ADULT SOCIAL CARE AND HEALTH CABINET COMMITTEE

Tuesday, 14th March, 2017

10.00 am

Darent Room, Sessions House, County Hall, Maidstone

Kent County Council
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AGENDA

ADULT SOCIAL CARE AND HEALTH CABINET COMMITTEE

Tuesday, 14 March 2017 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, Mrs P T Cole, Mrs V J Dagger, Mr P J Homewood, Ms D Marsh and Mrs C J Waters
UKIP (2)	Mr H Birkby and Mr A D Crowther
Labour (2)	Mrs P Brivio and Ms A Harrison
Liberal Democrat (1):	Mr S J G Koowaree

Webcasting Notice

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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 meetings held on 16 January 2017 and 30 January 2017 (Pages 7 - 16)

To consider and approve the minutes as a correct record.

A5 Verbal updates by the Cabinet Member and Directors (Pages 17 - 18)

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 Director of Public Health.

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

B1 16/00096 - Kent and Medway Prisons Drug and Alcohol Services Procurement (Pages 19 - 24)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Director of Public Health, and to consider and endorse or make recommendations to the Cabinet Member on the proposed decision to award a contract for Kent and Medway Prisons to the successful bidder, following the conclusion of the procurement process.

B2 16/00132 - Proposed Revision of Rates Payable and Charges Levied for Adult Social Care Services In 2017-18 (Pages 25 - 36)

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 amend the rates payable and charges levied for a range of care and support services, as detailed in the report.

B3 17/00026 - Proposed Changes to the Charging Policy for Home Care and other Non-Residential Care and Support (Pages 37 - 62)

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 changes to the charging policy, as detailed in the report.

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

C1 Kent Support and Assistance Service Update (Pages 63 - 72)

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 activities of the Kent Support and Assistance Service, on which Members are invited to comment.

C2 Draft Adult Social Care and Health Directorate Business Plan 2017/18 (Pages 73 - 108)

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,

presenting the draft business plan and the business planning process for 2017/18, on which Members are invited to comment.

C3 Recommissioning of Mental Health Supporting Independence Service and Mental Health Housing Related Support (Pages 109 - 152)

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 the case for including the Supporting Independence Services and the Housing Related Support Contracts within the existing Live Well Kent Contract, on which Members are invited to comment.

D - Monitoring

D1 Risk Management: Social Care, Health and Wellbeing (Pages 153 - 196)

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 strategic risks relating to the Social Care, Health and Wellbeing Directorate, with a specific focus on those risks relating to Social Care.

D2 Adult Social Care Performance Dashboard (Pages 197 - 214)

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 current performance against key performance and activity indicators for January 2017 for Adult Social Care.

D3 Public Health Performance - Adults (Pages 215 - 220)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Director of Public Health, outlining current performance and actions taken by Public Health.

D4 Work Programme 2017 (Pages 221 - 228)

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

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

John Lynch,
Head of Democratic Services
03000 410466
Monday, 6 March 2017

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 Monday, 16 January 2017.

PRESENT: Mr C P Smith (Chairman), Mr G Lymer (Vice-Chairman), Mrs A D Allen, MBE, Mr H Birkby, Mrs P Brivio, Mrs P T Cole, Ms A Harrison, Mr P J Homewood, Mr S J G Koowaree, Mr B J Sweetland and Mrs C J Waters

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

IN ATTENDANCE: Mr A Ireland (Corporate Director Social Care, Health and Wellbeing), Dr A Duggal (Deputy Director of Public Health), Mr M Lobban (Director of Commissioning), Ms P Southern (Director, Learning Disability and Mental Health), Mrs A Tidmarsh (Director, Older People and Physical Disability) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

1. Apologies and Substitutes
(Item A2)

Apologies for absence had been received from Mrs V J Dagger and Ms D Marsh.

Mr Sweetland was present as a substitute for Ms Marsh.

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

Mrs C J Waters declared a personal interest as a Trustee of Romney Marsh Day Centre.

Mr S J G Koowaree declared a personal interest as his grandson was in the care of the County Council.

3. Draft 2017-18 Budget and Medium Term Financial Plan
(Item C1)

Mr D Shipton, Head of Financial Strategy, and Miss M Goldsmith, Finance Business Partner, Social Care, Health and Wellbeing, were in attendance for this item.

1. Mr Shipton introduced the report and gave a brief overview of the County Council's budget for the 2017/18 financial year, which, he explained, was similar to those of the past six years. In its 2017/18 budget, the Council needed to:

- fund a further £66m to complete the statutory service framework on which it was required to set its annual budget,
- accommodate a £46m reduction in Government funding,

- find an additional £34m from council tax. This would be made up of a growth in the council tax base (ie an increase in the number of households paying council tax) and an increase of 1.9%, plus 2.0% social care levy, permitted by government. Local Authorities had been permitted by the Government to increase council tax by a maximum of 6% over three years (with no one year having an increase above 3%), and the County Council had consulted upon and committed to an increase of 2.0% in 2017/18 and the next two years, and
- find a further £78m of savings.

2. He went on to explain that the County Council's medium term (ie 2015/16 – 2019/20) spending was based on 'flat-cash', the total of which was currently in the second year of a two-year dip, meaning the 2017/18 financial year should be less challenging. The term 'flat-cash' meant there would be no overall additional funding for rising costs or demand pressures, so these would have to be covered by savings and spending reductions. The County Council had assumed that it would have discretion to use some of this flat-cash to fund social care.

3. The County Council's public consultation exercise had indicated that 75% of Kent residents supported an increase in council tax to help fund social care, while past consultations had shown that if the public were helped to understand the link between increasing council tax and funding social care, they were more likely to support an increase.

4. Miss Goldsmith introduced the three appendices to the budget report and explained that these were set out in the same way as the sections in the Budget book and Medium Term Financial Plan.

5. Mr Shipton, Miss Goldsmith, Mr Ireland and Mrs Tidmarsh responded to questions from Members, as follows:-

a) a saving had been forecast in direct payments as the number of people purchasing services by using a direct payment had declined steadily in recent years;

b) the budget allocation for domiciliary care services had been realigned to respond to patterns in demand for services;

c) in a few places, the figures presented in the budget appendices published with Cabinet Committee agendas earlier in the month differed from those in the Budget book published later as there had been some budget movement in the interim. In such cases, figures presented in the Budget book were the most up-to-date. *Miss Goldsmith undertook to look into a specific example quoted and reply to the questioner outside the meeting;*

d) demand for domiciliary care and enablement services had increased, and this was due partly to the success of the Kent Enablement at Home (KEaH) scheme as part of phase 2 of Social Care Transformation. Members were reassured that phase 3 of the transformation would increase the level of integration between these services and the NHS, and it was expected that, as a result of this integration, more services could be delivered for the same cost, achieving better value for money;

e) the budget listed for older people's non-residential charging was lower than previously as the budget had been realigned to take account of the increased level of client income that the County Council could take into account when calculating charges;

f) it was assumed that more savings could be made in services for those over 18 with a learning disability as the net cost of services per head had been reduced by the 'your life your home' project, as part of the transformation programme;

g) in response to a question about funding for nursing services for older people, relating to an increasing number of older people living longer with long-term conditions, *Miss Goldsmith and Mrs Tidmarsh undertook to check the reduction and the reasons for it and reply to the questioner outside the meeting*. Taking long-term residential and nursing care together, a decrease in demand would be expected as an increasing number of people were enabled to return home with support;

h) Mr Shipton explained that detailed variation statements would be produced for each line of the A-Z service analysis, which would give more detail of patterns of change and how these related to each other, and these would be sent to all Members as soon as possible before discussion of the budget by the County Council on 9 February 2017;

i) despite services for people living with dementia being a key priority for the County Council, there was no separate line of the budget relating to these. This was because many people accessing a range of services were living with some form or level of dementia, often alongside other conditions. Dementia Friendly Communities appeared in the budget but were not separated out; and

j) services giving support to prevent social isolation were welcomed, as the impact of this, especially upon older people, must not be overlooked. Mrs Tidmarsh agreed the importance of this and explained that services which would guard against social isolation appeared throughout the budget.

6. RESOLVED that:-

a) the draft budget and Medium Term Financial Plan (including responses to consultation and Government announcements) be noted; and

b) comments made by the Committee be noted by the Cabinet Member for Finance and Procurement and Cabinet Member for Adult Social Care and Public Health, prior to Cabinet on 23 January 2017 and County Council on 9 February 2017.

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ADULT SOCIAL CARE AND HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Adult Social Care and Health Cabinet Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Monday, 30 January 2017.

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, Mrs P T Cole, Mr A D Crowther, Mrs V J Dagger, Ms A Harrison, Mr P J Homewood and Mrs C J Waters

ALSO PRESENT: Mr G K Gibbens

IN ATTENDANCE: Mr A Ireland (Corporate Director Social Care, Health and Wellbeing), Dr A Duggal (Deputy Director of Public Health), Mr M Lobban (Director of Commissioning), Ms P Southern (Director, Learning Disability and Mental Health), Mrs A Tidmarsh (Director, Older People and Physical Disability) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

4. Apologies and Substitutes
(Item A2)

Apologies for absence were received from Mr S J G Koowaree who was substituted by Mr R H Bird.

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

Mrs A D Allen declared an interest in agenda item B2, Community Advocacy for People with a Learning Disability, as co-chairman of the Dartford Partnership Group for Adults with Learning Difficulties

6. Minutes of the meeting held on 6 December 2016
(Item A4)

RESOLVED that the minutes of the meeting held on 6 December 2016 are correctly recorded and that they be signed by the Chairman. There were no matters arising.

7. Verbal updates by the Cabinet Member and Directors
(Item A5)

1. Mr G Gibbens, Cabinet Member for Adult Social Care and Public Health, reported on a tour he had completed of some adult care facilities with the Chairman, including Westbrook, an integrated care facility at Westgate-on-Sea where they met residents. This had included a visit to the Ogden Wing which is home to residents with dementia with challenging behaviour. They went on to visit staff at Chestfield prior to going to the new learning disability provisions in Thanet. He had also visited Laurel House.

In addition he had hosted a “Children’s Commissioner Takeover Challenge” involving representatives of schools around Kent challenging various Cabinet Members over services that had been commissioned. His group had been concerned about obesity and CAMHS (childhood and adolescent mental health services), including the difficulty in accessing services, the upshot of which had been that a meeting would be held between the young people, the local GP and Mr Gibbens.

2. Mr A Ireland, Corporate Director Social Care, Health and Wellbeing, drew Members’ attention to the Police and Crime Bill currently making its way through Parliament, especially the provisions in that legislation for adult social care, particularly in relation to the work of the approved mental health practitioners in terms of their roles around assessment and compulsory admissions. The issues at stake were around the use of police stations as a place of safety for assessment. The loss of this would require the development of some other facilities. He then turned to the funding of adult social care which remained unsettled. He anticipated that there would be consultation and discussion (if only through the professional associations) as the matter emerged both in terms of how funding was allocated to local authorities to meet their statutory duties towards adult social and also in terms of phase 2 of the Care Act (financial thresholds etc). He would continue to keep the Committee apprised of developments. The Sustainability and Transformation Plan (STP) work was underway on developing a range of different models and anticipating future structures and delivery models. The County Council was fully engaged at Member and officer level on all the various working groups and was making the fullest possible contribution, ensuring that the principles and details of the provision of social care agreed by the County Council were being pursued. Council staff were working hard over the winter period to seek to ensure that as many people as possible were discharged from hospital as easily as possible. The systems were showing, despite the pressures placed upon them, considerable resilience.

In response to questions from members of the Committee Mr Ireland made the following points:

- He welcomed comments made in support of the work of social care staff
- In terms of domiciliary care, the message was being communicated with the NHS that it was in their interest to resolve matters because of the close interdependency between NHS and council services/issues.
- He confirmed that a report would be brought back concerning the Police and Crime Bill and its implications on adult social care.
- He undertook to keep the Committee updated with intelligence about the future funding of adult social care.
- The timetable for the STP was such as to not affect the forthcoming financial year but there were short term measures being put in place by the Government which would affect 2017-18.
- He acknowledged that some hospital discharges were taking longer than they might, but there was commitment across the entire sector to try to get as many people discharged to their own homes wherever possible and appropriate.
- He had spoken with the Police and Crime Commissioner who acknowledged the importance of further work in relation to people with mental health issues.

3. Dr A Duggal, the Deputy Director of Public Health, reported that she had met with the Ebbsfleet Development Corporation as part of an open day discussion. The event had sought to ensure that appropriate services were developed and delivered through the Ebbsfleet area as people moved into the area. She referred to the Kent

Drug and Alcohol Strategy that was out for consultation – there were still three weeks for responses which would be welcomed. Further work was being undertaken in respect of suicide prevention including the award winning *Release the Pressure* campaign. A grant had recently been awarded for the education of professionals to help address mental health issues for young people. Finally she referred to the newly published report from the Royal College of Paediatrics and Child Health, *the State of Child Health,* which had a number of recommendations, many of which were beginning to be addressed, for example achieving Unicef baby friendly status within children's centres and partner organisations.

8. 16/00134 - The Strategy for Adults with Autism in Kent (2016-2021)
(Item B1)

Ms B Palmer, Manager, Sensory and Autism Services, and Mr G Offord, Commissioning Officer, were in attendance for this item.

1. Ms Palmer introduced the item and reminded Members that the committee had previously considered and commented on a report on the consultation on the new Strategy. The new Strategy, taking account of views received as part of the consultation, was now presented for comment and approval prior to the Cabinet Member taking a formal decision to approve and publish it. Ms Palmer then responded to comments and questions from Members, as follows:

a) a pilot autism enablement service, led by occupational therapists, would address the need for such services as travel training, which was regularly provided to young people now but would not have been given years ago, meaning that some people now in adulthood had never had the opportunity to benefit from it;

b) although the response rate, of 107 responses out of 13,000 people known to have autism, seemed disappointing, this did include some responses being made on behalf of groups. Hence, the total number of people represented by the responses given was greater than 107. To increase the level of engagement and extend the autism collaborative would always be welcome, and staff liaising with working groups of young people and adults would collect their contact details for future use;

c) the County Council was currently working on a project to establish an all-age pathway, which would ensure that people being diagnosed with autism at any age would have access to the support and services they needed. Demand for services among young people was currently growing; and

d) adults with autism were currently under-represented in the employment market but had good skills to offer; it was important to identify how these skills could be best used. Kent Supported Employment supported adults with autism to find employment but it was hoped that this work could be extended. Some national employers were known to employ only people with autism, due to the particular skills they could bring to the work of those companies.

2. The Cabinet Member, Mr Gibbens, thanked Members for their comments and undertook to take account of them when taking the decision.

3. RESOLVED that:-

a) the final version of the Strategy for Adults with Autism in Kent (2016-2021) be approved; and

b) the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to approve and adopt the Strategy for Adults with Autism in Kent (2016-2021) and to delegate authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to refresh and/or make revisions, as appropriate, during its lifetime, be endorsed.

9. 16/00142 - Community Advocacy for People with a Learning Disability
(Item B2)

Ms E Hanson, Head of Strategic Commissioning, was in attendance for this item.

1. Ms Hanson introduced the item and explained the context of the current proposal to include community advocacy for people with a learning disability in the existing advocacy contract. She then responded to comments and questions from Members, as follows:-

a) the proposal to expand the contract, and the additional funding made available to accompany this, were both welcomed; and

b) in response to a question about monitoring and target outcomes, Ms Hanson undertook to circulate to the committee the performance data relating to the current advocacy contract and those proposed to be included in the new revised contract to include advocacy for people with a learning disability.

2. The Cabinet Member, Mr Gibbens, thanked Members for their comments and undertook to take account of them when taking the decision.

3. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to approve a variation to the Kent advocacy contract to include community advocacy for people with a learning disability, and to delegate authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions to implement the decision, be welcomed and endorsed.

10. Your Life, Your Wellbeing - Transformation Phase Three Assessment
(Item C1)

1. Mr Lobban introduced the report and presented a series of slides which summarised work undertaken in previous phases of adult social care transformation and set out the aims of phase three, the design phase, which sought to identify the best way forward. He highlighted key concerns, including the need for an integrated, professionally-led model of service delivery with flexibility of contract type and a

professional workforce with a genuine career pathway. Mr Lobban and Mr Ireland responded to comments and questions from Members, as follows:-

a) this stage of the Adult Social Care transformation had been discussed in detail at the Commissioning Advisory Board, attendance at which was open to all Members, and such in-depth discussion had allowed Members to gain a good understanding of the issues involved;

b) several Members expressed concern about the future of voluntary sector services. The voluntary sector no longer received the grants it once did and was now trying to deliver more with less; this situation was clearly unsustainable. As a result, many voluntary sector organisations were facing closure. The problems now faced by the voluntary sector were a combination of a lack of finance and a shortage of volunteers, and as a result it simply did not have the capacity to deliver the services which were expected of it. Mr Lobban advised speakers that the County Council funded only 3% of the voluntary sector organisations in Kent;

c) concern was expressed at the growing number of older people experiencing, or at risk of falling into, social isolation and loneliness. Mr Lobban agreed that this was a growing issue and highlighted the importance of the voluntary sector in addressing it;

d) in response to a question about the adequacy of sheltered housing provision in Kent, Mr Lobban advised that a significant increase in sheltered housing would be needed in the next four years. Kent had an opportunity to review its housing provision for older and vulnerable people, how to use its existing housing stock and how to support residents. The County Council was not yet in a position to guarantee a supply of Extra Care Sheltered Housing. A view was expressed that enhanced care was a good way forward but was an expensive option, as local authorities now had less money available to them to delivery housing support services;

e) Mr Ireland reminded Members that the aim of the transformation programme had been to deliver a sustainable model of social care, within the reduced budget now available. The County Council had set out to identify, with partners, the best model of service delivery and how best to support it with integrated activity, and the design phase was concerned with identifying how best to do this;

f) the stated aims of achieving a professional workforce with a genuine career pathway, and the priority of addressing social isolation, were welcomed, and it was suggested that local initiatives to counter the latter could be supported by elected Members using their Member grants; and

g) there was no mention of a potential role for trading standards colleagues in work to address social isolation, but older and vulnerable people living alone were at risk of being targeted by rogue traders. Mrs Tidmarsh agreed that joint working with colleagues across the Council and at borough and district councils would be a good way to tackle this.

2. RESOLVED that the information set out in the report and slides, and Members' comments on work and priorities, set out above, be noted.

11. Work Programme 2017
(Item D1)

RESOLVED that the committee's work programme for 2017 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, Director of Public Health

To: Adult Social Care and Health Cabinet Committee – 14 March 2017

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

1. 7 February – opened Copperfields Extra Care Housing in Ramsgate
2. 23 February – attended Ministerial Roundtable on Carers Strategy and Carer-friendly Communities

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

1. Feedback from the Association of Directors of Adult Social Services Policy Event – 3 February 2017
2. Update on the Kent and Medway Sustainability Transformation Plan
3. Care Quality Commission's inspection of commissioning of adult social care announced
4. Care Quality Commission good care guides

Adult Public Health

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

1. 6 February – visit from Duncan Selbie, Chief Executive of Public Health England
2. 9 March – attended Local Government Association Public Health Conference in London

Director of Public Health – Mr A Scott-Clark

1. Sustainability Transformation Plans (STP).
2. Local Government Association Suicide Prevention publication
3. Darzi Fellow

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

Andrew Scott-Clark, Director of Public Health

To: Adult Social Care and Health Cabinet Committee

14 March 2017

Subject: Kent and Medway Prisons Drug and Alcohol Services Procurement

Classification: Unrestricted

Previous Pathway: This is the first committee to consider this report

Future Pathway: Cabinet Member Decision – 16/00096

Electoral Division: All

Summary:
In October 2016, The Adult Social Care and Health Cabinet Committee endorsed the proposal for the competitive retender of the Kent and Medway Prisons Substance Misuse Service. A competitive procurement process for Kent and Medway Prisons is currently being undertaken and tender evaluations are expected to conclude by early April with contract awards due to be completed by the end of the month. The new service will start operating from October 2017.

Recommendations
Members of the Committee are asked to:
i. Note the progress of the procurement of the Kent and Medway Prisons Drug and Alcohol Service;

ii. Comment on and either endorse or make a recommendation to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to award the contract for Kent and Medway Prisons to the successful bidder, following the conclusion of the procurement process.

1. Introduction

1.1. This report provides an overview of the procurement for substance misuse in Kent and Medway Prisons, the current contract for these services are due to end in September 2017.

1.2. The commissioning plan and procurement was endorsed at the October 2016 Adult Social Care and Health Cabinet Committee.

2. Kent and Medway Prisons Substance Misuse Service

2.1. The Kent and Medway Prisons Substance Misuse Service is funded by NHS England via a Service Level Agreement. The current contract is due to end in September 2017 and is unable to be further extended. As such the Kent and Medway Prisons Substance Misuse Service is being re-procured to ensure continued value for money and service provision.

2.2. The Procurement process for Kent and Medway Prisons Substance Misuse services will be an open process as discussed by this committee on 11th October 2016. Due to the short timescales of the procurement timeline, this open process will allow us to ensure that we find a suitably qualified provider in the minimum timeframe.

2.3. It is anticipated that the tender evaluation will recommend a preferred provider in late April 2017, to allow time for a formal transition (to include Care Quality Commission (CQC) registration, and Home Office Licencing for Controlled drugs) to the new provider on 2nd October 2017.

2.4. It was originally expected that a 5 year plus 3 contract would be awarded, however, the funding for this was not agreed and instead a 3 year plus 2 year contract will be let, for which funding has been agreed. The annual value will be £4.65m.

3. Procurement timescales

3.1 We plan to use a 42 days ITT period for this contract, please see Fig 1. For anticipated timelines.

Fig.1

No.	Stage	Dates
1	Invitation to Tender (ITT) released to bidders	8 February 17
2	*Site visits. All establishments within the contract.	21 February 2017 22 February 2017
3	Closing date for clarification questions from bidders	8 March 2017
4	Procurement report and delegated authority to award submitted to the Adult Social Care and Health Cabinet Committee. (KCC Governance)	14 March 2017
5	**Tender submission closing date**	**22 March 2017**
6	ITT Evaluation process	30 March to 20 April
7	ITT consensus meeting	2 – 4 May 2017
8	Bidder clarification meeting (if required)	9 May 2017
9	The Kent County Council ratification of decision. Cabinet Member's delegated authority award. (KCC Governance).	end of May 2017
10	Formal award decision made and award decision notices issued to unsuccessful bidders	June 2017
11	10 day standstill period	June 2017
12	Enter into contract with successful bidder	June 2017

13	Services commencement date	02-10-17

4. Risks

4.1 Delays in awarding these contracts could have significant financial implications for KCC and in continuity of care for service users.

4.2 Delays to the award of the Kent and Medway Prisons Contract would mean there could be an interruption in service provision.

4.3 To ensure mitigation of any risks all assurance and governance procedures have been followed, as laid out by KCC.

5. Conclusions

5.1 The planned procurement for Adult Substance Misuse in Kent and Medway Prisons was previously considered and agreed by the Strategic Commissioning Board, and the Adult Social Care and Health Cabinet Committee. No significant changes have been made to the processes since these were agreed, apart from a shorter contract length.

5.2 The procurement is being supervised and run by South West Commissioning Support Unit, and supervised by the KCC Procurement team, and assurance and governance has been followed, funding identified and agreed, and market engagement has taken place.

5.3 A KCC contract will be awarded.

6. Recommendations

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

i. Note the progress of the procurement of the Kent and Medway Prisons Drug and Alcohol Service

ii. Comment on and either endorse or make a recommendation to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to award the contract in Kent and Medway Prisons successful bidders following the conclusion of the procurement process.

7. Background Documents

Report to Adult Social Care and Public Health Cabinet Committee on 11th October 2016

8. Appendices

Appendix 1 – Proposed Record of Decision

9. Contact Details

Report Author

- Kate Morrissey
- 03000 417186
- Kate.Morrissey@kent.gov.uk

Report Author

- Karen Sharp: Head of Public Health Commissioning
- 03000 416668
- Karen.sharp@kent.gov.uk

Relevant Director:

- Andrew Scott-Clark: Director of Public Health
- 03000 416659
- Andrew.scott-clark@kent.gov.uk

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	16/00096

For publication

Key decision
Affects more than two electoral divisions

Subject: **Kent and Medway Prisons Drug and Alcohol Services Procurement**

The Cabinet Member for Adult Social Care and Public Health will be asked to agree to award the contract for Kent and Medway Prisons to the successful bidder, following the conclusion of the procurement process.

The Kent and Medway Prisons Substance Misuse Service is funded by NHS England via a Service Level Agreement. The current contract is due to end in September 2017 and is unable to be further extended. As such the Kent and Medway Prisons Substance Misuse Service is being re-procured to ensure continued value for money and service provision.

It is anticipated that the tender evaluation will recommend a preferred provider in late April 2017, to allow time for a formal transition (to include Care Quality Commission (CQC) registration, and Home Office Licencing for Controlled drugs) to the new provider on 2nd October 2017.

It was originally expected that a 5 year plus 3 contract would be awarded, however, the funding for this was not agreed and instead a 3 year plus 2 year contract will be let, for which funding has been agreed. The annual value will be £4.65m.

Delays in awarding these contracts could have significant financial implications for KCC and in continuity of care for service users.

Delays to the award of the Kent and Medway Prisons Contract would mean there could be an interruption in service provision.

Cabinet Committee recommendations and other consultation:
The commissioning plan and procurement was endorsed at the October 2016 Adult Social Care and Health Cabinet Committee.

The proposed decision will be discussed at the Adult Social Care and Health Cabinet Committee on 14 March 2017 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered:

A competitive tendering process is underway.

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

.....	.....
signed	date

From:	Graham Gibbens. Cabinet Member for Adult Social Care and Public Health Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing
To:	Adult Social Care and Health Cabinet Committee – 14 March 2017
Decision No:	16/00132
Subject:	**PROPOSED REVISION OF RATES PAYABLE AND CHARGES LEVIED FOR ADULT SOCIAL CARE SERVICES IN 2017-18**
Classification:	Unrestricted
Past Pathway of Paper:	Social Care Health and Wellbeing DMT – 18 January 2017
Future Pathway of Paper:	Cabinet Member decision
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 **CONSIDER** and **ENDORSE** or make a **RECOMMENDATION** to the Cabinet Member on the proposed decision (Attached as Appendix A) to:

a) **APPROVE** the proposed changes to the rates payable and charges levied for Adult Social Care Services in 2017-18, as detailed in Appendix 1 and;

b) **DELEGATE** authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions to implement the 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 2017-18 are listed in the attached appendix (Appendix 1) and represent those published in the annual booklet and on the Kent.gov.uk website.

1.3 The pay award for 2017-18 is based on a single performance-related payment rather than separate cost of living award and performance reward elements; as was the case for 2016-17. As there is no identifiable increase rate, it is proposed that some adults' rates either remain unchanged or increase in line with the Consumer Price Index (CPI) figure as at September 2016 of 1.0%.

1.4 The effective date, unless otherwise stated, for all proposed changes to Adult Social Care Services will be the week beginning 10 April 2017.

2. Charges and Rates Payable for Adult Social Care Services

2.1 All rates and charges proposed for 2017-18 in respect of Adult Social Care Services are shown in the attached appendix (Appendix 1).

Client Contributions for Residential Care

2.2 Since April 2015 the Council has exercised powers to charge under section 14 of the Care Act 2014. The powers are further set out in the Care and Support (Charging and Assessment of Resources) Regulations 2014 and the associated statutory guidance. The way charges are being calculated following the means-testing assessment is broadly the same as pre April 2015 as a Key Decision was taken to preserve the status quo and to continue to charge on the same basis. This remains the case.

2.3 Under current residential charging rules, people who have savings or investments of more than £23,250 will pay the full cost of their care.

2.4 The provision for residential care for adults falls into two categories:

- The Council's own provision
- Placements affected through the independent sector, purchased by the Council.

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

a) Older People

It is recommended that this rate be increased in line with the CPI figure as at September 2016 which was 1.0%. **The rate will be £467.70 for 2017-18.**

b) People with Learning Disabilities

It is recommended that this rate be increased in line with the CPI figure as at September 2016 which was 1.0%. **The rate will be £637.57 for 2017-18.**

c) Charges to Other Local Authorities

The charge to other Local Authorities for the use of in-house permanent or respite residential beds will be agreed by the operational service on an individual home basis, and will be calculated on the basis of full cost recovery.

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

2.7 Those clients that do not have the ability to meet the full cost of their placement, 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 introduced a new Universal Payments Scheme which all Local Authorities had to 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 instituted 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. The rules allow interest and an administrative charge to be applied. It is proposed that both these aspects are treated in the same way as in 2015 and that the following applies:

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 Department of Health (DH) and published by the Office of Budget Responsibility. In line with this requirement The Council will update the interest rate every January and July, in line with the maximum that can be charged. Interest will be calculated and compounded daily. For information the estimated rate to be applied is 2.05% from 1 January to 30 June 2017.

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 Council scheme should continue to be £480 at the start of the agreement, with £65 charged per year thereafter. These were the charges recommended and agreed before the start of the scheme in April 2015. And were 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 includes 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.

It is recommended both the initial fee of £480 and subsequent annual fee of £65 be increased in line with the CPI figure as at September 2016 which was 1.0%. The new rates will be:

Initial Fee	**£484.80**
Annual Fee	**£ 65.65**

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 for 2017-18 is £24.90 per week which is unchanged from the allowance applied in 2016-17.**

Arrangement Fee for Self- Funders – Non Residential Care

2.11 This is a new charge to be introduced for 2017/18. It should be noted the introduction of this charge has been reflected in the 2017/18 Budget presented to and approved by the County Council on 9 February 2017.

2.12 The Care Act 2014 introduced powers for Local Authorities to charge clients with eligible needs and financial assets above the upper capital limit, an arrangement fee for arranging their care needs and managing the contract with the care provider on the client's behalf. The relevant sections of the Act are sections 14b, conditions 2 in sections 18, and conditions 2 or 4 in section 20.

2.13 The secondary regulations - The Care and Support (Charging and Assessment of Resources) Regulations 2014 also sheds light on the 'costs of putting in place arrangements to meet needs. Regulation 5 states that: "**Where a local authority is meeting needs because Condition 2 in section 18, or Condition 2 or 4 in section 20, of the Act is met, the charge the authority may make under section 14(1)(b) of the Act may only cover the cost that the authority incurs in putting in place the arrangements for meeting those needs.**"

2.14 Chapter 8.58 of the Care and Support Statutory Guidance states: **Arrangement fees charged by local authorities must cover only the costs that the local authorities actually incur in arranging care. Arrangement fees should take account of the cost of negotiating and/or managing the contract with a provider and cover any administration costs incurred.**

2.15 It is proposed that based on the power conferred on Local Authorities via the Care Act 2014 that the Council charge non-residential clients with eligible needs and financial assets above the upper capital limit a flat rate arrangement fee for arranging care on their behalf. The proposed charge by the Council includes the following: cost of raising an invoice £24.42, cost of paying a provider invoice £22.83, and cost of negotiating and arranging a care package £56.00.

2.16 The cost of raising an invoice and cost of paying a provider invoice is the same amount the Council charges Deferred Payment Clients. The cost of negotiating and arranging a care package is based on the hourly cost of an OPPD purchasing officer and average time spent in arranging a domiciliary care package. The current hourly rate is £13.70 whilst the average time spent in arranging a package is about 4 hours. These figures are based on the recent analysis undertaken as part of the Phase 3 Transformation Programme. Applying 2.2% staffing inflationary award, the revised hourly cost comes to £14.00.

2.17 The annual arrangement fee being proposed is £104. This is made up of (£22.42 + £22.83 + £56.00) which totals £103.25 but has been approximated for convenience as it equates to a weekly charge of £2.

Client Contributions for Non-Residential Care

2.19 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.

2.20 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

2.21 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).
It is recommended that this rate be increased in line with the CPI figure as at September 2016 which was 1.0%. The rate will be £15.16 for 2017-18.

b) Schemes for people with Learning Disabilities
This is the cost of the sleeping night support service.
It is recommended that this rate be increased in line with the CPI figure as at September 2016 which was 1.0%. The rate will be £45.36 for 2017-18.

Blue Badges

2.22 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, the Council has charged £10 and it is recommended that this rate continues.**

Notional Charges for Day Care

2.23 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.
It is recommended that this rate be increased in line with the CPI figure as at September 2016 which was 1.0%. The rates will be as shown in the table below for 2017-18.

Care Item	Unit	Proposed Unit Charge (notional cost)
Learning Disability – day centre	Day	£38.02
Learning Disability – Day Centre half day	Session	£19.01
Older People – Day Centre	Day	£30.29
Older People – Day Centre Half Day	Session	£15.15
Physical Disability – Day Centre	Day	£36.16
Physical Disability – Day Centre Half Day	Session	£18.08
Older People with Mental Health Needs – Day Centre	Day	£35.80

Notional Home Care Rates

2.24 The following rates will be applied to people who complete a period of enablement and then continue to be supported by the KEaH service as another form of domiciliary care.

Social (1/2 hour)	£7.77
Social (3/4 hour)	£10.36
Social (1 hour)	£13.44
Unsocial (1/2 hour)	£8.81
Unsocial (3/4 hour)	£11.65
Unsocial (1 hour)	£14.91

Meals Charges/Other Snacks - Local Authority Day Centres

2.25 There are two meal charges: (i) meals (ii) meals and other snacks.

It is recommended that this rate be increased in line with the CPI figure as at September 2016 which was 1.0%. The rates for 2017-18 are as follows:

	Proposed Rate for 17/18
Meal Charge	£3.94
Meals & other snacks	£4.94

2.26 For refreshments a flat rate charge of £1 is to be applied.

Voluntary Drivers/Escort Mileage Rates

2.27 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 Social Care Services

2.28 It is proposed to increase the rate by 2.2% which represents the assumed increase for the pay award for 2016-17. **It is proposed to apply an hourly rate of £70.27** which allows for the assumed percentage increase for the pay award uplift.

3. General Charges and Rates

Consultancy

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

i)Middle Management (£82.82 per hour);
ii) Senior Management (£153.52 per hour);
iii) Director, when undertaking consultancy work (£248.46 per hour).

Publications

3.2 The charge for key publications has not been updated since 2005. The proposal is uplift the charge using the cumulative CPI as at 2005 through to September 2016. This will result in a charge of £12.90 an increase of £2.90 for 2017-18

4. Equality Implications

None.

5. Legal Implications

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.

6 Recommendation

6.1 Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make a **RECOMMENDATION** to the Cabinet Member on the proposed decision (Attached as Appendix A) to:

a) **APPROVE** the proposed changes to the rates payable and charges levied for Adult Social Care Services in 2017-18, as detailed in Appendix 1 and;

b) **DELEGATE** authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions to implement the decision.

7. Background Documents

Care Act 2014
http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga_20140023_en.pdf

Care Act Support Statutory Guidance
https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

8. Report Author

Michelle Goldsmith
Directorate Business Partner - Social Care Health and Wellbeing
03000 416159
Michelle.goldsmith@kent.gov.uk

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Cabinet Member for Adult Social Care and Public Health	16/00132

For publication

Key decision
Affects more than 2 Electoral Divisions

Subject: PROPOSED REVISION OF RATES PAYABLE AND CHARGES LEVIED FOR ADULT SOCIAL CARE SERVICES IN 2017-18

Decision: As Cabinet Member for Adult Social Care and Public Health I propose to:
APPROVE the increase to:

i. Client contributions for residential care – older people £467.70
ii. Client contributions for residential care – people with learning disabilities £637.57
iii. Deferred Payment Scheme – the Initial fee £484.80 and annual fee £65.65
iv. Wellbeing Charge - Better Homes Active Lives Scheme for older people £15.16
v. Wellbeing Charge - Better Homes Active Lives Scheme for people with learning disabilities £45.36
vi. Notional charges for Day Care:
Learning Disability – day centre £38.02
Learning Disability – day centre half day £19.01
Older People – day centre £30.29
Older People – day centre half day £15.15
Physical Disability – day centre £36.16
Physical Disability – day centre half day £18.08
Older People with Mental Health Needs – day centre £35.80
viii Notional Homecare charge;
Social ½ hour – £7.77
Social ¾ hour - £10.36
Social 1 hour - £13.44
Unsocial ½ hour - £8.81
Unsocial ¾ hour - £11.65
Unsocial 1 hour - £14.91
vii. Client contributions for Meals Charges
Meal Charge £3.94
Meals and other snacks £4.94
Refreshments flat rate charge of £1
viii. Other Local Authority charges.
Assessment hourly rate to increase to £70.27

INTRODUCE

ix. Arrangement fee for self- funders – non-residential care

NOTE:

x. The charge for Personal Expenses Allowance.
xi. The recommendation to continue the £10 charge for blue badge
xii. The continuation of the Voluntary Drivers mileage rate
xiii. The rates for consultancy work and key publications

CONFIRM:
The charge for other Local Authorities for use of in-house respite residential beds is to be calculated on the basis of full cost recovery

Reason(s) for decision: The proposed rates payable and charges levied are considered annually, with any revisions normally introduced at the start of each financial year. The report is focused on Adult Social Care Services and the rates and charges that are currently in place. The rates and charges payable for 2017/18 will be introduced the week commencing 10 April 2017. This has been confirmed with the Department of Health.

Financial Implications:
The increase in income and the increase in payments that these changes will bring have been included in the 9 February 2017 County Council agreed budgets for the services affected.

Equality Implications
None

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

Cabinet Committee recommendations and other consultation:
The proposed decision will be discussed at the Adult Social Care and Health Cabinet Committee on 14 March 2017 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

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 percentages were considered but, established principles of using the previous September CPI figure were retained.

