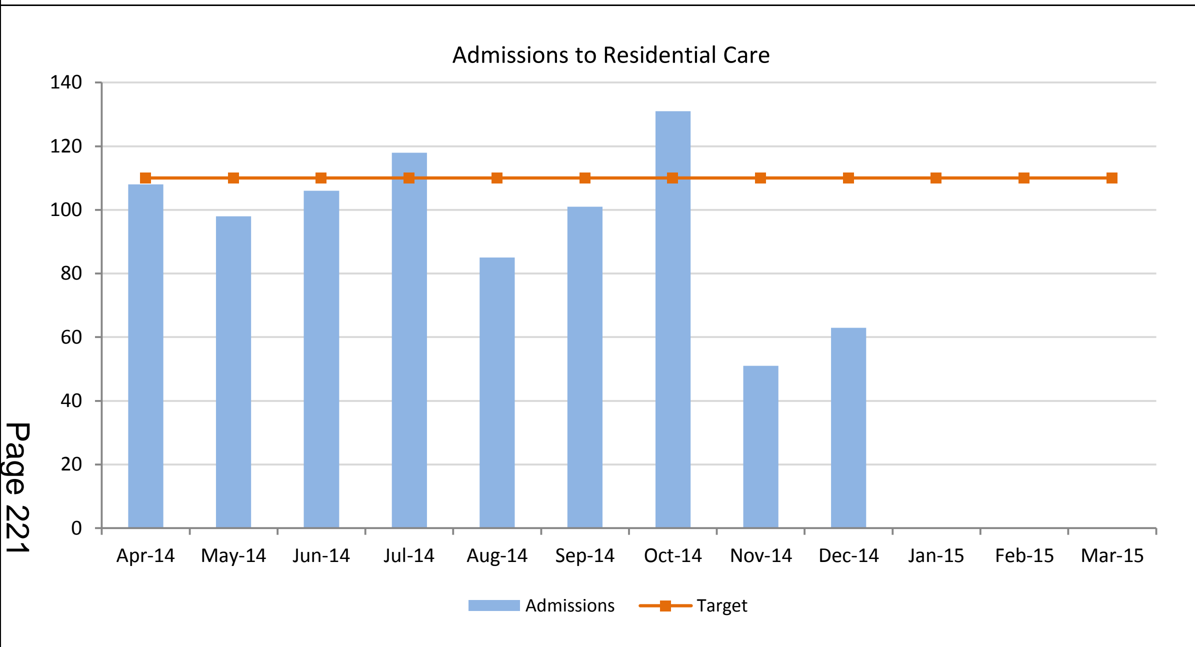
Data Notes.
This indicator is displayed as the number of delays per month as a rate per 100,000 population.

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target	**5.4**	**5.4**	**5.4**	**5.4**	**5.4**	**5.4**	**5.4**	**5.4**	**5.4**	**5.4**	**5.4**	**5.4**
Delayed per 1000	5.6	5.6	5.5	5.6	5.7	5.7	5.5	5.2				
RAG rating	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	GREEN				

Commentary

Delay transfers can be affected by many factors, mainly client choice and health based reasons. Whilst there are ongoing pressures to find social care placements, these have been eased with support such as intermediate care, and step down beds. Information relating to delayed transfers of care is collected from health on a monthly basis, and reasons for delays are routinely examined. Currently about 25% delays are attributable to Adult Social Care. The top three reasons for delays includes: Waiting NHS non-acute care, patient choice and then Social care assessment.

6. Admissions to permanent residential or nursing care for people aged 65+			GREEN ⇩
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Older People & Physical Disability



Data Notes.

Units of Measure: Older People placed into Permanent Residential Care per month.

Data Source: Adult Social Care Swift client System – Residential Monitoring Report

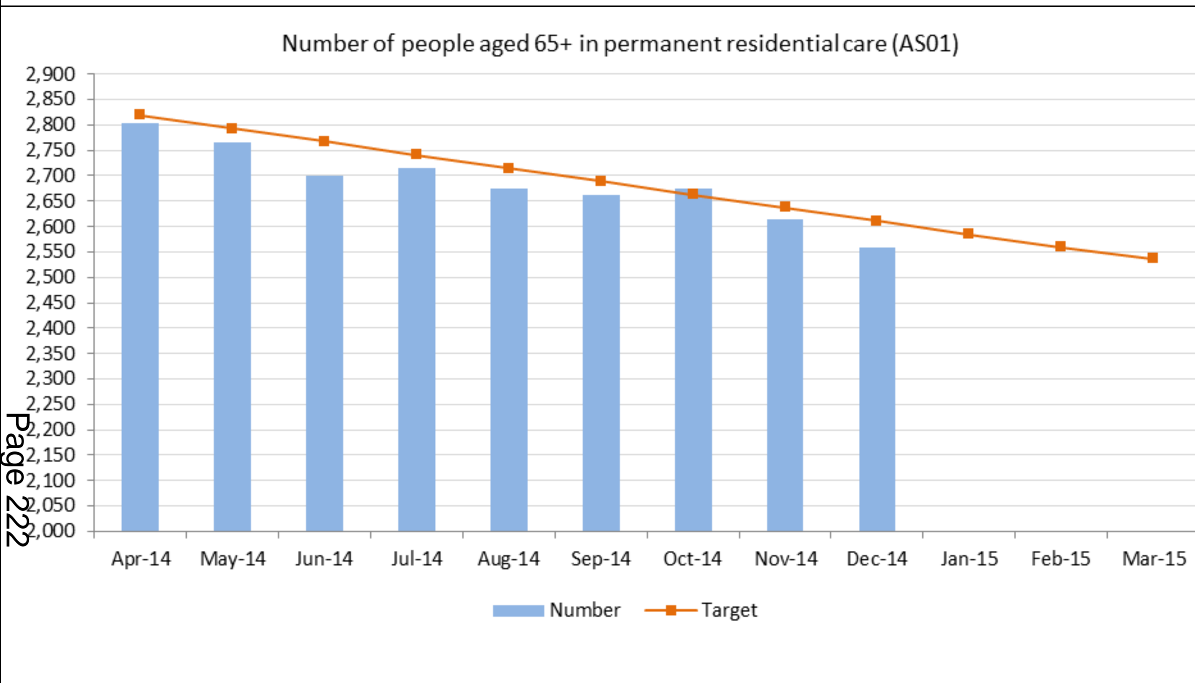
	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target	**110**	**110**	**110**	**110**	**110**	**110**	**110**	**110**	**110**	**110**	**110**	**110**
Admissions	108	98	106	118	85	101	131	51	63			
RAG rating	GREEN	GREEN	GREEN	AMBER	GREEN	GREEN	RED	GREEN	GREEN			

Commentary

Reducing admissions to permanent residential or nursing care is a clear objective for the Directorate. Many admissions are linked to hospital discharges, or specific circumstances or health conditions such as breakdown in carer support, falls, incontinence and dementia. As part of the monthly budget and activity monitoring process, admissions are examined, to understand exactly why they have happened. The objectives of the transformation programme will be to ensure that the right services are in place to ensure that people can self manage with these conditions, and ensure that a falls prevention strategy and support is in place to reduce the need for admission. In the meantime, there are clear targets set for the teams which are monitored on a monthly basis, and an expectation that permanent admissions are not made without all other alternatives being exhausted.

7. Number of people aged 65+ in permanent residential care (AS01) — GREEN ⇧

Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Older People & Physical Disability



Data Notes.

Units of Measure: End of month snapshot of the number of people aged 65+ in permanent residential care

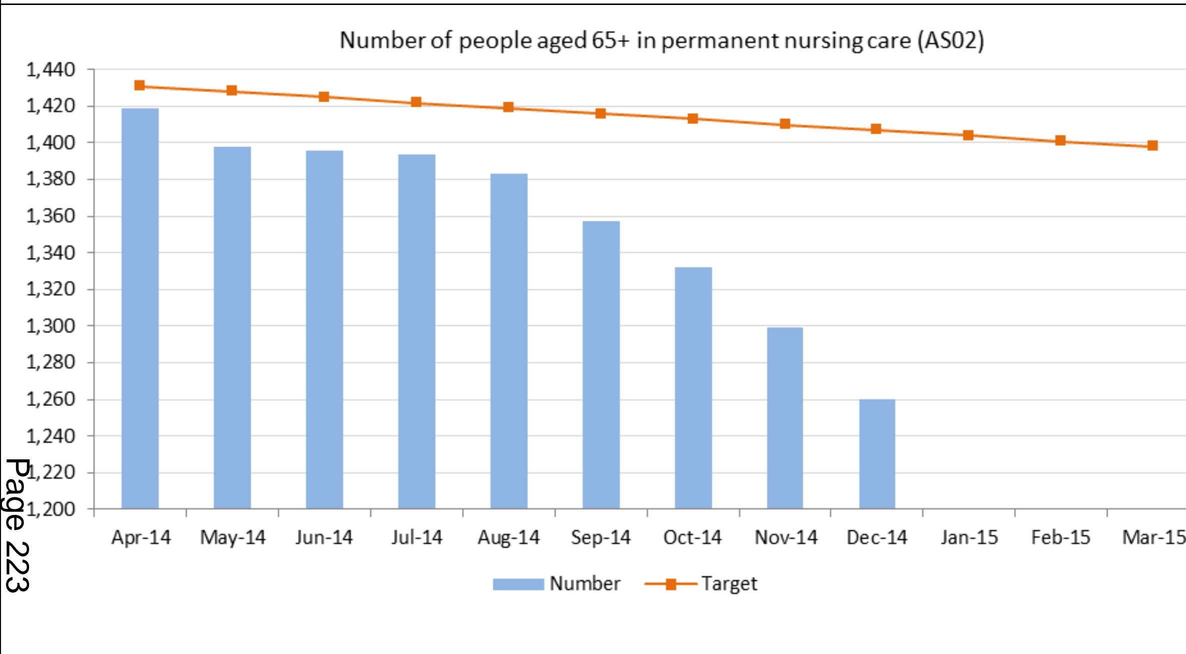
Data Source: MCR summary report – SWIFT

Quarterly Performance Report indicator

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target	**2819**	**2793**	**2767**	**2741**	**2715**	**2689**	**2663**	**2637**	**2611**	**2585**	**2559**	**2536**
Number	2803	2765	2699	2715	2674	2661	2675	2614	2559			
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	GREEN	GREEN			

Commentary

8. Number of people aged 65+ in permanent nursing care (AS02)			GREEN ⇧
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Older People & Physical Disability



Data Notes.
Units of Measure: End of month snapshot of the number of people aged 65+ in permanent residential care

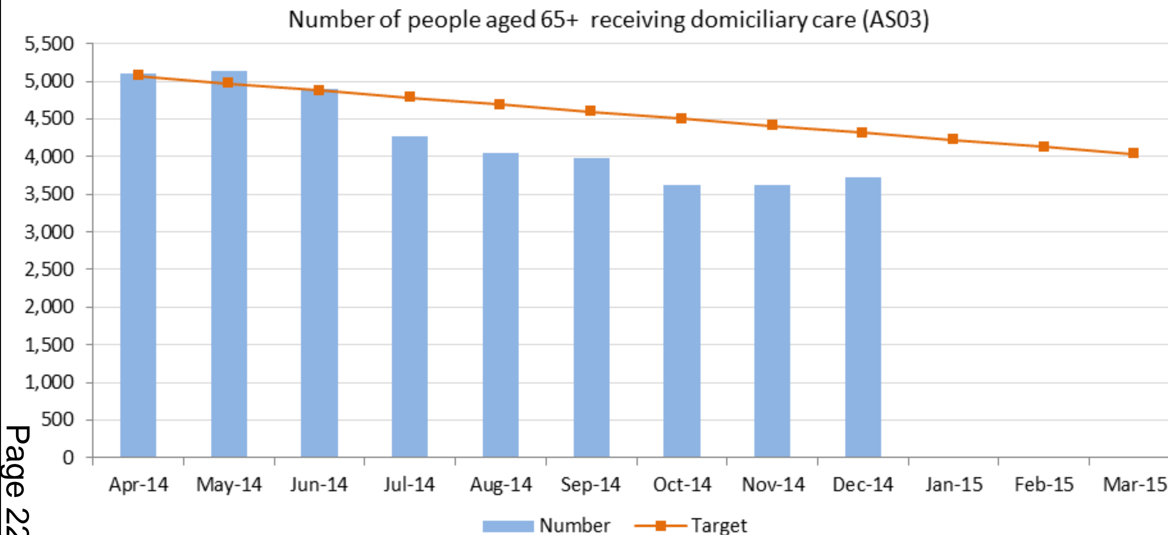
Data Source: MCR summary report – SWIFT

Quarterly Performance Report indicator

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target	**1431**	**1428**	**1425**	**1422**	**1419**	**1416**	**1413**	**1410**	**1407**	**1404**	**1401**	**1398**
Number	1419	1398	1396	1394	1383	1357	1332	1299	1260			
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN			

Commentary

9. Number of people aged 65+ receiving domiciliary care (AS03)			GREEN ⇩
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Older People & Physical Disability



Data Notes.

Units of Measure: End of month snapshot of the number of people aged 65+ receiving domiciliary care