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

....
signed date

Appendix 1 - Proposed Rates and Charges 2017-18

		2017-18 Proposed Rates & Charges £	Basis of Increase
Residential Adult Services			
Client Contributions for Residential Care (Ref 2.5a & b)			
Older People - Maximum	per week	467.70	Based on CPI rate as at Sept. 2016 of 1.0%
People with Learning Disabilities - Maximum	per week	637.57	Based on CPI rate as at Sept. 2016 of 1.0%
Deferred Payments (Ref 2.9b)			
Administration Charge	Set up Fee	484.80	Based on CPI rate as at Sept. 2016 of 1.0%
	Annual Fee	65.65	Based on CPI rate as at Sept. 2016 of 1.0%
Personal Expenses Allowance (Ref 2.10)	per week	24.90	2017-18 rate published by Dept. of Health
Non-Residential Adult Services			
Better Homes Active Lives (PFI) Schemes (Ref 2.21a & b)			
Older People	per week	15.16	Figure must be divisible by 2. 1.00% CPI Sep 2016
People with Learning Disabilities	per week	45.36	Figure must be divisible by 2. 1.00% CPI Sep 2016
Occupational Therapy/Sensory Disabilities Unit			
Blue Badges (Ref 2.22)	per application	10.00	No change to Rate for 17-18
Day care notional costs (Ref 2.23)			
Learning Disability - Day centre	per day	38.02	Based on CPI rate as at Sept. 2016 of 1.0%
Learning Disability - Day centre half day	per session	19.01	Based on CPI rate as at Sept. 2016 of 1.0%
Older people - Day centre	per day	30.29	Based on CPI rate as at Sept. 2016 of 1.0%
Older people - Day centre half day	per session	15.15	Based on CPI rate as at Sept. 2016 of 1.0%
Physical disability - day centre	per day	36.16	Based on CPI rate as at Sept. 2016 of 1.0%
Physical disability - day centre half day	per session	18.08	Based on CPI rate as at Sept. 2016 of 1.0%
Older people with mental health needs - day centre	per day	35.80	Based on CPI rate as at Sept. 2016 of 1.0%
Home care notional costs (Ref 2.24)			
Social	1/2 hour	7.77	Blended Rate to be applied for 17-18
Social	3/4 hour	10.36	Blended Rate to be applied for 17-18
Social	1 hour	13.44	Blended Rate to be applied for 17-18
Unsocial	1/2 hour	8.81	Blended Rate to be applied for 17-18
Unsocial	3/4 hour	11.65	Blended Rate to be applied for 17-18
Unsocial	1 hour	14.91	Blended Rate to be applied for 17-18
Meals Charges/Other Snacks - Local Authority Day Centres (Ref 2.25-2.26)			
Meal Charge	per meal	3.94	Based on CPI rate as at Sept. 2016 of 1.0%
Meals and Other Snacks	per meal	4.94	Same as hot meal + £1 for snacks
Refreshment	flat rate	1.00	No Change
Voluntary Drivers/Escorts Mileage Rate (Ref 2.27)	per mile	0.45	Based on the Chancellor of Exchequer budget strategy
OLA Charges (Ref 2.28)		70.27	Based on TCP increase of 2.2%
Consultancy (Ref 3.1)			
Middle Management	per hour	82.82	Based on CPI rate as at Sept. 2016 of 1.0%
Senior Management	per hour	153.52	Based on CPI rate as at Sept. 2016 of 1.0%
Director	per hour	248.46	Based on CPI rate as at Sept. 2016 of 1.0%
Publications (Ref 3.2)	per publication	12.90	Cumulative increase using CPI for period Sept 2005 to Sept 2016

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From:	Graham Gibbens, Cabinet Member for Adult Social Care and Public Health Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing
To:	Adult Social Care and Health Cabinet Committee - 14 March 2017
Decision Number:	17/00026
Subject:	**PROPOSED CHANGES TO THE CHARGING POLICY FOR HOME CARE AND OTHER NON-RESIDENTIAL CARE AND SUPPORT**
Classification:	Unrestricted
Past Pathway of Paper:	Social Care Health and Wellbeing Directorate Management Team – 18 January 2017
F**uture Pathway of Paper:**	Cabinet Member decision
Electoral Division:	All

Summary: This paper contains proposals for three changes to the Charging Policy for Home Care and other non-residential care and support to come into effect from April 2017, subject to endorsement by the Adult Social Care and Health Cabinet Committee and subsequent Executive Decision being taken by the Cabinet Member for Adult Social Care and Public Health.

Recommendations: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make a **RECOMMENDATION** to the Cabinet Member on the proposed decision (Attached as appendix A) to:

a) **APPROVE** the proposed changes to the Charging Policy for Home Care and other non-residential care and support to:

1) Change the rules on the treatment of savings/other capital[1] between £14,250 and £23,250 so that £1 per week for every £250 between these two amounts is taken into account (rather than the current £1 for every £500).
2) Change the current policy on the treatment of any second or more properties so that they are treated as capital in the financial calculation. It is proposed that this applies to new clients from April 2017 and existing clients from April 2018.
3) Introduce an Arrangement Fee for people who have over the capital threshold, currently £23,250, (and who therefore must pay the full cost of their care) but who nevertheless request KCC to make the arrangements for their care (as is permitted under the Care Act 2014).

b) **DELEGATE** authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions to implement the decision.

[1] For non-residential care and support the person's own home (in which they live) is disregarded in the calculation of capital.

1. Introduction

1.1 As a result of the need to make further savings, the KCC budget for 2017/18 includes making changes to the Charging policy for home care and other non-residential care and support.

1.2 This report sets out further detail on the proposed changes but in summary the three areas which have been identified are

1) change the rules on the treatment of savings/other capital[2] between £14,250 and £23,250 so that £1 per week for every £250 between these two amounts is taken into account (rather than the current £1 for every £500).

2) change the current policy on the treatment of any second or more properties so that they are treated as capital in the financial calculation. It is proposed that this applies to new clients from April 2017 and existing clients from April 2018.

3) introduce an Arrangement Fee for people who have over the capital threshold, currently £23,250, (and who therefore must pay the full cost of their care) but who nevertheless request KCC to make the arrangements for their care (as is permitted under the Care Act 2014).

1.4 Following endorsement by the Cabinet Committee, the Cabinet Member for Adult Social Care and Public Health will take an Executive Decision and it is proposed that these changes be implemented from Monday 10 April 2017.

2. Policy Framework

2.1 The policy agenda and the service objectives of the Social Care, Health and Wellbeing Directorate support the overall objectives of the County Council as set out in '*Increasing Opportunities, Improving Outcomes:* Kent County Council's Strategic Statement 2015 -2020 and '*A Commissioning Framework for Kent County Council: Delivering better outcomes for Kent residents trough improved commissioning'.*

2.2 The recognition for further savings through making changes to the Charging Policy for Home Care and other non-residential care and support was referenced in the KCC budget for 2017/18. Detailed proposals are outlined below.

3. Proposed changes to the policy on tariff income

3.1 The current tariff income rule for non-residential charging is based on the assumption that for every £500 (or part thereof) of capital[3] between £14,250 and £23,250, the client is able to contribute £1 per week towards the cost of their care. This amount is added to the weekly income when assessing the weekly charge payable by eligible clients. This is in contrast to the current rule for residential charging which assumes that for every £250 (or part thereof) of capital the client is able to contribute £1 per week towards the cost of their care.[4]

[2] For non-residential care and support the person's own home (in which they live) is disregarded in the calculation of capital.
[3] For non-residential charging the value of the person's home is not taken into account in the calculation of their capital.
[4] People who have over £23,250 in capital (excluding their home) are expected to pay the full cost of their care so an income calculation is not carried out.

3.2 The Care and Support (Charging and Assessment of Resources) Regulations 2014, lay down the maximum amount of tariff income that can be taken into account, that is no more than £1 for every £250 between the two amounts referred to above. However the regulations do allow flexibility so that Local Authorities can apply more generous rules if they so wish, as the Council has been doing since 2003.

3.3 It is proposed that the tariff income rules for non-residential care be made consistent with the residential care charging tariff income rules (£1 for every £250). This will also bring them in line with all other Local Authorities that we are aware of. A recent exercise was undertaken to compare the Council's tariff income rules on non-residential charging with other Local Authorities in England and the Council's policy on tariff income appeared to be the outlier as all other Authorities sampled considered £1 for every £250 of capital.

3.4 To give an example of how this could affect a person's charge: assuming that a single person has £250 income per week from pensions and benefits and they also have £16,250 savings in the bank; currently £4 per week will be added to their income in the charging calculation (i.e. £1 per every £500 between £14,250 and £23,250) resulting in an assessed income of £254 per week. If the proposal changes are endorsed, £8 per week will be added to their weekly income (i.e. £1 per every £250 between £14,250 and £23,250) resulting in an assessed income of £258 per week.

3.5 It is estimated that this proposal has the potential to generate additional income for the Council of up to £0.3 million in a full year.

3.6 This proposal will not be applied retrospectively and will only apply to the financial assessment from April 2017, both to new clients from this point and also existing clients in their annual reassessment.

4. Proposed changes to the policy on second and other properties

4.1 In the calculation of capital for non-residential charging the value of a person's main home (which they live in) cannot be taken into account. However it is permitted to take into account the value (net of mortgages etc) of any second/additional properties owned by the client unless they are clearly part of a business and the person is taking steps to realise their share.[5]

4.2 Despite this being permitted, the Council does not currently include the value of any additional properties in the calculation of capital. Only rental income, if any, is taken into account in the calculation of weekly income. The effect of this is that the Council is financially contributing to the care of some people who would otherwise be assessed as having above the £23,250 threshold and therefore able to pay the full cost of their care.

4.3 The rationale for the current policy was that it might be difficult for some people with second/other properties to release the capital locked in these properties in time to pay for their care and support. However it appears that again, Kent is an outlier with regard to this policy and most other Local Authorities do take the value into account as capital.

[5] The Care and Support (Charging and Assessment of Resources) Regulations, Schedule 2, para 9 and Para 50 in Annex B to the Care and Support Statutory Guidance.

4.4 It is proposed that the Council's policy is brought in line with the government regulations and the practice of most other Authorities. The proposal is to introduce the change for new clients from April 2017 but to only apply it to existing clients from April 2018, thereby giving them a year to make the necessary arrangements.

4.5 In practice this policy will make most people, to which it applies, self-funders or full-costers if they wish the Council to continue to make the arrangements, as they are allowed to do under the Care Act.

4.6 There is a concern that it might be difficult for some individuals to release the capital in such properties quickly enough to be able to pay for their care. As outlined in section 5 below, individuals who have in excess of the capital threshold can request the Local Authority to arrange their care in return for an arrangement fee. In such circumstances it would be possible (albeit not desirable) to allow such individuals to build up a debt whilst they are trying to dispose of their property or make other arrangements to release the capital. In addition, in very exceptional circumstances, the property might be disregarded in the capital calculation (with senior management approval).

4.7 It is not possible to accurately predict savings from the proposed change but, based on known existing non-residential clients with second/additional properties, this could be in the region of £400,000 in 2018-19.

5. Proposal to introduce an Arrangement Fee for full-cost clients

5.1 People who have over the current capital threshold of £23,250 (excluding their main home if they live in the community in a non-residential setting) usually make their own arrangements for care and support. They are referred to as "self-funders". The Council has always, nevertheless, arranged care for some people in this category and charged them the full cost of their care and support. Such clients are known as "full-costers". Until the Care Act came into effect in April 2015 the Council could not charge such people an arrangement fee for this. The Care Act does now give the Council this power but currently only for non-residential care and support and only for certain categories of full-cost clients.

5.2 Appendix 1 contains details of the legal powers under the Care Act to charge an Arrangement Fee and also a table showing which people the Arrangement Fee can be applied to.

5.3 As Appendix 1 indicates, an Arrangement Fee will <u>not</u> be charged when the Council is meeting the needs of a person who has over the capital threshold but who lacks capacity and has no-one appointed to act for them (Section 18 (4) of the Care Act). However, once such a person has obtained a legal representative the Council would then be able to charge the Arrangement Fee if asked to continue to arrange their care.

5.4 Bearing in mind the legal framework outlined in Appendix 1, it is proposed to charge a flat annual Arrangement Fee from April 2017 of £104. This will be paid in weekly instalments (£2 per week) and added to the invoice for the care and support.

5.5 The annual fee of £104 includes the cost of raising an invoice, paying a provider invoice and negotiating and arranging a care package.

5.6 It is proposed to apply the Arrangement Fee to all people (new and existing) who fall within one of the categories of people the Council can charge the Arrangement Fee (see Appendix 1). This will include someone with over the capital limit who has previously asked the Council to make the arrangements (since April 2015 when the Care Act came in) and for whom the Council is doing so but at the moment not charging any fee.

6. Equality Impact Assessment

6.1 An Equality Impact Assessment has been carried out and is attached to this report as Appendix 2.

7. Financial Implications

7.1 The proposed changes are expected to result in the additional income as set out in sections 3 and 4.

8. Legal Implications

8.1 KCC's statutory obligations for Adult Social Care are set out principally in the Care Act 2014, the Mental Capacity Act 2005 and the Mental Health Act 1983. Further details for the specific proposals are outlined in this report.

9. Communication with service users and staff

9.1 A letter has already been sent in January to existing service users that may be affected by any of the three proposed changes. The letter made clear that the changes were still subject to a decision being taken by the County Council.

9.2 If the proposed changes go ahead, further communication will be sent to those affected with details of their new charge from 10 April 2017.

9.3 The relevant changes to the public facing charging booklets will be made and the Contact Centre, Case Management and Finance staff fully briefed on the changes.

10. Recommendations

10.1 Recommendations: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make a **RECOMMENDATION** to the Cabinet Member on the proposed decision (Attached as appendix A) to:

a) **APPROVE** the proposed changes to the Charging Policy for Home Care and other non-residential care and support to:

1) Change the rules on the treatment of savings/other capital[6] between £14,250 and £23,250 so that £1 per week for every £250 between these two amounts is taken into account (rather than the current £1 for every £500).
2) Change the current policy on the treatment of any second or more properties so that they are treated as capital in the financial calculation. It is proposed

[6] For non-residential care and support the person's own home (in which they live) is disregarded in the calculation of capital.

that this applies to new clients from April 2017 and existing clients from April 2018.

3) Introduce an Arrangement Fee for people who have over the capital threshold, currently £23,250, (and who therefore must pay the full cost of their care) but who nevertheless request KCC to make the arrangements for their care (as is permitted under the Care Act 2014).

b) **DELEGATE** authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions to implement the decision.

11. Background documents

Care Act 2014
http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga_20140023_en.pdf

Care Act Support Statutory Guidance
https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

13. Report authors

Michael Thomas-Sam
Head of Strategy and Business Support
03000 417238
michael.thomas-sam@kent.gov.uk

Michelle Goldsmith
Finance Business Partner
03000 416159
michelle.goldsmith@kent.gov.uk

Christine Grosskopf,
Policy Advisor, Strategy, Policy and Assurance
03000 416181
chris.grosskopf@kent.gov.uk

Ade Solanke
Principal Accountant (Projects)
03000 416711
ademola.solanke@kent.gov.uk

Relevant Director
Andrew Ireland
Corporate Director Social Care, Health and Wellbeing
03000 416297
andrew.ireland@kent.gov.uk

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Cabinet Member for Adult Social Care and Public Health	17/00026

For publication

Key decision
Affects more than two electoral divisions

Subject: PROPOSED CHANGES TO THE CHARGING POLICY FOR HOME CARE AND OTHER NON-RESIDENTIAL CARE AND SUPPORT

Decision: As Cabinet Member for Adult Social Care and Public Health, I propose to:
APPROVE changes to the Charging Policy for Home Care and other non-residential care and support to:

1) Change the rules on the treatment of savings/other capital[1] between £14,250 and £23,250 so that £1 per week for every £250 between these two amounts is taken into account (rather than the current £1 for every £500).

2) Change the current policy on the treatment of any second or more properties so that they are treated as capital in the financial calculation. It is proposed that this applies to new clients from April 2017 and existing clients from April 2018.

3) Introduce an Arrangement Fee for people who have over the capital threshold, currently £23,250, (and who therefore must pay the full cost of their care) but who nevertheless request KCC to make the arrangements for their care (as is permitted under the Care Act 2014) and;

DELEGATE authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions to implement the decision.

Reason(s) for decision:
The need for KCC to make further savings for 2017/18 includes making changes to the charging policy for home care and other non-residential care and support.

- The Care and Support (Charging and Assessment of Resources) Regulations 2014, lay down the maximum amount of tariff income that can be taken into account, that is that no more than £1 for every £250 between the two amounts referred to above. However the regulations do allow flexibility so that local authorities can apply more generous rules if they so wish, as KCC has been doing since 2003. It is proposed that the tariff income rules for non-residential care be made consistent with the residential care charging tariff income rules (£1 for every £250). This will also bring them in line with all other local authorities that we are aware of. KCC's policy on tariff income rules for non-residential charging is an outlier compared to other local authorities.

- The value of a person's main home (which they live in) cannot be taken into account in the calculation of capital for non-residential charging. However, it is permitted to take into account the value (net of mortgages etc.) of any second/additional properties owned by the client unless they are clearly part of a business and the person is taking steps to realise their share. It is proposed that we bring KCC's policy in line with the government regulations and the practice of most other authorities. The proposal is to introduce the change for new clients

[1] For non-residential care and support the person's own home (in which they live) is disregarded in the calculation of capital.

from April 2017 but to only apply it to existing clients from April 2018.

- People who have over the current capital threshold of £23,250 (excluding their main home if they live in the community in a non-residential setting) usually make their own arrangements. They are known as "self-funders". However we do nevertheless arrange the care for some people in this category, who become "full-cost" clients, and the Care Act 2014 now gives us the authority to charge a fee for this. It is proposed to apply the Arrangement Fee to all people (new and existing) who fall within one of the categories of people KCC can charge. This will include someone with over the capital limit who has previously asked us to make the arrangements (since April 2015 when the Care Act came in) and for whom we are doing so but at the moment not charging any fee.

Legal Implications
Section 14 of the Care Act 2014 sets out the local authority power to charge for meeting needs under section 18 of the Care Act 2014.

Equality Implications
We have adhered to KCC's legal obligations as defined in the Equality Act 2010 and KCC's Equality and Diversity Objectives 2016 -2020. An equality impact assessment has been completed which has been taken into account in the decision-making.

Cabinet Committee recommendations and other consultation:
The proposed decision will be discussed at the Adult Social Care and Health Cabinet Committee on 14 March 2017 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

KCC has written to relevant existing service users to inform them of the planned changes and information has also been placed on kent.gov.uk.

Any alternatives considered:
The policy changes would contribute to KCC's ability to provide services to people with care and support needs. Alternative savings option would have to be found by the Directorate should these proposal not be approved.

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

.....
signed

.....
date

Appendix 1: Legal powers to charge an arrangement fee for non-residential care and support provided to people with over the capital threshold.

1. Section 14 of the Care Act 2014 gives local authorities the power to charge the arrangement fee. Specifically it states that:
(1) A local authority—
(a) may make a charge for meeting needs under sections 18 to 20, and
(b) where it is meeting needs because Condition 2 in section 18 or Condition 2 or 4 in section 20 is met, may make a charge (in addition to the charge it makes under paragraph (a)) **for putting in place the arrangements for meeting those needs**.

The relevant parts of Section 18 are as follows:

18 Duty to meet needs for care and support (extract)

(3) Condition 2 is met if—
(a) the local authority is satisfied on the basis of the financial assessment it carried out that the adult's financial resources are above the financial limit, but
(b) the adult nonetheless asks the authority to meet the adult's needs.

Please note

- Currently Section 18 (3) only applies to non-residential care and support.
- We have had legal clarification that, where the adult lacks capacity, the request can be made by someone else authorised to act on their behalf.
- Section 20 has not been included in this summary as it relates to carers who we do not currently charge.

2. The Care and Support (Charging and Assessment of Resources) Regulations 2014 further clarifies this:

Regulation 5 states: Where a local authority is meeting needs because Condition 2 in section 18, or Condition 2 or 4 in section 20, of the Act is met, the charge the authority may make under section 14(1)(b) of the Act **may only cover the cost that the authority incurs in putting in place the arrangements for meeting those needs.**

3. The Care and Support Statutory Guidance (Chapter 8) contains the following on this subject:

Para 8.58. Arrangement fees charged by local **authorities must cover only the costs that the local authorities actually incur in arranging care. Arrangement fees should take account of the cost of negotiating and/or managing the contract with a provider and cover any administration costs incurred.** Where a local authority chooses to meet the needs of a person with resources above the financial limit who requires a care home placement, it must not charge an arrangement fee. This is because it would support that person under its power (rather than its duty) to meet needs, and the ability to charge the arrangement fee applies only to circumstances when the authority is required to meet needs.

Para 8.59. Local authorities must not charge people for a financial assessment, a needs assessment or the preparation of a care and support plan.

Para 8.60. It may be **appropriate for local authorities to charge a flat rate fee for arranging care.** This can help ensure people have clarity about the costs they will face if they ask the local authority to arrange their care. **However, such flat rate costs must be set at a level where they do not exceed the costs the local authority actually incurs.**

Circumstances under which a non-residential client is paying the full cost	**Can an arrangement fee be charged?**
Clients paying the full cost of their care because their available income (following the financial assessment) is more than the cost of their care. By definition they have below the capital threshold which is why a detailed financial assessment of their income has taken place.	NO
Clients with capacity who have over the "financial limit" but who nonetheless ask the LA to meet their needs (Section 18 (3) of the Care Act).	YES
Clients without capacity who have over the "financial limit" but where someone authorised to act on their behalf nonetheless asks the LA to meet their needs (Section 18 (3) of the Care Act).	YES
Clients who lack the capacity to arrange for their own care and who have no-one authorised to do so on their behalf, regardless of whether they have over the capital limit or not (Section 18 (4) of the Care Act).	NO

KENT COUNTY COUNCIL
EQUALITY ANALYSIS / IMPACT ASSESSMENT (EqIA)

Directorate: Adult Social Care, Health and Wellbeing

Name of policy, procedure, project or service

Charging Policy For Home Care And Other Non-Residential Care And Support.

What is being assessed?

Proposals to change the charging policy for home care and other non-residential care and support to come into effect from 10 April 2017.

The proposals are:

1. To change the rules on the treatment of savings/other capital (apart from a person's home) between £14,250 and £23,250 so that £1 per week for every £250 between these two amounts is taken into account (rather than the current £1 for every £500).

2. To change the current policy on the treatment of any second or more properties so that they are treated as capital in the financial calculation. It is proposed that this applies to new clients from April 2017 and existing clients from April 2018.

3. To introduce an Arrangement Fee for people who have over the capital threshold, currently £23,250, (and who therefore must pay the full cost of their care) but who nevertheless request KCC to make the arrangements for their care (as is permitted under the Care Act 2014).

Responsible Owner/ Senior Officer
Michael Thomas-Sam

Date of Initial Screening: January 2017

Date of Full EqIA : Not applicable.

Version	Author	Date	Comment
0.1	Jean Wells	24/01/17	Discussed at project group meeting
0.2	Jean Wells	26/01/17	Draft sent to diversity team for comment
0.3	Akua Agyepong	31/01/2017	Comments for review
0.4	Jean Wells	14/02/17	Comments discussed with project group- amendments made by group
0.5	Chris Grosskopf	1.3.17	Changes following review by Chris G and further discussion with Akua A (Equality Lead), Jean W and Michael Thomas-Sam
1	Jean Wells and Chris Grosskopf	2.3.17	Final version agreed

Characteristic	Could this policy, procedure, project or service, or any proposed changes to it, affect this group less favourably than others in Kent? YES/NO If yes how?	Assessment of potential impact HIGH/MEDIUM LOW/NONE UNKNOWN		Provide details: a) Is internal action required? If yes what? b) Is further assessment required? If yes, why?	Could this policy, procedure, project or service promote equal opportunities for this group? YES/NO - Explain how good practice can promote equal opportunities
		Positive	Negative	Internal action must be included in Action Plan	If yes you must provide detail
All	For all groups these changes help to ensure that KCC can continue to help as many people with care/support needs as possible within the limited resources available. To this extent there should be a positive impact. The changes also reduce certain inconsistencies in KCC's charging policy with regard to the treatment of capital.	Medium	Medium (see below)		Whilst the individual policy changes do not actively promote equal opportunities in and of themselves, the following should be noted: 1. The changes should raise extra income which will benefit all client groups. 2. Information about the changes (and the wider charging policy) is available in different formats, including easy read versions, other languages and braille on request. 3. Cases of individual hardship can be considered on a case by case basis. In certain exceptional cases discretion can be applied with senior management approval. 4. The changes to the treatment of second properties and the tariff income rules will bring more consistency with regard to the treatment of capital.
Age	YES but only indirectly, by virtue of the fact that: • older people are disproportionately represented in the adult social care client group. • Within the client group it is the older clients that are more likely to have the type of capital assets that these proposals		Medium	a) Yes b) Yes See action plan attached.	

	take into account. Within the client group itself the proposed changes will apply equally regardless of age.				
Disability	YES but only indirectly, by virtue of the fact that: • People with disabilities/chronic health problems are disproportionately represented in the adult social care client group. Within the client group itself the proposed changes will apply equally regardless of the type of disability/health condition.		Medium	a) Yes b) Yes See action plan attached.	
Gender	NO.		None		
Gender identity	NO.		None		
Race	This will be monitored with regard to the proposed policy on second homes as it is possible different arrangements pertain to different racial or faith groups.		Unknown	a) Yes b) Yes See action plan attached.	
Religion or belief	This will be monitored with regard to the proposed policy on second homes as it is possible different arrangements pertain to different racial or faith groups.		Unknown	a) Yes b) Yes See action plan attached.	
Sexual orientation	NO.		None		
Pregnancy and maternity	NO.		None		
Marriage and Civil Partnerships	NO. It is important to note that the application of the charging policy applies only to income and capital of the individual and not those of their partner. However, if the		None		

	partner is willing to disclose his/her financial circumstances a joint financial assessment can be carried out to determine if this would result in a lower charge. In this regard the definition of "partner" includes both heterosexual and same-sex partners, regardless of whether they are married/in a civil partnership or are living together as such.				
Carer's responsibilities	All the proposed changes apply to the person receiving care and support. KCC does not charge carers. However the impact of the proposed changes will be monitored particularly with regard to the proposed policy on second homes – for example if these are occupied by carers or if the resultant increase in charge results in the individual having to rely more on informal support.		Unknown	a) Yes b) Yes See action plan attached.	

Part 1: INITIAL SCREENING

1. Proportionality - Based on the answers in the above screening grid what

Low	Medium	High
Low relevance or Insufficient information/evidence to make a judgement.	Medium relevance or Insufficient information/evidence to make a Judgement.	High relevance to equality, /likely to have adverse impact on protected groups

RISK weighting would you ascribe to this function – see Risk Matrix

State rating & reasons

Medium

The proposed changes may have a negative impact on the limited numbers affected across all ages and disability groups as they involve a potential increase to the charges payable. The nature of the impact will vary according to the specific proposal. The proposal with regard to the arrangement fee is likely to have only a minimal impact, whereas there is potential for the proposals on tariff income and second homes to have a more significant impact for some. A small number of people will be affected by more than one of the changes. Monitoring will take place to determine the impact, including on certain protected characteristic groups (as outlined in the screening grid above).

For all groups these changes help to ensure that KCC can continue to help as many people with care/support needs as possible within the limited resources available. To this extent there should be a positive impact. The changes also reduce certain inconsistencies in KCC's charging policy with regard to the treatment of capital.

2. Context – What we do now and what we are planning to do

In light of the increasing demand for services and the need to deliver savings, KCC proposes to make changes to the Charging Policy for Home Care and other Non-Residential Services.

Under the Care Act 2014, KCC has discretion to choose whether to charge for services to meet both eligible and non-eligible needs, except where KCC is required to arrange care and support free of charge. KCC does charge for those services (care and support) where it is permitted to do so under the Care Act. A Key Decision to this affect was taken on 3 February 2015 before the implementation of the Care Act in April of that year (Decision number 14/00135).

Having taken a decision to charge, KCC must follow the rules on the treatment of income and capital laid down in The Care and Support (Charging

and Assessment of Resources) Regulations 2014. KCC's charging policy reflects these regulations but, as is allowed, has to date exercised its discretion to not charge the maximum possible in the areas of tariff income, the treatment of second homes and the ability to apply an arrangement fee to certain full-cost clients.

The charging policy is put into practice by means of a financial assessment which ensures that no client is left with less than a nationally determined minimum income guarantee. In addition this minimum can be increased by taking into account certain disability related expenditure for those in receipt of disability benefits (Attendance Allowance, Disability Living Allowance Care Component, Constant Attendance Allowance, Exceptionally Severe Disablement Allowance or Personal Independence Payment). In Kent all clients are allowed at least £17 per week for disability related expenditure and this can be increased if an individual assessment is requested.

2.1 Proposed changes to the policy on tariff income

The current tariff income rule for non-residential charging is based on the assumption that for every £500 (or part thereof) of capital[1] between £14,250 and £23,250, the client is able to contribute £1 per week towards the cost of their care. This amount is added to the weekly income when assessing the weekly charge payable by eligible clients. This is in contrast to the current rule for residential charging which assumes that for every £250 (or part thereof) of capital the client is able to contribute £1 per week towards the cost of their care.[2]

The Care and Support (Charging and Assessment of Resources) Regulations 2014, lay down the maximum amount of tariff income that can be taken into account, that is no more than £1 for every £250 between the two amounts referred to above. However the regulations do allow flexibility so that local authorities can apply more generous rules if they so wish, as KCC has been doing since 2003.

It is proposed that the tariff income rules for non-residential care be made consistent with the residential care charging tariff income rules (£1 for every £250). This will also bring them in line with all other local authorities that we are aware of. A recent exercise was undertaken to compare KCC's tariff income rules on non-residential charging with other local authorities in England and KCC's policy on tariff income appeared to be the outlier as all other authorities sampled considered £1 for every £250 of capital.

This proposal will not be applied retrospectively and will only apply to the financial assessment from April 2017, both to new clients from this point and also existing clients in their annual reassessment.

[1] For non-residential charging the value of the person's home is not taken into account in the calculation of their capital.
[2] People who have over £23,250 in capital (excluding their home) are expected to pay the full cost of their care so an income calculation is not carried out.

2.2 Proposed changes to the policy on second and other properties

In the calculation of capital for non-residential charging the value of a person's main home (which they live in) cannot be taken into account. However it is permitted to take into account the value (net of mortgages etc.) of any second/additional properties owned by the client unless they are clearly part of a business and the person is taking steps to realise their share.[3]

Despite this being permitted, KCC does not currently include the value of any additional properties in the calculation of capital. Only rental income, if any, is taken into account in the calculation of weekly income. The effect of this is that we are financially contributing to the care of some people who would otherwise be assessed as having above the £23,250 threshold and therefore able to pay the full cost of their care.

The rationale for the current policy was that it might be difficult for some people with second/other properties to release the capital locked in these properties in time to pay for their care and support. However it appears that again, Kent is an outlier with regard to this policy and most other local authorities do take the value into account as capital.

It is proposed that we bring KCC's policy in line with the government regulations and the practice of most other authorities. The proposal is to introduce the change for new clients from April 2017 but to only apply it to existing clients from April 2018, thereby giving them a year to make the necessary arrangements.

In practice this policy will make most people to which it applies self-funders or full-costers if they wish KCC to continue to make the arrangements, as they are allowed to do under the Care Act.

There is a concern that it might be difficult for some individuals to release the capital in such properties quickly enough to be able to pay for their care. In view of this it should be noted that individuals will be able to continue to have their care arranged by KCC (with the amount owed building up as a debt until they can release the capital in their second home) and in exceptional circumstances discretion can be used to disregard the property completely (with senior management approval).

2.3 Proposal to introduce an Arrangement Fee for full-cost clients

People who have over the current capital threshold of £23,250 (excluding their main home if they live in the community in a non-residential setting) usually make their own arrangements for care and support. They are what are known as "self-funders". KCC has always, nevertheless, arranged care for some people in this category and charged them the full cost of their care and support. Such clients are known as "full-costers". Until the Care Act came into effect in April 2015 we could not charge such people an arrangement fee for

[3] The Care and Support (Charging and Assessment of Resources) Regulations, Schedule 2, para 9 and Para 50 in Annex B to the Care and Support Statutory Guidance.

this. The Care Act does now give us this power but currently only for non-residential care and support and only for certain categories of full-cost clients as shown in the table below.

Circumstances under which a non-residential client is paying the full cost	Can an arrangement fee be charged?
Clients paying the full cost of their care because their available income (following the financial assessment) is more than the cost of their care. By definition they have below the capital threshold which is why a detailed financial assessment of their income has taken place.	NO
Clients with capacity who have over the "financial limit" but who nonetheless ask the LA to meet their needs (Section 18 (3) of the Care Act).	YES
Clients without capacity who have over the "financial limit" but where someone authorised to act on their behalf nonetheless asks the LA to meet their needs (Section 18 (3) of the Care Act).	YES
Clients who lack the capacity to arrange for their own care and who have no-one authorised to do so on their behalf, regardless of whether they have over the capital limit or not (Section 18 (4) of the Care Act).	NO

It is proposed to charge a flat annual arrangement fee from April 2017 of £104. This will be paid in weekly instalments (£2 per week) and added to the invoice for the care and support.

The annual fee of £104 includes the cost of raising an invoice, paying a provider invoice and negotiating and arranging a care package.

It is proposed to apply the Arrangement Fee to both those new and existing clients that we are permitted to charge such a fee. This will include someone with over the capital limit who has previously asked us to make the arrangements (since April 2015 when the Care Act came in) and for whom we are doing so but at the moment not charging any fee.

3. Aims and Objectives

The main objective behind the above proposals is to raise additional income through charging, thus contributing to the savings required to the Adult Social Care budget and the ability to protect front line services. In addition, the proposed changes will bring KCC's policy into line with the majority of local authorities in England and are fully in line with the Government regulations on what KCC can charge people receiving care and support services.

4. Beneficiaries

KCC uses the financial contributions that people make to ensure we are able to continue to help as many people as possible with the limited resources that are available. These proposals will contribute to our objective of protecting front line services and continuing to provide the level of care and support needed by people in Kent who are elderly or who have disabilities or chronic ill health.

5. Information and Data used to carry out your assessment

Figure 1 below provides relevant data with regard to those receiving non-residential services as at January 2017.

Fig 1.

Total Number of Non Residential clients	10,327
Total number on an assessed charge (i.e. making a financial contribution to their care and support)	5,657
Total number on a nil charge	4248
Total number of full cost (capital over threshold)	422

The following table is a breakdown of people likely to be impacted by the proposals as at January 2017.

Fig 2.

Tariff Income	965
2nd property	45
Arrangement Fee	388
Total	**1378** (of which 20 may be impacted by more than one proposal

.
The estimated number likely to be affected by the second property proposal relates to the known people who have rental income from a second property currently included in their financial assessment.

The breakdown of the 1378 by the main service user groups is as follows:

Fig 3.

Older person, physical disability	1287
Learning disability or mental health condition	91

6. Who have you involved and engaged with

The proposals to make some changes to our current charging policy for home care and other non-residential care and support was referenced in Kent County Council's (KCC) budget proposals for 2017/18 which was approved by the County Council on 9 February 2017. However, decisions relating to the specific proposals will be made by the Cabinet Member for Adult Social Care and Public Health, taking into account this report.

KCC notified relevant users of services in January prior to the above budget discussion on 9 February. This was by way of a letter which was sent to existing people that may be affected by any of the three proposed changes

(see Fig 2 and Fig 3 above). The letter made clear that the changes were still subject to a decision being taken by the County Council. A telephone call log recorded the main issues raised by individuals who received the letter.

A full consultation was not carried out, however this could be challenged.

The following provide an overview of the calls received up to 14 February 2017.

Fig 4.

Number of calls	Main issue	Action taken
6	Did not understand letter	Answered Query
1	Advised going into residential care	Answered Query
1	Advised self-funding and should not have received letter	Answered Query
3	Advised change in capital levels	Referred to Finance
4	Client Died	Removed from database
1	Complaint about the policy of having an arrangement fee	Response from Head of Strategy and Business Support
4	Worried about increase in charge	Answered Query (3) Referred to Finance (1)
14	Required further detailed explanation	Answered Query

A summary of the proposals has been provided on www.kent.gov.uk website.

If the proposed changes are approved, further communication will be sent to those affected following the financial reassessment with details of their new charge from 10 April 2017.

7. Potential Impact

Positive Impact:
For all groups these changes help to ensure that KCC can continue to help as many people with care/support needs as possible within the limited resources available. To this extent there should be a positive impact. The changes also reduce certain inconsistencies in KCC's charging policy with regard to the treatment of capital.

Adverse Impact and how can these adverse impacts be mitigated, (capture this in the action plan):
The proposed changes may have a negative impact on the limited numbers affected across all ages and disability groups as they involve a potential increase to the charges payable. The nature of the impact will vary according to the specific proposal. The proposal with regard to the arrangement fee is likely to have only a minimal impact, whereas there is potential for the

proposals on tariff income and second homes to have a more significant impact for some. A small number may be impacted by more than one proposal. See action plan below for details of how some of the impacts may be mitigated.

It should be noted that these changes bring KCC's charging policy more fully in line with the national regulations (see page 5) and no individual will be left with less than the minimum amount stipulated by these. This minimum can be increased by taking into account certain disability related expenditure. In Kent all clients are allowed at least £17 per week for disability related expenditure and this can be increased if an individual assessment is requested.

8. JUDGEMENT

Option 1 – Screening Sufficient NO

Option 2 – Internal Action Required YES

There is potential for adverse impact on particular groups and we have found scope to improve the proposal (see Action Plan below).

Option 3 – Full Impact Assessment NO

9. Monitoring and Review

Following the sending of the letters in January to potentially affected clients, a call log spreadsheet was set up for Adult Social Care policy and finance use. Calls received were logged to include details of the main issues raised. See Fig 4 for details of calls received to date. Comments will be reviewed by the project group prior to discussion on 14 March 2017 at the Adult Social Care and Public Health Cabinet Committee meeting.