Data Source: MCR summary report – SWIFT

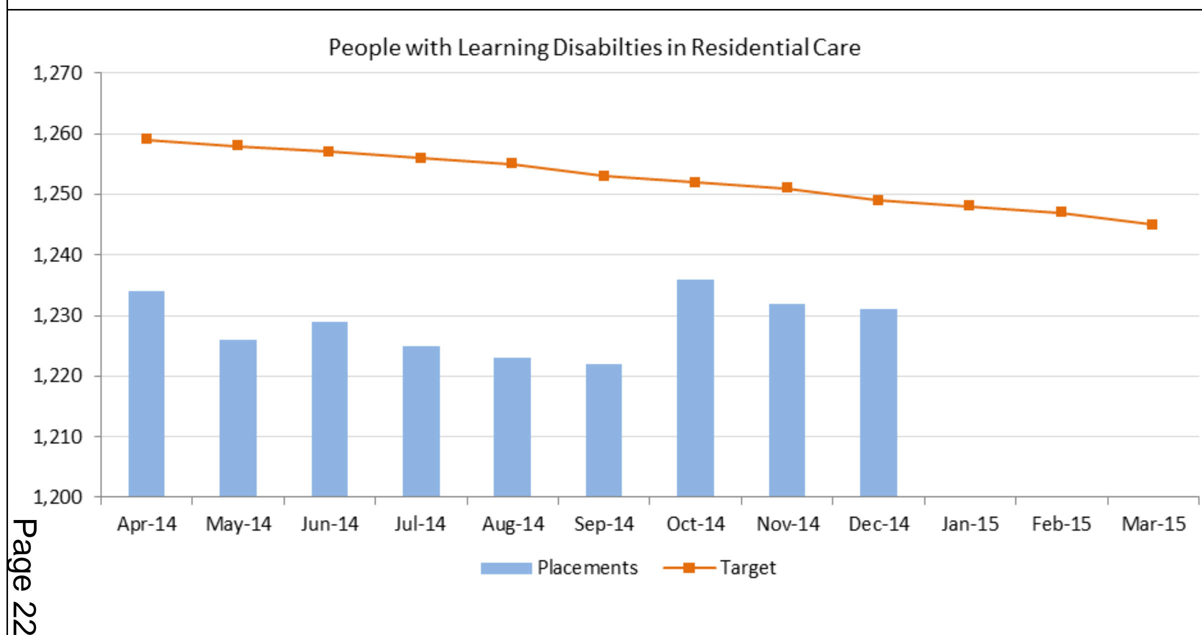
Quarterly Performance Report indicator

Trend Data	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target	**5071**	**4977**	**4883**	**4789**	**4695**	**4601**	**4507**	**4413**	**4319**	**4225**	**4131**	**4037**
Number	5112	5133	4892	4274	4052	3988	3617	3629	3730			
RAG Rating	AMBER	RED	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN			

Commentary

10. Number of people with a learning disability in residential care (AS04)	GREEN ⇧

Cabinet Member	Graham Gibbens	**Director**	Penny Southern
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Learning Disability



Data Notes.
Units of Measure: Number of people with a learning disability in permanent residential care as at month end.
Data Source: MCR summary

Quarterly Performance Report indicator

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-14	Feb-14	Mar-15
Target	**1259**	**1258**	**1257**	**1256**	**1255**	**1253**	**1252**	**1251**	**1249**	**1248**	**1247**	**1245**
Number	1234	1226	1229	1225	1223	1222	1236	1232	1231			
RAG rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN			

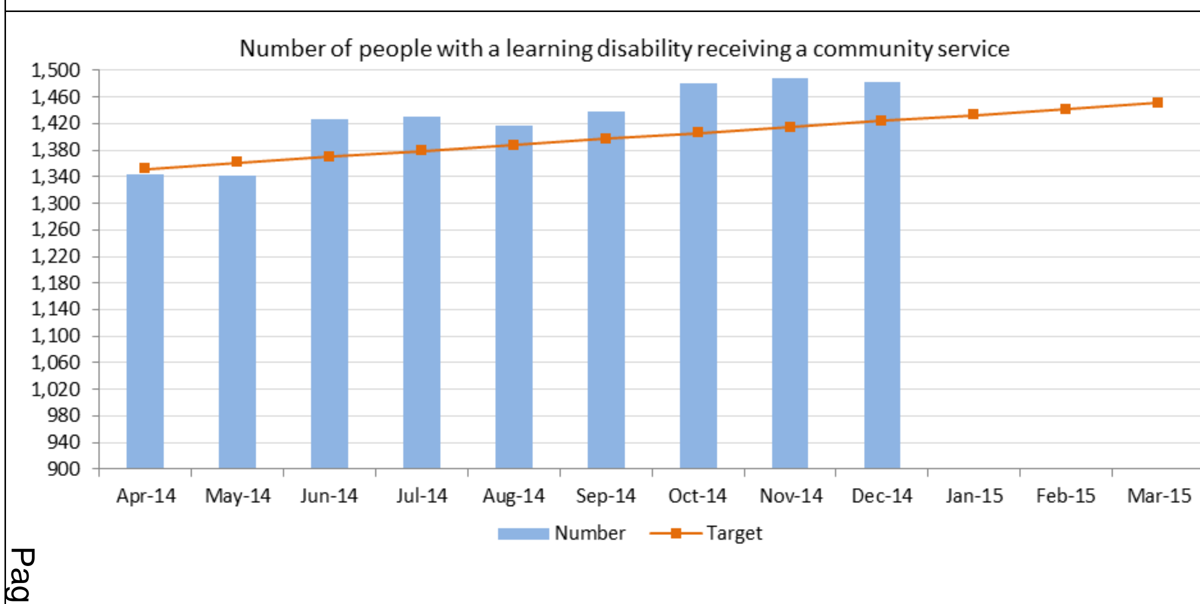
Commentary

It is a clear objective of the Directorate to ensure that as many people with a learning disability live as independently as possible. All residential placements have now been examined to ensure that where possible, there will be a choice available for people to be supported through supported accommodation, adult placements and other innovative support packages which enable people to maintain their independence. In addition, the teams continue to work closely with the Children's team as young people coming into Adult Social Care through transition from the majority of the new residential placements.

11. Number of people with a learning disability receiving a community service — GREEN ⇧

Cabinet Member	Graham Gibbens	**Director**	Penny Southern

Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Learning Disability

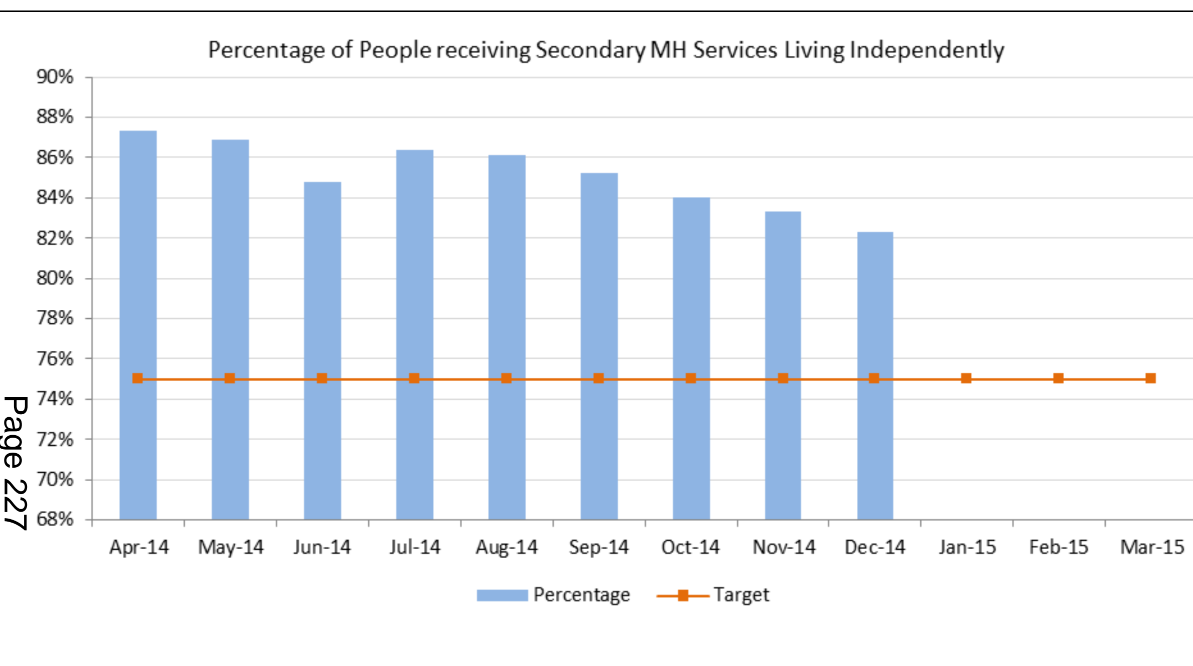


Data Notes.
Units of Measure: Number of people with a learning disability receiving supported living, supporting independence or shared lives service as at month end.
Data Source: MCR summary