A further 3, 6 and 12 months review, including impact on protected groups after implementation will be undertaken by the project group.

10. Sign Off

I have noted the content of the equality impact assessment and agree the actions to mitigate the adverse impact(s) that have been identified.

Senior Officer
Name: Michael Thomas-Sam Date:

Job Title: Head of Strategy and Business Support

Signed:

DMT Member
Name: Andrew Ireland Date

Job Title: Corporate Director for Social Care, Health and Wellbeing

Signed: Name:

Please forward a final signed electronic copy to the Equality Team by emailing

diversityinfo@kent.gov.uk

The original signed hard copy and electronic copy should be kept with your team for audit purposes.

Equality Impact Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost
Age and Disability due to these groups being disproportionately represented in the client group affected).	Potentially affected clients need to be identified and informed well in advance. These include: • Any that have between £14, 250 and £23,250 • Any who have been assessed as paying the full cost of their care • Any who have rental income included in their financial assessment Staff need to record and respond to queries once letters have been sent to current service users. Relevant staff need to be well briefed on the proposed changes in order to answer queries and, if necessary, respond to any cases of potential hardship.	A letter to be sent to existing people who may be affected by any of the three proposals. The letter will also have to be sent to any new people who will be impacted who are financially assessed between the 3rd January 2017 to the effective date of the 10th April 2017. Contact Centre and Complaint Team to be briefed. Produce and publish question and answers sheet for staff reference. Global email to case management and finance Call log to be produced and used by Policy team and finance. Respond to complaints and issues raised.	Potentially affected clients will have the chance to consider the proposals, request further clarification and if necessary, consideration of exceptional circumstances can take place.	Finance SCHWB Policy	19 January 2017 12 January 2017 19 January 2017 to April 2017	Nil

Age and Disability due to these groups being disproportionately represented in the client group affected).	If the proposed changes are agreed, new and existing clients, case management, finance officers and purchasing officers need to understand the detail of the changes and how they will apply in their practice. This is particularly important with regard to the policy on second homes due to the complexity of the issue and the ability to exercise discretion in exceptional circumstances.	Charging Policy to be updated. E-learning module to be updated. "Charges and Rates Payable 2017-18" booklet and "Charging for Care provided in your own home and support in the community -April 17" booklet updated and published in www.kent.gov.uk . 3, 6 and 12 months review after implementation.	Staff will be able to fully explain the changes to new and existing clients and understand where help can be given to alleviate hardship (e.g longer time to pay an invoice) and where discretion can be exercised in exceptional circumstances.	Finance and SCHWB Policy	3 April 2017 June and September 2017 and April 2018.	Nil
Age and Disability due to these groups being disproportionately represented in the client group affected).	Arrangement Fees: People who lack mental capacity and have no one appointed to act for them must not be charged an arrangement fee. Some people may not have the cash available to pay the £104 fee upfront.	Case management need to accurately identify such people and inform Finance. KCC Client system needs amending so practitioners and purchasing officers can record when and for whom an Arrangement Fee is applicable. No-one will be asked to pay the £104 upfront. Instead £2 will be added to each monthly invoice, thus spreading the cost over the	Potentially affected clients are treated fairly and reasonably.	Project group Social Care Systems Team	March 2017 and ongoing 3 April 2017	Nil

		whole year.				
Race Religion/belief	There is a small possibility that different racial or faith groups will be differently affected by the proposed policy on second homes. At present we do not have firm evidence of this.	This issue will be carefully monitored and the policy reviewed after 3, 6 and 12 months.	Not yet known	Project group	September 2017 and April 2018	Nil
Carer's responsibilities	The proposed changes do not apply to carers as KCC does not charge this group. However it is possible that the policy on second homes may indirectly affect carers as outlined in the screening grid above.	This issue will be carefully monitored and the policy reviewed after 3, 6 and 12 months. Staff will be well briefed on the discretion available in exceptional circumstances.	Not yet known	Project group	September 2017 and April 2018	Nil

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By:	Graham Gibbens, Cabinet Member for Adult Social Care and Public Health Andrew Ireland, Corporate Director of Social Care Health and Wellbeing
To:	Adult Social Care and Health Cabinet Committee – 14 March 2017
Subject:	**KENT SUPPORT AND ASSISTANCE SERVICE UPDATE**
Classification:	Unrestricted
Past Pathway of Paper:	None
Future Pathway of Paper:	None
Electoral Divisions:	All

Summary: This paper provides an update on the activities of the Kent Support and Assistance Service.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the content of the report.

1. Introduction

1.1 The Kent Support and Assistance Service (KSAS) is the Council's response to local welfare assistance in response to the devolution of responsibility and funding streams for two aspects of the Department of Work and Pensions (DWP) Social Fund to upper tier and unitary authorities in April 2013.

1.2 Differing substantially from the DWP scheme which simply offered cash, the Kent model diverts demand from statutory services by linking those in need with local agencies who can provide longer term help in addressing the causal factors of the crisis. The stated aims of the service are to:

- Meet (or *help* meet) an immediate short term need in an emergency or crisis
- Meet (or *help* meet) a need for support to stay in the community
- Facilitate access or promote the engagement with support agencies

1.3 All applicants to the service receive information and advice about other help available to them. This information includes signposting both to the wealth of services and support available in communities that are local to applicants and advice about how to access help, grants, awards and other benefits that are available nationally including via the DWP.

1.4 The service also delivers an element of emergency support to prevent an immediate deterioration to an applicant's health, by providing short-term access to household fuel, food and limited supplies of clothing and baby consumables, such as nappies and milk.

1.5 Non-emergency support is provided to assist applicants to remain in the community or to move back into the community, after a period in supported or unsettled accommodation, by providing access to a range of standard items such as beds, bedding, furniture and white goods. The service also offers information and signposting to other support services, to both those who are eligible for the service and those who are not.

1.6 In this way the service is able to be both reactive in alleviating immediate short-term need and preventative, to guard against the further escalation of support required by statutory services and the resulting costs incurred.

1.7 Eligibility criteria are contained in Appendix 1. The service operates a risk matrix which assigns priority to all applications for awards. Highest priority is given to households that include:

- Children under 5 years of age
- 3 or more children
- A disabled child
- Domestic abuse

1.8 At inception, access to the service was solely via a dedicated telephone number within the Council's call centre where trained call centre staff would take applications over the phone by specialist assessors. In April 2014 the Council opened an online application system to enable:

- faster processing of all applications and reduce customer waiting times
- better data collection and analysis of demand
- standardised offer to all applicants
- reduction in back office costs

1.9 The online system currently accounts for approximately 50% of all applications. Telephone enquiries and applications are taken by the contact centre via Agilisys, whilst assessment and processing of applications is undertaken by a specialist team of assessment officers.

1.10 The support KSAS offers falls under three broad headings:

- Information and Signposting – this important element of the scheme offers long term help and support from agencies around the County and ensures that Kent residents receive help outside of the Council's services wherever possible. Applicants are directed to DWP Budgeting Advance schemes, Discretionary Housing Benefits Payments, debt management support, advocacy or access to help with employment and training.

- Emergency Support – provision of grocery products, energy vouchers, travelling expenses etc. Food and hygiene items are delivered through high street supermarkets, providing supplies for up to seven days. Energy vouchers, travel vouchers and cash (in very exceptional circumstances) are delivered through the PayPoint Network.

- Non-emergency Support – provision of household items such as furniture, cots, bedding and limited white goods are delivered via a consortium of the Kent Furniture Re-use Sector.

1.11 KSAS is a component of both Kent's civil emergency response and the Council's Syrian Vulnerable Persons Relocation Scheme. All costs from the relocation scheme are recovered from the Home Office.

2. The current position

2.1 The service has received 7514 applications for help in the period April 2016 – January 2017 from many more thousands of enquiries. 45% of these enquiries were diverted to other sources of help in local communities, via the advice and guidance of the specialist team. 55% of all applications (4155 households) went on to receive an award in addition to this further guidance.

2.2 Access to the Department of Work and Pensions back office data system protects the Council from fraudulent applications whilst ensuring that awards are made to those who are in genuine need.

2.3 The service is effective in preventing escalation of need and ongoing referral to statutory adult and children's social care in particular those families where financial assistance is required to safeguard and promote the wellbeing of a child in need. Case studies attached at Appendix 2 show examples of how the service has successfully achieved this aim.

2.4 In families with children, awards are most commonly food, energy and household items such as cots and cot bedding. Most awards of travel and clothing are for those who are fleeing or have fled domestic abuse.

2.5 The service is a first port of call for the Council's social work teams who are working with families in need that may require financial assistance under Section 17 (S17) of the Children Act (1989). Current KCC operational procedures direct staff to make applications direct to KSAS in the first instance, thereby diverting demand from families whose needs would have been met under S17 of the Act. In addition to the cost of the items themselves, the KSAS service is able to link the family with other resources in their community, saving the ongoing commitment of assessment and involvement of panels, team managers and service managers.

3. Financial Implications

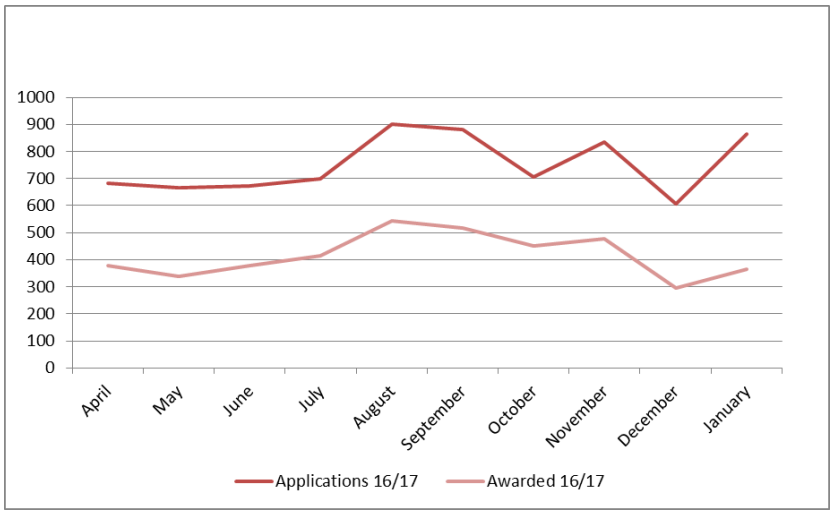
3.1 The budget for 2016/17 for the service is £1,487,400.

3.2 The budget for 2017/18 was approved at the February meeting of the County Council to be £1,146,900

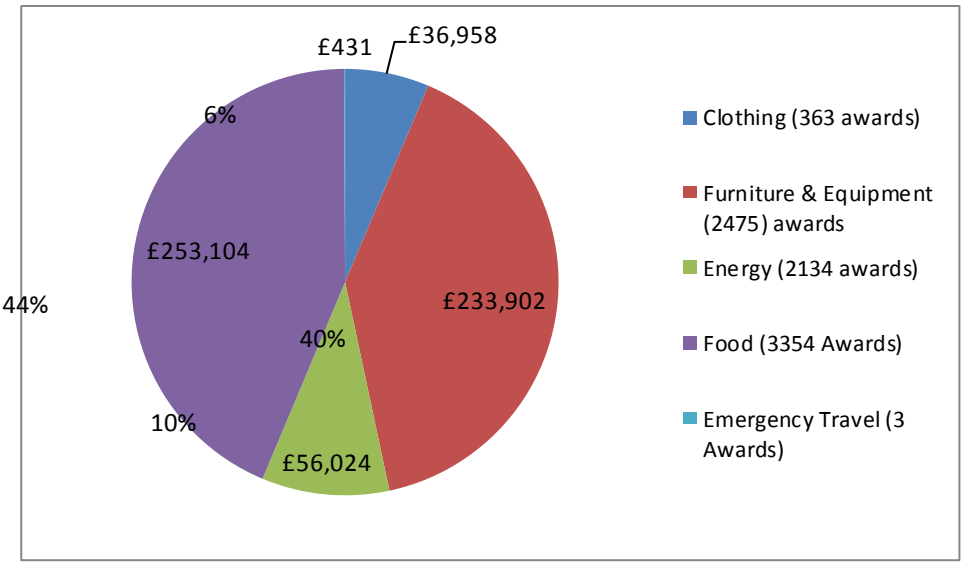
3.3 An overview of the weekly applications and award value is provided in Figure 3 below.

Fig. 3

(i) 2016/17 April – January Weekly applications



(ii) 2016/17 April – January Components awarded



3.4 The most frequently requested items are food and energy and these items are commonly asked for together. Though frequent, the values of these awards are relatively low. The scheme makes around 95 awards per week for food at an average cost of £75. An energy award is typically £35.

3.5 Applications for furniture comprise several components such as beds, cots, curtains and sofas. These components are more expensive and the average cost of a household award, though less frequent is higher; typically in the region of £500.

3.6 Against a backdrop of increasing applications, the average value of an award is £73. Operating costs have been reduced significantly since the service inception. The staffing complement has been reduced by 44% since the inception of the service to its current levels. This has been achieved via efficiencies in the processing of awards, a shift to online applications and adjustments in the offer of awards.

3.7 With the online application service both established and effective, there are further opportunities to enhance the process and reduce operating costs in the future. These opportunities and any equality implications are currently being explored.

3.8 Opportunities to further harness, enhance and network local advice and support services are also being examined.

4. Equality Implications

4.1 There are no equality implications associated with this report. However if changes were made to the model of service delivery any equality implications would be considered at the time.

5. Legal Implications

5.1 There are no legal implications associated with this report. However if changes were made to the model of service delivery any legal implications would be considered at the time.

6. Recommendations

6.1 Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the content of the report.

7. Background Documents

None

8. Contact Details

Report Author
Mel Anthony
Commissioning and Development Manager
03000 417208
melanie.anthony@kent.gov.uk

Lead Director
Mark Lobban
Director of Strategic Commissioning
03000 415259
mark.lobban@kent.gov.uk

Kent Support and Assistance Service - Eligibility Criteria

All Kent residents may receive the advice and guidance offered by KSAS. Residents eligible for awards are those who have

Either :-

- No access to resources for essential goods or services and are experiencing an emergency, crisis or exceptional pressure
  Or
- No access to resources for essential goods or services to enable the individual to remain or return to the community

And

Either

- Is in receipt of out-of-work means tested benefits
  Or
- Their household is on a low income and their taxable income is no more than £16,100 per annum

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Case Study One – Mr A

82-year-old man, taking respite in a convalescence home; suitable permanent property secured; however, no essential items with which to move into the new home property.

Applicant had support from Social Services – a support worker made the application on applicant's behalf. Mr A had been admitted to hospital and at the time of application was living temporarily in a convalescence home. As a result of his health, Mr A was due to move into enhanced sheltered accommodation, which had been sought and secured for him. However, Mr A did not have essential items necessary for him to live in the new property. The convalescence home had an urgent need to be able to move him onto permanent accommodation as the bed was needed to enable the discharge of those patients waiting in hospital.

KSAS liaised with the support worker and were able to arrange a bed, bedding and fridge to be delivered to Mr A's new permanent home, enabling him to leave the convalescence home within 24hrs of the application being assessed. This enabled him to live in a suitable supported home and allowed the convalescence home to use the bed for other patients awaiting discharge.

Case Study Two– Mr B

62-year-old man with two daughters, placed in his permanent care due to suffering domestic abuse from their mother's partner at their mother's home.

The applicant had his two daughters permanently placed in his care, as they had been victims of domestic abuse whilst living with their mother. The applicant was only receiving Job Seekers Allowance until his daughters came into his care, and was still waiting for Child Tax Credit and Child Benefit claims to come into fruition at the time of application. At the time of application, Mr B only had £73 per week to support all three people living in the household. Social Services had become involved with the family, and were concerned that due to a lack of facilities at Mr B's home for his daughters, as well as lack the of finances, the children may have needed to be placed in a temporary care setting. KSAS were able to assist with food and utilities vouchers, preventing the children from having to leave their father's care.

Case Study Three – Ms C

36-year-old woman with a teenage son moving back into her care after being in foster care; no suitable furniture for son to move back into the family home; Ms C has mental health issues, and was not receiving the correct amount of benefits.

The applicant's son had been in care and was due to be moving back into the family home with his mother. The family home had no suitable bedroom furniture for the son, such as a bed or bedroom curtains. Ms C has mental health issues. She was awaiting a Personal Independence Payment claim and was not yet in receipt of Child Tax Credit or Child Benefit,

as her son had only recently come back into her care. Her son was sleeping on the floor in the spare bedroom at the time of the application, which raised concerns for Social Services about the suitability of the home for Ms C's son and potentially meant he may need to return to a care setting. KSAS provided a bed, bedding, carpet and curtains for privacy, enabling him to stay in the family home.

From:	Graham Gibbens, Cabinet Member for Adult Social Care and Public Health Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing
To:	Adult Social Care and Health Cabinet Committee – 14 March 2017
Subject:	**DRAFT ADULT SOCIAL CARE AND HEALTH DIRECTORATE BUSINESS PLAN 2017/18**
Classification:	Unrestricted
Past Pathway of Paper	Social Care, Health and Wellbeing DMT 18 January and 8 February 2017
Future Pathway of Paper	Cabinet- April 2017
Electoral Division:	All

Summary: This report presents the Adult Social Care and Health Directorate draft Business Plan for 2017/18 (Appendix 1 to this report). This sets out the high-level priorities for the coming financial year. The paper also describes the agreed Business Planning process for 2017/18.

Recommendations: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the draft Directorate Business Plan 2017/18 for the Adult Social Care and Health Directorate, prior to the final version to be approved by the Corporate Director and the Cabinet Member.

1. Introduction

1.1 This paper presents the draft Adult Social Care and Health Directorate Business Plan 2017/18, as well as the arrangements for developing and approval of Business Plans as agreed by the Policy and Resources Cabinet Committee in December 2016. The draft Business Plan is attached as Appendix 1 to this report.

1.2 The Directorate Business Plan is intended to provide a high-level summary of the Directorate priorities, along with a brief assessment of progress on 2016/17 priorities. In addition, the Business Plan includes information about the Directorate's operating environment, along with finance and staff resourcing, key risks, organisational development priorities and key performance management information.

1.3 The Directorate Business Plan will be approved by the Cabinet Member and Corporate Director. Final approval by the Leader and Cabinet Members will be made following consideration by the Adult Social Care and Health Cabinet Committee.

2. Policy Framework

2.1 The priorities set out in the Adult Social Care and Health Directorate draft Business Plan are intended to support the overall objectives of the County Council as set out in '*Increasing Opportunities, Improving Outcomes:* Kent County Council's Strategic Statement 2015 -2020 and '*A Commissioning Framework for Kent County Council: Delivering better outcomes for Kent residents trough improved commissioning'.*

2.2 The Directorate Business Plan identifies key priorities in respect of service delivery, transformation and integration to meet the current and future challenges. This is in the context of KCC's new operating framework, the '*Medium Term Financial Plan 2017 – 20 Managing Kent's money responsibly' and 'Your life, your well-being a vision and strategy for adult social care 2016 - 2021',*

3. Financial Implications

3.1 The KCC Budget 2017/18 sets out the funding allocated to the Adult Social Care and Health Directorate. A breakdown of the total allocation along Divisional and key service lines can be found in the approved budget.

3.2 The Councils' Medium Term Financial Plan which also influences the delivery of the business plan priorities provides further contextual information and financial implications for the medium term period.

4. Requirements for Directorate Business Plans 2017/18

4.1 As in the previous three years, the intention is to improve the process again in 2017/18 to support KCC's move to become a strategic commissioning authority.

4.2 In response to the findings of the review the changes to the content of the Directorate Business Plans was agreed by the Policy and Resources Cabinet Committee in late 2016. As a result the following requirements were agreed:

- Each Business Plan will reflect on progress against last year's directorate priorities, given the emphasis on a three year rolling plan. Business Plans will also set out the directorate's approach for ongoing monitoring and review of the plan
- A new section will be added on the operating environment context which may impact on the directorate over the next three years, anticipating cost and demand management pressures, legislative or regulatory change and demographic change. This will provide context for priority setting
- Each Business Plan will clearly articulate directorate rather than Divisional priorities. These will be informed by the relevant Business Planning priorities agreed by Cabinet Members and County Council in the Strategic Statement Annual Report and focus

on how each directorate will contribute to delivering the outcomes in the Strategic Statement

- The list of internal and external services will remain, but be simplified
- Each Directorate will define the most appropriate 'significant' commissioning and service activity to include for the next three years (2017-2020), with flexibility to consider complexity, risk, strategic importance and profile. The commissioning information will be simplified with an emphasis on the expected costs and key decision date (if required). More detailed commissioning and procurement information will continue to be available on the contracts register.

5. Legal Implications

5.1 KCC's statutory obligations as a council with adult social care responsibilities are defined in the relevant legislation such as the Care Act 2014, the Mental Capacity Act 2005 and the Mental Health Act 1983. Similarly, the legal duties placed on the Council in respect of its Public Health statutory functions are laid down in the Health and Social Care Act 2012.

6. Equalities Implications

6.1 Measures in the Business Plan will be taken forward in a way that is consistent with KCC duties under the Equality Act 2010 and KCC's Equality and Human Rights policy.

7. Next Steps

7.1 Following any final changes, including comments expressed by the Adult Social Care and Health Cabinet Committee, the final draft version of the Adult Social Care and Health Directorate Business Plan for 2017/18 will be cleared by the Corporate Director and the Cabinet Member for Adult Social Care and Public Health. All Directorate Business Plans will be collectively agreed by the Leader and Cabinet. The approved Business Plans will be published on the County Council's website.

7.2 In support of their oversight role in an evolving strategic commissioning authority, the Business Planning process requires the Directorate to provide revised information to assist Members to better identify forthcoming issues they may wish to explore in more detail. Relevant Information about this is set out in sections G and H of the draft Business Plan.

7.3 The agreed Business Planning process also requires that Divisional Business Plans should be developed. It is the responsibility of the relevant Director to ensure that Business Plans are produced for their Divisions. Divisional level plans must be approved by the Corporate Director in consultation with the Cabinet Member. Furthermore, the Divisional Business Plans have to be published on KNet for reasons of accessibility and transparency.

7.4 The Division level Business Plans will identify key actions and milestones for business-as-usual priorities and, they will also reflect the actions and milestones necessary in order to deliver key projects and changes associated with transformation programmes as set out in the Directorate Business Plan.

8. Conclusion

8.1 The Adult Social Care and Health Directorate draft Business Plan 2017/18 provides high level summary information about the functions that are in the Directorate and its eight top-level priorities for 2017/18. The Business Plan sets out how the Directorate will be contributing to KCC's strategic operating framework objectives and outcomes that are described in KCC's *'Strategic Statement'*, the *'Commissioning Framework'* and *'Your life, your well-being- a vision and strategy for adult social care'.*

9. Recommendations

9.1 Recommendations: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the draft Directorate Business Plan 2017/18 for the Adult Social Care and Health Directorate, prior to the final version to be approved by the Corporate Director and the Cabinet Member.

10. Background Documents

None

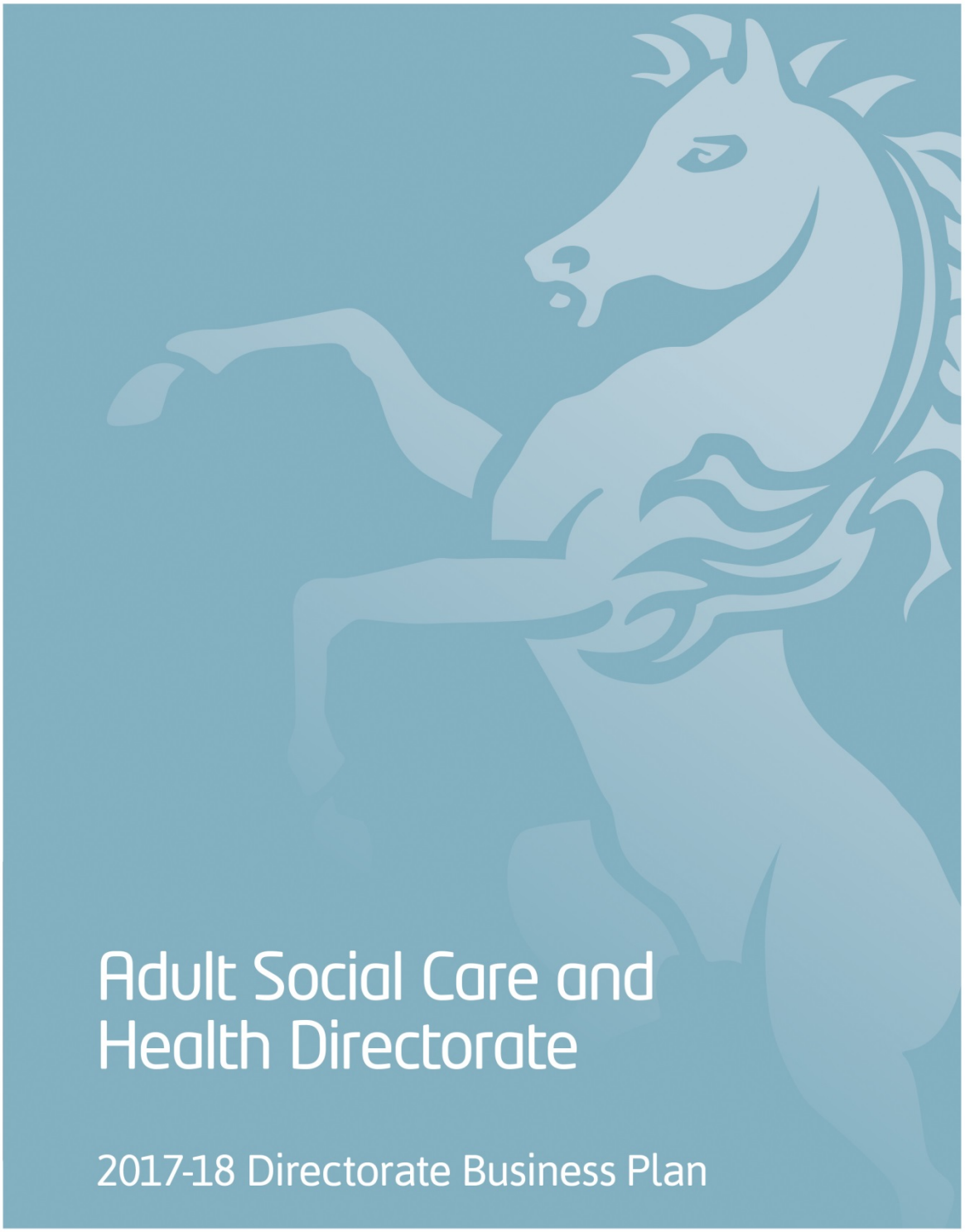
11. Report author

Michael Thomas-Sam
Head of Strategy and Business Support
03000 417238
Michael.thomas-sam@kent.gov.uk

Matt Hazelton
Graduate Management Trainee – Strategy, Policy, Relationships and Corporate Assurance
03000 418556
Matthew.Hazelton@kent.gov.uk

Relevant Director

Andrew Ireland
Corporate Director, Social Care, Health and Wellbeing
03000 416297
Andrew.ireland@kent.gov.uk



Adult Social Care and Health Directorate

2017-18 Directorate Business Plan

kent.gov.uk

Kent County Council kent.gov.uk

Contents

A. Corporate Director's Foreword

Welcome to the 2017/18 Business Plan for the Adult Social Care and Health Directorate. The document is intended to show in one place, our overarching and interrelated aims and objectives for the year ahead.

The Business Plan sets out the important steps we will be taking to deliver the objectives in our new strategic document called, 'Your life, your well-being, a vision and strategy for adult social care 2016-2021'. The Business Plan also describes our key objectives for Public Health. Above all, the document contains key information about our core roles and duties as the Directorate with lead operational responsibilities for carrying out functions which fulfil the legal obligations and other objectives placed on Kent County Council (KCC), in respect of Adult Social Care Services and Public Health.

Our principal purpose as a Directorate is to work with people who need care and support and who may therefore need any of the services we arrange or provide. We do this by working with people to understand their personal needs and by, helping them to build on their strengths and abilities wherever possible. We always aim to promote people's independence and wellbeing and help to achieve outcomes that are important to them. Within this core purpose, we make it our top priority to discharge our statutory safeguarding responsibilities for adults, working with our key partner organisations.

Over the coming year, we will undoubtedly continue to face significant external pressures and internal challenges, both as a result of our transformational programmes and the operating environment within which KCC must work. Foremost, the Directorate will be required to do all it can to provide services within the ongoing challenging financial settlement determined by central government. This comes on top of significant pre-existing budgetary pressures and the continuation of a trend which sees rising numbers of people living longer with increasingly complex needs. These things all accentuate the dire nature of the task ahead.

Due to the above funding and other pressures our Directorate, along with the other Directorates will be required to continue find ways for achieving value for money and making its resources stretch further without comprising our ability to meet our statutory responsibilities and local priorities.

We will also continue to embed sustaining the transformational changes that we have recently introduced, as 'business as usual' and, we will renew our efforts in making sure that our staff acquire the necessary knowledge and skills from KCC's efficiency strategic partners.

Our Directorate will continue to play an active role in translating into reality the health and social care integration ambitions set out in the KCC Strategic Statement 2015 – 2020 and the Medium Term Financial Plan 2016-19. This means working as an influential member of the Kent Integration Pioneers to explore how frontline services could work together better. In so far as they may impact on the local authority functions, we will also fully engage with the Kent and Medway Sustainability and

Transformation Plan and support its delivery at pace and scale in a manner that fits well with KCC's overall objectives.

We view as very important and will be well prepared for any inspection, by the Care Quality Commission and OFSTED, of the services that we directly manage.

We recognise that our services will have to demonstrate organisational resilience to assist us in achieving the improvements we plan for this year. We will sustain a well-trained, high calibre workforce able to carry out a consistently high standard of practice and we will put the steps described in our 'Workforce Development Plan' into action to ensure that this goal is achieved. The types of support we put in place and, the investment that we make, will reflect the collaborative and the partnership arrangements in place. Improving joint working between teams within KCC and, between KCC and partners such as NHS organisations, districts and borough councils is essential. In addition our work with schools is also essential for making the 'transition processes' run smoothly for people moving from one service to another.

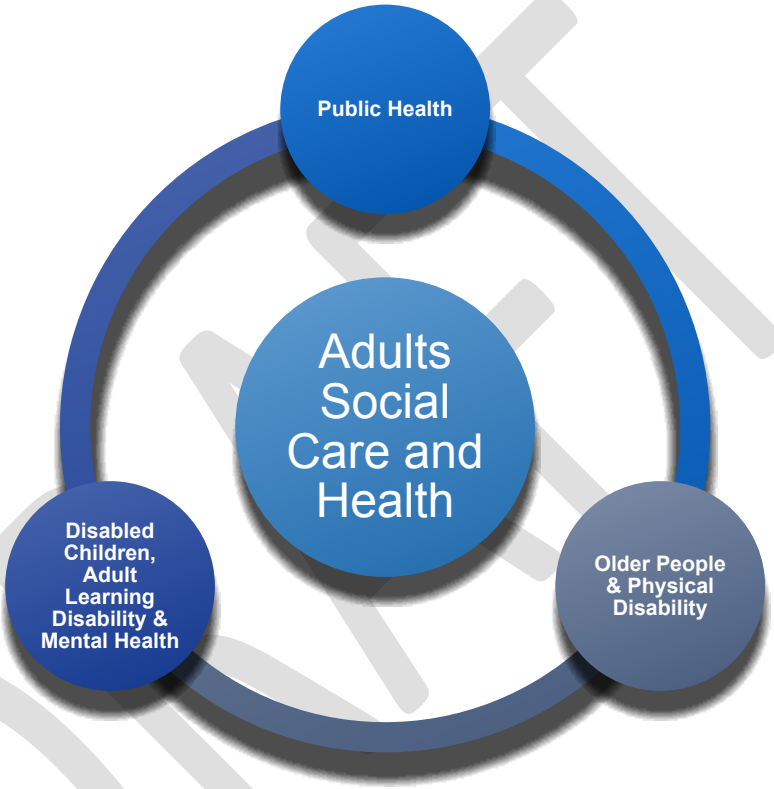
Despite the challenges that we will undoubtedly face this financial year, I am confident that we have the necessary resourcefulness, skills and abilities to deliver our intended outcomes. As ever, we will seize the opportunity to ensure that we make sound commissioning decisions and drive the delivery of quality services that improve outcomes and wellbeing for the people of Kent.

I hope that you find the 2017/18 Business Plan useful. It should be read alongside other appropriate Directorate and relevant KCC strategic documents. I look forward to working with all our internal and external partners to achieve the objectives outlined in this Plan.

B. Directorate Structure and Purpose

Divisions in our Directorate

Our Directorate is made up of three Divisions which are recognised as a formal part of the organisational structure of KCC. The Divisions are illustrated below and followed by a short statement about the responsibilities and the overall purpose of each Division. Additional information about the roles and responsibilities of the business areas can be found in the Divisional Business Plans which support this Directorate-level Business Plan.



Older People and Physical Disability Division

Our Older People and Physical Disability service (OPPD) commissions and provides a range of services to improve outcomes for older people and physically disabled adults and their carers. The purpose of the division is supporting older and vulnerable adults wherever they live in our community to improve or maintain their wellbeing and live as independently as possible. The division is made up of eight key business areas (Area Referral Management Service, Adults Central Referral Unit, Adult Community Teams, Kent Enablement at Home, Sensory and Autistic Spectrum Conditions Service, Integrated/Registered Care Centres, Day Centres, and the Health and Social Care Integration Team).

Disabled Children, Adult Learning Disability and Mental Health Division

The Disabled Children, Adult Learning Disability and Mental Health (DCALDMH) Division commissions and provides a range of services for children, young people and adults with disabilities and people with mental health issues. The Division supports vulnerable adults and children to live independently by promoting their wellbeing, and supporting their independence. In order to do this, the Division's services for adult mental health and learning disability already work in integrated teams with NHS colleagues. One of our priorities for the year ahead is to implement a lifespan pathway for our service users. The lifespan pathway will ensure continuity of support as soon as people enter our services, through transition to adulthood and throughout their lives. In order to reflect this change, from 1 April 2017, the Division will be made up of five key business areas (Disabled Children and Young People Teams, Community Learning Disability Teams, In-House Provision, Mental Health Services and the Operational Support Unit).

Public Health Division

The purpose of the Public Health team is to understand and highlight the factors that affect peoples' health, helping people to stay healthy and preventing illness. With our partners we seek to promote and deliver actions across the lifespan to improve the overall health and wellbeing of residents and to reduce inequalities in health. As well as the provision of advice and guidance to the wider health and social care system, the Public Health Division is also responsible for the commissioning and the provision of services that aim to improve and protect the health of the population.

The Division is made up of seven key areas (Children and Young People, Health Improvement Services, Kent Public Health Observatory, Health Protection and Sexual Health, Mental Health and Community Wellbeing and Health and Social Care Integration, Health Inequalities and Business and Operational Management).

Our Financial and Staffing Resources

The Directorate has a provisional total budget allocation of just over £508.528m and a total of 3,516.1 FTE staff.

In 2017-18 KCC will transition to a new organisational structure to support the move towards becoming a strategic commissioning authority. This will lead to changes in the way we present our financial and staff resources information across Directorates and Divisions. The current resource information reflects the 2016-17 organisational structure and will be updated in due course to reflect our new operating model. The change will impact on the commissioning Division which has been responsible for commissioning a range of services for adults, children and young people and carers to exercise reasonable choice and control. It ensures that the right level of quality care is provided at the right time, in the right place and at the right cost. The Division had been made up of four key business areas (Commissioning, Adult Safeguarding Unit, Performance and Information Management and Portfolio Management Office which works across all the Divisions in Adult Social Care).

C. Progress on the 2016-17 Directorate Priorities

We are able to report progress on the key cross Directorate priorities which were agreed for 2016/17. A brief note on progress that was made towards achieving the Directorate priorities have been summarised below. A number of the priorities continue to be highly relevant and these have shaped our priorities for 2017-18, as part of our rolling three year plan.

Priority 1
Pro-active and effective management of safeguarding responsibilities

- As part of our Prevent statutory duty to stop people being drawn into terrorism, we have raised awareness with staff and worked to increase our organisational capability in this regard. As a result, since January 2016 staff have completed mandatory e-learning Prevent training. Kent County Council is also participating in a 12 month Home Office pilot. The project went live on 3 October 2016 and will continue for 12 months
- The Directorate plays a key role in the Kent and Medway Safeguarding Adults Board (KMSAB), working closely with the new Independent Chair
- We have dealt with a significant increase (nearly 20%) in safeguarding enquiries in Kent in 2015-16 compared to the previous year
- A review of the course content for multi-agency training at Levels 3 (The Guide to Undertaking Safeguarding Enquiries) and 5 (Decision Making and Accountability in Safeguarding) was undertaken during 2015 – 2016 to ensure that the content was fit for purpose and reflective of current legislation and policy developments.
- The Self-Assessment Framework has been revised and updated to ensure that it is fit for purpose in light of the Care Act 2014 and to align it to the themes identified in the Local Government Association's 'Adult Safeguarding Improvement Tool'
- The Practice, Policy and Procedures Working Group has developed a Protocol to support professionals and communities to identify and respond appropriately if adults are at risk of being trafficked, sexually exploited or modern slavery.
- The lessons from Safeguarding Adult Reviews (in Kent and nationally) continue to influence the focus of KMSAB's multi-agency learning and development strategy and training programme.