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target	**1352**	**1361**	**1370**	**1379**	**1388**	**1397**	**1406**	**1415**	**1424**	**1433**	**1442**	**1451**
Number	1343	1342	1427	1431	1417	1438	1481	1489	1483			
RAG Rating	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN			

Commentary

12. Percentage of adults in contact with secondary mental health services living independently, with or without support			GREEN ⇩
Cabinet Member	Graham Gibbens	**Director**	Penny Southern
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Mental Health

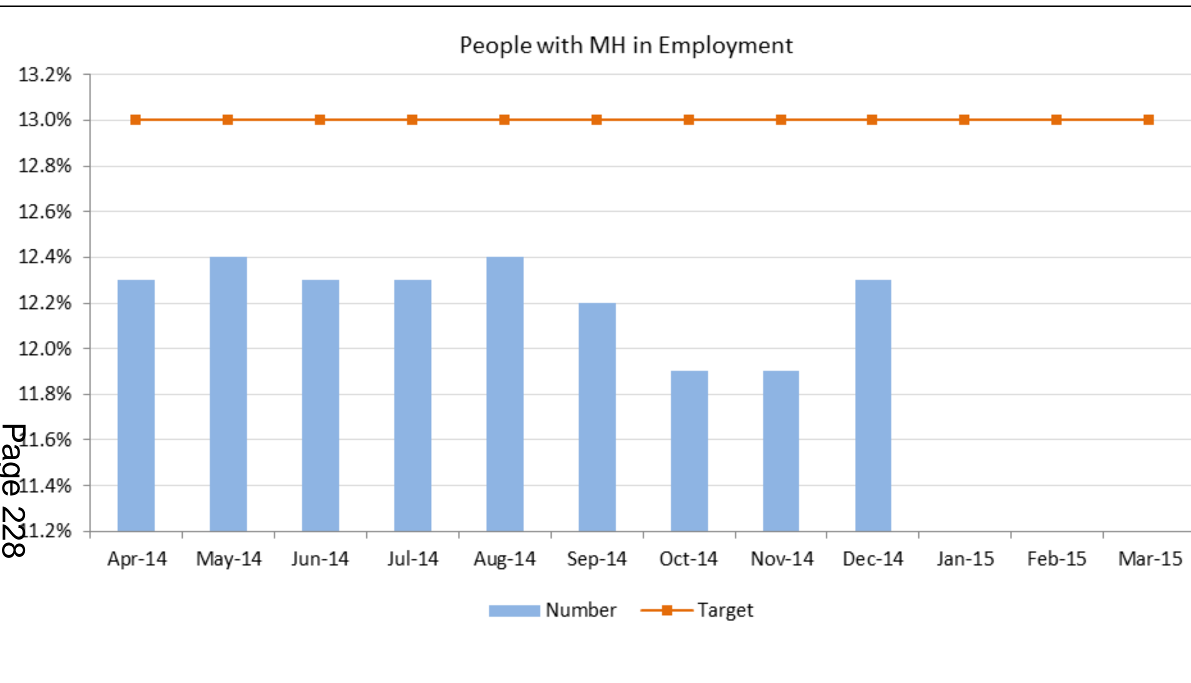


Data Notes.
Units of Measure: Proportion of all people who are in settled accommodation
Data Source: KPMT – quarterly

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**
Percentage	87.3%	86.9%	84.8%	86.4%	86.1%	85.2%	84.0%	83.3%	83.2%			
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN			

Commentary

13. Percentage of people with mental health needs in employment			AMBER ⇩
Cabinet Member	Graham Gibbens	**Director**	Penny Southern
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Mental Health



Data Notes.

Units of Measure:

Data Source: KPMT – quarterly

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Target	**13%**	**13%**	**13%**	**13%**	**13%**	**13%**	**13%**	**13%**	**13%**	**13%**	**13%**	
Percentage	12.3%	12.4%	12.3%	12.3%	12.4%	12.2%	11.9%	11.9%	12.3%			
RAG Rating	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER			

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

Andrew Scott-Clark, Interim Director of Public Health

To: Adult Social Care and Health Cabinet Committee

3rd March 2015

Subject: Public Health Performance - Adults

Classification: Unrestricted

Previous Pathway: DMT

Future Pathway: None

Electoral Division: All

Summary: This report provides an overview of Public Health key performance indicators which specifically relate to adults.

The target number of NHS Health Checks given for Q3 was not met however the programme is on track to meet the expected annual target of 50% of the eligible population receiving an NHS Health Check in 2014/15.

Smoking cessation services have narrowly missed the quarterly quit rate target. Community sexual health services and health trainer services both continued to meet their quarterly targets.

This is the first performance report to the Cabinet Committee to include performance indicators for substance misuse services in Kent, which are now commissioned by Kent County Council Public Health as of 1st October 2014; these show that performance on successful treatment completion is decreasing but remains well above the national average.

There have been no updates to the published figures on the broader Public Health indicators since the previous report to the Committee on 15th January 2015.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to note the current performance and actions taken by Public Health

1. Introduction

1.1 This report provides an overview of the key performance indicators for Kent Public Health which relate to services for adults; the report includes a range of national and local performance indicators.

1.2 There are a wide range of indicators for Public Health including some from the Public Health Outcomes Framework (PHOF). This report will focus on the indicators which are presented to Kent County Council Cabinet, and which are relevant to this committee.

2 Performance Indicators

2.1 The table below sets out the performance indicators for the key public health commissioned services which deliver services primarily for adults. The RAG status relates to the target. A more detailed analysis of the performance is included at Appendix 1 where the RAG status is Red.

Indicator Description	Q1 13/14	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15
Prescribed and non-prescribed Data Returns							
Percentage of annual target population completing a health check	7.3% (R)	9.9% (R)	7.8% (R)	12.0% (A)	11.2% (G)	14.8% (G)	13.3% (A)
Clients accessing community sexual health services offered an appointment within 48 hours	97.8% (G)	96.6% (G)	97.4% (G)	99.9% (G)	100% (G)	100% (G)	100% (G)
Chlamydia positivity rate per 100,000	1,376 (R)	1,735 (R)	1,625 (R)	1,949 (R)	1,545 (R)	1,540 (R)	Available Feb 2015
Proportion of smokers successfully quitting, having set a quit date	50% (A)	50% (A)	51% (A)	57% (G)	51% (A)	49% (A)	Available March 2015
Local Indicator							
Health Trainers – Proportion of new clients against target	77% (R)	109% (G)	95% (A)	109% (G)	125% (G)	109% (G)	142% (G)

Substance Misuse Services	2008/09	2009/10	2010/11	2011/12	2012/13
% of adult treatment population that successfully completed treatment	26.4%	22.6%	26.0%	26.0%	20.6%
National Figures for comparison:	11.8%	11.5%	13.7%	15.1%	15.0%
	Dec 12-Nov 13	Jan 13-Dec 13	Mar 13-Feb 14	Apr 13-Mar 14	May 13-Apr 14
% of opiate users completing treatment successfully who do not return to treatment within 6 months (of all in treatment)	10.4% (G)	10.3% (G)	9.7% (G)	9.7% (G)	9.5% (G)
National Figures for comparison:	7.8%	7.8%	7.7%	7.8%	7.7%

NHS Health Checks

2.2 Although the Q3 performance target for NHS Health Checks was not met, the programme remains on track to meet the overall target for 2014/15 for 45,138 people to have received an NHS Health Check. The number of checks given in the first 9 months of the year (April to December 2014) was 35,446.In total, 39.3% of the estimated annual eligible population for 2014/15 have received an NHS Health check.

Sexual Health

2.3 GUM (Genito-urinary Medicine) clinics in Kent continue to consistently offer the majority of clients an appointment within 48 hours, performing above the target of 95%. GUM service is open access and available to all ages. Integrated sexual health services, including GUM, contraceptive services and HIV outpatient services have been out for tender. The new services are due to start operating from April 2015 and access targets have been included in the new contracts.

2.4 The Chlamydia positivity rate remains below the national target level of 2,300 per 100,000 of 15-24 year old population. Public Health Kent are currently scoping an option for research into the prevalence of chlamydia in Kent, if viable this information would provide a more appropriate target or support the current one set.

Smoking

2.5 The Smoking Cessation Service missed the target for the proportion of people quitting smoking within 4 weeks of setting a quit date with the service. The Smoking Cessation Service remains focused on reducing health inequalities across Kent; in quarter 2 there were 194 people setting a quit date who had never worked or were unemployed for over a year, 43% of whom quit within 4 weeks; 287 who had retired, 63% of whom quit within 4 weeks; 149 who were sick/disabled and unable to return to work, with 44% quitting within 4 weeks; 399 in routine and manual occupations, 50% quitting within 4 weeks and 98 in prison, of whom 40% quit within 4 weeks (please note that these are not exclusive categories).

2.6 Public Health is reviewing the current Stop Smoking Services with a view to commissioning a reshaped service which is well targeted and can respond effectively to a rapidly changing environment that includes increasing use of electronic cigarettes.

Health Trainers

2.7 The health trainer service continues to engage the expected number of new clients and work with those in the most deprived areas of Kent; in quarter 3, there were 708 new clients engaged with the service, the highest numbers were from South Kent Coast CCG, Swale and Thanet CCGs. 58% of the new clients were from the 2 most deprived fifths (quintiles) of the population where a quintile was identified.

Substance Misuse

2.8 The Local Authority Circular (LAC (DH) (2014)2. Dated 17th December 2014) places a new condition on the use of the Public Health grant, that Local Authorities have regard to the need to improve the outcomes from their drug and alcohol misuse treatment services. Following this, the performance report has been expanded to include metrics on substance misuse treatment services.

2.9 The latest published data show that the proportion of adults successfully completing drug treatment as a proportion of all clients in treatment decreased in 2012/13 compared to the two previous years; there was a fall in the number of clients accessing drug treatment and the number of clients completing treatment free from dependence on drugs. Despite these recent reductions, Kent’s performance on this indicator remains well above the national average. 2012/13 Kent was 20.6% and the national average was 15.0%.

2.10 Public Health is working with drug and alcohol treatment providers in Kent to better understand the reasons for these trends and to improve performance as much as possible.

2.11 All districts now have a local multi-agency alcohol action group to devise a local action plan to implement the Kent Alcohol Strategy. An alcohol integrated care pathway is being piloted in South Kent Coast and Thanet and an extensive training programme is offering alcohol identification and brief advice training for brief interventions to all organisations. Progress is being monitored by Public Health.

3 Annual Public Health Outcomes Framework (PHOF) Indicators

3.1 The table below presents the most recent nationally verified and published data; the RAG is in relation to National figures. There have been no updates to the figures below since the previous Cabinet Committee report on 15th January 2015.

Annual PHOF Indicators	2006-08	2007-09	2008-10	2009-11	2010-12	2011-13
Under 75 mortality rates for:						
Cardiovascular diseases considered preventable per 100,000	61.2 (G)	59.8 (G)	57.4 (G)	55.9 (A)	52.3 (A)	49.3 (A)
Cancer considered preventable per 100,000	85.6 (G)	84.3 (G)	83.7 (G)	82.6 (G)	80.5 (G)	78.2 (G)
Liver disease considered preventable per 100,000	12.8 (G)	12.4 (G)	12.1 (G)	12.0 (G)	12.4 (G)	13.2 (G)
Respiratory disease considered preventable per 100,000	16.8 (A)	17.4 (A)	17.4 (A)	17.6 (A)	16.6 (A)	16.7 (A)
Suicide rate (all ages) per 100,000	8.4 (A)	8.4 (A)	7.7 (A)	8.4 (A)	8.1 (A)	9.2 (A)
Proportion of people presenting with HIV at a late stage of infection (%)	Not available			49.0 (A)	46.8 (A)	Not available
			2010	2011	2012	2013
Percentage of adults classified as overweight or obese			Not available		64.6 (A)	Not available
Prevalence of smoking among persons aged 18 years and over (%)			21.7 (A)	20.7 (A)	20.9 (A)	19.0 (A)
Opiate drug users successfully leaving treatment and not re-presenting within 6 months (%)			14.6 (G)	14.7 (G)	10.9 (G)	10.3 (G)
		2008/09	2009/10	2010/11	2011/12	2012/13
Alcohol related admissions to hospital per 100,000. All ages		551 (G)	568 (G)	574 (G)	557 (G)	565 (G)
Proportion of adult patients diagnosed with depression (%)		Not available				5.57

4. Conclusions

4.1 The performance data for the first half of 2014/15 highlights improved performance in some critical areas, including NHS Health Checks. Public Health is working to ensure that this improved performance is maintained and that weaker performance in other areas, such as smoking cessation and chlamydia positivity, is addressed through targeted improvement plans.

5. Recommendations

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to note the current performance and actions taken by Public Health