Priority 2
Transformation which is focused on improving lives and achieving better outcomes

- A new vision and strategy has been developed and adopted as a County Council policy. This focuses on prevention, early intervention and helping people to achieve as much independence as possible, whatever their needs. The strategy involves the different interventions that can support this aim, ranging from building community capacity to help people with lower level needs, right through to providing the right technology and intensive support to help people with complex needs remain living in their own home, with residential care being the very last resort to meeting needs

- We have made progress in embedding the achievements of Phases 1 and 2 of the Transformation Programme and are designing the details of Phase 3 which will enable us to deliver the new vision and strategy. Phase 3 is being led by a team of KCC colleagues, who are being supported by Newton Europe during the assessment and design phases
- As well as reviewing OPPD and DCALDMH pathways, Phase 3 will also focus on Structure and Support (commissioning, purchasing and performance), so we can be sure practitioners are supported by efficient and effective functions
- The transformation of Public Health services has continued, ensuring that services are focused around customer needs. The School Public Health service has been rearranged around 5-11 year olds, and 11-19 year olds, reflecting views supported in a public consultation
- Healthy lifestyle services will be integrated to become part of the One You Kent service from 1 April 2017, this recognises that people often have more than one unhealthy behaviour and that it is important to build a service around the person, rather than individual health issues.

Priority 3

Greater integration between health and social care services that deliver better outcomes

- We have continued to work with our NHS partners on the Better Care Fund and Integration Pioneer projects
- Through partnership working the Design and Learning Centre for Clinical and Social Innovation was developed. The centre was developed to design and evaluate innovative solutions to meet the local challenges for integrating health and social care
- We have worked with the CCGs to jointly invest £7.4 million in carers' services, much of which are delivered through carers' organisations in Kent
- The Dementia Friendly Kent Website was set up as a result of joint working with Health, VCS partners and people living with dementia and their partners.
- Additional Care Navigators have been commissioned through VCS organisations and they work across the county including within hospitals
- Through the Acute Hospital Optimisation programme we have trialled innovative ways of working at William Harvey Hospital to create a quicker and more consistent discharge process
- Under our "Own Bed is Best" project we have worked with CCGs to re-commission some of our care home contracts. Long-term placements are only being made once all other options have been considered
- Our Adult Mental Health and Community Learning Disability Teams are already working in integrated teams with NHS colleagues. The relationship has been strengthened by joint commissioning of Learning Disability Services by both KCC and CCGs. An audit of the partnership between KCC and our colleagues in the Kent and Medway NHS and Social Care Partnership Trust (KMPT) found that there was substantial assurance for the partnership's effectiveness with good prospects for improvement.

Priority 4
Improving outcomes for people living with mental health conditions

- Primary Care Mental Health Service set up by KCC and KMPT social workers co-located with Live Well Kent partners; includes a county-wide free phone referral number
- Suicide Prevention Strategy launched and Release the Pressure campaign initiated focused on men at risk of taking their own life
- Good progress has been made in relation to the Transforming Care (Winterbourne) programme for people with a learning disability or autism who also have mental health problems or challenging behaviour
- The Release the Pressure campaign was aimed at reducing suicide, and recognising that men in particular were unlikely to seek help. The campaign saw a 57% increase in the number of men calling the helpline.

Priority 5
Ensuring people experience a smoother transition and improving outcomes

- We have also further strengthened our joint working arrangements via the Lifespan Pathway Programme, which we began in 2015 to ensure that disabled children and young people continue to receive the support they need into adulthood in a seamless way. This has involved reorganising our services to ensure that the seamless process is delivered. The Lifespan Pathway will start in April 2017.

Priority 6
Outcome-based commissioning and the move to becoming a commissioning authority

- We have developed and published Market Position Statements for both community-based and accommodation-based care and support
- We are have worked with our health partners through the Integration Pioneer to test more innovative ways of helping people to be more independent
- We have set up a Section 75 Integrated Commissioning Board for Learning Disability which is overseeing the work of the new integrated commissioning team in KCC
- Public Health has a robust commissioning process in place, and has ensured that it's commissioning is based around outcomes, and ensuring that where procurement is the right response, that any contracts are outcome based contracts and delivering value for money.

Priority 7
Sound decision making by knowledgeable, skilful and resilient workforce

- Training for case management and support staff has increased, particularly on the new legal framework created by the Care Act. Training has been delivered to all staff in a variety of ways, from face to face sessions to online modules done at a person's own pace. Online assessment tools have been developed and rolled out in order to assess the knowledge gained. The Operational Support Unit has supported frontline staff in policy and practice development
- Complaints reports are collated by the Operational Support Unit and are regularly presented to the Divisional Management Teams. The Quality and Good Practice Groups continue to be used as a mechanism to discuss lessons learned from complaints and develop and disseminate good practice
- Improved on the completion of the Kent Manager standards
- Supported 87 newly qualified social workers under the Assessed and Supported Year in Employment (ASYE) programme
- Continued to support 10 staff to undertake the Open University Social Work degree
- Launched the Adult Safeguarding Capability Framework
- Continued sponsorship of Approved Mental Health Professional (AMHP) initiative
- Introduced the Professional Practice Educators (PDE) to support Newly Qualified Social Workers (NQSWs), quality assure and embed good practice in OPPD
- Delivered six Key Concepts for Case Managers in OPPD to ensure that they are equipped with the right tools, to share good practice and provide an opportunity to reflect upon practice.

D. Directorate Priorities

Our eight Directorate priorities for 2017/18 and how these contribute to the Kent County Council's Strategic Statement 2015-2020 outcomes are explained in the following section. The priorities take account of 2017-18 political priorities set out in KCC's Annual Report. Detailed plans about the specific actions which will take forward during the year are set out in the Divisional Business Plans. In brief, we are committed to:

Priority 1: Budget

Planning and delivering services in line with the budget requirements for the 2017/18 financial year.

Relevant business planning priorities:

- Make sure the budget and performance monitoring processes are effective
- Divisions will implement their own operational actions and strive to achieve a balanced budget at the end of the financial year.

Priority 2: Transformation

Sustaining the embedding of transformation changes (phase 1 phase 2 adults) and planning for the next phase of the transformation for delivering the new vision and strategy for Adult Social Care.

Relevant business planning priorities:

- Following the completion of the assessment stage, progress work and move into the design stage of the adults transformation programme and to begin implementation
- Reduce the number of hospital and care home re-admissions following enablement support and support more people at home
- Make it easier for vulnerable and older individuals, their families and carers to access advice, information and support
- Implement a lifespan pathway for our service users to ensure continuity of support and also progress the implementation of other transformation work such as 'Your life your home and mental health primary care
- Continue the Public Health Division programme of service transformation including the start of the new Primary School Public Health Service and the Adolescent and Targeted Emotional Wellbeing Service, and integrate the healthy lifestyle services into the new One You Kent service to ensure a person centred approach.

Priority 3: Integration

Contributing and influencing the NHS and Corporate side on the development of the delivery of the Kent and Medway Sustainability and Transformation Plan (STP) for the NHS 5 Year Forward View.

Relevant business planning priority:

- Continue to work with our partners to reduce delayed hospital discharge by ensuring people have the right support at the right time

- Ensure the approaches and objectives of the '*Your life, your well-being*' vision and strategy form a central part of joining up health and social care
- Continue joint work with CCGs and NHS provider trusts to sustain integrated working already in place, such as those existing for Adult Learning Disability and Adult Mental Health, and initiating new ones through the Better Care Fund, Transforming Care, Integration Pioneer and the STP
- Ensure that the prevention agenda forms a key part of the STP as it develops, and that the health and social care system, and the wider public sector, is using consistent health messaging, and working to make every contact count
- Work to ensure that the Joint Strategic Needs Assessment, and the Kent Integrated Data set are used to support the delivery of evidence based solutions across the health and social care system.

Priority 4: Market Engagement

Addressing the fragility of some parts of the market to ensure adequate supply and sustainability of key sectors of the market.

Relevant business planning priority:

- Monitoring the state of the market as part of the overall risk management approach and making sure that how money is spend has the desired impact in line with our statutory responsibilities
- Ensuring adequacy of a range of services which people with care and support needs can use
- Carry out planning and execute actions for all relevant contractual arrangements (existing and new) allied to the Your Life, Your Well-being Transformation Programme, in line with KCC's commissioning framework
- Continue work with providers on developing outcome-based approaches to commissioning.

Priority 5: Safeguarding

Maintaining a good safeguarding practice and response which promotes the wellbeing and safeguards the welfare and wellbeing of adults.

Relevant business planning priority:

- Maintain the programme of practice audits in monitoring the extent to which sound practice is carried out
- Ensure effective senior management and member scrutiny.

Priority 6: Inspections

Ensuring effective planning for, and management of all inspection activities with the aim of securing a good inspection outcome.

Relevant business planning priority:

- Assess and identify lessons from published inspections reports and take necessary actions
- Establish inspection readiness capabilities and manage the inspection process effectively including keeping all stakeholders informed.

Priority 7: Whole organisational responsibilities

Making sure that key corporate responsibilities are effectively discharged (i.e. annual governance statement, risk register, business plan, equalities, and internal audits)

The Directorate has agreed four equalities objectives for the year which will also contribute to KCC's corporate equalities objectives. The priorities for this area are to safeguard vulnerable adults from harm, improve life chances and outcomes of vulnerable adults through service developments and transformation, ensure the quality and range of services are improved through increasing engagement with service users and carers and ensure that the number of BME people and women in the mental health system is reduced. Details of the actions that will be taken in respect of these priorities have been set out in the Divisional Business Plans.

Priority 8: Workforce

Ensuring that all staff develop and maintain the necessary skill-set and the required culture of practice needed for meeting the strategic and operational objectives of our business now and in the future.

Relevant business planning priority:

- Ensuring leadership and management capabilities and culture assist the business to function in a manner that supports the delivery of the agreed outcomes
- Continue to promote sound decision making by knowledgeable skillful and resilient workforce
- Ensuring the wider social care market's readiness to implement new and emerging models of care

In addition, 'Increasing Opportunities, Improving Outcomes' - Strategic Statement Annual Report 2016 sets out 12 business planning priorities, some of which are relevant to our Directorate and some of which are standalone:

Business Planning Priority 1

Tackle obesity, particularly in Kent's deprived areas, through engagement in sport and physical activity

PREVENT Priority

We will take steps to arm staff so that we can further embed the implementation of the PREVENT strategy responsibilities through targeted cross-function and multiagency training with schools, Police, district and borough councils and the NHS.

E. Directorate Operating Environment

The following internal and external factors provide the context in which the service must operate over the next three years:

1. New KCC Structure

We will need to make the necessary changes and adapt to the new KCC operating framework. This will include the review of certain functions that will take place during early part of the year. We aim to carry out the review in such a way that outcomes for people are not compromised. Equally, we will make sure that all reviews do not adversely impact on frontline functions. We will respond to the new organisational arrangements and develop the appropriate strategic, operational and commissioning linkages between Directorates and all relevant Divisions across KCC.

2. Funding situation

Spending on Adult Social Care as a proportion of KCC's net budget is rising and forecast to continue to rise in future years. This is due to various factors including an ever-increasing cost of care, an ageing population with multiple needs and an increasing number of younger adults living with long-term complex issues. At the same time KCC has seen Government funding for Adult Social Care drop significantly in the last few years. Despite some flexibilities allowed through the Council Tax precept there will still be a significant funding gap for 2017/18. The funding of Adult Social Care is currently subject to much discussion but uncertainty still remains about long-term, sustainable solutions. As an Authority our response to the funding situation is clearly laid out in the **Medium Term Financial Plan** which builds on our strong track record of financial management. Equally, KCC's strategy ***'Increasing Opportunities, Improving Outcomes'* - 2015 to 2020** sets out the overall KCC vision and the outcomes the Authority wants to achieve within the current financial climate.

3. New vision and strategy and Your Life, Your Wellbeing Transformation Programme

The County Council endorsed as a policy document 'Your life, your well-being, a vision and strategy for adult social care 2016 – 2021. The new vision and strategy forms part of the broader process of integration of health and social care. The strategy will be delivered principally under the Your Life Your Wellbeing Transformation Programme as well as through other existing arrangements. The vision and strategy will influence our relationship with providers as we develop new models of care and support. We will measure our progress in how we manage to close three important gaps that are central to the strategy – efficiency and finance, quality of care and outcomes and well-being.

4. Pressures on the provider market

The funding gap is adding to the already difficult situation many of our providers are facing. Increasing costs and competition from the London job market make it difficult for many providers to attract a sufficient quantity and quality of staff. The introduction of the National Living Wage (NLW), whilst contributing to making work in the sector more attractive, has added significantly to the costs faced by providers and by extension KCC. It is expected that the impact of this on our residential and domiciliary care providers will continue up to 2020. The homecare sector is particularly affected by the NLW as, with relatively low infrastructure costs, a higher percentage of their costs are due to staff wages. The impact of the NLW comes on top of an already very difficult situation for many providers and we are now at a point where some are refusing to take on contracts.

5. Sustainability and Transformation Plans for health and social care

The draft STP provides the framework under which transformation of health, care and support takes place. The main priority will be to integrate key services and to re-orientate some elements of traditional acute hospital care into the community. An important element of this is to enhance primary care, wrapping community services around groupings of GP practices that will increasingly be able to deliver more services outside of a hospital setting. The focus will be on preventing ill-health, intervening early and helping people to stay as independent as possible in the community. Progress on this may require consideration of wider governance issues by KCC. Public Health has a key role to play in leading the prevention strand of the STP, and ensuring that everybody in the health and social care system sees it as their responsibility to promote healthier lifestyles.

6. Legislative changes for adult social care

Since April 2015 Adult Social Care has been operating under the new legal framework created by the Care Act 2014. The Act has modernised and greatly improved the legislative context in which Local Authorities must operate. It has also offered Local Authorities new powers and opportunities including the ability to delegate many Adult Social Care functions if this is believed to be the best option. However, it has undoubtedly created new expectations about better, more individualised care and support. Whilst this is welcome, in the current financial climate it only adds to the pressures on the service.

7. Deprivation of Liberty Safeguards (DOLS)

We are still experiencing the effects of the Supreme Court judgement in 2014 which resulted in a huge increase in DOLS applications and significant backlogs of cases to deal with.

8. Brexit

Whilst the impact that the Brexit negotiations will have on local government is currently unclear, what is certain is that we will need to regularly review the implications on the operation of our local services as the national and international situation develops.

F. Risk Management in the Directorate

Proactive and effective risk management is vital to ensuring we can achieve the challenging priorities and targets set out in this business plan, and is driven by the County Council's Strategic Business Plan priorities as set out in KCC's Strategic Statement:

- 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. The essential factor is that risk management is a function we carry out as part of the 'business as usual" as illustrated above

- We maintain a Directorate Risk Register, which is managed in the Operational Support Unit and 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 Annual Governance Statement (AGS) which is a review of how we have managed risks reflecting on action during the course of the year form part of the risk management process

- The Directorate continues to build on its business continuity preparedness arrangements, working with the changes presented by national policy reforms and the local transformation programmes.

CRR	Key Topic	Key areas of risk
CRR 24 CRR 25 ASCH 04	**Financial Pressures**	Major funding pressures impacting on the delivery of social care services and on partner organisations and private sector providers.
CRR 10 (a+b) ASCH 07	**Demand for services**	Managing the demand for Social Care services including more complex cases.
CRR 2 (a+b) ASCH 03 (a and b)	**Safeguarding**	The Council must fulfil its statutory obligations to effectively safeguard and protect vulnerable children and adults. It must also meet requirements of the PREVENT duty placed on Local Authorities.
CRR 27 ASCH 08	**Social care market**	Managing and working with the Social Care Market, achieving "Best Value" and the impact of the National Living Wage and to ensure greater stability of the workforce and the Market. There is also uncertainty over care market workforce status in light of the vote to leave the EU. Ensuring the implementations of new models of health improvement, in an evolving market place and within resource constraints
ASCH 17	**External inspection**	Effective management and preparedness for external audit and inspection, such as a Care Quality Commission and OFSTED inspection of services.
CRR 9 ASCH 05	**Health and social care integration**	Health and social care integration, and the delivery of the joint KCC/Clinical Commissioning Group health and social care commissioning plan, 'Pioneer' programme, the Better Care Fund and STP.
ASCH	**Health inequalities**	Potential failure in continuing to improve the health of Kent population, and reducing health inequalities
ASCH 09	**ICT Systems**	Ensuring that ICT systems are "fit for purpose" and utilised to deliver services effectively and act as a key enabler of change
ASCH 11	**Business disruption**	The management of arrangements which may be a consequence of in any business disruption such as in very adverse weather conditions.
ASCH 01	**Transformation**	The Transformation of Adult Social Care through a phased approach to improve productivity and performance.
ASCH 15	**Mental Capacity Act and Deprivation of Liberty Assessments**	The Local Authority has to meet the requirements of the Mental Capacity Act and respond to the significant increase in the number of Deprivation of Liberty assessments required following a Supreme Court Judgement.
ASCH 10	**Information Governance**	Ensuring compliance with Data Protection requirements and managing personal information.

It is important to point out that many of the above risks are captured on both the Corporate Risk Register and the Directorate Risk Register. This is due to their potential implications for the county council as a whole: the management of Adult Social Care demand; the impact of the changes being introduced as part of the broader health and social care integration (transformation and sustainability plans); the nature of the stability of the social care market and the aligned workforce implications; as well as the potential risks relating to data protection

breaches and the impact of a business disruption or emergency incident. Additional information regarding these risks and the mitigations we have put in place can be found in the Directorate Risk Register, the Corporate Risk Register and 'Increasing Opportunities, Improving Outcomes' - Strategic Statement Annual Report 2016.

G. Services Provided by the Directorate

Service Name	Internal or External	Contract end date.
Adult Services		
Nursing and Residential Care:		
Learning Disability (aged 18+)	External	None
Mental Health (aged 18+)	External	None
Older People (65+) Nursing	External	Mar 2020
Older People (aged 65+) Residential	External	Mar 2020
Older People (aged 65+) Residential	Internal	
Physical Disability (aged 18-64)	External	None
Supported Living:		
Learning Disability (aged 18+)	External	Mar 2016
Learning Disability (aged 18+)	Internal	
Learning Disability (aged 18+) Shared Lives Scheme	Internal	None
Older People (aged 65+)	External	Sep 2017
Physical Disability (aged 18-64)/Mental Health (aged 18+)	External	Sep 2017
Physical Disability Day Services	External	tbc
Day Care Transport	External	tbc
Learning Disability Day Services	External	17/18 - 18/19
Community Mental Health and Wellbeing Service	External	Apr 2021
Business Support to Voluntary Sector	External	Mar 2016
Valuing People Now	External	Mar 2017
Employment support for adults with a disability	Internal	Mar 2017
Carers assessment and support	External	Mar 2018
Healthwatch Kent	External	Mar 2017 + 1
Carers Short Breaks	External	Mar 2017 + 1
Kent Advocacy	External	Mar 2019 + 2
Integrated Community Equipment Service	External	Nov 2020
Technology Enabled Care Services	External	Nov 2020
Just Checking	External	Jan 2018
Home Care Contracts 2014	External	Jun 2017
Home Care Contracts 2002 & Spot Contracts	External	Ongoing; spot contract
Community hot meals delivery	External	Feb 2019 + 2
Hardwick House Meals Service	External	Oct 2017
Specialist and Targeted level Disabled Children's Short Break School holiday play scheme and Term Time Clubs	External	Mar 2018
Disabled Children's Family Days (Sensory and PD)	External	Mar 2018
Direct Payments Support Service 0-25	External	Mar 2019
Information and Advice Service (I ASK)	Internal	

Disabled Children Day care agencies spot purchased	External	
Disabled Children's Term time and Residential placements- spot purchased	External	
Disabled Children's overnight short breaks placements – spot purchased	External	
Blue Badge Service	External	tbc
Regulation 44 Independent Visitor Short Breaks Service	External	Oct 2018
Public Health		
Health Visiting and Family Nurse Partnership	External	Mar 2018
Primary School Public Health Service	External	Mar 2022
Adolescent Health and Targeted Emotional Wellbeing Service	External	Mar 2022
Young People's Substance Misuse Service	External	Dec 2017
One You Kent	External	Sep 2017
West Kent Drug and Alcohol Service	External	Mar 2021
East Kent Drug and Alcohol Service	External	Mar 2022
NHS Health Check Programme	External	Sep 2017
Kent Community Sexual Health Services	External	Mar 2019

H. Significant Commissioning and Service Activity

Name of activity	Description	Lead Service	Expected value	Key decision date (if required)	Public consultation required
Adults					
Blackburn Lodge – future of in-house provision	Commissioning of a build contract for nursing care provision on the Isle of Sheppey	Accommodation	TBC	✓	Completed in Dec 2015
Wayfarers – future of in-house provision	Sale of Wayfarers as a going concern to seek an independent provider for the ongoing use as a care home	Accommodation		✓	Completed in Dec 2015
Housing Related Support and Supporting Independence Service	Re-let Supporting Independence Service contract and Housing Related Support, Adult Learning Disability and Disabled Children's	Accommodation		✓	
Integrated Commissioning	Integrated commissioning of care home placements with the CCG's (starting with West Kent CCG)	Accommodation	TBC		
Your Life, Your Home	Developments of supported accommodation, including extra care housing to provide choice in accommodation and support the Your Life Your Home project (LD and MH)	Accommodation	£3.7m	✓	

Learning Disability External Day Services	Learning Disability Day Services – commissioning of external learning disability day care provision, completing a procurement process to have a model which is fit for purpose and to implement quality and cost controls of external market of over 90 providers	Commissioning	£130,000		
Phase 3 Transformation	Your Life, Your Wellbeing; Promoting well-being, Promoting Independence, Supporting Independence	Commissioning	£15m circa	✓	
Carers assessment and support service		Commissioning	£4.3m	✓	
Healthwatch Kent Service					
Carers Short Breaks Service			£3.1m	✓	
Internal Day Care		DCLDMH	£375,000	Apr 2017	
Lifespan Integrated Pathway		DCLDMH			Completed in Jun 2016
KCC Services for Autistic Adults and Children		Commissioning			
Vulnerable Adults Pathway					
	Integrated Community Equipment Services Contract – annual review	Commissioning			
	Technology Enabled Care Services contract – annual review	Commissioning			

Home Care Tender	Commissioning of nurse led outcome based homecare in line with the Strategic Vision of Adult Social Care	Commissioning			
Disabled Children Short Breaks services	Review Children's Short Breaks Statement and commissioning of day and overnight short breaks in line with revised plan	Commissioning	£1.3m		
Regulation 44 Independent Visitors Short Breaks service	Future service option for provision of Regulation 44 service and commission solution	Commissioning	£25k		
Public Health					
Health Visiting Service		Public Health	£20.865m	Feb 2018	Completed
School Public Health Services		Public Health	£6m	Jan 2017	Completed
Young People's Substance Misuse Service		Public Health	£0.85m	Sep 2017	Completed
Adult Health Improvement Services (One You Kent)		Public Health	£4.5m	Jun 2017	Completed
Health Check Service		Public Health	£2m	Jun 2017	Completed
East Kent Adult Drug and Alcohol Service		Public Health	£5.7m	Jan 2017	N
Sexual Health Testing Services		Public Health	£0.4m	April 2017	N
Kent and Medway Prison Substance Misuse Service		Public Health	TBC (NHS Funded)	June 2017	N
Health Visiting Service		Public Health	£20.865m	Feb 2018	Completed

School Public Health Services		Public Health	£6m	Jan 2017	Completed
Young People's Substance Misuse Service		Public Health	£0.85m	Sep 2017	Completed

I. Resources

The summary of the budget allocated to our Directorate is shown below:

Division	Staffing	Non staffing	Gross expenditure	Internal income	External income	Grants	Net cost
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Strategic Management Directorate Budgets	1,117.0	15,806.3	16,923.3	0.0	-160.0	-201.9	16,561.4
Commissioning	7,050.9	42,409.6	49,460.5	-3,127.1	-4,248.5	-2,315.5	39,769.4
Disabled Children, Adult Learning Disability and Mental Health	37,523.5	185,859.8	233,383.3	-560.0	-15,942.3	-2,207.0	204,674.0
Older People and Physical Disability	1,691.1	43.3	1,734.4	0.0	0.0	0.0	1,734.4
Public Health	3,677.0	72,264.9	75,941.9	-9.8	-6,564.1	-69,368.0	0.0
Specialist Children's Services	53,253.1	95,063.3	148,316.4	-6,883.4	-1,562.6	-27,486.6	112,383.8
Total	**143,973.2**	**610,371.7**	**754,344.9**	**-10,668.5**	**121,900.8**	**-113,247.5**	**508,528.1**

NB: Based on the draft budget book for County Council, with some pressures and savings are still to be allocated following the Council debate. Final resources information will be updated prior to publication, to reflect the final budget book and MTFP that is circulated to all Members before 31st March. Further details on financial resources are available in the Medium Term Financial Plan and Budget Book

The summary of the staffing resources in our Directorate is shown below:

Table 1: Figures shown are from December 2016

Division	A/C	H/C inc CRSS	FTE
Commissioning	172	170	157.7
Disabled Children, Adult Learning Disability and Mental Health	1,393	1,271	1,010.6
Older People and Physical Disability	1,710	1,538	1,188.0
Public Health	72	71	65.0
Social Care, Health and Wellbeing	6	6	6.0
Specialist Children's Services	1,212	1,199	1,088.7
Directorate Total	**4,565**	**4,255**	**3,516.1**

NB: Based on the draft budget book for County Council, with some pressures and savings are still to be allocated following the Council debate. Final resources information will be updated prior to publication, to reflect the final budget book and MTFP that is circulated to all Members before 31st March. Further details on financial resources are available in the Medium Term Financial Plan and Budget Book

J. Organisational Development Priorities

The County Council's organisational development vision builds on our history in workforce development and other ways of improving organisational performance and learning so that KCC, staff and partners are equipped to improve the lives of Kent residents, communities and business. We do this through ways such as delivering change in direction, skills and culture that improves our performance; building resilience in all our staff by anticipating and adapting to the factors affect public services; improving the employee deal through effective leadership and management and using people management processes, systems and data to empower our people.

The County Council's organisational development (OD) strategic priorities are set out in the Organisation Development Medium-Term Plan 2017-2022. The OD priorities for the whole council are set out in the diagram below.

Source: KCC Organisation Development Priorities - 2017-2022

The following priority areas have been agreed by the Directorate Organisational Development Group as key areas which we will take forward during this financial year. It is essential that we help staff to develop and maintain the necessary skill-set required for meeting our strategic and operational objectives of our business. The specific Directorate actions that we will take forward this year include:

Development of workforce in relation to:

- Professional practice improvement and development
- Scope and plan for potential accreditation scheme for adult's social workers

Development of Principal Social Worker role for adults arising from:

- Future vision and reclaiming of social work
- Linked to practice improvement

Workforce planning in relation to:

- Senior level succession planning and talent management
- Service level analysis currently being undertaken in the Public Health, OPPD and DCLDMH Divisions
- Identifying gaps in critical roles and resourcing plans across the Directorate
- Wider workforce and integrated workforce informed by planned new STP organisational arrangements

Recruitment and retention of staff through:

- Career progression pathways
- Apprenticeships pathways to be developed
- Open University and “growing our own qualified staff”
- Think Ahead – Mental Health
- Connections with universities through Teaching Partnerships
- The employment offer attracts and help retain staff in critical roles

Social Work Health Check – Minimum Standards for Employers to:

- Scope and plan for Adults
- Monitor organisational health indicators through traffic light reporting

Contribution to regional and national initiatives by:

- Participation of the Directorate in relevant workforce development activities, such as managing supply and demand of agency workers

K. Performance Indicators and Targets

We need to know that we are providing our services in the right way and to help us do this 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 set out in this business plan.

We routinely use our monthly Performance Dashboard to track how well we are doing; identifying quickly any areas where we may need to improve or take corrective action. Our overall performance in delivering against our Directorate priorities and how they contribute to the achievement of KCC's strategic outcomes will be measured by these indicators, which are published in our Quarterly Performance Report to Members. In addition, we will be able to use activity information from this business plan to inform the Strategic Statement annual report.

Our Quarterly Performance Report

Performance indicators provide valuable information and are 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 KPIs 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 bigger set of performance indicators to ensure that the services we manage are performing as well as possible. Services and Divisions usually monitor these indicators, as set out in their Business Plans, in monthly meetings.

We have reviewed and included the relevant KCC annual report business plan priorities 2017/18. These are (1) work to reduce Delayed Transfers of Care (DTOC), (2) reduce hospital and care home re-admissions following enablement support and (3) make it easier for people to access advice, information and support.

Below is a list that sets the targets and activity measures we will use to measure our performance in 2017-18. It provides a summary of the areas we monitor to assess the contribution of our services. The targets centre on the objectives linked to our vision and to particular themes within our strategic framework, and are set out in the following tables.

Figures updated in **November 2016** to reflect actual out-turns and indicators used in 2016-17. Floors and Targets have been revised where necessary.

Key Performance Indicators				
Ref	**Indicator Description**	**2015-16 Actual**	**2016-17 Floor**	**2016-17 Target**
PH/AH 01	Number of the eligible population aged 40-74 years old receiving an NHS Health Check	38,400	35,700	42,000
PH/AH 02	Participation of Year R (4-5 year old) pupils in the National Child Measurement Programme	95%	85%	90%
PH/AH 03	Participation of Year 6 (10-11 year old)pupils in the National Child Measurement Programme	95%	85%	90%
PH/AH0 04	Percentage of people quitting at 4 weeks, having set a quit date with smoking cessation services	53%	47%	52%
PH/AH 06	Percentage of clients accessing community sexual health services offered an appointment to be seen within 48 hours	100%	81%	90%
PH/AH0 7	Number of new clients accessing the Health Trainer service being from the 2 most deprived quintiles	55%	56%	62%
PH/AH	Percentage of young people exiting specialist substance misuse services with a planned exit	94%	77%	85%
PH/AH0 8	Successful completion of drug and alcohol treatment	33%	24%	30%
PH/AH 09	Percentage of Children who received a 2-2 ½ year review with the Health Visiting Service by 2 ½ years old	76%	86%	95%
PH/AH1 0	Percentage of new birth visits conducted by the Health Visitor Service within 14 days of Birth*	tbc	81%	90%
ASC01	Percentage of contacts resolved at first point of contact (%)	73%	69%	70%
ASC02	Number of clients receiving a Telecare service (snapshot)	6,000	5,910	6,570
ASC03	Number of new clients referred to an enablement service (quarterly)	2,650	2,260	2,821
ASC04	Number of admissions to permanent residential or nursing care for older people (rolling year)	1,740	2,060	1,670
ASC05	Percentage of clients still independent after enablement	48%	45%	50%
	Percentage of delayed transfers of care where KCC responsible	23%	40%	30%

Activity Indicators – Thresholds represent range of the activity expected

Ref	Indicator Description	Threshold	Q1	Q2	Q3	Q4	2017-18 Expected
ASC05	Number of older people in residential care	Upper Lower	2416 2304	2304 2198	2198 2106	2106 2028	
ASC06	Number of older people in nursing care	Upper Lower	1239 1148	1148 1070	1070 1010	1010 964	
ASC07	Number of older people in homecare	Upper Lower	4690 4671	4708 4671	4722 4671	4733 4671	
	Number of learning disability adult clients in residential care	Upper Lower	1250 1150	1250 1150	1250 1150	1250 1150	
	Clients with on-going Direct Payments	Upper Lower	4108 3792	4108 3792	4108 3792	4108 3792	

L. Monitoring and Review

We will monitor our delivery on the key actions linked to the eight Directorate priorities. The monitoring exercise will also cover the Strategic Statement Annual Report business planning priorities most relevant to the business of the Directorate.

We will adopt a proportionate approach to how we do this. We will conduct the review of progress of the business plan actions at the same time as we undertake the monitoring, evaluation and preparation for the development of the Annual Governance Statement.
The review process will be heavily informed by the review of Divisional business plan activities. These take place on a frequency determined by each Director. Furthermore, the review of the business plan is not undertaken in isolation. It will be informed by the monitoring and reporting activities which are reported in the KCC Cabinet Quarterly Performance Report, Adults Portfolio Board, Cabinet Committee performance report and through the budget monitoring processes at divisional and Directorate levels. Depending on the outcome of the reviews the necessary remedial actions will be put in place.

Adult Social Care and Health Directorate

2017-18 Directorate Business Plan

From:	Graham Gibbens, Cabinet Member for Adult Social Care and Public Health Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing
To	Adult Social Care and Health Cabinet Committee - 14 March 2017
Subject:	**RECOMMISSIONING OF MENTAL HEALTH SUPPORTING INDEPENDENCE SERVICE AND MENTAL HEALTH HOUSING RELATED SUPPORT**
Classification:	Unrestricted
Past Pathway of Paper:	Social Care, Health and Wellbeing Directorate Management Team – 25 January 2017 Strategic Commissioning Board – 7 February 2017 Commissioning Advisory Board - 10 February 2017
Future Pathway of Paper:	None
Electoral Division:	All

Summary: This report sets out the case for including the Supporting Independence Services and the Housing Related Support Contracts within the existing Live Well Kent Contract.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the proposal to include the Mental Health Supporting Independence Service and Housing Related Support Contracts into the existing Live Well Kent Contract.

1. Introduction

1.1 Kent County Council has a statutory responsibility under The Care Act to meet people's eligible needs, currently the Council supports people living with mental health issues by providing a range of services and different types of support. This commissioning plan is in relation two specific services:

- Supporting Independence Service (SIS) current contract value £2.8m
- Housing Related Support (HRS) service current contract value £2.5m

A description of these services is attached as Appendix 1.

1.2 The SIS contract ends in September 2017, the HRS contract ends at the end of this financial year and will be extended by a single source justification to end in September 2017. This provides the opportunity to combine the budget

allocated to these separate services to create a new service which will better meet the needs of people with mental health needs.

1.3 Historically these two services worked in silos and were commissioned independently of each other. We have been working with people who use or have used support and other partners to develop a more integrated and outcome focused approach, we want to modernise this support in order to promote independent living and enable people to have their own front door. Key to achieving this is the continued development of a better range of housing options for people with mental health needs in order to realise the aspirations of Kent's Accommodation Strategy.

2. Background

2.1 In January 2015, the Adult Social Care and Health Cabinet Committee endorsed a decision to develop contracts to deliver a primary care and wellbeing service within the mental health core offer, this service is now called Live Well Kent. As part of the future development of this model of support we envisaged if we were satisfied with the development and performance of our key Strategic Partners we would look to include both the SIS and the HRS contracts as part of the Live Well Kent delivery network.

2.2 To this end within the contract documentation for the community mental health and wellbeing offer, now known as Live Well Kent we included the following market shaping clause:

'Additional elements may be added to the delivery of this contract during the lifetime of this contract. This would be agreed by both parties and may carry a different contract term. This may include such elements as Supporting Independence Services and/or Mental Health Supported Accommodation either directly provided or through other payment methods.
(This would not exceed the overall financial threshold or possible contract term of seven years)."

2.3 In January 2015 the Adult Social Care and Health Cabinet Committee endorsed the decision to:

- AGREE to fund the Mental Health Core Offer services by grant funding for 2015/16 as set out in the recommendation report.
- AGREE to the development of a Mental Health Core Offer - Primary Care and Wellbeing Service, with contracts to commence from the 1 April 2016.
- DELEGATE authority to the Corporate Director of Social Care Health and Wellbeing, or other suitable officer, to undertake such actions as necessary to implement this decision.

2.4 This report is therefore presented to the Cabinet Committee for consideration and comment as formal governance has been previously agreed.

3. Key drivers for change:

- **Strategic:** national and local divers for action include; The Care Act, No Health without Mental Health, Live It Well Strategy, Health and Wellbeing Strategy, Facing the Challenge, Preventing Suicide in England
- **Demand Management:** the prevalence of mental illness is increasing and a change is needed to help manage demand for mental health services now and in the future. Support to often focuses on crisis intervention we need to develop a more proactive and preventative system that promotes recovery and independent living.
- **Accommodation Strategy:** has evidenced a postcode lottery of mental health supported housing schemes and a consequent over reliance on residential care
- **Kent Context:** There are an estimated 205,000 people living with common and severe mental illness in Kent communities. Around 5,000 to 7,000 of these will need a clearly defined care programme of support to avoid relapse and promote recovery. Many others require access to advice, information and support to manage their condition and recovery.

4. Body of the Report

4.1 There have been two recent reviews of HRS, both reviews identified opportunities to reconfigure support and commission differently, highlighted duplication of support and over provision and identified that savings could be achieved by:

- Working strategically with partners and providers and exploring opportunities for collaborative working to achieve efficiencies
- Rationalising cost; different services have different rates ranging from £14 to £19 per hour
- Reducing duplication, waste and confusion
- Identifying and fixing gaps in pathways including making better use of the private rented sector
- Erasing 'artificial' boundaries between accommodation and community based services to create proactive *Move on Pathways*
- Stopping people getting stuck in services using rehabilitation/recovery approaches to ensure people maximise/regain their independence
- Better utilisation of tele-technology and equipment; especially to cover low risk night sits
- Incentivising Providers to promote people's independence and recovery

4.2 During the commissioning analyse phase a review was completed of the data and intelligence about both HRS and SIS services with the following findings:

- Assessment of purchasing practices of Community Mental Health Teams are not consistent, which has led to an inequitable allocation of resources
- Reviews are overdue leading to over provisions and the creation of dependency
- There is a postcode lottery of specialist accommodation

- Services are not flexible enough to respond to people's fluctuating level of need
- Missed opportunities to promote independence, meaning people become dependent upon support
- Difficulties accessing support mean people are scared to let go of support and face a fight getting support again
- That there is a fragmented market and providers are not enabled and supported to work collaboratively
- There is not enough move on accommodation in the community
- There has been a lack of community support alternatives, however Live Well Kent now brings a better range of options

5. Who we have we been listening to

5.1 The process began by holding a workshop that was openly advertised to all those interested in mental health services, in order to understand what works, what doesn't, and what should be done differently. Consultation with people who have experience of using these services has also been undertaken including:

- Visits to supported accommodation units across Kent to talk to residents about their experiences and ideas about what we could do better.
- Asking an independent social enterprise organisation, ActivMob, to conduct interviews with people who are using or have used services.