6. Background Documents

6.1 None

7. Contact details

Report Author

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- Karen.sharp@kent.gov.uk

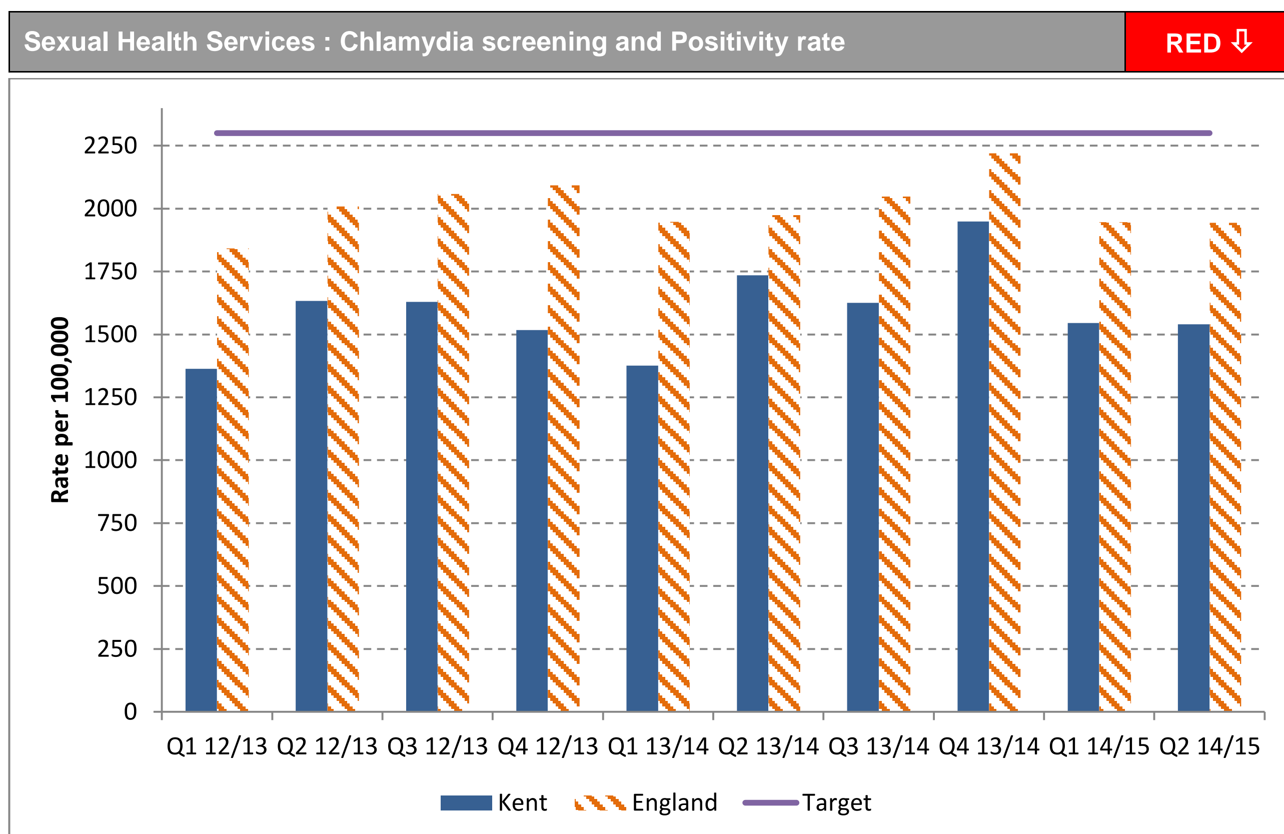
Relevant Director:

- Andrew Scott-Clark: Interim Director of Public Health
- 0300 333 5176
- Andrew.scott-clark@kent.gov.uk

Appendix 1:

Data quality note: Data included in this report is provisional and subject to later change. This data is categorised as management information.

Sexual Health Services : Chlamydia screening and Positivity rate	RED ⇩



15-24 Year Olds	Target	Q2 13/14		Q3 13/14		Q4 13/14		Q1 14/15		Q2 14/15	
Screening Uptake	-	10,690		10,095		11,831		9,377		9,123	
Positive tests reported	7%	802	7.5%	751	7.4%	901	7.6%	714	7.6%	712	7.8%
rate per 100,000	2,300	1,735		1,625		1,949		1,545		1,540	

15-24 Year Olds	Target	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15
RAG of Positivity Rate	-	Red	Red	Red	Red	Red
England rate per 100,000	2,300	1,974	2,048	2,220	1,946	1,944

There continues to be a lower rate of identification in Kent of those with chlamydia compared to both national rate and the target rate. Kent has been consistently hitting the positivity percentage of over 7% of those tested identified as being positive with chlamydia, however they are not identifying enough people in Kent to achieve the rate. All local Authorities in England have the nationally-set target for positive Chlamydia tests of 2,300 per 100,000 of the 15-24 year old population.

Data Notes: Higher values are better. Data Source: CTAD. Indicator Reference: PH/SH/02

From:	Graham Gibbens, Cabinet Member for Adult Social Care and Public Health Andrew Ireland, Corporate Director - Social Care, Health and Wellbeing
To:	Adult Social Care and Health Cabinet Committee 3 March 2015
Decision No:	Decision 14/0009 Update – Home Care Contract Award and Mobilisation
Subject:	**COMMISSIONING OF HOME CARE SERVICES IN KENT**
Previous Pathway:	Social Care and Public Health Cabinet Committee 16 January 2014
Future Pathway:	N/A
Classification:	Unrestricted
Electoral Divisions:	All

Summary:

This report is intended to update the Adult Social Care and Health Cabinet Committee on issues experienced during the mobilisation of these contracts, the benefits and lessons learnt to inform the way forward.

Recommendation:

The Adult Social Care and Health Cabinet Committee is asked to:

a) **CONSIDER** and **COMMENT** on the content of this paper and the proposed next steps.

1. Introduction

1.1 The majority of KCC's previous Home Care contracts were let in 2004, having been extended annually for a number of years. The market was fragmented, with little benefit to the County Council, people receiving support or providers, in terms of effective patterns of care delivery. Strategic Procurement had advised that continued extension of existing contracts would have been in breach of Procurement Regulations.

1.2 The new contract awards were designed to:

- Shape the market in preparation for outcome-based commissioning and the introduction of the Care Act;
- Prepare the market for future healthcare integration;
- Improve quality assurance and sustainable efficiencies.

1.3 The forty-three contracts commenced on 2 June 2014 for one year, with the opportunity to extend all or some of these contracts for a further two years. The list of successful providers can be found at Appendix 1.

2. Financial Implications

2.1 The Home Care contract award has achieved £2.7 million annualised saving.

3. The Report

3.1 Context

Although action was taken to mitigate foreseeable risks, issues have arisen in two main areas 1) Geographical Coverage in some parts of Kent; and 2) Quality Issues.

3.1.1 Geographical Coverage

Issues in relation to the number of Direct Payments, the impact this had on TUPE (see 3.2.2 and 3.2.3) and emerging recruitment and workforce difficulties in some areas has led to providers refusing some packages of care. These difficulties have primarily affected South West Kent, some more rural parts of Ashford and areas of Dartford, Gravesham and Swanley where boundaries are shared with London boroughs.

3.1.2 Quality Issues

KCC previously had little oversight of the quality of home care provided by c130 providers. By introducing more robust contract management, providers have been consistently performance-managed against detailed mobilisation plans and the terms and conditions of the new contract.

The Care Quality Commission (CQC) have recently adopted a more rigorous inspection approach which includes registration, monitoring and expert inspections that come together to inform a ‘judgement’ and publication of an inspection report. We have seen that CQC have focused on our contracted providers.

CQC are taking enforcement action on two of our contracted providers currently, we are working closely with them to manage risks, had already sanctioned the providers and are supporting them to deliver the improvements required or to effectively de-commission.

3.2 Lessons Learnt

3.2.1 Lotting Strategy

Providers were able to bid for NHS Clinical Commissioning Group (CCG) wide contracts or smaller sub lots, referred to as Middle Super Output Areas (MSOAs). MSOAs are Office of National Statistics designed with a minimum population of 5000 and there are 182 MSOAs in Kent.

The lotting strategy was designed to enable all providers, whatever their size to tender. This did, however, create some unintended consequences in that smaller providers tended to bid competitively for urban MSOAs.

The CCG-wide providers were allocated some urban packages, but they were also allocated more significant volumes in rural MSOAs than they had expected. This, with the impact of higher than expected numbers of Direct Payments and the effect they had on TUPE, led to difficulties in relation to

geographical coverage. This learning will influence the future development of lotting strategies.

3.2.2 Direct Payments

Of the 6100 people receiving Home Care, 1900 were able to stay with their existing provider, with the other 4200 being informed that they would need to transfer to a successful provider or pursue a Direct Payment, the County Council policy being that any assessed individual has the legal right to apply for a Direct Payment at any time. Outgoing providers, aware of this right, actively supported individuals to pursue this course of action.