5.2 A series of follow-up workshops have been held with providers so they could actively be involved in helping shape the new model:

- Developing outcome measures - 12 December 2016
- Partnership and new ways of working – 14 December 2016
- Rewarding and paying for outcomes – 24 January 2017
- Developing move on accommodation – 27 February 2017

6. What could work better?

6.1 The services are not flexible enough to meet people's changing needs. The way both services are currently designed means that people generally receive a set level of support which only changes following a review with a social worker/care co-ordinator. In some cases people continue to receive the assessed level of support regardless of whether their needs change.

6.2 However, it is clear that by talking with people who have used these services that their mental health needs can change (up or down) at any time. The aim of the new service will be to provide flexible and responsive services that not only support recovery and independence but that can also respond to the level of support that people need.

6.3 This is especially important at times of crisis when a little extra support can prevent situations escalating and people becoming so unwell that they need to

be detained under the Mental Health Act and treated in hospital. This is damaging for the person's wellbeing and is expensive for the NHS and Social Care, so ensuring delivery of good preventative work, when needed is important.

6.4 There isn't enough of the right accommodation and what there is, is not used properly. Kent's Accommodation Strategy has shown that there is a disparity of mental health supported housing schemes with too many people having to live in residential care. A recent assessment has shown there are 100 people, or 34% of the Mental Health residential population, that could live in supported accommodation if there were enough of it.

6.5 The current supported accommodation schemes offer a high level of fixed support. When people first enter the service they have high and complex needs but as support and treatment helps manage their condition, they need less support. The current service has not been good at managing reduction of people's support, when appropriate, meaning services users having more support than they need. High levels of support for too long can create dependency and be a disincentive to people moving on. While moving to a more independent life can be challenging and troubling, not doing so reduces opportunity for people with mental health issues. This approach also delivers poor value for money and is a barrier to better use of the private rented sector.

6.6 In the future we want specialist accommodation to be used to support recovery and form part of a person's recovery journey with the aim that people ultimately have their own front door. Although the need for move on accommodation will not be fixed through the commissioning of this new service, through our co-production journey evidence has been gathered of the impact of not having the right move on accommodation. To this end The Kent Housing Group facilitated a workshop on 27 February 2017 to look at all issues surrounding access to appropriate move on housing. From this workshop an action plan will be developed to support the necessary system change.

7. Option for Achieving Desired Outcomes

7.1 The Live Well Kent (Community Mental Health and Wellbeing) Contract is delivered by a strategic partner working with a delivery network to ensure services are better co-ordinated and that there is a consistent outcome framework to assess impact.

Strategic Partners in this contract are:

- Porchlight
  - Dartford, Gravesham, Swanley and Swale
  - Thanet and South Kent Coast
- Shaw Trust
  - West Kent
  - Ashford and Canterbury

7.2 The Live Well Kent Contract has been live since April 2016; and the performance, attitude and delivery of our two Strategic Partners Porchlight and Shaw Trust has been impressive.

7.3 Since 1 April 2016 a total of 4,095 people have been referred to Live Well Kent with 3,157 formal sign ups. The remaining 938 referrals were not progressed to formal sign up due to:

- Insufficient or incorrect information provided by the referrer to make contact
- Individual not made aware that a referral had been made on their behalf and did not want to progress
- Individuals did not respond to communication

7.4 Our Strategic Partners are working with referrers to improve information and communication. They are also working in partnership to update the protocol regarding individuals who do not respond to communication.

7.5 Of the 3,157 people who have signed up to the service 1,142 declared they had a Serious Mental Illness (SMI) and 1,710 declared they had a Common Mental Illness (CMI). The remaining 305 people declared that they did not think that they fitted into either of these categories. Far more people than anticipated with a SMI access and use this service.

7.6 Both Strategic Partners continue to work with their delivery network to improve quality of service provision and their ability to evidence the impact their work is having on the outcomes that matter most to people and the system. Strategic Partners analyse data and information captured from their network to provide evidence to build efficiencies and shape future delivery.

7.7 Both Strategic Partners work in partnership with their network to ensure good practice that reflects national standards. By working closely with their delivery network they are able to respond to challenges and issues as they arise. Areas identified for improvement are discussed with the provider and actions are implemented. Partnership working and these quality reviews have led to improved outcomes for people.

7.8 Our Strategic Partners also work closely with a range of stakeholders, including our social work teams, district and borough councils, secondary and primary care services and a wide range of community organisations and community assets.

7.9 The Live Well Kent Partnership is working collectively to proactively promote wellbeing and tackle the stigma of mental illness.

7.10 Through our recent market engagement we have worked with providers explaining that we had this clause and may or may not use it. Through the use of co-productive techniques we have devised a new model of support and it has become apparent that through utilising this clause we can maximise funding drive efficiencies and get better more joined up models of support.

8. What people need and want from the new service

8.1 To support the co-design of this service we have worked with people who use, or who have used, these services to understand what worked well, what does not work so well and what needs to change in the future.

8.2 People have said they want a new service that:

- Enables them to have choice and control and treats them with dignity and respect
- Promotes their wellbeing and supports their recovery and helps them to remain independent
- Helps them build friendships and relationships and stops them feeling lonely and isolated
- Provides the right support where and when it is needed and removes the barriers to getting support
- Support needs must be person centred both at the beginning and throughout
- Who delivers the support is important and care should be taken to find the right match in terms of interests, sex, and compatibility
- Flexibility is key for all, and any support must be able to adapt to meet needs, which will change, people will have better times and worse times and support needs to be sensitive to this
- Support should recognise and "allow" people to move on, but be networked enough that they can be picked up again if needed and not have to fail or get into crisis to get back to some support
- Support should be enabling 'allow us to do things' rather than having to ask permission all the time
- Peer support is essential … people want to give as much as receive

9. What the Health and Social Care System needs from the new Service

9.1 The new service will be designed to support outcomes that matter to people and also support improved access and flow in the health and social care system.

9.2 Through this new service we want to ensure that:

- People are supported to recovery from mental ill health and live as independently as possible in their own homes
- There are less people in residential care
- Improved discharge from Acute Mental Health settings
- More effective use of resources by removing duplication between services
- Improved transition through the pathway between services, primary care, and secondary care as well as facilitating discharge from secondary care services
- Improved transition from adolescent services to adult mental health services

- Ability to measure outcomes and impact of the service
- Ability to work more strategically with providers as partners
- Incentivise providers to move people through the service and/or gain an increased level of independence

9. Dependencies

9.1 Commissioning this service will support Phase 3 of the Adult Transformation Programme through the delivery of Your Life, Your Home for people with mental health issues. Analysis of data has identified that 34% or 100 people could leave residential care and live in the community with the right type of support.

9.2 This new service will ensure that capacity is created to support people to leave residential care. Along with the proposed block contract (detailed in Section 10 of this report) we will incentivise providers using additional Payment by Results (PbR). The additional PbR element of the contract will enable providers to support the programme and work proactively to maximise people's recovery journey promoting their independence.

9.3 The service will also support further integration of commissioning with the NHS. The NHS is a co-commissioner of Live Well Kent and will be able to purchase support through this contract. The NHS needs this service as they require a skilled, reliable and flexible community service to prevent crisis escalating and requiring mental health act sections and also to support timely and safe discharges from acute hospital settings.

10. Commissioning Plan

10.1 The recommended approach is to commission a new outcome focused model of support that combines the funding of the current SIS and HRS contracts. We will lead the commissioning and procurement process working closely with our Strategic Partners (Porchlight and Shaw Trust). When the contracts are signed the new services will become part of the existing Live Well Kent delivery network and therefore contracts will not be with the Council, but with Porchlight and Shaw Trust.

10.2 The intended contract length will be the same as Live Well Kent, based on a start date of 1 October 2017. This would be 42 months + 24 months extension period. In doing this, the full offering will be aligned, allowing for a single re-let at contract expiry (should this decision be taken at the time).

10.3 Funding will move away from being attached to individuals, with providers being paid to provide support within a certain area. This will allow providers to work with people, tailoring support to meet their needs. It will provide the flexibility to, where appropriate, increase or decrease the level of support someone receives without having to go through some of the time consuming processes currently in place.

10.4 The new model will be a block contract with additional PbR elements to support people leaving residential care or acute hospital settings. The block will be

managed with tolerances to allow for the ebb and flow of people through the service. Upper and lower limits will be set where the block payment will be considered, any discussion about changing the block payment will be informed by performance data which will include:

- The numbers of people supported
- The percentage of these people who are supported to be independent
- The percentage of these people who see their care needs decrease
- Improvements in people's wellbeing
- The achievement of personal outcomes and goals
- Reduction in acute admissions by the people supported
- Reduction of crisis interventions by the people supported
- Number of people supported into employment
- Number of people supported into permanent housing

10.5 Providers will be responsible for working with people to set and achieve goals that support their recovery and build their skills and confidence to live more independently.

10.6 The inclusion of these additional services within the Live Well Kent Contract will ensure the best use of resources and management of demand.

10.7 Working in this way will require excellent skills in contract management, building and working relationships, monitoring Key Performance Indicators (KPI), tracking use of additional PbR Funding, ensuring quality and ensuring new services are embedded into Health and Social Care pathways and used appropriately.

10.8 A robust performance tracker is in place to monitor the Live Well Kent Contract. This contains a set of co-produced KPIs and data set to track progress and measure impact. This performance tracker will be refined and updated to include the outcomes listed in 10.4 above and a dashboard and a set of quality markers will be developed to help us monitor performance effectively

11. Financial Implications

11.1 The combined budget for the new contract will be £5.3m less the saving targets as stated in Medium Term Financial Plan:

- £250k in 2017/18 making base budget £5.05m for yr 1
- £250k in 2018/19 making base budget £4.8m for rest of contract term

11.2 We will let these new contracts for 42 months plus a possible 24 month extension period to ensure that they align with the existing Live Well Kent Contract the contract value will therefore be:

- £16,925,000 without extension
- £26,525,000 with 2 year extension

12. Equality Implications

12.1 An initial EqIA (attached as Appendix 2) has found that there is medium potential for negative impact. The service will be open to all individuals assessed as requiring support with mental health and wellbeing issues and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of individuals with protected characteristics. Evidence of this will be required as part of the tender response and reporting of protected characteristics will be built into contract monitoring arrangements.

13. Legal Implications

13.1 Strategic Commissioning will work with Legal Services and Corporate Procurement to ensure the new contracts adhere to procurement regulations.

14. Next Steps

14.1 The Care Procurement Team will work with Strategic Commissioning to produce a robust set of contractual documents (varying the Live Well Kent contract). This will include contractual clauses, a full specification and pricing schedule; KPIs and contract management documents. It is intended that the variation of the Live Well Kent model will happen in two stages.

1. Vary the Live Well Kent Contracts, including all necessary and appropriate commercial clauses, to enable the Strategic Partners to undertake these services on behalf of the Council. Both Strategic Partners have confirmed they are keen and capable of delivering this requirement as part of the overall Live Well Kent service offering.

2. Work closely with the Strategic Partners to appoint an appropriate, and suitable, delivery network capable of providing the required high quality services within scope and budget. We would seek to ensure the whole of market is engaged, as opposed to incumbents only, and work to facilitate this via networking workshops, ‘speed-dating’ style meetings and any other appropriate methods.

14.2 Following this, these new additional elements would be contract managed in the same way as Live Well Kent. Evidence to date suggests the Strategic Partners are undertaking strong contract management and putting action plans in place where necessary.

15. Conclusions

15.1 The Live Well Kent Contract has been active since April 2016. It is a new model of commissioning with key Strategic Partners working with, and through, a diverse delivery network ensuring people access the right person centred support to promote their mental health and support recovery from mental ill health.

15.2 We are satisfied with the performance and development of that contract and therefore now wish to enact the clause contained within the contract to include the supporting independence and the housing related support contracts as part of the Live Well Kent delivery network.

16. Recommendations

16.1 Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the proposal to include the Mental Health Supporting Independence Service and Housing Related Support Contracts into the existing Live Well Kent Contract.

17. Background Documents

Link to previous Key Decision and associated records can be found here
https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=736

18. Contact Details

Report Author
Emma Hanson
Head of Commissioning
0300415342
emma.hanson@kent.gov.uk

Relevant Directors
Mark Lobban
Director of Commissioning
03000 415393
mark.lobban@kent.gov.uk

Penny Southern
Director Disabled Children, Adults Learning Disability and Mental Health
03000 415505
Penny.southern@kent.gov.uk

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Appendix 1 Supporting Independence Service and Housing Related Support Brief Outline of Current Provision

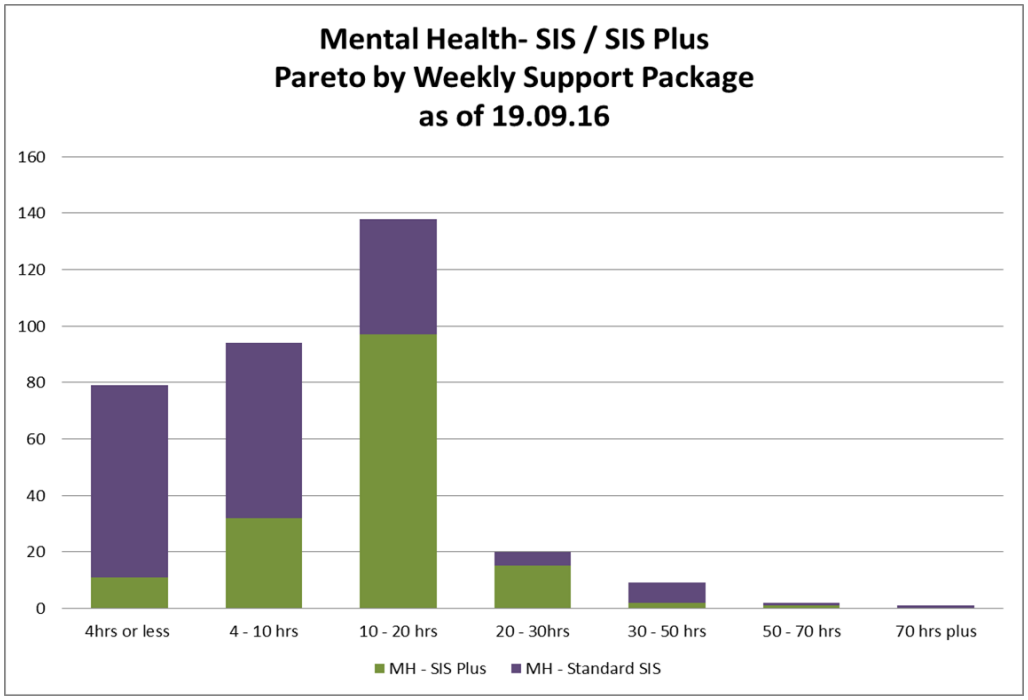
The Supporting Independence Service (SIS) is a time and task model of one to one support. It is demand led and accessed following an assessment of need from a Social Worker and/or Care Co-ordinator in the community Mental Health Team, SIS currently:

- Delivers support in people's home
- Supports people to live independent lives
- Can be used to help people attend activities outside of the home
- Provides support with daily living skills
- People can choose how and when they are supported, giving choice and control over the type support received
- Provides a service to people moving from a residential setting or an acute hospital bed

The table below shows a snapshot of activity across all MH SIS provision. Demand is growing slowly there are currently 361 people receiving support.

	Clients	Actual Increase Clients	% Increase Clients	No. Weekly Hours	Actual Increase Hours	% Increase Hours	Weekly Spend	Actual Increase Costs	% Increase Costs
May-16	**343**			**3210**			**£49,090**		
Aug-16	**353**	**+ 10**	**3%**	**3348**	**+ 138**	**4%**	**£50,533**	**+ £1443**	**+ 3%**
Jan-17	**361**	**+ 8**	**2%**	**3445**	**+ 97**	**3%**	**£50,544**	**+ £11**	**+ .02%**

SIS packages of support vary greatly from 1hr per week to 70hrs per week. The support can be bought as SIS or SIS Plus. SIS Plus being used for people with more complex needs.



There were no KPIs included the SIS Contract and it has been a fixed framework since it was let in 2012. Consequently, this has resulted in a number of new providers entering the market who cannot be accessed under the terms of the contract.

The Housing Related Support (HRS) is linked to specific accommodation; demand is restricted to the number of bed-spaces, the HRS service:

- Supports people to live more independent lives
- Aims to enable people to maintain or to achieve independence, avoiding residential care and/ or hospital
- Equally it aims to help people in residential care or hospital to live in their own home in the community

We currently commission:

- 16 supported housing schemes for long term support (over 2 years support);
- These schemes supply 152 bed spaces or households.
- 9 supported housing schemes for short term support (under 2 years)
- These schemes supply 142 bed spaces or households.

In total 358 people used the 294 spaces during 15/16. Services operate waiting lists, prioritising those users whose presenting needs and risk profile most closely match the existing support offer.

- The average length of stay in short term services in 15/16 was 2.05 years.
- The average length of stay in long term services in 15/16 was 4.75 years.

Over time the average length of stay in services has increased as move on options become more difficult to find.

The two contracts have different pay rates*:

Contract Type	Average Hourly Rate
SIS	£13.97 *(£14.22)*
SIS Plus	£15.88 *(£16.16)*
HRS	£15.95

* The proposal is to increase SIS rates by 1.8% from 01 April 2017. These new rates are shown in brackets.

KENT COUNTY COUNCIL
EQUALITY ANALYSIS / IMPACT ASSESSMENT (EqIA)

Directorate: Social Care, Health and Wellbeing

Name of policy, procedure, project or service

Mental Health Services- Promoting Independence Service

What is being assessed?

The potential impact of aligning the Housing Related Support (HRS) service and the mental health Supporting Independence Service (SIS) to commission a new service that supports independence and recovery.

Responsible Owner/ Senior Officer

Emma Hanson: Head of Service Strategic Commissioning, Community Support
Mark Lobban, Director Commissioning

Date of Initial Screening

13th January 2016

Date of Full EqIA:

Version	Author	Date	Comment
V0.1	Laura Pearce & Martin Field	13/01/2017	
V0.2	A Agyepong	20/01/2017	Comments for review
V0.3	Laura Pearce	25/01/2017	Following comments and further advice
V.04	A Agyepong	26/01/2017	Comments for review
V0.5	L Pearce	27/01/17	Following comments and additional information
V0.6	L Pearce	02/02/2017	Added Kent data
V0.7	E Hanson	02/02/2017	
	A Agyepong	03/02/2017	Comments

Screening Grid

Characteristic	Could this policy, procedure, project or service, or any proposed changes to it, affect this group less favourably than others in Kent? YES/NO If yes how?	Assessment of potential impact HIGH/MEDIUM LOW/NONE UNKNOWN		Provide details: a) Is internal action required? If yes what? b) Is further assessment required? If yes, why?	Could this policy, procedure, project or service promote equality for this group? YES/NO - Explain how good practice can promote equality
		Positive	Negative	Internal action must be included in Action Plan	If yes you must provide detail
Age	No- We know that Mental Health can affect people of any age, however our data shows that it is primarily people of middle age that use our services.	Medium	Low	a) Yes The service will be open to all individuals assessed as requiring support with mental health and wellbeing issues and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of individuals with protected characteristics. Evidence of this will be required as part of the tender response and reporting of protected characteristics will be built into contract monitoring arrangements.	Yes-The service will open to all individuals with an assessed need regardless of age. The new service will be tailored to the individual to receive the type of support they need when they want it. This means that type of support will be age appropriate for the individual rather than a one size fits all blanket support approach

				b) Yes there is a need to collect additional data from current users and providers of the service through the public consultation to ensure that the new service is also fit for purpose for the younger and older age groups.	
Disability	Yes- individuals with a disability are more likely to suffer from mental health conditions	Medium	Low	a) Yes The service will be open to all individuals assessed as requiring support with mental health and wellbeing issues and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of individuals with protected characteristics. Evidence of this will be required as part of the tender response and reporting of protected characteristics will be built into contract monitoring arrangements. b) Yes there is a need to collect additional data from current users and providers of the service through the public consultation and engagement as we are unsure of the	Yes-The service will open to all individuals with an assessed need regardless of disability. The new service will be tailored to the individual to receive the type of support they need when they want it and in a form appropriate for them. The service will be inclusive and performance monitoring will enable commissioners to determine the levels at which people with disabilities are accessing the service. This will be used to implement changes within the proposed services, breaking down barriers that prevent people

				numbers of clients with a mental health issue who also have a disability and what impacts the change of service might have.	accessing services and informing commissioning proposals.
Gender	Yes- we understand that there are a range of gender specific conditions that can have an impact on mental health- such as post natal depression, pregnancy and birth related psychosis and domestic violence. We also know that middle age men are vulnerable to suffering from poor mental health.	Medium	Low	a) Yes The service will be open to all individuals assessed as requiring support with mental health and wellbeing issues and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of individuals with protected characteristics. Evidence of this will be required as part of the tender response and reporting of protected characteristics will be built into contract monitoring arrangements. b) Yes, we know that currently 2/3rds of current clients are male and so we need to ensure that we are also engaging with female client groups to capture their experiences and views. We will aim to	Yes-The service will open to all individuals with an assessed need regardless of gender. The new service will be tailored to the individual to receive the type of support they need when they want it and in a form appropriate for them. The service will be inclusive and performance monitoring will enable commissioners to monitor the gender breakdown. This will be used to implement changes within the proposed services, breaking down barriers that prevent people accessing services and informing commissioning proposals.

				capture these during consultation and engagement and update the EqIA upon collection of data.	
Gender identity	Yes- transgender individuals are vulnerable to mental health issues?	medium	unknown	A)-Yes The service will be open to all individuals assessed as requiring support with mental health and wellbeing issues and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of individuals with protected characteristics. Evidence of this will be required as part of the tender response and reporting of protected characteristics will be built into contract monitoring arrangements. b) Yes – The number of individuals on the gender reassignment pathway is unknown, due to lack of equalities monitoring, but also as this is a sensitive topic that individuals may not wish to disclose. Additional assessment is needed to determine whether the number of people with the characteristics accessing services is as would be expected based on prevalence	Yes-The service will open to all individuals with an assessed need regardless of gender identity. The new service will be tailored to the individual to receive the type of support they need when they want it and in a form appropriate for them. The service will be inclusive and performance monitoring will enable commissioners to monitor the gender identity (subject to client disclosure) breakdown. This will be used to implement changes within the proposed services, breaking down barriers that prevent people accessing services and informing commissioning proposals.

				rates. This assessment will be conducted alongside engagement and consultation activities and the EqIA updated to reflect information.	
Race	Yes Yes Racially motivated hate crimes can lead to mental health issues. Some BME communities may experience social isolation / depression as result of being away from social networks in a new country.	medium	unknown	A)-Yes The service will be open to all individuals assessed as requiring support with mental health and wellbeing issues and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of individuals with protected characteristics. Evidence of this will be required as part of the tender response and reporting of protected characteristics will be built into contract monitoring arrangements. B) Yes – further assessment is required The racial profile of people accessing current services is unknown due to lack of equalities monitoring. Additional	Yes-The service will open to all individuals with an assessed need regardless of Race. The new service will be tailored to the individual to receive the type of support they need when they want it and in a form appropriate for them. The service will be inclusive and performance monitoring will enable commissioners to monitor demographic data. This will be used to implement changes within the proposed services, breaking down barriers that prevent people accessing services and informing commissioning proposals.

				assessment is needed to determine whether the number of people with the characteristics accessing services is as would be expected based on demographic information. This will be conducted alongside engagement and consultation activities and the EqIA updated to reflect information.	
Religion or belief	Yes – people of different religious beliefs can experience hate crime and discrimination leading to mental health issues. In addition, different religions may also have differing attitudes towards mental health	medium	unknown	A)-Yes The service will be open to all individuals assessed as requiring support with mental health and wellbeing issues and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of individuals with protected characteristics. Evidence of this will be required as part of the tender response and reporting of protected characteristics will be built into contract monitoring arrangements. a) Yes – further assessment is required	Yes-The service will open to all individuals with an assessed need regardless of Religion or belief. Performance monitoring of equality information will enable commissioners to determine whether the number of individuals accessing the services meet expectations based on demographic information. This information can be used to further improve services, challenge underperformance and break down barriers that prevent people accessing services.

Page 130				The religious profile of people accessing current services is unknown due to lack of equalities monitoring. Additional assessment is needed to determine whether the number of people with the characteristics accessing services is as would be expected based on demographic information. This will be conducted alongside engagement and consultation activities and the EqIA updated to reflect information.	
Sexual orientation	Yes	Medium	Low	A)-Yes The service will be open to all individuals assessed as requiring support with mental health and wellbeing issues and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of individuals with protected characteristics. Evidence of this will be required as part of the tender response and reporting of protected characteristics will be built into contract monitoring arrangements.	Yes-The service will open to all individuals with an assessed need regardless of sexual orientation. Performance monitoring of equality information will enable commissioners to determine whether the number of individuals accessing the services meet expectations based on demographic information. This information can be used to further improve services, challenge

Page 131				b) Yes the number of individuals accessing mental health services is unknown due to lack of equalities information by current providers and also because individuals may choose not to disclose this information. Additional assessment is needed to determine whether the number of people with the characteristics accessing services is as would be expected based on demographic information. This will be conducted alongside engagement and consultation activities and the EqIA updated to reflect information.	underperformance and break down barriers that prevent people accessing services.
Pregnancy and maternity	n/a				
Marriage and Civil Partnerships	n/a				
Carer's responsibilities	Yes- mental health issues can be exacerbated or brought on due to caring	Medium	Low	A)-Yes The service will be open to all individuals	Yes-The service will open to all individuals with an assessed need regardless of carer's

Page 132	responsibilities			assessed as requiring support with mental health and wellbeing issues and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of individuals with protected characteristics. Evidence of this will be required as part of the tender response and reporting of protected characteristics will be built into contract monitoring arrangements. B) yes – further assessment is required Carers may be impacted in two ways: by being unable to access services that support their own mental health needs and by losing the respite that they receive during the time when the people they care for are accessing services. Carers support services are commissioned separately to provide respite and short breaks for individuals caring for people with mental health issues. However, the number of carers accessing services to meet their own mental health needs separately from that support is unknown.	responsibilities. Performance monitoring of equality information will enable commissioners to determine whether the number of individuals accessing the services meet expectations based on demographic information. This information can be used to further improve services, challenge underperformance and break down barriers that prevent people accessing services.

				Further assessment to understand this impact will be conducted alongside engagement and consultation activities and the EqIA updated to reflect information.	

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Low	Medium	High
Low relevance or Insufficient information/evidence to make a judgement.	Medium relevance or Insufficient information/evidence to make a Judgement.	High relevance to equality, /likely to have adverse impact on protected groups

Part 1: INITIAL SCREENING

Proportionality - Based on the answers in the above screening grid what weighting would you ascribe to this function – see Risk Matrix

State rating & reasons

Medium, if this proposal is implemented, namely commissioning a new service, then it is likely that some users of mental health services may experience a change in provider. This will be dependent on who is awarded the contracts and transition plans will be developed. People will have an equitable service with the same services being defined by an outcome specification and will be provided across Kent. The fundamental aim of the service will be to provide flexible, responsive care which can adapt to the needs of the individual in order to support their journey to independence and mental wellbeing.

Context

The current supporting independence service (SIS) and Housing related support (HRS) service contracts are coming to an end in October 2017. This has provided us with an opportunity to align the two services and commission a new service which better meets the need of the individual.

The SIS service currently:

- Enables people to live independent lives in the community it is provided for people with Mental health issues
- People can chose how and when they are supported, giving choice and control over the type of care and support received
- SIS can be purchased on a one to one basis or for two or more people as a shared service. In either case SIS will be delivered in the person's home or within the community, as required

The HRS service currently:

- Aims to end social exclusion and enable vulnerable people to maintain or to achieve independence avoiding institutional care and statutory services such as hospitals, prison or a life on the streets
- Equally it aims to help people in institutional care to move to a more independent and stable home in the community
- The programme was delivered under the auspices of the Local Government Act 2000 section 93 following a court ruling in 1997 that housing benefit could no longer be used to fund care and support

The setup of the current contract means that an individual generally receives a set level of support which can only be changed following a formal review process. The person will continue to receive the assessed level of support regardless of whether the needs change during this period. Research has shown that peoples mental health needs can be subject to unpredictable fluctuations. The fundamental aim of the new contract is to enable the provider to respond to fluctuations in the level of support required according to individual need.

Aims and Objectives

To Recommission a service that;

- Promotes and maintains independence
- Enables people to have choice and control
- Supports the move to most suitable accommodation... wherever possible own tenancy in the community
- Avoids duplication, waste and confusion
- Identifies and fixes gaps in pathways
- Enables KCC to work more strategically with providers
- Develops a better range of housing options as outlined in KCC's *Accommodation Strategy*
- Provides the right support where and when it is needed
- Allows for greater flexibility to Increase/decrease support to meet fluctuating needs

Beneficiaries

The service will benefit anyone who experiences mental health and wellbeing issues.
Families and carers may also benefit from people's needs being met in a more responsive way.

Kent County Council and NHS England as the transformed service will ensure that independence is maximised and support is delivered where and when it's needed reducing the likelihood of people needing more intense interventions.

Robust procurement processes will ensure that quality services are delivered which represent value for money.

Kent data

The total population of Kent (excluding Medway) is estimated to be 1,524,700 people.

Of all of the local authority districts in Kent, Maidstone has the largest population with 164,500 people. Dartford has the smallest population with 103,900 people.

Age

Kent has a smaller proportion of middle aged people compared to England, particularly in the age group 20-44 years. •Kent has an older age profile than the national average with greater proportions of people aged 45+ years than England.

Disability

Using the broadest definition (2011 Census) 257,038 residents in Kent (17.6%) have a health problem or disability which limits their day-to-day activities

Personal Independent payment (PIP) was introduced to replace DLA for working age people in Spring 2013 and began to be phased in in Kent in July 2013

7.9% of the population in Kent are claiming a disability benefit - Disability Living Allowance (DLA), Personal Independence Payment (PIP) or Attendance Allowance (AA) - equivalent to 121,001 claimants

A higher proportion of women (7.4%) claim disability benefits in Kent than men (6.7%)

A physical disability or health condition is the most common reason for a claim for a disability benefit. This accounted for 72.4 % of all claims in Kent

A higher proportion of people aged 65 and over (19.1%) claim disability benefits than those aged 16-64 (5.5%) or those aged 15 and under (4.2%)

Thanet district has the highest proportion of disability benefit claimants in the county with 11.5% of the resident population DLA/PIP or AA

The employment rate for people who are disabled in Kent is 53.3%. This is lower than the employment rate for people without a disability which is 79.9% in Kent.

Tonbridge & Malling district has the highest employment rate for people with a disability (75.2%)

Ethnicity-

Kent is the largest non-metropolitan local authority area in England with a resident population of 1,463,740 people as at 2011 Census. This figure excludes the Medway Council area.

The largest ethnic group in Kent is White. 93.7% of residents belong to this ethnic group whilst the remaining 6.3% of residents are from a Black Minority Ethnic (BME) group.

Almost three quarters of Kent residents follow a religion. 915,200 people are Christian which equates to 62.5% of the total population. (See page 9 for details)

Just over 9% of Kent residents were not born within the UK.

2.5% of households in Kent do not have anyone who speaks English as their main language living there.

Gender-

There are slightly more female residents than male residents in Kent. 51% (777,300 people) residents are female and 49% (747,400) male. This pattern is seen in all of Kent's local authority districts.

However, the male to female ratio changes with age. On the whole there tends to be more males than there are females up to the age of 29 years. Beyond this age, there are more females than males, although the exact age at which there become more females than males does vary between each local authority district.

Mental Health Information and Data (source: Mental Health Joint Needs Assessment, June 2015)

Mental ill health represents up to 23% of the total burden of ill health in the UK and is the largest single cause of disability. The impact of mental health on peoples wider lives can affect their educational attainment, employment, housing, family relationships and therefore there are wider costs of mental health problems than just health related costs. Costs to the individuals, their families and their communities in lost potential are essentially incalculable.

Economic implications:

- In secondary care, 11% of the annual health budget is spent on mental health.
- Nationally more than £2 billion is spent annually on social care for people with mental health problems. It is estimated that the cost of treating mental health problems could double over the next 20 years.
- Detailed estimates suggest the overall calculable cost of mental health problems in England to be around £105 billion and around £30 billion of this estimate is work related (sickness absence and reduced productivity.)
- There are also large costs associated with the impact on the criminal justice system and also the housing system and particularly on homelessness services.
- One of the largest areas of cost is the benefit system. The most common reason for incapacity benefit claims is mental health; with 43% of the 2.6 million people on long-term health-related benefits have a mental or behavioural disorder as their primary condition.

Age

Mental health issues can impact anyone at any time in their life:

- Over half of people with a lifetime mental health disorder at the age of 26 will have met the diagnostic criteria first by the age of 14.
- Mental wellbeing during pregnancy and the antenatal period can have an impact on the wellbeing of the child, so is an important time within the life course. One in ten new mothers experience postnatal depression.
- During adulthood, mental health can impact upon people's ability to maintain employment, housing and secure family relationships.
- Depression in older people affects up to 25% of the population and up to 40% of those living in care homes.

In Kent there are a number of population groups that are transitory and mobile, which will make them vulnerable to mental health problems due to lack of awareness of services that are available to support them. These include:

- Immigrant populations
- Military and ex military
- Gypsy Roma Traveller community
- Children leaving Care
- Offenders in the community
- Homeless people

Ethnicity

The 2011 Census shows us that the White ethnic group is the largest group both within Kent and nationally. Just under 1.4 million Kent's residents are from the White ethnic group which accounts 93.7% of the total population. This is a higher proportion than the national figure of 85.4% and the South East figure of 90.7%.

The remaining 92,638 residents of Kent belong to other four broad ethnic groups which we have identified as the Black Minority Ethnic (BME) group. This equates to 6.3% of the total population. This is a lower proportion than the national figure of 14.6% and the regional figure of 9.3%. The most ethnically diverse areas of Kent are located in the north of the county within the districts of Gravesham (17.5%), Dartford (12.9%) and Medway (10.6%). 7.4% of the Gravesham population are from an Indian background. Dartford

has the highest proportion of those from a Black African or Caribbean background.

Information regarding the occurrence of mental health issues within these different ethnic groups is not available.

Deprivation

Major risk factors for mental health problems are poverty, poor education, unemployment, social isolation and major life events. Socially excluded and deprived people are at a higher risk of developing mental health problems. A review of large scale studies of mental health problems undertaken by Social Exclusion Unit of the Cabinet Office in 2004, reported that such problems are more common among people who are unemployed, have fewer educational qualifications, have been looked after or accommodated, are on a low income or have a low standard of living.

It is likely that some people with protected characteristics are more likely to fall into these groups. For example, disabled people may be less likely to be in employment that non-disabled people, putting them at risk of experiencing mental issues related to both unemployment and, for example, hate crime.

The main reasons for the link between deprivation and mental health risk are;

- Increased risk of major traumatic life events and stressors
- Poorer coping strategies leading to poorer resilience
- Feelings of shame and inferiority and exclusion resulting from social comparison

Unemployment in particular is a well-established risk factor for mental ill-health (while returning to or getting work is a well-recognized protective factor). Unemployment is associated with greater health care use and higher death rates. The association also works in the opposite direction; that is, mental ill-health is a significant predictor of unemployment, and in its wake, of debt or impoverishment.

Mental health in Kent

The over and under representation of particular groups and communities in mental health services reveals a lot about the status of different groups within our society, and provides a useful indicator of social exclusion, and cultural understandings of mental health.

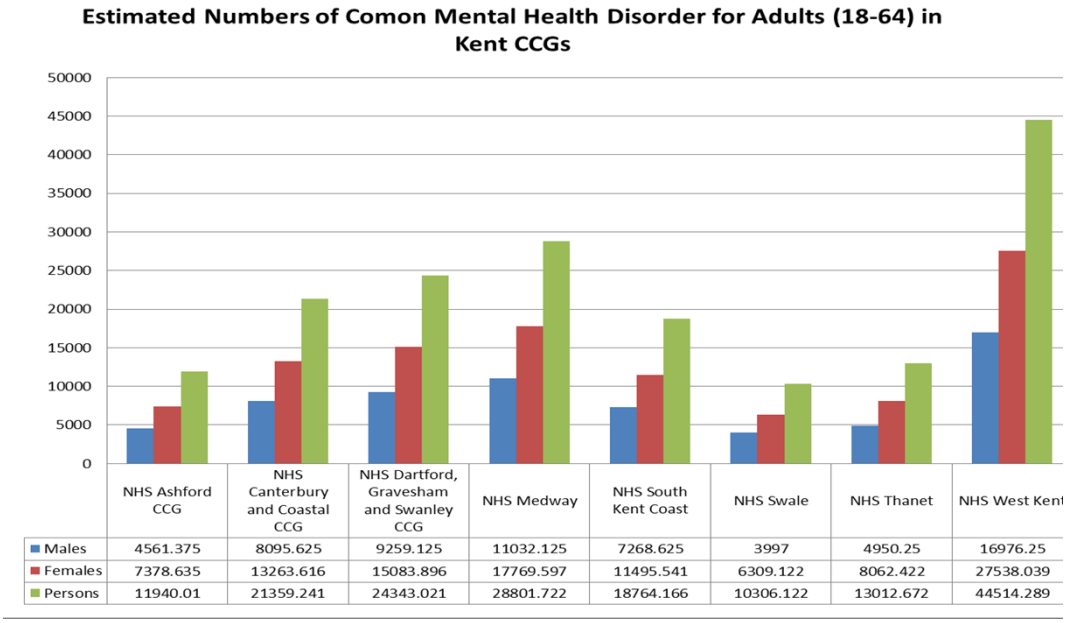
Table 1: Illustrating the estimates of numbers of people at risk of having mental health conditions amongst some of the vulnerable groups in Kent

(Source: Mental Health Joint Needs Assessment, June 2015)

Table 1 % at risk of mental health problems		**Estimated number with mental health problems in Kent**
Asylum seekers & refugees	50%	16
Gypsy Roma and Traveller communities	35%	3,500 or 1639
People who are lesbian, gay or bi-sexual	39.4%	9,450
People with a learning disability	25%	1125
Those with severe or profound hearing impairment	33.3%	3000
Marital status: separated	23.3%	7643
Marital status: divorced	27.1%	30,600
Adult survivors of childhood sexual abuse*	12.4%*	13,290
Released prisoners	90%	4387
Carers	18%	25,000
Sufferers of Hate Crime	60%	742
Adolescents leaving Care to live independently	80%	144

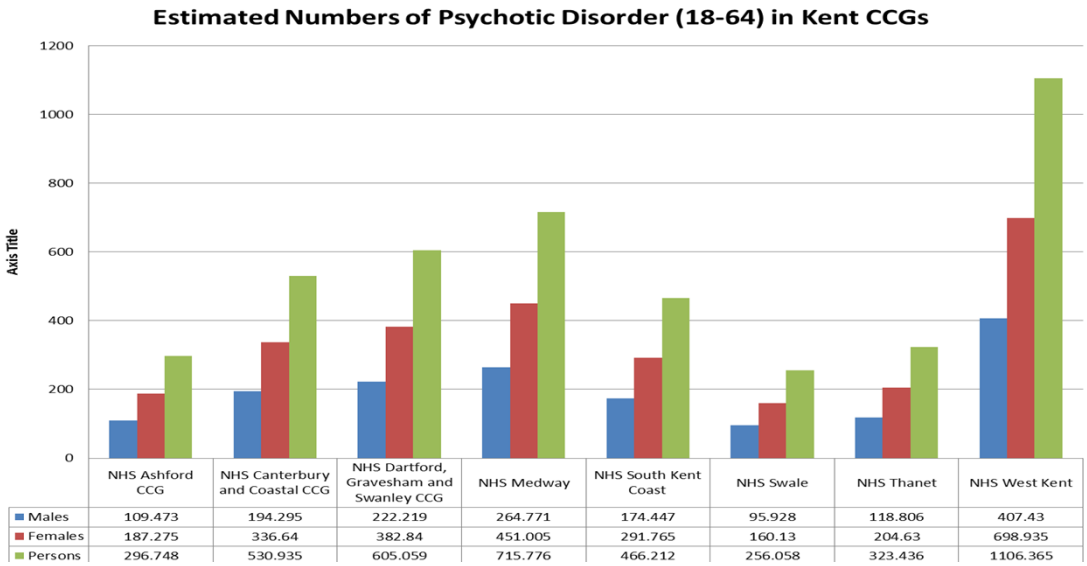
Due to the current monitoring it is however, unknown how many of these groups are accessing current mental health services.

Chart 1: Illustrating the estimated numbers of people with a common mental health disorder across Kent's CCG's aged 18 – 64 years.



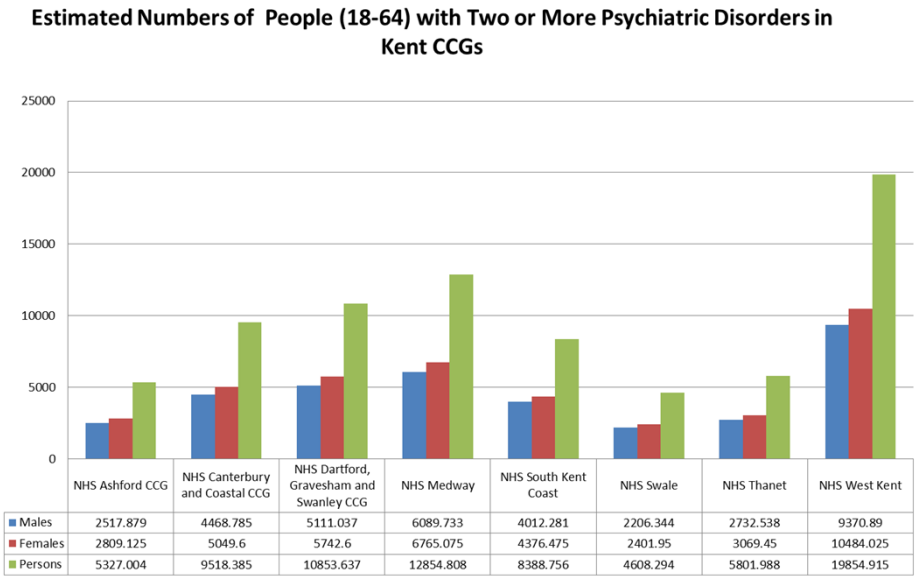
The highest numbers are in NHS West Kent CCG area with over 44, 500 people. The smallest numbers are in NHS Swale CCG area with 10,306

Chart 2: Illustrating the estimated numbers of people aged 18 – 64 in Kent CCG areas with psychotic disorders



The highest number of people can be found in West Kent CCG area with 1,106 people, of which 698 are females and 407 are male

Chart 3: Illustrating the estimated numbers of people with two or more psychiatric disorders across Kent CCG's.



	NHS Ashford CCG	NHS Canterbury and Coastal CCG	NHS Dartford, Gravesham and Swanley CCG	NHS Medway	NHS South Kent Coast	NHS Swale	NHS Thanet	NHS West Kent
Males	2517.879	4468.785	5111.037	6089.733	4012.281	2206.344	2732.538	9370.89
Females	2809.125	5049.6	5742.6	6765.075	4376.475	2401.95	3069.45	10484.025
Persons	5327.004	9518.385	10853.637	12854.808	8388.756	4608.294	5801.988	19854.915

West Kent CCG has the highest number with over 19,854.

Public Consultation

A public consultation will commence on 10th February 2017 and close on 24th March 2017. We are looking to seek the views and opinions of current users of mental health services and providers and future users of mental health services and providers on the proposed new service model.

Involvement and Engagement

Engagement with users of mental health services, carers, current providers and future providers to co-produce the service has begun.

We began this journey by holding a workshop that was open to all those interested in mental health services in order to understand what works and what doesn't, and what we should do differently. We have also talked to people with lived experience of these services in the following ways:

- Visited a supported accommodation units across Kent to talk to residents about their journeys, experiences and ideas about what we could do better.
- Asked an independent social enterprise organisation, ActivMob to conduct interviews with people who are using or have used services.

We also held a series of workshops with providers of these services so they could actively be involved in helping shape what the new model will be:

- Helping people to achieve their outcomes- 12th December 2106
- Partnership and New Ways of working - 14th December 2016
- Paying for outcomes- 24th January 2017

What we have heard

People have told us they want a new service that:

- Enables them to have choice and control
- Treats them with dignity and respect
- Promotes their wellbeing and supports their recovery
- Helps them to remain independent
- Supports them in the most suitable accommodation... wherever possible their own home in the community
- Makes life easier of them, avoids duplication and confusion
- Provides the right support where and when it is needed
- Allows for greater flexibility of support to meet their changing needs

Providers have told us:

- There is much more they can do to support people to be independent and well
- That the way we contract at the moment means they cannot innovate and deliver what people really want
- That we need to trust them to do the right thing
- That we need to work with them as partners
- We need to move away from time and task models and commission for outcomes

- Access to suitable move on housing is difficult and people often get stuck in the system because of this.
- They would welcome the opportunity to work together

(More detail to be added as we progress with this)

Adverse Impact:

Users of mental health services may be required to switch providers. This may create anxiety for them. However, equitable services will be provided and direct payments will be considered for individuals who do not want to switch providers so long as those providers remain viable organisations.

Positive Impact:

Commissioning a new flexible and responsive service will result in the people being supported when and where they need it to support their journey to recovery

In addition, commissioning a new service that is comparable with existing provision means that individuals will be able to access services that are already support them to remain independent. These new services may look radically different as KCC will be commissioning for outcomes rather than outputs.

Moving to longer term contracts will provide sustainability for the providers and services, moving away from annual funding that create uncertainty.

JUDGEMENT

Option 1 – Screening Sufficient **NO**

Justification:

Option 2 – Internal Action Required **YES**

Option 3 – Full Impact Assessment **YES**

Action Plan

See below

Monitoring and Review

New contracts will be regularly monitored and reviewed. This will include regular assessments of individuals receiving the service as well as a robust programme of contract management.

Equality and Diversity Team Comments

Sign Off

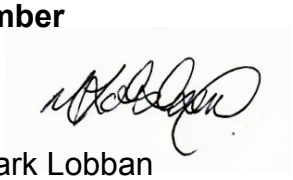
I have noted the content of the equality impact assessment and agree the actions to mitigate the adverse impact(s) that have been identified.

Senior Officer

Signed: 

Name: Emma Hanson
Job Title: Head of Commissioning – Community Support
Date:

DMT Member

Signed: 

Name: Mark Lobban
Job Title: Director of Commissioning
Date: 06.02.2017

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Equality Impact Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications
All	Current users of mental health service may experience a change in provider	Mobilisation plans in place with and continuity of service will be maintained to minimise anxiety	Voluntary sector organisations and people accessing services have time to prepare for end of funding Individual can continue to access the same providers if they choose to through a direct payment	E Hanson	October 2107	None – this is within existing programmed work Mobilisation workgroup including Commissioners and users of mental health services panel
All	Current mental health spend is inequitable across the county and we do not currently have the data to map against protected characteristic	Mapping of mental health activity and deprivation levels across Kent (to include protected characteristics)	Ensure that financial investment reflects the level of need so services meet demand	E Hanson	October 2018 as we collect data under the new contract	None – this is within existing programmed work
All	Impact on protected	Developing a	Increased	E Hanson	October 2017	None – this is

	characteristics is largely unknown due to lack of performance monitoring on equalities within existing services	performance monitoring framework that captures equalities information, as well as information regarding outputs and outcomes.	understanding of whether the services are reaching those who need them in comparison to demographic and statistical information.			within existing programmed work
All	Availability of up to date demographic data	Work with relevant parties to obtain most recent information	Ensure that all parties are accurately represented at the time of new contract	E Hanson	October 2017	
All	Ask providers for data/ trends that they may have with regard to accessing HRS/SIS by different PC's	Consultation				
	Speak to people (by PC's) to test out their experience of HRS/SIS	Consultation				
Disability	Individuals with	Use of easy read	All individuals	E Hanson	February 2017	Unknown –

Race Religion / belief	English as a secondary language, poor literacy levels or low cognitive levels may be unable to participate meaningfully in engagement and consultation events	material Use of consultation material available in different languages if requested Specific support for individuals where needed	will be able to participate meaningfully in engagement and consultation events and understand proposed changes			additional cost may be incurred from engagement events and use of materials

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From:	Graham Gibbens, Cabinet Member for Adult Social Care and Public Health Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing.
To:	Adult Social Care and Health Cabinet Committee – 14 March 2017
Subject:	**RISK MANAGEMENT: SOCIAL CARE, HEALTH AND WELLBEING**
Classification:	Unrestricted
Past Pathway of Paper:	None
Future Pathway of Paper:	None
Electoral Division:	All

Summary: This paper presents the strategic risks relating to the Social Care, Health and Wellbeing Directorate with a specific focus on those risks relating to Social Care. The risks relating to Public Health will be reported separately to a later meeting of this Committee.

Recommendation(s): The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the risks presented in the Directorate Risk Register.

1. Introduction

1.1 The draft Directorate Business Plan is reported separately to this Cabinet Committee as part of the Authority's business planning process. The plan includes a high level section relating to key Directorate risks, which are set out in more detail in this paper. The risks relating to the Public Health Service are reported separately.

1.2 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 Authority from achieving its objectives are identified and controlled. The process of developing the register is therefore important in underpinning Business Planning, performance management and service procedures. Risks outlined in risk registers are taken into account in the development of the Internal Audit programme for the year.

1.3 The Social Care, Health and Wellbeing Directorate Risk Register is reported to the Cabinet Committee annually. It contains strategic or cross-cutting risks that potentially affect several functions across the Directorate, and often have wider

potential interdependencies with other services across the Council and external parties.

1.4 The Directorate's "red risks" are also logged in the KCC Corporate Risk Register. The Corporate Risk Register was reported to the Policy and Resources Cabinet Committee on 8 March 2017.

2 Risks relating to the Social Care, Health and Wellbeing Directorate

2.1 It continues to be a time of significant risk for the Social Care Health and Wellbeing Directorate. Specific concerns include the on-going financial pressures affecting the Directorate; the fragility of the wider social care market and the need to manage capacity and demand particularly during the winter pressures where health trusts are under particular pressure which impacts on social care. At the same time the Directorate continues to transform services and to meet statutory duties such as safeguarding vulnerable adults and children. The risks relating to the number of Unaccompanied Asylum Seeker Children (UASC) arriving in Kent has reduced however there continues to be a significant risk regarding the resource pressure in meeting the needs of UASC children and young people in Kent particularly the needs of care leavers.

2.2 The forthcoming structural changes to the Directorates in Kent County Council will bring opportunities but also some risks which will need to be managed. Any major change programme will have risks associated with the change process itself to ensure there are no gaps when responsibilities are transferred. A co-production approach is being adopted to manage the changes.

2.3 One potential risk is the need to ensure that the commissioning activity retains close links with the social care assessment and care planning functions. The vast majority of social care provision (for example residential care and home care) is commissioned and the social care market needs to be sufficiently sustainable and flexible to meet the individual needs of vulnerable people assessed as requiring care and support. As stated in the report to the County Council on 26 January 2017, regarding the Directorate and Commissioning structures, "there is a need for the professional commissioning function to work collaboratively and seamlessly with the services…"

2.4 Achieving integration with health services in Kent will inevitably involve a number of challenges given the different organisational cultures, ways of working and roles and responsibilities. There are however real benefits to be achieved from integration but again the risks need to be carefully managed.

2.5 The Social Care, Health and Wellbeing Risk Register is attached in Appendix 1, however a summary risk profile as at end of February 2017 is as follows:

Risk No.	Risk Title	Current Risk Rating	Target Risk Rating
SCHW 01	Transformation of adult social care services	20	9
SCHW 02	Transformation of children's services	9	6
SCHW 03a	Safeguarding – protecting vulnerable children	16	9
SCHW 03b	Safeguarding – protecting vulnerable adults	25	15
SCHW 04	Austerity and pressures on public sector funding	25	16
SCHW 05	Working with health, integration, Pioneer, STP (Sustainability and Transformation Plans) and BCF (Better Care Fund)	16	9
SCHW 07	Increasing demand for social care services	20	16
SCHW 08	Managing and working with the social care market	25	9
SCHW 09	Information and communication technology	12	6
SCHW 10	Information governance	9	6
SCHW 11	Business disruption	9	9
SCHW 12	KCC/KMPT partnership agreement	9	6
SCHW 15	Mental Capacity Act and Deprivation of Liberty Assessments	20	8
SCHW 17	OFSTED preparedness and service improvement	12	8
SCHW 19	Capacity to support and accommodate the number of UASC under Leaving Care regulations	20	12
SCHW 20	Prevent	12	4
SCHW 21	Facilities Management	16	4

2.6 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. If the current level of risk is acceptable, the target risk level will match the current rating.

2.7 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.

2.8 The risk registers should be regarded as 'living' documents to reflect the dynamic nature of risk management. The Directorate Management Team formally reviews the risk registers, including progress against mitigating actions, on a quarterly basis, although individual risks can be identified and added to the register at any time. The Divisional Risk Registers are reviewed at Divisional Management Teams and any high level risks are escalated to the Directorate Risk Register.

3. Recommendation

3.1 Recommendation(s): The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the risks presented in the Directorate Risk Register.

4 Background Documents

KCC Risk Management Policy on KNet intranet site. http://knet/ourcouncil/Management-guides/Pages/MG2-managing-risk.aspx

5 Contact details

Report Author
Anthony Mort
Customer Care and Operations Manager
03000 415424
Anthony.mort@kent.gov.uk

Lead Director
Penny Southern
Director Disabled Children, Adults Learning Disability and Mental Health
03000 415505
Penny.southern@kent.gov.uk

Social Care Health and Wellbeing Risk Register

FEBRUARY 2017

Risk ID SCHW 01	Risk Title Transformation of adult social care services				
Source / Cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
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.	A phased approach has been adopted to the Transformation Programme in Adult Social Care. Savings need to be made through more efficient and effective ways of working. Carrying out the transformation is a demand on resources. Phase 3 of the Transformation Programme is in progress. As part of Phase 3 there has been a transfer of skills from N.E to KCC to ensure the Transformation work is sustainable in the longer term.	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 the Transformation Programme are managed and implemented is crucial as it has a major impact on the service including productivity and performance.	Andrew Ireland, Corporate Director SCHW Mark Lobban, Director Commissioning Penny Southern, Director Disabled Children Adult LD/MH Anne Tidmarsh, Director Older People and Physical Disability	V. Likely (5) **Target Residual Likelihood** Possible (3)	Serious (4) **Target Residual Impact** Significant (3)

Control Title	Control Owner
A Transformation Portfolio Board is established with agreed Governance arrangements. A Portfolio Management office is in place to ensure the right change initiatives are being delivered in the right way.	Andrew Ireland, Corporate Director SCHW/Mark Lobban, Director Commissioning
Support of Efficiency partner with diagnostics, design and implementation of the Transformation agenda. Training has taken place to enable a skills transfer to KCC staff.	Andrew Ireland, Corporate Director SCHW/Mark Lobban, Director Commissioning
There is a separate risk register being produced for Phase 3.	Mark Lobban, Director Commissioning
Oversight and monitoring by Budget Board and Cabinet Committee.	Andrew Ireland, Corporate Director SCHW/Mark Lobban, Director Commissioning
Transformation Programme in place with links and interdependencies with the KCC Transformation /Facing	Andrew Ireland, Corporate

the Challenge Programme.	Director SCHW/Mark Lobban, Director Commissioning
6 monthly reporting to Cabinet Committee and monthly programme reporting to portfolio board and Strategic Commissioning Board, Budget and Programme Delivery Board.	Andrew Ireland, Corporate Director SCHW/Mark Lobban, Director Commissioning
Monthly meeting to assess whether the programme benefit is achieving expectations.	Andrew Ireland, Corporate Director SCHW
A sustainability programme is in place in OPPD to monitor the impact of change and transformation and ensure the performance management measures are achieving intended outcomes. A virtual Transformation Engagement Team continues to ensure staff are engaged and leading change and improvement at a local level.	Anne Tidmarsh, Director Older People and Physical Disability
Programme/project management arrangements in place in DCLDMH services for the projects, for example the Lifespan Pathway Project, Your Life Your Home, in-house services and commissioning	Penny Southern, Director Disabled Children Adult LD/MH

Action Title	**Action Owner**	**Planned Completion Date**
Agreed on-going work with an Efficiency Partner as Phase 3 of Transformation. Work in progress to transfer skills to KCC staff.	Mark Lobban, Director Commissioning	March 2017
Manage the interdependencies and relationship between transformation and other Corporate and Directorate programmes.	Andrew Ireland, Corporate Director SCHW	March 2017
Ensure effective two way communication re the Transformation Programme. Need to ensure staff are informed and there is "ownership" of the message. A communication bulletin is produced and disseminated.	Mark Lobban, Director Commissioning/ Thom Wilson, Programme Director	March 2017
Monitoring of completed Transformation Projects including OPPD projects e.g Optimisation, Care Pathways, Commissioning. Handover to business as usual to ensure the continued realisation of the benefits of the changes made.	Anne Tidmarsh, Director Older People and Physical Disability	March 2017
Progression through to completion of the 7 Transformation Projects in L.D services through project management arrangements.	Penny Southern, Director Disabled Children Adult LD/MH	March 2017

Risk ID SCHW 02	Risk Title Transformation of children's services				
Source / Cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
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 maximise the benefits of the work would also be detrimental to service delivery, budgets and key performance indicators.	Andrew Ireland, Corporate Director, SCHW Philip Segurola, Director Specialist Children's Services	Possible (3) **Target Residual Likelihood** Unlikely (2)	Significant (3) **Target Residual Impact** Significant (3)

Control Title	Control Owner
SCS and EHPS are working with Newton Europe on Phase 2 of the transformation programme	Philip Segurola, Director Specialist Children's Services
0 to 25 Programme is part of the overarching cross directorate 0 to 25 portfolio. The programme is led by the relevant Corporate Directors through 0 to 25 Portfolio Board which reports to the Transformation Advisory Board (TAG) a member led body.	Andrew Ireland, Corporate Director, SCHW/Philip Segurola, Director Specialist Children's Services
There is a separate risk register for the programme, which is presented at each portfolio board meeting.	Andrew Ireland, Corporate Director, SCHW/Philip Segurola, Director Specialist Children's Services
A Fostering Action Plan has been produced following an external audit. The actions are being developed, monitored and progressed. A report has been submitted to Governance and Audit Committee.	Philip Segurola, Director Specialist Children's Services
Robust performance management through audit activity, management information reports, deep dive meetings, 0 to 25 programme board and SCS DivMT.	Andrew Ireland, Corporate Director, SCHW/Philip Segurola, Director Specialist Children's Services
Performance framework, operational framework and quality assurance framework in place.	Andrew Ireland, Corporate Director, SCHW/Philip Segurola, Director Specialist

		Children's Services
Action Title	**Action Owner**	**Planned Completion Date**
Through Resource Group maintain the continued focus on recruitment to permanent Social Work and Management vacancies and the retention of experienced qualified social work staff.	Andrew Ireland, Corporate Director, SCHW	March 2017
Progress will be monitored in part through a rolling programme of audits of services. Peer review audits of services including children in need, child protection and children in care. Progress will be tracked against previous audits and results presented to SCS DivMT with six monthly and yearly audit reports. KSCB to host multi agency audits.	Philip Segurola, Director Specialist Children's Services	March 2017
Regular reporting and cascading of learning through meetings with Director and monthly attendance at joint SCS and EHPS DivMT meetings.	Philip Segurola, Director Specialist Children's Services	March 2017
A series of eight joint roadshows held across the county in December for SCS and EHPS staff, giving staff the opportunity to hear the messages direct from the two directors and discuss areas of concern	Philip Segurola, Director Specialist Children's Services	March 2017

Risk ID SCHW 03a	Risk Title Safeguarding – Protecting vulnerable children				
Source / Cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
Safeguarding - Protecting vulnerable children.	The Council must fulfil its statutory obligations to effectively safeguard vulnerable children	Its ability to fulfil 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, Corporate Director, SCHW Philip Segurola, Director Specialist Children's Services	Likely (4) **Target Residual Likelihood** Possible (3)	Serious (4) **Target Residual Impact** Significant (3)

Control Title	**Control Owner**
Safeguarding Boards in place for children's services, providing a strategic countywide overview across agencies.	Andrew Ireland, Corporate Director, SCHW/Philip Segurola, Director Specialist Children's Services
Multi-agency public protection arrangements in place.	Andrew Ireland, Corporate Director, SCHW/Mark Lobban, Director Commissioning/Philip Segurola, Director Specialist Children's Services
Quarterly reporting to Directors and Cabinet Members and Annual Report for Members	Andrew Ireland, Corporate Director, SCHW/Philip Segurola, Director Specialist Children's Services
Consistent scrutiny and performance monitoring through Divisional Management Team, Deep Dives and audit activity.	Andrew Ireland, Corporate Director, SCHW/Philip Segurola, Director Specialist Children's Services
Deep dives for constructive challenge by Senior Managers of front line services. This includes an extended deep dive process with visits to District Teams using an inspection type format.	Andrew Ireland, Corporate Director, SCHW/Philip Segurola, Director Specialist Children's Services

The SCS Development Action Plan has been updated to reflect the recommendations in the OFSTED Child Sexual Exploitation themed inspection. The plan is a joint plan with EHPS and children's commissioning.		Philip Segurola, Director Specialist Children's Services
SCS and EHPS have adopted the Signs of Safety model of intervention, a standardised child-focused model of risk analysis, risk management and safety planning.		Andrew Ireland, Corporate Director, SCHW/Philip Segurola, Director Specialist Children's Services
Action Title	**Action Owner**	**Planned Completion Date**
Ongoing provision of safeguarding training for the relevant staff.	Andrew Ireland, Corporate Director, SCHW	March 2017
Continue with recruitment programme to attract and retain high calibre social workers and managers	Andrew Ireland, Corporate Director, SCHW	March 2017
Support KSCB in delivering business plan.	Philip Segurola, Director Specialist Children's Services	March 2017
A revised deep dive process has been agreed and is in place. Deep Dives taking place throughout 2016 and into 2017	Philip Segurola, Director Specialist Children's Services	March 2017
Progressing delivery against plans and oversight through SCS DivMT and joint SCS and EHPS DivMT meetings.	Philip Segurola, Director Specialist Children's Services	March 2017

Risk ID SCHW 03b	Risk Title Safeguarding – Protecting vulnerable adults				
Source / Cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
Statutory responsibility of the Corporate Director and his staff to ensure effective safeguarding arrangements are in place to protect vulnerable adults.	If there are not robust and effective safeguarding arrangements in place it could place vulnerable people at risk.	Failure to achieve this could lead to the well-being of vulnerable people being compromised and put at risk.	Andrew Ireland, Corporate Director SCHW Mark Lobban, Director Commissioning Penny Southern, Director Disabled Children Adult LD/MH Anne Tidmarsh, Director Older People and Physical Disability	V. Likely (5) **Target Residual Likelihood** Possible (3)	Major (5) **Target Residual Impact** Major (5)

Control Title	**Control Owner**
The Kent and Medway Safeguarding Adult Board (KMSAB) is in place with key agencies. Financial agreement between partner agencies. The KMSAB has been on a statutory footing following implementation of the Care Act in April 2015. There are 3 key working groups within the KMSAB: -Quality Assurance Working Group: This group has introduced a range of performance improvement tools including a dashboard of key indicators and a self-assessment framework An Independent Person in place to chair the Board. -A Learning and Development Group; This group carry out structured work e.g redrafting the multi-agency training package in response to the Care Act changes - Policy, Protocols and Practice Group to review and revise policies.	Andrew Ireland, Corporate Director SCHW
Multi agency public protection arrangements in place.	Andrew Ireland, Corporate Director SCHW
Quarterly reporting to Directors and Cabinet Members and an Annual KMSAB report to Members.	Mark Lobban, Director Commissioning/ Annie Ho,

	Interim Head of Adult Safeguarding
Consistent scrutiny and performance monitoring through Divisional Management Teams, Deep Dives and Audit Activity. Also through the Quality Assurance Working Group and the Adult Safeguarding Quarterly Report.	Mark Lobban, Director Commissioning/ Annie Ho, Interim Head of Adult Safeguarding/ Penny Southern, Director Disabled Children Adult LD/MH/Anne Tidmarsh, Director Older People and Physical Disability
The Safeguarding and MCA capability framework in place and being implemented. A comprehensive mandatory staff training programme has been rolled out for staff to complete the appropriate level of training.	Mark Lobban, Director Commissioning/ Annie Ho, Interim Head of Adult Safeguarding
Safeguarding Adults Work Plan in place.	Anne Tidmarsh, Director Older People and Physical Disability
In Kent a Transforming Care Steering Group is in place. Governance established across Kent and Medway additional support commissioned by NHS England is in place. A number of sub-groups established focussing on delivery within LD, autism and children services.	Penny Southern, Director Disabled Children Adult LD/MH

Action Title	**Action Owner**	**Planned Completion Date**
On-going programme of safeguarding audits and feedback sessions from the audits.	Annie Ho, Interim Head of Adult Safeguarding	May 2017
Implementation of the Capability Framework for safeguarding and associated training is provided for staff.	Annie Ho, Interim Head of Adult Safeguarding	March 2017
Corporate Audit of adult safeguarding practices in 2016/17. Management action plan in place.	Annie Ho, Interim Head of Adult Safeguarding	March 2017
A task and finish group set up to re-commission multi-agency safeguarding training.	Annie Ho, Interim Head of Adult Safeguarding	March 2017
Making Safeguarding Personal project work to develop service user involvement in safeguarding - link to ADASS national project. Initial project completed and has been rolled out. Review of MSP literature feedback mechanism and reporting processes.	Annie Ho, Interim Head of Adult Safeguarding	March 2017

Risk ID SCHW 04	Risk Title Austerity and pressures on public sector funding				
Source / Cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
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.	KCC has to find major savings in 2016/17 and it is expected to be even more difficult in 2017/18 with the Council having to make savings in the region of £80m. Partner organisations and private sector providers also experiencing funding challenges potentially putting joint working at risk. Financial pressures in the health sector having repercussions for social care. Increased stress on some families due to financial pressures. Insufficient central government funding to support UASC care leavers.	Major funding pressures impacting on the delivery of social care services. The capital strategy putting specific projects at risk. Business viability of independent providers could be impacted with providers going out of business and a very fragile care market.	Andrew Ireland, Corporate Director SCHW Michelle Goldsmith, Finance Business Partner (FSC)	V. Likely (5) **Target Residual Likelihood** Likely (4)	Major (5) **Target Residual Impact** Serious (4)

Control Title	**Control Owner**
Robust financial and activity monitoring regularly reported to DMT and budget reporting within the DivMTs	Andrew Ireland, Corporate Director SCHW/Michelle Goldsmith, Finance Business Partner (FSC)
Robust debt monitoring	Andrew Ireland, Corporate Director SCHW/Michelle Goldsmith, Finance Business Partner (FSC)
Transformation programme to ensure efficiencies and the best use of available resources.	Michelle Goldsmith, Finance Business Partner (FSC)/ Andrew Ireland, Corporate Director SCHW/ Mark Lobban, Director Commissioning/

		Penny Southern, Director Disabled Children Adult LD/MH/ Anne Tidmarsh, Director Older People and Physical Disability
More efficient use of assistive technology and equipment to reduce dependence on service		Andrew Ireland, Corporate Director SCHW/ Mark Lobban, Director Commissioning/ Penny Southern, Director Disabled Children Adult LD/MH/ Anne Tidmarsh, Director Older People and Physical Disability
The 0 to 25 Portfolio Board is overseeing the joint Transformation projects of SCS, Early Help and Preventative Services and Children's Commissioning - working closely with Newton-Europe. The programme feeds into the overarching 0 to 25 Change Portfolio.		Philip Segurola, Director Specialist Children's Services
Business Plans in place for 2016/17 and drafts produced for 2018/18.		Andrew Ireland, Corporate Director SCHW
Dialogue with the Home Office re the increasing numbers of unaccompanied minors and the costs of supporting UASC care leavers.		Philip Segurola, Director Specialist Children's Services
Action Title	**Action Owner**	**Planned Completion Date**
Building community capacity. In LD services moving from segregated facilities to inclusive settings with partners.	Andrew Ireland, Corporate Director SCHW	March 2017
Focus on prevention, enablement and independence for vulnerable adults.	Andrew Ireland, Corporate Director SCHW	March 2017
Development of appropriate incentives within the commissioning framework	Mark Lobban, Director Commissioning	March 2017
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 which is reported to Budget & Programme Delivery Board on a monthly basis. Finance staff engaged in monthly DivMT slot and savings targets part of 0 to 25 programme. Also a substantive item on the joint DivMT meetings between	Philip Segurola, Director Specialist Children's Services	March 2017

SCS and EHPS.		
Continued drive to deliver efficient and effective services through transformation and modernisation agenda.	Andrew Ireland, Corporate Director SCHW	March 2017
Continue to work innovatively with partners, including health services, to identify any efficiencies.	Andrew Ireland, Corporate Director SCHW	March 2017

Risk ID SCHW 05	Risk Title Working with Health, Integration, Pioneer and BCF				
Source / Cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
Working with health, integration of health and social care services.	There is a need to develop integrated health and social care services. There is a risk if services do not become fully integrated. Local Authorities are required to have a plan in place and to be ready for integration by 2020. There are risks associated with joint working including ensuring commitments to Section 75 agreements. Pressures on NHS Trusts particularly at winter having repercussions for social care. A risk of Better Care Fund with funding only agreed for two more years.	Increased health and social care integration 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. If health services are not meeting needs there can be increased pressures on social care services and budgets.	Andrew Ireland, Corporate Director SCHW Mark Lobban, Director Commissioning Penny Southern, Director Disabled Children Adult LD/MH Anne Tidmarsh, Director Older People and Physical Disability Philip Segurola, Director Specialist Children's Services	Likely (4) **Target Residual Likelihood** Possible (3)	Serious (4) **Target Residual Impact** Significant (3)

Control Title	**Control Owner**
Reporting and inputting to Transformation Board regarding integration but also to Health and Well Being Boards, and Locality boards and Clinical Commissioning Groups and Vanguard Groups.	AnneTidmarsh, Director Older People and Physical Disability
Programme management arrangements in place for integration with a Programme Plan and local action plans based on the Programme Plan. Co-ordination by a programme manager.	AnneTidmarsh, Director Older People and Physical Disability
Kent is one of the Integrated Care and Support Pioneers. This is giving renewed imputus to the integration programme in Kent. An Integration Pioneer Steering Group is in place, with over 25 stakeholder members.	AnneTidmarsh, Director Older People and Physical Disability
The Better Care Fund is supporting the integration programme and the development of joined up working and commissioning. High level county wide BCF finance and performance meetings take place to monitor	AnneTidmarsh, Director Older People and Physical Disability

implementation, performance and delivery including issues and risks. An integrated group is planning for graduation from BCF and a separate group is working with District Councils on the use of BCF funding for Disabled Facilities Grants.		
Close working at a leadership level seeking to develop a shared transformation plan. Health and Well Being Board in place. Meetings with CCG Accountable Officers.		Andrew Ireland, Corporate Director SCHW/Mark Lobban, Director Commissioning/Penny Southern, Director Disabled Children Adult LD/MH/Anne Tidmarsh, Director Older People and Physical Disability/ Philip Segurola, Director Specialist Children's Services
JSNA to support health and social care commissioning.		Andrew Ireland, Corporate Director SCHW
Joint working with health on Section 75 agreements including the Section 75 agreement for the provision of the Community Equipment Service.		Mark Lobban, Director Commissioning/Penny Southern, Director Disabled Children Adult LD/MH/Anne Tidmarsh, Director Older People and Physical Disability
Already integrated working and commissioning in place for Learning Disability and Mental Health.		Penny Southern, Director Disabled Children Adult LD/MH
KCC having input to STP at various levels. Working with CCGs on 'Local Care and Hospital models' as part of STP.		AnneTidmarsh, Director Older People and Physical Disability
Action Title	**Action Owner**	**Planned Completion Date**
Developing integrated performance measures and monitoring	Anne Tidmarsh, Director Older People and Physical Disability	March 2017
Information management and technology strategy being developed within the CCG area Digital Roadmaps to support a shared integration plan.	Anne Tidmarsh, Director Older People and Physical Disability	March 2017
Work closely with the CCGs to focus on long term conditions to improve people's ability to self-care.	Anne Tidmarsh, Director Older People and Physical Disability	March 2017
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	Anne Tidmarsh, Director Older People and Physical Disability	March 2017

integration programme and wider Pioneer work.		
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.	Anne Tidmarsh, Director Older People and Physical Disability	March 2017
Local BCF delivery groups working on local action plans.	Anne Tidmarsh, Director Older People and Physical Disability	March 2017
To ensure alignment of the commissioning plans for social care and CCGs.	Andrew Ireland, Corporate Director SCHW	March 2017
To continue to monitor the Section 75 agreements.	Mark Lobban, Director Commissioning/Penny Southern, Director Disabled Children Adult LD/MH/Anne Tidmarsh, Director Older People and Physical Disability	March 2017
Ensure adherence to the CHC Framework and monitor joint working arrangements to prevent cost shunting.	Mark Lobban, Director Commissioning/Penny Southern, Director Disabled Children Adult LD/MH/Anne Tidmarsh, Director Older People and Physical Disability/ Philip Segurola, Director Specialist Children's Services	March 2017

Risk ID SCHW 07	Risk Title Increasing demand for social care services				
Source / Cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
Risk that demand will outstrip available resources.	Fulfilling statutory obligations and duties becomes increasingly difficult against rising expectations and increased demand for services. 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 and migration of population (see separate risk for Unaccompanied Asylum Seeker Children).	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. More pressure on services to respond to increased demand, a risk of service failure if there is insufficient capacity to respond	Andrew Ireland, Corporate Director SCHW Mark Lobban, Director Commissioning Penny Southern, Director Disabled Children Adult LD/MH Anne Tidmarsh, Director Older People and Physical Disability	V. Likely (5) **Target Residual Likelihood** Likely (4)	Serious (4) **Target Residual Impact** Serious (4)

Control Title	Control Owner
Robust monitoring, reporting and analysis to DMT and Business Planning	Andrew Ireland, Corporate Director SCHW/Mark Lobban, Director Commissioning/Penny Southern, Director Disabled Children Adult LD/MH/Anne Tidmarsh, Director Older People and Physical Disability
Working towards joint planning and commissioning with partners.	Andrew Ireland, Corporate Director SCHW/Mark Lobban, Director Commissioning/Penny Southern, Director Disabled Children Adult LD/MH/Anne Tidmarsh, Director Older People and Physical Disability

Tendering taking place for Residential and Nursing Care to shape/manage the market.	Andrew Ireland, Corporate Director SCHW/Mark Lobban, Director Commissioning
Adults Transformation Programme in progress. Phase One implemented including: Care Pathways, Commissioning and Procurement and Optimisation. Phase 2 and LD projects now in progress.	Andrew Ireland, Corporate Director SCHW/Mark Lobban, Director Commissioning/Penny Southern, Director Disabled Children Adult LD/MH/Anne Tidmarsh, Director Older People and Physical Disability
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, Corporate Director SCHW/Mark Lobban, Director Commissioning/Penny Southern, Director Disabled Children Adult LD/MH/Anne Tidmarsh, Director Older People and Physical Disability
Continued monitoring of Ordinary Residence 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, Corporate Director SCHW/ Penny Southern, Director Disabled Children Adult LD/MH/ Philip Segurola, Director Specialist Children's Services
Developing community capacity particularly in relation to prevention and early help.	Mark Lobban, Director Commissioning
As part of the 0 to 25 programme, streamlining back office processes and systems via the Admin Review to make admin support more focused and relevant. Freeing up social worker time for more direct work. Focus on quality and effectiveness of intervention and ensuring an appropriate and timely throughput of cases.	Philip Segurola, Director Specialist Children's Services