It was assumed, based upon prior experience, that approximately 10% (420 people) would end up in receipt of a Direct Payment. However, the final figure was approximately 1200 individuals. This resulted in a:

- Higher volume of practitioner risk assessments (which slowed mobilisation); and
- Significant impact on TUPE, as explained below

In future contract re-lets the County Council will review how it can respond more quickly to requests for Direct Payments.

3.2.3 TUPE

TUPE refers to the "Transfer of Undertakings (Protection of Employment) Regulations 2006". TUPE regulations apply to organisations/employers of all sizes and are there to protect employees' rights when the organisation or service they work for transfers to a new employer. The County Council was informed by Legal that TUPE regulations should apply; however KCC's 10 year old contracts did not have satisfactory provision within them to enable support for enforcement of the regulations through planned tendering activity.

Incoming providers had to make assumptions regarding the number of staff likely to transfer to them, to develop their mobilisation plans and to understand the size of the recruitment challenge – the County Council could not make outgoing providers share any information. In some areas with high numbers of individuals applying for Direct Payments, outgoing providers claimed that TUPE did not apply. In most cases, less staff transferred than was assumed.

New contracts contain the latest TUPE provision and the County Council is in a far stronger position in relation to any future tenders.

3.2.4 Recruitment

Provider market testing in some areas of Kent has identified other local employers; including supermarkets and the NHS are attracting people likely to apply for home care positions. Acute Trusts in some cases are paying an hourly rate comparable to our total hourly unit cost for home care for Health Care Assistants. Providers are evidencing recruitment efforts which are reaping little or no result in some of the more affluent and rural parts of Kent. Information shows that the female population, who fit the traditional demographic home care worker profile (female 45 – 55), is reducing.

The County Council is working with the Business Research and Intelligence Team, Employment and Skills team, NHS Continuing Healthcare and Children's Social Care to better understand:

- The demographic issues in the most challenging areas of Kent
- The ways in which we might influence schools, colleges and the apprenticeship agenda
- How to jointly better develop a holistic workforce development plan

The County Council must also pay due regard to the *Burstow Commission on the future of the home care workforce* in developing future commissioning strategies.

3.3 Benefits and Insights

3.3.1 Complaints and Safeguarding Alerts

There have been fifty-two complaints or enquiries received during the tender, award and mobilisation period (June – December 2014), which suggests a well managed process. This compares reasonably to the twenty-two complaints or enquiries received from June – December 2013, when considering the activity being undertaken.

The number of safeguarding alerts raised in relation to individuals in their own home (not all will relate to a home care service) have reduced from 277 (Oct – Dec 2013) to 232 (Oct – Dec 2014).

3.3.2 Improved Performance Management

Strategic Commissioning's Home Care Team have introduced a new performance management process from the start of the contracts in June 2014. Performance management is an integral part of the commissioning cycle and allows those commissioning services to both keep track of and improve service delivery and quality. It also enables us to receive continuous feedback that helps form thinking for the future design of services.

The Home Care Team consists of a commissioning manager, six commissioning officers and two commissioning assistants. The team have a proactive approach to contract management. Commissioning Officers have been allocated a specific number of providers relative to the number of contracts/value, with the largest providers being solely managed by a specific Commissioning Officer. The Commissioning Officers have met weekly with the largest providers, bi weekly with the medium size providers and 3 – 4 weekly with the smaller providers.

KPIs (Key Performance Indicators) have been collected and analysed on a quarterly basis and are beginning to give us further insights into provider and market behaviours. There has been learning on the part of commissioning and providers with regard to the best KPIs to collect and most efficient and effective ways to capture data.

As well as working with providers individually, Strategic Commissioning brings them together as a group monthly to discuss issues, to reflect upon and share best practice. These meetings are used as both an information exchange and also an action learning set, where providers are encouraged to

innovate and think about how they can best work individually and collectively to improve the support they offer.

3.3.4 Contractual Sanctions

Improved performance management has ensured the County Council has complete oversight of its contracted providers. There are some performance issues with a small number of providers but the necessary contractual sanctions are being applied to their contracts to support improvements and the County Council is also jointly working with the regulator.

The new terms and conditions and specification support sanctioning, based on Care Quality Commission (CQC) findings as well as our own, enabling the County Council to invest time and dedicated resources in improvement as opposed to re-evidencing non-compliance.

3.3.5 Delayed Transfers of Care

Delayed Transfers of Care have remained fairly steady from March 2014 through to November 2014. Kent performs well against national comparators, although the County Council is currently experiencing a pressure in the number of double handed requests coming through the system.

5. Conclusions and Next Steps

5.1 The County Council has achieved greater visibility, improved patterns of care and enhanced its performance management approach with providers. Annualised savings of £2.7m have also been achieved.

5.2 Issues in relation to the number of Direct Payments, the impact this had on TUPE and emerging recruitment difficulties in some areas need to be addressed in any future re-let.

5.3 In the short term, preparations are being made to retender contracts in specific geographical areas.

5.4 It is proposed that contracts will be extended in other areas to enable Members to consider the outputs of the Adults Transformation Programme Phase 2 design, which will report in May 2015, and include proposals for how we continue to move towards outcome focussed care.

6 Recommendation:

6.1 The Adult Social Care and Health Cabinet Committee is asked to:

a) **CONSIDER** and **COMMENT** on the content of this paper and proposed next steps.

7. Background Documents

7.1 Key Decision Report and Record of Decision 14/00009

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Provider	Clinical Commissioning Group Area
121 Care & Mobility Ltd	Canterbury and Coastal
Agincare Group Ltd	Swale
All Seasons (Kent) LTD	Canterbury and Coastal
All Seasons (Kent) LTD	South Kent Coastal
All Seasons (Kent) LTD	Thanet
All Seasons (Kent) LTD	West Kent
Allied Healthcare Group Limited	Ashford
Allied Healthcare Group Limited	Canterbury and Coastal
Allied Healthcare Group Limited	Dartford, Gravesham and Swanley
Allied Healthcare Group Limited	South Kent Coastal
Allied Healthcare Group Limited	West Kent
Avante Partnership Ltd	Ashford
Avante Partnership Ltd	Canterbury and Coastal
Avante Partnership Ltd	Dartford, Gravesham and Swanley
Avante Partnership Ltd	Swale
Avante Partnership Ltd	West Kent
Beech Tree Total Care Ltd	Ashford
Boldglen Ltd	Swale
Care at Home Services (South East) Ltd	Canterbury and Coastal
Care UK Homecare Ltd	Swale
Care UK Homecare Ltd	Thanet
Circle Support (registered as Circle Care and Support Ltd.)	Dartford, Gravesham and Swanley
Circle Support (registered as Circle Care and Support Ltd.)	West Kent
Dawn to dusk community care ltd	Dartford, Gravesham and Swanley
Guardian Homecare UK Limited	West Kent
Here2care Ltd	Dartford, Gravesham and Swanley
Kent Social Care Professionals Ltd.	Dartford, Gravesham and Swanley
Kent Social Care Professionals Ltd.	West Kent
Lifecome Limited t/a LifeCome Care	West Kent
Meritum Independent Living	South Kent Coastal
Meritum Independent Living	West Kent
Nightingale Homecare and Community Support Services LTD	Canterbury and Coastal
Nightingale Homecare and Community Support Services LTD	South Kent Coastal
Nightingale Homecare and Community Support Services LTD	Thanet
Nurse Plus & Carer Plus UK Ltd	Ashford
Nurse Plus & Carer Plus UK Ltd	Canterbury and Coastal
Nurse Plus & Carer Plus UK Ltd	South Kent Coastal
Nurse Plus & Carer Plus UK Ltd	West Kent
NV Care Ltd	West Kent
PCT Diamond Care Services Ltd	Dartford, Gravesham and Swanley
Scott Care Ltd	Swale
Westminster Homecare Ltd	Dartford, Gravesham and Swanley
Xtracare Ltd	West Kent