Action Title	**Action Owner**	**Planned Completion Date**
Review of care ensuring good outcomes linked to effective arrangements for support. Monitoring of trusted assessor arrangements eg carers ssessments.	Andrew Ireland, Corporate Director SCHW	March 2017
Continued use and development of Assistive Technology (Telecare). Extend scope of Telecare.	Andrew Ireland, Corporate Director SCHW	March 2017

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 and ensuring that a range of permanency options are always considered for children in order that they secure the best outcomes.	Philip Segurola, Director Specialist Children's Services	March 2017
Continue to invest in preventative services through voluntary sector partners.	Andrew Ireland, Corporate Director SCHW	March 2017
Adult social care Transformation Programme - tracking and monitoring the impact of delivery -on going.	Andrew Ireland, Corporate Director SCHW	March 2017
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.	Andrew Ireland, Corporate Director SCHW	March 2017
Continued modernisation of Older People Services and of Learning Disability Day Services through the Good Day Programme.	Andrew Ireland, Corporate Director SCHW	March 2017
To monitor demand for services including new referrals and people requiring services for longer - often with complex needs.	Penny Southern, Director Disabled Children Adult LD/MH	March 2017
SCS working with Strategic Commissioning and EHPS to negotiate improved contracts with providers.	Philip Segurola, Director Specialist Children's Services	March 2017
To further improve the adoption journey for children and adopters in Kent and achieve earlier permanence and improved outcomes for children in the care system.	Philip Segurola, Director Specialist Children's Services	March 2017
A review of the Central Duty Team and Early Help Triage is being undertaken to see whether there could be greater efficiencies in bringing the two teams together into a single management structure.	Philip Segurola, Director Specialist Children's Services	March 2017

Risk ID SCHW 08	Risk Title Managing and working with the Social Care Market				
Source / Cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
Managing and working with 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. A risk is the care home and domiciliary care markets not being sustainable. Becoming increasingly difficult to obtain provider supply at affordable prices. The introduction of the Living Wage has severely impacted on the care market and could result in home closures/service failures due to workforce retention issues. There is evidence of an increase in the rate of closure of care homes. Also, there is a need to 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.	Some parts of the social care market are facing severe financial pressures. This has been compounded by a significant increase in the minimum wage. If some providers fail then there could be gaps in the care market for certain types of care or in geographical areas. This would make it difficult to place some service users. Financial pressures could result in difficulties purchasing care at affordable prices. A risk that providers will choose not to tender for services at Local Authority funding levels or accept service users with high levels of complex needs.	Andrew Ireland, Corporate Director SCHW Mark Lobban, Director Commissioning	V.Likely (5) **Target Residual Likelihood** Possible (3)	Major (5) **Target Residual Impact** Significant (3)

Control Title	Control Owner
Strategic Commissioning and Access to Resources functions in place to ensure KCC gets value for money - whilst maintaining productive relationships with providers.	Andrew Ireland, Corporate Director SCHW/Mark Lobban, Director Commissioning
Regular market mapping and price increase pressure tracking	Andrew Ireland, Corporate Director SCHW/Mark Lobban, Director Commissioning
Opportunities for Joint Commissioning in partnership with key agencies (health) being explored. Joint work regarding the provision of dementia nursing beds.	Andrew Ireland, Corporate Director SCHW/Mark Lobban, Director Commissioning
Regular meetings with provider and trade organisations	Andrew Ireland, Corporate Director SCHW/Mark Lobban, Director Commissioning
A risk based approach to monitoring providers	Andrew Ireland, Corporate Director SCHW/Mark Lobban, Director Commissioning
Reviewing relationships with voluntary organisations	Andrew Ireland, Corporate Director SCHW/Mark Lobban, Director Commissioning
Commissioning framework for children's services	Andrew Ireland, Corporate Director SCHW/Mark Lobban, Director Commissioning
Develop commissioning plans for specific service areas to determine if a tendering process is required and then implement.	Mark Lobban, Director Commissioning
On-going monitoring of Home Care and market coverage. Commissioners and operational managers reviewing the capacity of the Home Care market with a view to developing a strategy to ensure market coverage.	Mark Lobban, Director Commissioning
Every provider has signed the National Fostering Framework agreement and KCC's service specification.	Mark Lobban, Director Commissioning
Tracking placement data through the County Placement Team	Mark Lobban, Director Commissioning
An Accommodation Strategy is in place developed with partners and key stakeholders.	Mark Lobban, Director Commissioning

Procurement and Contract Controls		Andrew Ireland, Corporate Director SCHW/Mark Lobban, Director Commissioning
Action Title	**Action Owner**	**Planned Completion Date**
Where possible ensuring market is able to offer choice of providers.	Mark Lobban, Director Commissioning	March 2017
Strategic Commissioning and Procurement tendering for residential and nursing home care. Implementation phase following the tender.	Mark Lobban, Director Commissioning	March 2017
Project to improve quality of care in independent sector. Further work to be done to make it operational through phase 2.	Mark Lobban, Director Commissioning	March 2017
Need to ensure there is sufficient local foster and residential care for disabled children to reduce the need for out of county placements.	Mark Lobban, Director Commissioning	March 2017

Risk ID SCHW 09	Risk Title Information and Communication Technology				
Source / Cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
Need to ensure that information and Communication systems are fit for purpose and support business requirements.	There is a risk that failure of critical systems or network failure will impact significantly on the delivery of services. There are risks if systems are slow or if there is down time. An example is a problem with systems could impact on client billing. A second risk is that systems are not updated so that they become obsolete and are no longer fit for purpose, or the system provider decides not to retain a commitment to the product. A third risk is if systems do not have disaster recovery systems in place. Another risk is that the Transformation Programme will radically impact on the requirements for a replacement case management system but the requirements may not be known in time to go out to tender and replace SWIFT/AIS before the end of the current contract. The system provider has announced that they are planning to cease providing social care applications and will not be providing support beyond April 2020.	Information Systems need to be fit for purpose to assist service delivery and performance management - if systems are not fit for purpose this could have a significant impact on the service. If there is a lot of down time or if systems are slow it can impede staff from accessing key information about service users and carers.	Andrew Ireland, Corporate Director SCHW Mark Lobban, Director Commissioning Philip Segurola, Director Specialist Children's Services	Likely (4) **Target Residual Likelihood** Possible (3)	Significant (3) **Target Residual Impact** Moderate (2)

Control Title		Control Owner
Upgrade to version 29.1 of SWIFT/AIS has taken place.		Mark Lobban, Director Commissioning
Children's System Programme Board oversees ICT related projects for SCS and EHPS such as updates and improvements to the ICS system (LIberi), the procurement and integration of Contocc and a EH module on Liberi.		Philip Segurola, Director Specialist Children's Services
SCS Progression of new technology options to improve remote access and flexible recording		Philip Segurola, Director Specialist Children's Services
Reconfiguration of roles and responsibilities undertaken to clarify accountabilities including the role of system owner.		Mark Lobban, Director Commissioning
Work on going with SWIFT/AIS software provider. Meetings with account holder and on -going dialogue. Northgate recently taken over by a private equity company - Cinven. Monitoring to see if there are any implications in terms of their commitment to the social care market. SWIFT/AIS contract has been extended to April 2018 with the option to extend to April 2019 in two six month increments.		Mark Lobban, Director Commissioning
A new Controcc System implemented (Foster Payment System). Phases 1-3 are complete and work is ongoing on phase 4.		Philip Segurola, Director Specialist Children's Services
ICT is currently working with the business to schedule disaster recovery case of all the main line of business systems. This will include SWIFT/AIS and Liberi as well as e-mail and Oracle e-business.		Linda Harris, Infrastructure Business Partner
Action Title	**Action Owner**	**Planned Completion Date**
Any issues and risks regarding the Liberi system are dealt with in the Children's Systems Programme Board/ Separate Risk Register	Philip Segurola, Director Specialist Children's Services	March 2017
The contract with the current provider is time limited and decisions will need to be taken regarding future arrangements. The Provider has announced that they are planning to cease delivering social care applications and will not provide support beyond April 2020.	Mark Lobban, Director Commissioning	March 2017
Implementation of tablet option with remote access to Liberi for frontline social workers as part of TRP refresh programme.	Philip Segurola, Director Specialist Children's Services	March 2017
Following outsourcing of Digital Services to Agilisys, need to ensure there is no disconnect between back office systems (managed by ICT) and the customer facing website (managed by Agilisys).	Linda Harris, Infrastructure Business Partner	March 2017
ICT to schedule business recovery of all main Business Systems including SWIFT/AIS and Liberi and corporate systems such as e-mail and Oracle.	Linda Harris, Infrastructure Business Partner	March 2017

CCGs working towards local health and care economies being paper free by 2020. Expected that Local Authorities will participate.	Linda Harris, Infrastructure Business Partner	March 2017

Risk ID SCHW 10	Risk Title Information Governance				
Source / Cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
With New Ways of Working, flexible working and increased information sharing across agencies there are increased risks in relation to data protection. General Data Protection Regulations (GDPR) will be enacted in 2018. These will have an impact on social care.	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. It is expected that the DP Regulations will change.	This could lead to breaches of the Data Protection Act if protocols and procedures are not followed and the new regulations are not adhered to when issued.	Andrew Ireland, Corporate Director SCHW Michael Thomas-Sam, Head or Strategy and Business Support	Possible (3) **Target Residual Likelihood** Possible (3)	Significant (3) **Target Residual Impact** Moderate (2)

Control Title	Control Owner
Information sharing agreements and protocols for specific projects are in place. I.G is considered during the PMO process. Where information sharing with non-government organisations then Egress can be used to lead to greater security	Andrew Ireland, Corporate Director SCHW/Mark Lobban, Director Commissioning/Penny Southern, Director Disabled Children Adult LD/MH/Anne Tidmarsh, Director Older People and Physical Disability/ Philip Segurola, Director Specialist Children's Services

Organisational policies on IT security and the principles of Data Protection in place.	Andrew Ireland, Corporate Director SCHW/Mark Lobban, Director Commissioning/Penny Southern, Director Disabled Children Adult LD/MH/Anne Tidmarsh, Director Older People and Physical Disability/ Philip Segurola, Director Specialist Children's Services
E Learning training for staff to raise awareness. All staff to complete the e-learning training on Information Governance and Data Protection.	Andrew Ireland, Corporate Director SCHW/Mark Lobban, Director Commissioning/Penny Southern, Director Disabled Children Adult LD/MH/Anne Tidmarsh, Director Older People and Physical Disability/ Philip Segurola, Director Specialist Children's Services
Clause in employment contracts requiring compliance with data protection requirements.	Andrew Ireland, Corporate Director SCHW/Mark Lobban, Director Commissioning/Penny Southern, Director Disabled Children Adult LD/MH/Anne Tidmarsh, Director Older People and Physical Disability/ Philip Segurola, Director Specialist Children's Services
Caldicott Guardian in place for SCHW and Caldicott Guardian Guidance and register in place. The Caldicott Guardian officers have regular formal meetings.	Michael Thomas-Sam, Head or Strategy and Business Support
Policy impact Assessment for the information governance aspects of projects such as the residential re-let.	Andrew Ireland, Corporate Director SCHW
Authority wide group in place to provide strategic leadership on Information Governance.	Ben Watts, Interim General Counsel
Annual Information Governance Statement completed by all contracted providers. This information is now on line.	Mark Lobban, Director Commissioning

In Shared Offices there are designated areas for SCHW staff to ensure phone calls are not overheard.		Mark Lobban, Director Commissioning/Penny Southern, Director Disabled Children Adult LD/MH/Anne Tidmarsh, Director Older People and Physical Disability/ Philip Segurola, Director Specialist Children's Services
Action Title	**Action Owner**	**Planned Completion Date**
All projects need to have information protocols and agreements where information is to be shared across agencies.	Andrew Ireland, Corporate Director SCHW	March 2017
Need to continue to raise awareness across staff groups. all staff to undertake E-learning in information governance	Andrew Ireland, Corporate Director SCHW	March 2017
On-going work with health partners regarding information sharing through the Pioneer Programme.	Anne Tidmarsh, Director Older People and Physical Disability	March 2017
Information Governance reports to DMT on an annual basis with updates.	David Oxlade, Head of Operational Support	March 2017
Regular communication with SCS staff to remind them of data protection requirements and the need to use secure e-mails etc. Learning to be shared from Data Protection breaches	Philip Segurola, Director Specialist Children's Services	March 2017
The new Case Certificate will replace the I.G Tooolkit in April 2018.	Janice Grant, SCHW Policy & Standards Manager	March 2018
CQC will introduce more rigour to IG inspection and it is expected this will have more power to hold organisations to account.	Janice Grant, SCHW Policy & Standards Manager	March 2018

Risk ID SCHW 11	Risk Title Business disruption				
Source / Cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
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, Corporate Director SCHW Penny Southern, Director Disabled Children Adult LD/MH	Possible (3) **Target Residual Likelihood** Possible (3)	Significant (3) **Target Residual Impact** Significant (3)

Control Title	Control Owner
A range of in-house and multi-agency training available to ensure all staff are aware of their roles and responsibilities in responding to business disruption, increased needs and/or service demands.	Andrew Ireland, Corporate Director SCHW/Penny Southern, Director Disabled Children Adult LD/MH
Service Level Business Continuity plans in place for all services reflecting outcome of Business Impact Analysis and Risk Assessment. Service Managers to review Plans annually or in light of significant changes or events.	Andrew Ireland, Corporate Director SCHW/Penny Southern, Director Disabled Children Adult LD/MH
Management system in place to quality assure contingency arrangements including review and identification of lessons arising from the way incidents/exercises are managed.	David Oxlade, Head of Operational Support
System resilience plan in place setting out how the Directorate is prepared to respond to the increased needs and/or service demands as a result of seasonal pressures and other periods of escalations across the Kent and Medway Health and Social Care System.	Andrew Ireland, Corporate Director SCHW
Business continuity planning forms part of the contracting arrangements with private and voluntary sector providers	Andrew Ireland, Corporate Director SCHW/Penny Southern, Director Disabled Children Adult LD/MH
Good partnership working across KCC departments and multi-agency partners including joint planning with NHS organisations.	Andrew Ireland, Corporate Director SCHW/Penny Southern, Director Disabled

		Children Adult LD/MH
Action Title	**Action Owner**	**Planned Completion Date**
Business Continuity Risk Assessment to identify actions at divisional level	Andrew Ireland, Corporate Director SCHW	March 2017
Advanced Business Impact Analysis and Risk Assessment to be undertaken for all services, reviewed annually or when substantive changes in policy, process or procedure occur.	David Oxlade, Head of Operational Support	March 2017
Business Management Systems Team to work with Commissioning to ensure that business continuity arrangements are in place for contracted services to meet requirements. If necessary make recommendations for improvement as part of contract monitoring process.	David Oxlade, Head of Operational Support	March 2017

Risk ID SCHW 12	Risk Title KCC KMPT partnership agreement				
Source / Cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
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, Director Disabled Children Adult LD/MH	Possible (3)	Significant (3)
				Target Residual Likelihood	**Target Residual Impact**
				Possible (3)	Moderate (2)

Control Title	Control Owner
DivMT oversight of the joint operating framework and improved data quality to monitor services.	Cheryl Fenton, Head of Mental Health Social work
KMPT required to implement social work job plans, caseload management tool and focused roles and responsibilities for mental health social workers (based on the College of Social Work recommendations). To seek assurance at DivMT.	Cheryl Fenton, Head of Mental Health Social work
Increased monitoring of the number of residential care placements through coordination of the Complex Needs Panel, the review of placements, and the transfer of a number of residential clients to the KCC Primary Care Mental Health Service. Newton Europe transformation programme for M.H is focusing on residential placement and review practice to seek to improve use; review and timely discharge from residential care as well as use or alternatives. This will dove tail with current review of MH accommodation strategy and the re-let of MH SIS/SIS plus and housing related support. Service Managers have agreed savings targets to reduce MH budget pressures in service lines e.g SIS and residential.	Cheryl Fenton, Head of Mental Health Social work
CQC highlighted a concern with high caseloads in KMPT. This will impact on KCC seconded staff. A system has been introduced to monitor caseloads on a weekly basis through a RAG rating tool. Discussions are on-going at DivMT and include a focus on the role of the Social Worker in integrated teams.	Cheryl Fenton, Head of Mental Health Social work
Improved governance and performance monitoring arrangements in place.	Penny Southern, Director Disabled Children Adult LD/MH
Introduction of a new model to deliver safeguarding duties under Section 42 Care Act 2014 with KCC providing designated senior officer role and oversight of all stages of enquiries.	Cheryl Fenton, Head of Mental Health Social work

Action Title	Action Owner	Planned Completion Date
Improve the supervision, support and Continuous Professional Development for social care staff. Arrangements for professional supervision in place. Supervision audits on-going. Targeted recruitment and succession strategy has been implemented.	Cheryl Fenton, Head of Mental Health Social work	March 2017
Partnership/Operating Agreement between KCC and KMPT monitored through DivMT on an on-going basis. Annual report to Members regarding the Agreement.	Penny Southern, Director Disabled Children Adult LD/MH	March 2017
Continue to promote the personalisation agenda with social care clients in mental health services. Transfer of KERS service to new Primary Care Mental Health Service to ensure early intervention and prevention via enablement.	Cheryl Fenton, Head of Mental Health Social work	March 2017
Monitor KPIs -focus on red indicators and exception reports. Address IT issues - action plan to do this.	Cheryl Fenton, Head of Mental Health Social work	March 2017
Establishment of a Primary Care and Well Being Service to deliver mental health social care. Part of a wider multi agency approach to community mental health service. This includes a primary care social work service. To monitor activity and consider resource transfer from secondary if required.	Penny Southern, Director Disabled Children Adult LD/MH	March 2017
Annual Review of Partnership Agreement to take place.	Cheryl Fenton, Head of Mental Health Social work	March 2017

Risk ID SCHW 15	Risk Title MCA and Deprivation of Liberty assessments				
Source / Cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
The Supreme Court Judgement has led to a significant increase in demand for Deprivation of Liberty Assessments. There is a concern that the Government Grant for DoLs work will not be forthcoming in 2016/17.	With the significant increase in Deprivation of Liberty assessments, a large number have not been dealt with in the statutory framework and there is now a backlog of cases.	This could result in some people living in circumstances where they are deprived of their liberty based on the 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, Director Commissioning	V. Likely (5)	Serious (4)
				Target Residual Likelihood	**Target Residual Impact**
				Likely (4)	Moderate (2)

Control Title	Control Owner
Briefings provided to DMT on the judgment and its implications.	Annie Ho, Interim Head of Adult Safeguarding
Capability Framework developed for adult social care including MCA and DoLs for KCC.	Annie Ho, Interim Head of Adult Safeguarding
There is an increased capacity of BIA Assessors including 7 FTE Assessors.	Annie Ho, Interim Head of Adult Safeguarding
New Contracts produced for Section 12 Doctors for DoLs work	Annie Ho, Interim Head of Adult Safeguarding
Support provided to staff through the DoLs/MCA Team. Also increased administrative support in the DoLs Team and appointment of a BIA Manager.	Annie Ho, Interim Head of Adult Safeguarding
Strong Triage Arrangements in place to risk assess and prioritise DoLs Assessments.	Annie Ho, Interim Head of Adult Safeguarding
MCA/DoLs Business Plan produced.	Annie Ho, Interim Head of Adult Safeguarding

Action Title	Action Owner	Planned Completion Date
As this risk is the result of a national judgment - most Local Authorities are facing similar challenges. To keep abreast of any national (DH)	Mark Lobban, Director Commissioning	March 2017

developments or further court judgments.		
Internal audit to audit the DoLs service and produce recommendations. Management action plan in place.	Annie Ho, Interim Head of Adult Safeguarding	March 2017
Predicting a significant overspend - management actions have reduced this but reviewing all budgets of adult safeguarding unit to bring budget in line.	Annie Ho, Interim Head of Adult Safeguarding	March 2017

Risk ID SCHW 17	Risk Title OFSTED preparedness and service improvement				
Source / Cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
Preparedness for an Ofsted Inspection	An announced Ofsted Single Inspection Framework and/or Joint Targeted Area Inspection is expected in 2016	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, Corporate Director SCHW Philip Segurola, Director Specialist Children's Services	Likely (4)	Significant (3)
				Target Residual Likelihood	**Target Residual Impact**
				Likely (4)	Moderate (2)

Control Title	Control Owner
Following removal from improvement notice the Children's Improvement Plan has been revised and re-launched as a development action plan. The joint plan with EHPS addresses high priority actions and addresses the recommendations made in the recent OFSTED CSE themed inspection and the actions identified during a recent external review.	Philip Segurola, Director Specialist Children's Services
A children's improvement group has been established, comprising of senior manager from SCS and Early Help and Preventative Services.	Philip Segurola, Director Specialist Children's Services
The 0-25 Portfolio Board provides a strategic overview.	Philip Segurola, Director Specialist Children's Services
Recruitment and retention plan in place and monitored through the resource group.	Philip Segurola, Director Specialist Children's Services
Progress is robustly monitored locally, at monthly performance slots at divisional management teams and at area deep dive meetings.	Philip Segurola, Director Specialist Children's Services
Engagement with expert practitioner group. Ensure implementation of the social work contract.	Philip Segurola, Director Specialist Children's Services
CSE action plan incorporated into the Children's Development Plan.	Philip Segurola, Director Specialist Children's Services
Children's Development Plan has now been signed off and is used as a learning tool with areas for improvement, identified through Q&A activity, peer challenge or external inspection.	Philip Segurola, Director Specialist Children's Services

Action Title	Action Owner	Planned Completion Date

Annex A documentation collated and updated in readiness for an Ofsted inspection.	Philip Segurola, Director Specialist Children's Services	March 2017
Teams to identify and collate good practice examples	Philip Segurola, Director Specialist Children's Services	March 2017
There is a continuous programme of audits with regular reporting to Senior Managers. A mock audit has recently taken place, working to Ofsted criteria and timescales, and the report on the findings is being presented to DivMT, with key findings and learning being disseminated to all teams	Philip Segurola, Director Specialist Children's Services	March 2017
Weekly monitoring of key performance indicators and caseloads at director, AD and service manager levels.	Philip Segurola, Director Specialist Children's Services	March 2017

Risk ID SCHW 19	Risk Title	Capacity to assess, support and accommodate the increased arrival rate of Unaccompanied Asylum Seeking Children			
Source / Cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
From May 2015 there was an unprecedented increase in the numbers of Unaccompanied Asylum Seeking Children arriving in Kent, which decreased following the introduction of the National Transfer Scheme in July 2016. Over 600 of the young people have now turned 18 and entered the leaving care service and this number is predicted to continue to increase substantially over the next two years. There is a risk of a financial shortfall unless there is sufficient funding in the financial settlement from the Home Office.	There is a risk that there will be insufficient appropriate accommodation for care leavers as well as a funding shortfall.	KCC has always had a significant shortfall on the Home Office grant for care leavers but this was previously offset by a surplus on the grant for under 18s. However the Authority will soon be supporting more over 18 former UASC than under 18, causing severe budget pressures going forward	Philip Segurola, Director Specialist Children's Services	Likely (4) **Target Residual Likelihood** Possible (3)	Major (5) **Target Residual Impact** Serious (4)

Control Title	Control Owner
The Leader, Members and Senior Officers continue to make representations to the Home Office regarding funding, particularly in respect of care leavers	Philip Segurola, Director Specialist Children's Services
SCS DivMT authorised an increase in staff for asylum duty team, IRO service and district teams. This will be scaled back once the impact of the National Transfer Scheme is clear	Philip Segurola, Director Specialist Children's Services

Action Title	Action Owner	Planned Completion Date
Following the implementation of a voluntary dispersal scheme by the Home Office on 1st July 2016, staff work closely with Home Office Staff to monitor progress	Philip Segurola, Director Specialist Children's Services	March 2017
Continue to review staffing levels and reduce as required in light of the impact of the National Transfer Scheme.	Philip Segurola, Director Specialist Children's Services	March 2017
Weekly updates to Senior Management to review arrival rate, capacity, and accommodation and support requirements. Management action taken if required.	Philip Segurola, Director Specialist Children's Services	March 2017

Continue to work with other providers to source accommodation as cost effectively as possible	Philip Segurola, Director Specialist Children's Services	March 2017
Multi-agency board set up to take a strategic overview of whole system of services contributing to and impacted upon in managing the needs of UASC in Kent and to provide opportunities for shared learning	Philip Segurola, Director Specialist Children's Services	March 2017
Following the introduction of the National Transfer Scheme and the closure of the camps in Calais, the reduction in the number of new arrivals has resulted in the agreed closure of one of the reception centres from January 2017	Philip Segurola, Director Specialist Children's Services	March 2017
A review of the 18+ care leavers service is underway to ensure appropriate resources are allocated to meet the increased need and there is sufficient management capacity to oversee the casework with manageable workloads for staff	Philip Segurola, Director Specialist Children's Services/Naintara Khosla,	March 2017

Risk ID SCHW 20	Risk Title Prevent duties				
Source / Cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
The Government's "Prevent Duty" requires the Local Authority to act to prevent people from being drawn into terrorism. The Local Authority needs to comply with the Counter Terrorism Act 2015.	Failure to meet the requirements of the "Prevent Duty" could lead to more people being drawn into terrorism and terrorist activities.	Could lead to more terrorism and terrorist activity.	Andrew Ireland, Corporate Director SCHW Mark Lobban, Director Commissioning Penny Southern, Director Disabled Children Adult LD/MH Anne Tidmarsh, Director Older People and Physical Disability Philip Segurola, Director Specialist Children's Services	Possible (3) **Target Residual Likelihood** Unlikely (2)	Serous (4) **Target Residual Impact** Moderate (2)

Control Title	**Control Owner**
Prevent Duty Delivery Board established to oversee the activity of the Kent Channel Panel, co-ordinate Prevent activity across the County and report to other relevant strategic bodies in the county such as the Kent Safeguarding Boards.	Andrew Ireland, Corporate Director SCHW
Kent Channel Panel (early intervention mechanism providing tailored support to people who have been identified as at risk of being drawn into terrorism) established at district and borough level.	Andrew Ireland, Corporate Director SCHW
Briefings produced and communication on KNet regarding the PREVENT agenda. Mandatory training package produced.	Andrew Ireland, Corporate Director SCHW

Action Title	**Action Owner**	**Planned Completion Date**

Awareness raising "Prevent" training for those working with people directly at risk.	Andrew Ireland, Corporate Director SCHW / Philip Segurola, Director Specialist Children's Services/ Annie Ho, Interim Head of Adult Safeguarding	March 2017
Mandatory training being rolled out.	Nick Wilkinson, Head of Youth Justice and Safer Young Kent	March 2017

Risk ID SCHW 21	Risk Title Facilities Management				
Source / Cause of risk	**Risk Event**	**Consequence**	**Risk Owner**	**Current Likelihood**	**Current Impact**
The delay and lack of prioritisation by the contracted service of work required within the in house care provision service. This includes works to the building and the maintenance of facilities and equipment within the buildings such as lifts and hoists.	The implications of this are Health and Safety risks to residents and service users and the possibility of a KCC provider unit failing an inspection by CQC or OFSTED	The consequences are Health and Safety risks for service users and staff. It is also a reputational risk for the Council if a registered unit should fail an inspection by CQC or OFSTED.	Andrew Ireland, Corporate Director SCHW	Likely (4)	Serious (4)
				Target Residual Likelihood	**Target Residual Impact**
				Unlikely (2)	Moderate (2)

Control Title	Control Owner
Working with the three contractors to address the issues and improve performance. Immediate focus has been on ensuring statutory compliance.	Linda Harris, Infrastructure Business Partner
Clarification of the Escalation Path to address issues that have not been resolved satisfactorily.	Linda Harris, Infrastructure Business Partner

Action Title	Action Owner	Planned Completion Date
To review performance of the contractors and suppliers.	Linda Harris, Infrastructure Business Partner	March 2017
To review the FM call logging process to ensure the information obtained from the call is clear so that the contractor understands the urgency and impact of not resolving.	Linda Harris, Infrastructure Business Partner	March 2017

From:	Graham Gibbens, Cabinet Member for Adult Social Care and Public Health Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing
To:	Adult Social Care and Health Cabinet Committee – 14 March 2017
Subject:	**ADULT SOCIAL CARE PERFORMANCE DASHBOARD**
Classification:	Unrestricted
Previous Pathway of Paper:	Social Care, Health and Wellbeing Directorate Management Team
Future Pathway of Paper:	None
Electoral Division:	All

Summary: The performance dashboard provides Members with progress against targets set for key performance and activity indicators for January 2017 for Adult Social Care.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT ON** 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, which is the Adult Social Care Performance Dashboard which includes latest available results for the key performance and activity indicators

2.2 The Adult Social Care Performance Dashboard is a subset of the detailed monthly performance report that is used at team, Divisional Management Team and Directorate Management Team level. The indicators included are based on key priorities for the Directorate, as outlined in the current Business Plans and transformation programme, and include operational data that is regularly used

within Directorate. The Performance Dashboard will evolve for Adult Social Care as the transformation programme is shaped.

2.3 The latest report contains the most up to date indicators with targets, based on the delivery of our transformation programme (Phase 1 and Phase 2). This includes ensuring that the interdependencies between services are understood and the targets reflect these. For example, a reduction in residential care may mean an increase in nursing care.

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. Recommendations

3.1 Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT ON** the Adult Social Care Performance Dashboard.

4. Background Documents

None

5. Report Author

Steph Smith
Head of Performance for Adult Social Care
03000 415501
steph.smith@kent.gov.uk

Relevant Director

Mark Lobban
Director of Commissioning
03000 415393
Mark.lobban@kent.gov.uk

Adult Social Care Dashboard

January 2017

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 *

* 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

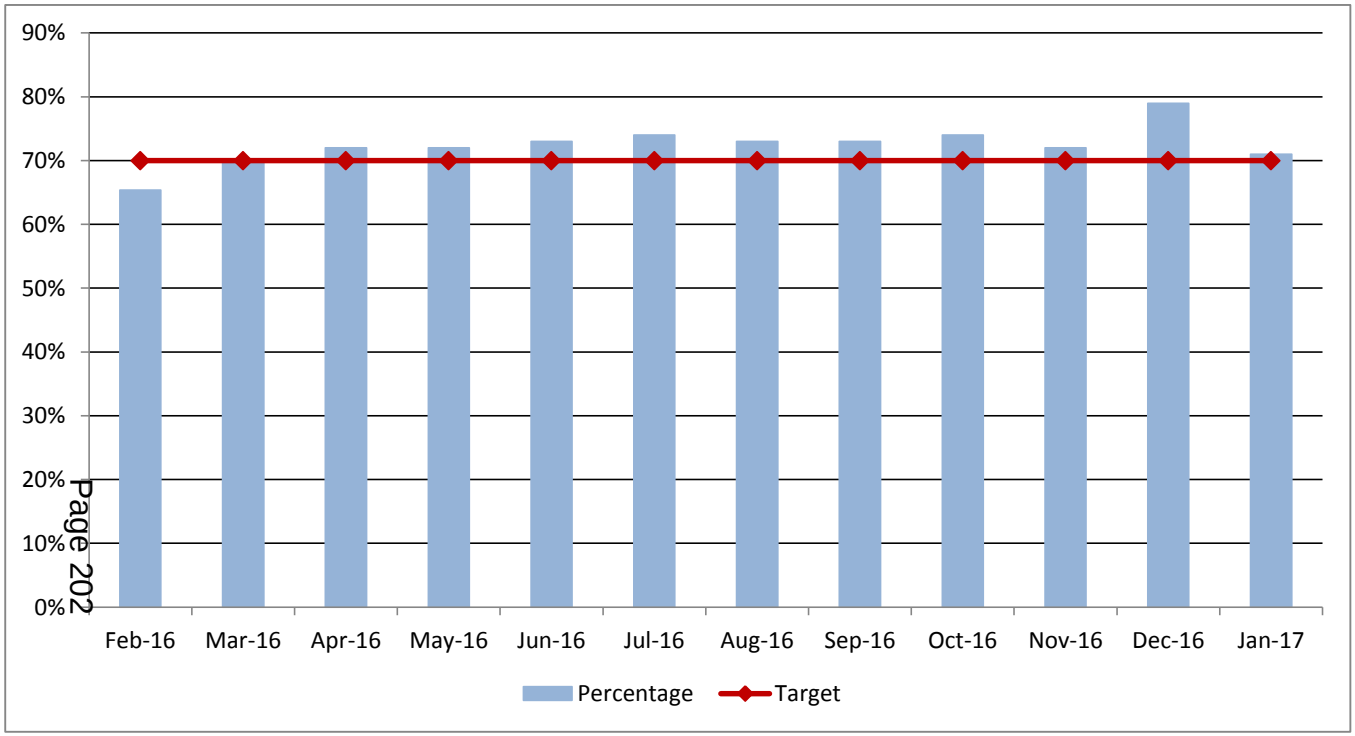
The key Adult Social Care indicators are listed in summary form below, with more detail in the following pages. A subset of these indicators feed into the Quarterly Monitoring Report, for Cabinet. This is clearly labelled on the summary and in the detail.

Some indicators are monthly indicators, some are annual, and this is clearly stated.

All information is as at the latest month wherever possible.

Indicator Description		MoS	SCHW SPS	QPR	2015-16 Outturn	Current 2016-17 Target	Current Position	Data Period	RAG
1)	Percentage of contacts resolved at source (ASC01)	Y	Y	Y	72%	70%	**71%**	Month	GREEN
2)	Number of adult social care clients receiving a Telecare service (ASC02)		Y	Y	5,792	6,410	**6,314**	Cumulative	AMBER
3)	Referrals to Enablement (ASC03)	Y	Y	Y	770	1,085	**984**	Month	AMBER
4)	Delayed Transfers of Care				26.8% full year effect	30%	**33.0%**	12M	AMBER
5)	Admissions to permanent residential or nursing care for people aged 65+	Y		Y	121	128	**108**	Month	GREEN
6)	Number of people aged 65+ in permanent residential care (AS01)	Y	Y	Y	2,423	2,075	**2,278**	Snapshot	AMBER
7)	Number of people aged 65+ in permanent nursing care (AS02)	Y	Y	Y	1,251	991	**1,110**	Snapshot	RED
8)	Number of people receiving homecare (AS03)	Y	Y	Y	4,534	4,726	**4,138**	Snapshot	GREEN
9)	Number of people receiving direct payments	Y			2,405	2,133	**2,187**	Snapshot	AMBER
10)	Number of people with a learning disability in residential care (AS04)		Y	Y	1,210	1,188	**1,121**	Snapshot	GREEN
11)	Number of people with a learning disability receiving a community service				1,936	1,739	**2,064**	Snapshot	GREEN
12)	Percentage of adults in contact with secondary mental health in settled accommodation				83.5%	75%	**83.3%**	Month	GREEN
13)	Percentage of adults with mental health needs in employment				13.9%	13%	**13.4%**	Month	GREEN

1) Percentage of Contacts resolved at source (ASC01)			GREEN
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Older People and Physical Disability



Data Notes

Data Source: Measures of Success - MoS 1

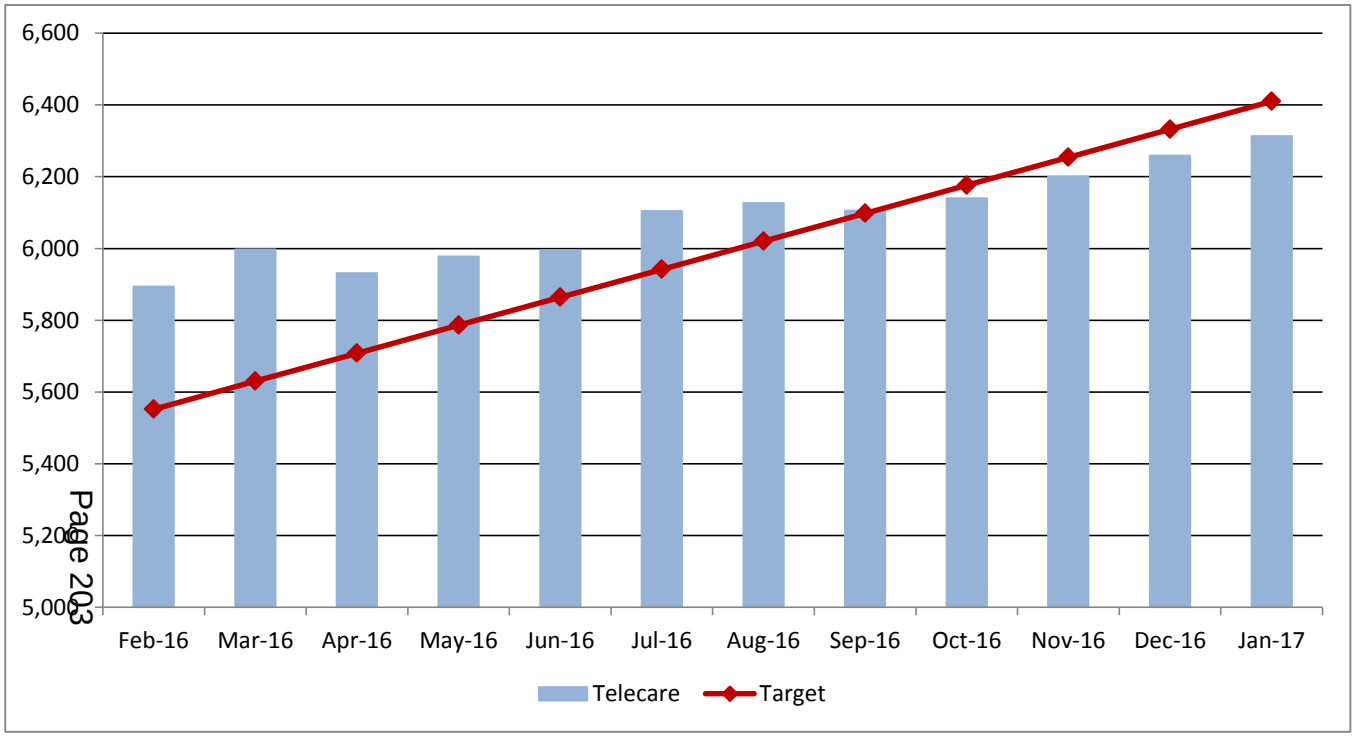
Quarterly Performance Report Indicator

	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Target	**70%**	**70%**	**70%**	**70%**	**70%**	**70%**	**70%**	**70%**	**70%**	**70%**	**70%**	**70%**
Percentage	65%	70%	72%	72%	73%	74%	73%	73%	74%	72%	79%	71%
RAG Rating	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

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. Performance to January has been consistent and on target.