CCG		No. of providers / contracts (total)	No. of providers / contracts (MSOA award)	No. of providers / contracts (CCG award)
Ashford CCG area		**4**	1	3
Canterbury & Coastal CCG area		**7**	4	3
Dartford, Gravesham & Swanley CCG area		**8**	6	2
South Kent Coast CCG area		**5**	2	3

Swale CCG area		**5**	3	2
Thanet CCG area		**3**	0	3
West Kent CCG area		**11**	9	2
Total		**43**	**25**	**18**

From: Peter Sass, Head of Democratic Services

To: Adult Social Care and Health Cabinet Committee – 3 March 2015

Subject: **Work Programme 2015/16**

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: Standard item

Summary: This report gives details of the proposed work programme for the Adult Social Care and Health Cabinet Committee.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to consider and agree its work programme for 2015/16.

1.1 The proposed Work Programme has been compiled from items on the Forthcoming Executive Decisions List, from actions arising from previous meetings and from topics identified at agenda setting meetings, held six weeks before each Cabinet Committee meeting, in accordance with the Constitution, and attended by the Chairman, Vice-Chairman and the Group Spokesmen. Whilst the Chairman, in consultation with the Cabinet Member, is responsible for the final selection of items for the agenda, this report gives all Members of the Cabinet Committee the opportunity to suggest amendments and additional agenda items where appropriate.

2. Terms of Reference

2.1 At its meeting held on 27 March 2014, the County Council agreed the following terms of reference for the Adult Social Care and Health Cabinet Committee:- '*To be responsible for those functions that sit within the Social Care, Health and Wellbeing Directorate and which relate to Adults. The functions within the remit of this Cabinet Committee are:*

Strategic Commissioning Adult Social Care
Quality Assurance of Health and Social Care
Integrated Commissioning – Health and Adult Social Care
Contracts and Procurement
Planning and Market Shaping
Commissioned Services, including Supporting People
Local Area Single Assessment and Referral (LASAR)
Kent Drugs and Alcohol Action Team (KDAAT)

Older People and Physical Disability
Enablement
In-house Provision – residential homes and day centres
Adult Protection
Assessment and case management

Telehealth and Telecare
Sensory services
Dementia
Autism
Lead on Health integration
Integrated Equipment Services and Disability Facilities Grant
Occupational Therapy for Older People

Transition planning

Learning and Disability and Mental Health
Assessment and case management
Learning Disability and mental health In-house provision
Adult Protection
Partnership Arrangement with the Kent and Medway Partnership Trust and Kent Community Health NHS Trust for statutory services
Operational support unit

Health - when the following relate to Adults (or to all)
Adults' Health Commissioning
Health Improvement
Health Protection
Public Health Intelligence and Research
Public Health Commissioning and Performance

2.2 Further terms of reference can be found in the Constitution at Appendix 2, Part 4, paragraph 21, and these should also inform the suggestions made by Members for appropriate matters for consideration.

3. Work Programme 2015/16

3.1 An agenda setting meeting was held on 19 January 2015, at which items for the March meeting were agreed and future agenda items planned. The Cabinet Committee is requested to consider and note the items within the proposed Work Programme, set out in the appendix to this report, and to suggest any additional topics that they wish to be considered for inclusion to the agenda of future meetings.

3.3 When selecting future items, the Cabinet Committee should give consideration to the contents of performance monitoring reports. Any 'for information' or briefing items will be sent to Members of the Cabinet Committee separately to the agenda, or separate Member briefings will be arranged, where appropriate.

4. Conclusion

4.1 It is vital for the Cabinet Committee process that the Committee takes ownership of its work programme, to help the Cabinet Member to deliver informed and considered decisions. A regular report will be submitted to each meeting of the Cabinet Committee to give updates of requested topics and to seek suggestions of future items to be considered. This does not preclude Members making requests to the Chairman or the Democratic Services Officer between meetings, for consideration.

5.	**Recommendation:** The Adult Social Care and Health Cabinet Committee is asked to consider and agree its work programme for 201516.

6. Background Documents

None.

7. Contact details

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Last updated on: 23 February 2015

ADULT SOCIAL CARE AND HEALTH CABINET COMMITTEE – WORK PROGRAMME 2015/16

Agenda Section	Items
1 MAY 2015	
B – Key or Significant Cabinet/Cabinet Member Decisions CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS	• **Suicide Prevention Strategy** – key decision following consultation
C – Items for Comment/Rec to Leader/Cabinet Member	• **Health Inequalities update** • **Live it Well Strategy Refresh** • **Outline of public health campaigns for the year** (and start looking at how to monitor these)
D – Monitoring	• **Work Programme**
E – for Information - Decisions taken between meetings	
10 JULY 2015	
B – Key or Significant Cabinet/Cabinet Member Decisions CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS	• **Update on Care Act implementation** – 6 monthly • **Kent Support and Assistance Service (KSAS) contract re-let** (postponed from March mtg)
C – Items for Comment/Rec to Leader/Cabinet Member	
D – Monitoring	• **Adult Social Care Performance Dashboards** now to alternate meetings • **Public Health Performance Dashboard** now to alternate meetings • **Complaints and Compliments annual report** • **Work Programme**
E – for Information - Decisions taken between meetings	
11 SEPTEMBER 2015	
B – Key or Significant Cabinet/Cabinet Member Decisions CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS	• **Adult Advocacy contract re-let** (postponed from March mtg)
C – Items for Comment/Rec to Leader/Cabinet Member	• **Transformation and Efficiency partner update –** *regular six-monthly*
D – Monitoring	• **Local Account Annual report** • **Mid-year business plan Monitoring** • **Safeguarding Vulnerable Adults annual report**

	• **Work Programme**
E – for Information - Decisions taken between meetings	
3 DECEMBER 2015	
B – Key or Significant Cabinet/Cabinet Member Decisions CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS	
C – Items for Comment/Rec to Leader/Cabinet Member	
D – Monitoring	• **Adult Social Care Performance Dashboards** now to alternate meetings • **Public Health Performance Dashboard** now to alternate meetings • **Work Programme**
E – for Information - Decisions taken between meetings	
JANUARY 2016	
B – Key or Significant Cabinet/Cabinet Member Decisions CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS	
C – Items for Comment/Rec to Leader/Cabinet Member	• **Budget Consultation and Draft Revenue and Capital Budgets**
D – Monitoring	• **Work Programme**
E – for Information - Decisions taken between meetings	
SPRING 2016	
B – Key or Significant Cabinet/Cabinet Member Decisions CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS	
C – Items for Comment/Rec to	• **Transformation and Efficiency partner update –** *regular six-monthly (report of latest procurement stage)*

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Leader/Cabinet Member	
D – Monitoring	• **Directorate Business Plan and Strategic Risk report** • **Adult Social Care Performance Dashboards** now to alternate meetings • **Public Health Performance Dashboard – include update on Alcohol Strategy for Kent** now to alternate meetings • **Work Programme**
E – for Information - Decisions taken between meetings	

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A of the Local Government Act 1972.

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