2) Number of adult social care clients receiving a Telecare service (ASC02)			AMBER
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Older People and Physical Disability



Data Notes

Unit of Measure: Snapshot with Telecare as at the end of each month

Data Source: Adult Social Care SWIFT client system

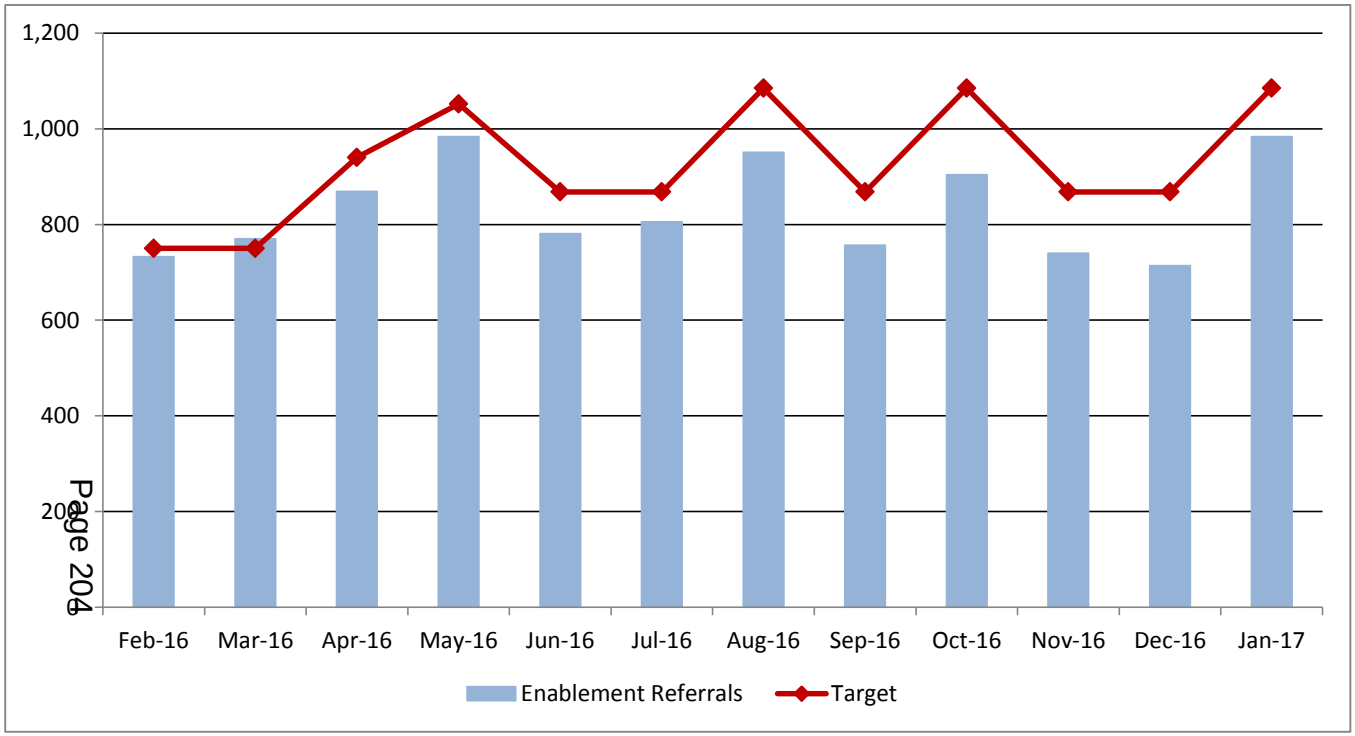
Quarterly Performance Report Indicator

	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Target	**5,552**	**5,630**	**5,708**	**5,786**	**5,864**	**5,942**	**6,020**	**6,098**	**6,176**	**6,254**	**6,332**	**6,410**
Telecare	5,894	5,998	5,932	5,978	5,995	6,105	6,127	6,106	6,141	6,200	6,259	6,314
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER	AMBER

Commentary

The number of people in receipt of a Telecare is currently 96 below 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.

3) Referrals to Enablement (ASC03)			AMBER
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Older People and Physical Disability



Data Notes

Unit of Measure: Number of people who had a referral that led to an Enablement service

Data Source: Measures of Success - MoS 4

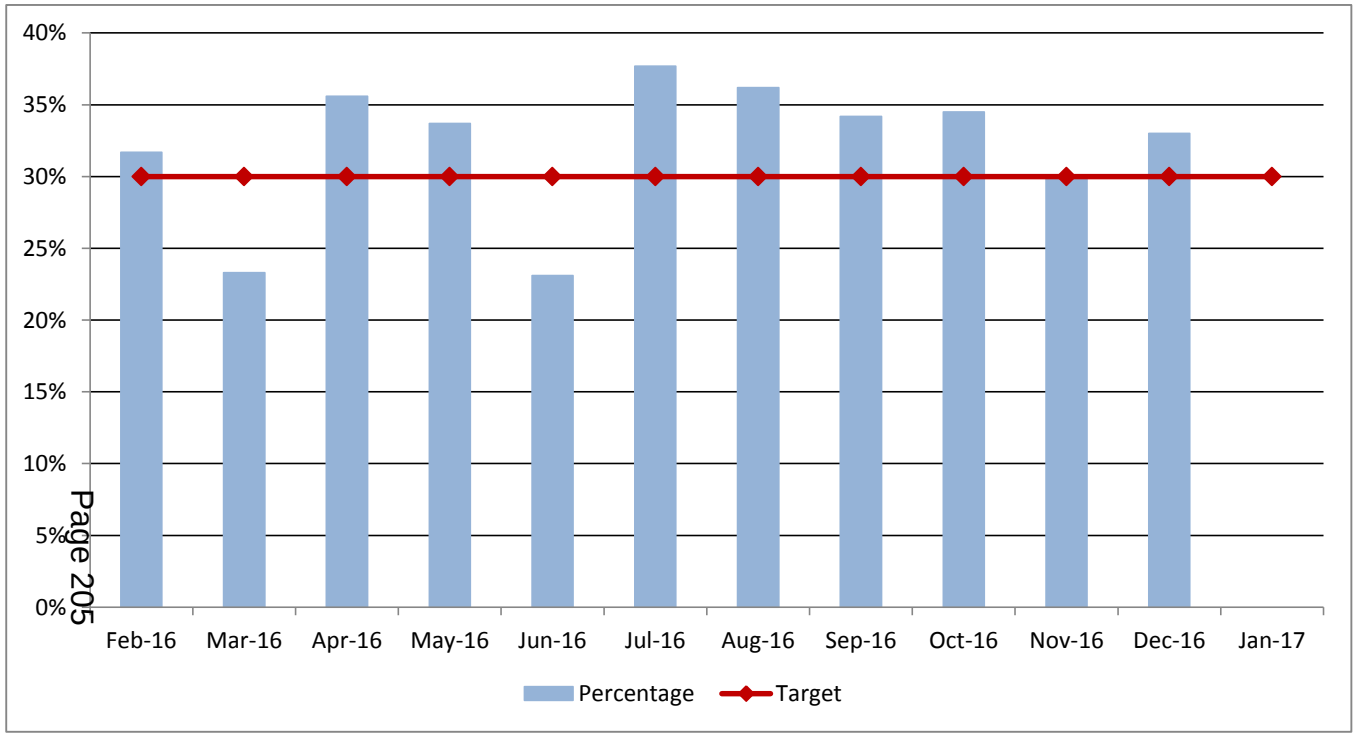
Quarterly Performance Report Indicator

	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Target	**750**	**750**	**940**	**1,052**	**868**	**868**	**1,085**	**868**	**1,085**	**868**	**868**	**1,085**
Enablement Referrals	733	770	869	984	781	806	951	757	904	740	714	984
RAG Rating	AMBER	GREEN	AMBER	AMBER	RED	AMBER	RED	RED	RED	RED	RED	AMBER

Commentary

Additional capacity in KEAH Enablement service has been created which has led to an increase in the target (217 per week). This will result in more people utilising the enablement service to aid clients to achieve independence and/or a lesser care package following enablement. Current performance is below target, thought to be caused in part by a high level of clients receiving extended enablement resulting in a lack of capacity to take on new Enablement clients. As figures are collated on a weekly basis, the monthly target has been adjusted in May, August, October and January to reflect a five-week period.

4) Delayed Transfers of Care			AMBER
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Older People and Physical Disability



Data Notes

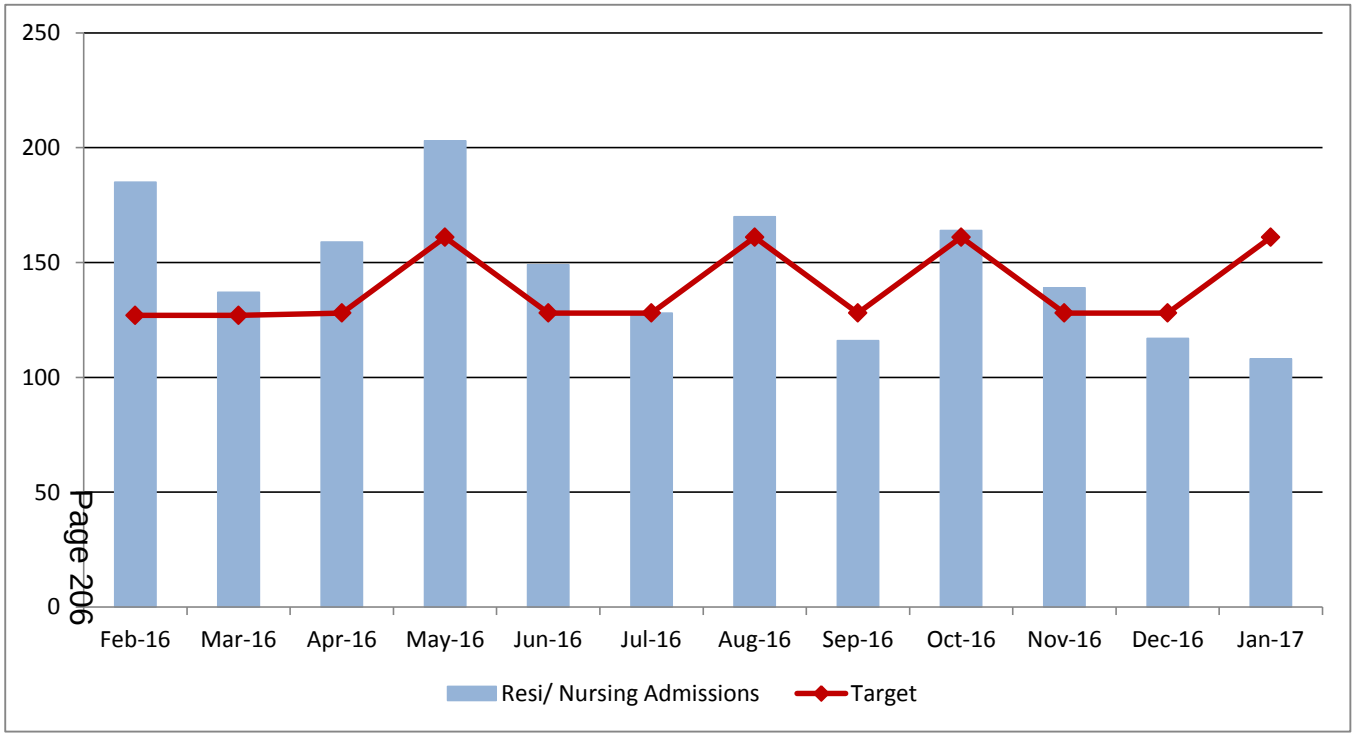
This indicator represents the percentage of delays attributable to Social Care.

	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Target	**30%**	**30%**	**30%**	**30%**	**30%**	**30%**	**30%**	**30%**	**30%**	**30%**	**30%**	**30%**
Percentage	32%	23%	36%	34%	23%	38%	36%	34%	35%	30%	33%	N/A
RAG Rating	AMBER	GREEN	AMBER	AMBER	GREEN	AMBER	AMBER	AMBER	AMBER	GREEN	AMBER	

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. As of December 2016, 33% of delays are attributable in whole or part to Adult Social Care; this represents a small decrease on the figure reported at the end of Quarter 2 and is above the 30% target. The top three reasons for delays in December were: waiting for further NHS non-Acute care, awaiting a care package in the home and awaiting Resi/Nursing placement.

5) 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 and Physical Disability



Data Notes

Unit of Measure: Older people placed into Permanent Residential and Nursing Care per month

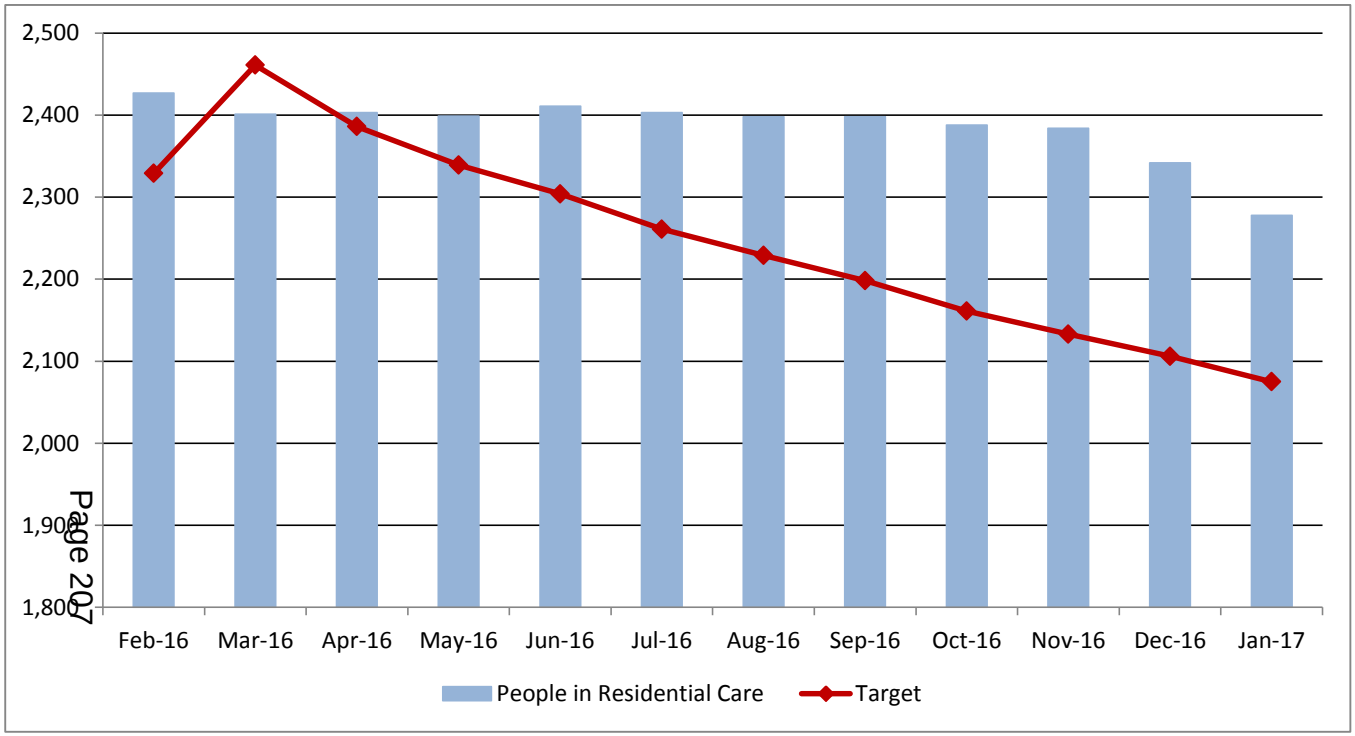
Data Source: Measures of Success - MoS 6 and MoS 8

	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Target	**127**	**127**	**128**	**161**	**128**	**128**	**161**	**128**	**161**	**128**	**128**	**161**
Resi/ Nursing Admissions	185	137	159	203	149	128	170	116	164	139	117	108
RAG Rating	RED	AMBER	RED	RED	RED	GREEN	AMBER	GREEN	AMBER	AMBER	GREEN	GREEN

Commentary

Figures are provided a month in arrears as January figures are likely to increase due to legitimate delays in inputting whilst placement and funding arrangements are agreed. Reducing admissions to permanent residential or nursing care is a clear objective for the Directorate. Many admissions are linked to hospital discharges, specific circumstances or health conditions, 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 bi-weekly basis through Measures of Success. The monthly target is for no more than 32.12 permanent admissions per week for the over 65s to Residential or Nursing Care.

6) Number of people aged 65+ in permanent residential care (AS01)			AMBER
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Older People and Physical Disability



Data Notes

Unit of Measure: End of month snapshot of the number of people aged 65+ in permanent residential care

Data Source: Measures of Success - MoS 6

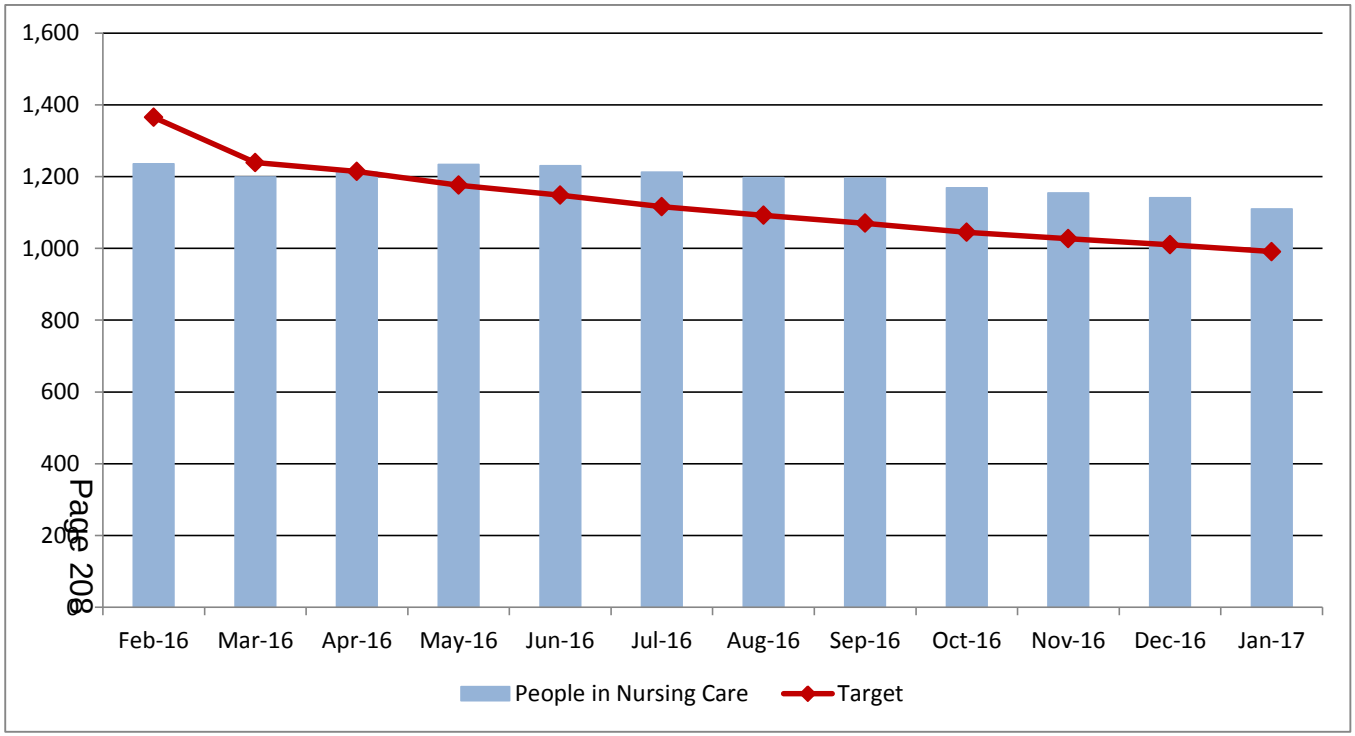
Quarterly Performance Report Indicator

	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Target	**2,329**	**2,461**	**2,386**	**2,339**	**2,304**	**2,261**	**2,229**	**2,198**	**2,161**	**2,133**	**2,106**	**2,075**
People in Residential Care	2,427	2,401	2,403	2,399	2,411	2,403	2,398	2,398	2,388	2,384	2,342	2,278
RAG Rating	AMBER	GREEN	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	RED	RED	RED	AMBER

Commentary

The number of people aged 65+ in permanent residential care has declined by 149 people in the past 12 months (6.14%) but was above the target level by 203 (6.1%) in January 2017. There is an end of year target of 2,028 people or fewer to be in permanent residential care by 31st March 2017.

7) Number of people aged 65+ in permanent nursing care (AS02)			RED
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Older People and Physical Disability



Data Notes

Unit of Measure: End of month snapshot of the number of people aged 65+ in permanent nursing care

Data Source: Measures of Success - MoS 8

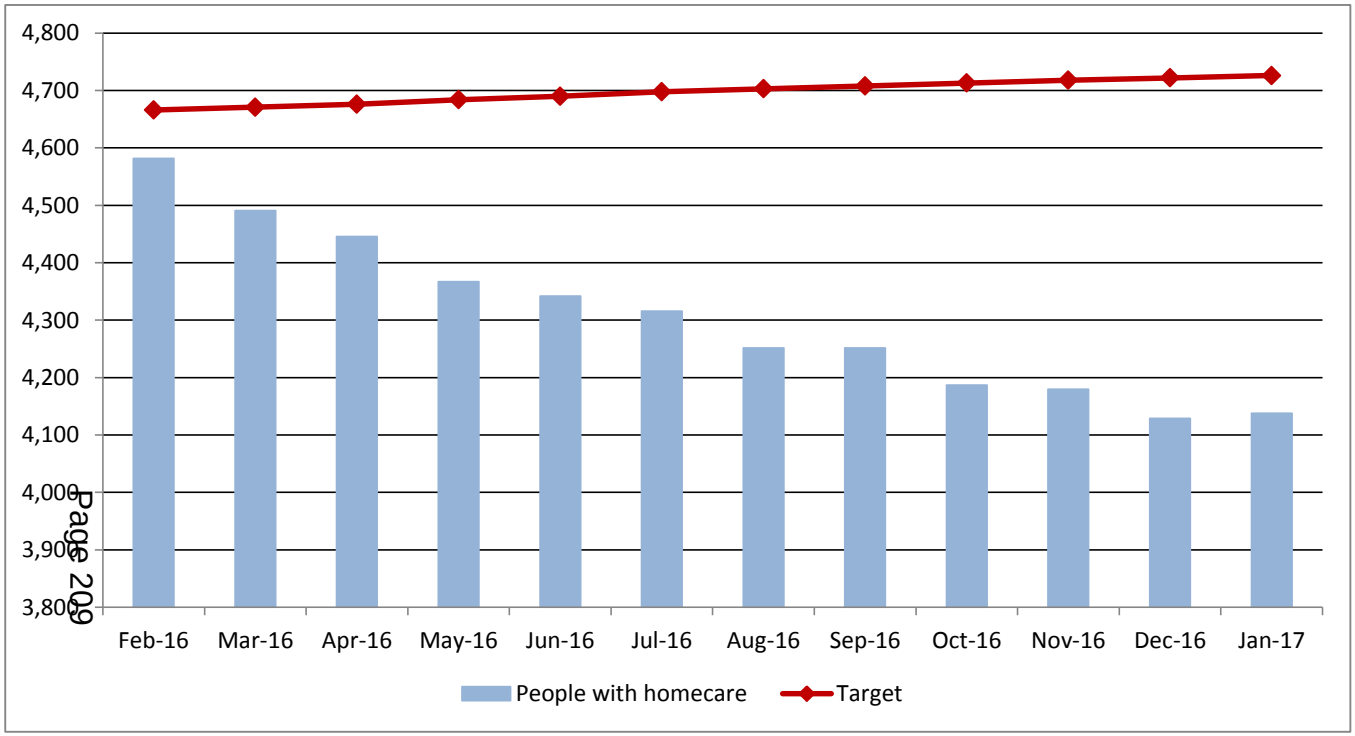
Quarterly Performance Report Indicator

	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Target	**1,365**	**1,239**	**1,214**	**1,176**	**1,148**	**1,116**	**1,092**	**1,070**	**1,045**	**1,027**	**1,010**	**991**
People in Nursing Care	1,236	1,199	1,213	1,234	1,230	1,213	1,197	1,196	1,169	1,155	1,141	1,110
RAG Rating	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER	AMBER	RED	RED	RED	RED	RED

Commentary

The number of people aged 65+ in permanent Nursing Care had been decreasing across Kent (down 126 in the past 12 months) but by January was above the target by 119 clients. The number of new starters for Nursing care in West Kent has reduced to a 12-week average of 3.25, reduced from an average of 5.1 starts per week in September but still slightly higher than the average of 2.3 starts in the other areas.

8) Number of people receiving homecare (AS03)			GREEN
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Older People and Physical Disability



Data Notes

Unit of Measure: End of month snapshot of the number of people receiving homecare

Data Source: Measures of Success - MoS 10

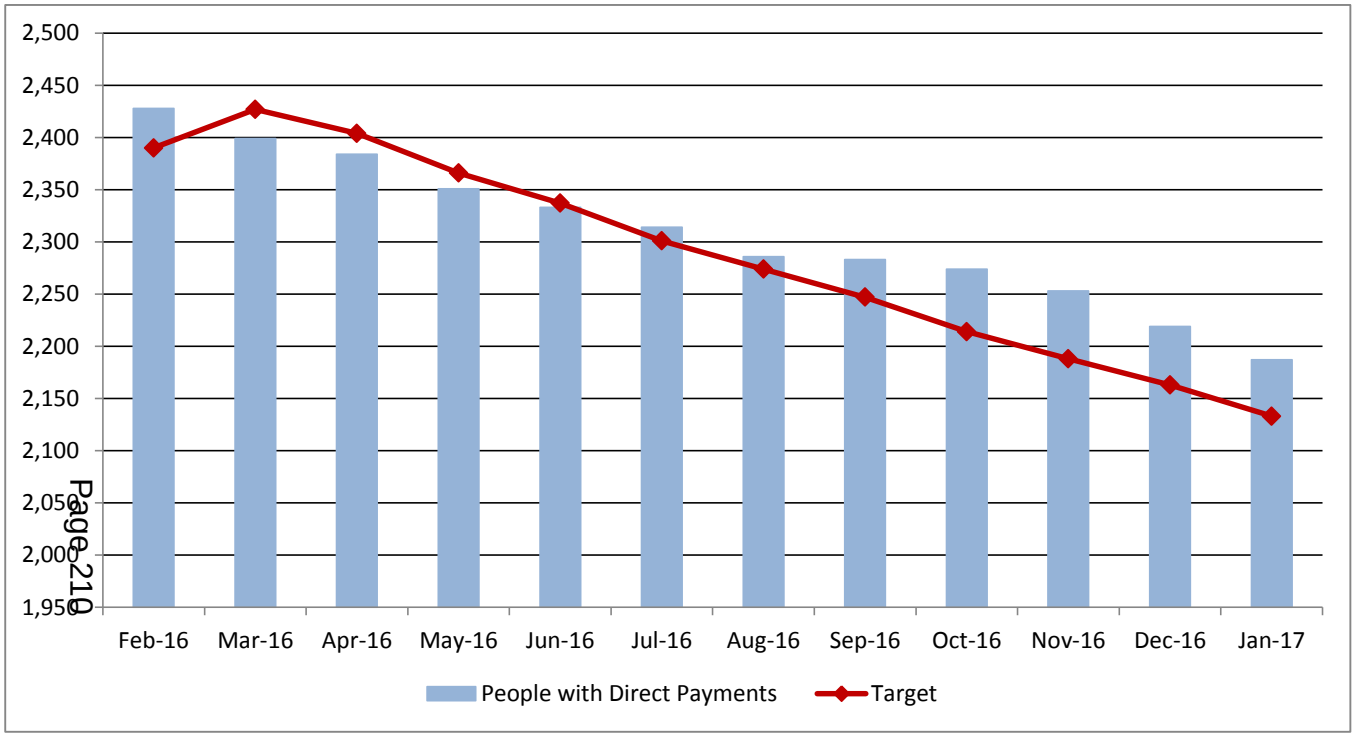
Quarterly Performance Report Indicator

	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Target	**4,666**	**4,671**	**4,676**	**4,684**	**4,690**	**4,698**	**4,703**	**4,708**	**4,713**	**4,718**	**4,722**	**4,726**
People with homecare	4,582	4,491	4,446	4,367	4,342	4,316	4,252	4,252	4,187	4,180	4,129	4,138
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary

The total number of people receiving homecare has remained fairly stable but remains significantly below target. Homecare is largely delivered to people over the age of 65, with 3,468 people receiving services at the end of January, whilst there were 670 people aged 18-64 in receipt of a homecare service.

9) Number of people receiving direct payments			AMBER
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Older People and Physical Disability



Data Notes

Unit of Measure: End of month snapshot of the number of people receiving direct payments

Data Source: Measures of Success - MoS 12

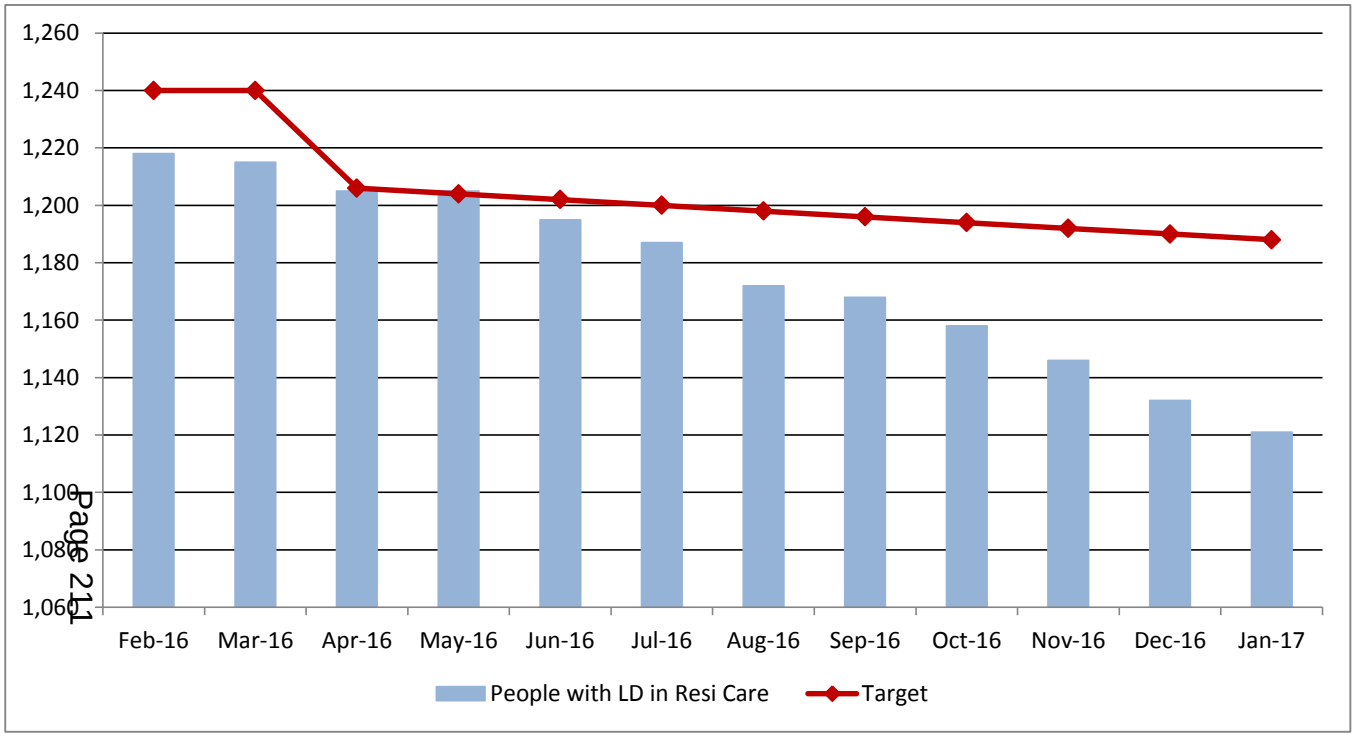
Quarterly Performance Report Indicator

	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Target	**2,390**	**2,427**	**2,404**	**2,366**	**2,337**	**2,301**	**2,274**	**2,247**	**2,214**	**2,188**	**2,163**	**2,133**
People with Direct Payments	2,428	2,399	2,384	2,351	2,333	2,314	2,286	2,283	2,274	2,253	2,219	2,187
RAG Rating	AMBER	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER

Commentary

The total number of people receiving direct payments has been reducing since the home care mobilisation exercise in July 2014. 1,178 people aged 18-64 are in receipt of an ongoing Direct Payment, whilst a further 1,009 ongoing Direct Payments are being made to people over 65.

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

Unit of Measure: Number of people with a learning disability in permanent residential care as at month end.

Data Source: MCR Summary

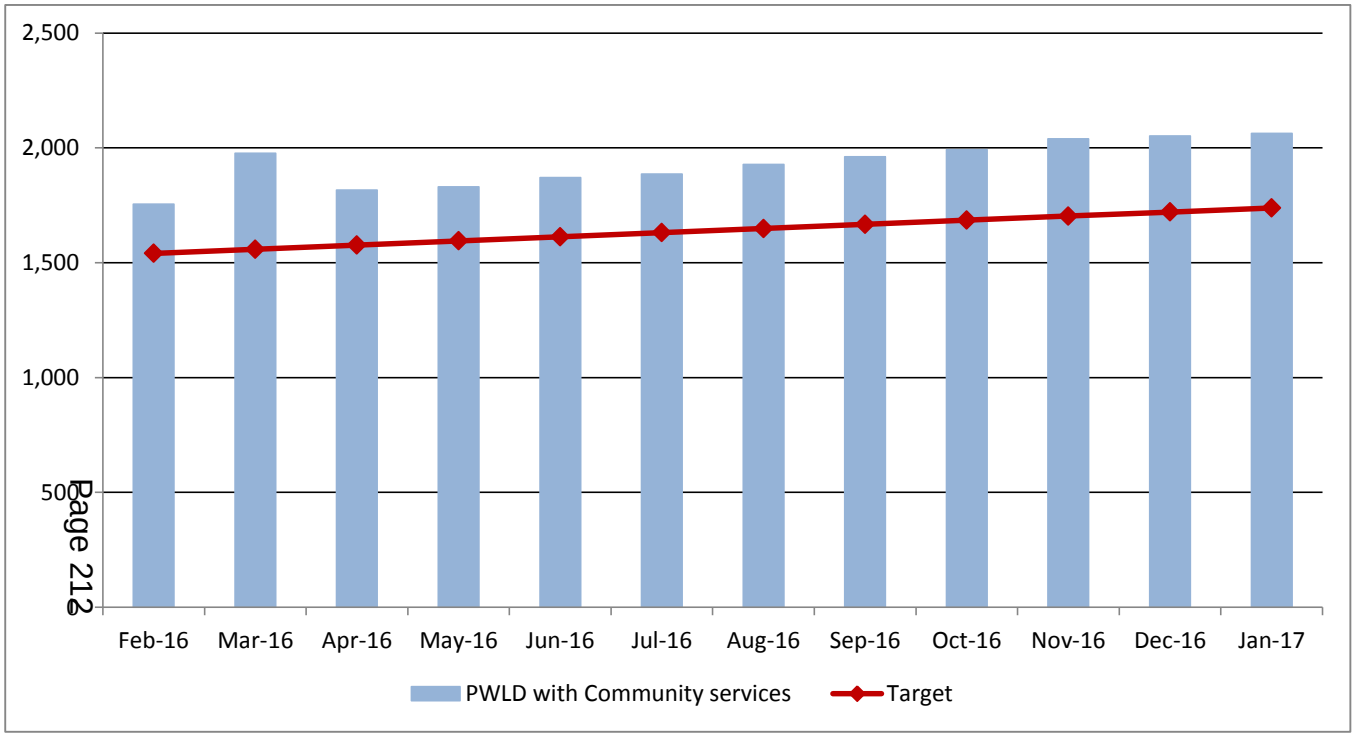
Quarterly Performance Report Indicator

	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Target	**1,240**	**1,240**	**1,206**	**1,204**	**1,202**	**1,200**	**1,198**	**1,196**	**1,194**	**1,192**	**1,190**	**1,188**
People with LD in Resi Care	1,218	1,215	1,205	1,205	1,195	1,187	1,172	1,168	1,158	1,146	1,132	1,121
RAG Rating	GREEN	GREEN	GREEN	AMBER	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 as a part of *Your Life, Your Home* to ensure that where possible, there will be a choice available for people to be supported through supported accommodation, shared lives 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 with young people going through transition.

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

Unit of Measure: Number of people with a learning disability receiving supported living, supporting independence or shared lives service as at month end

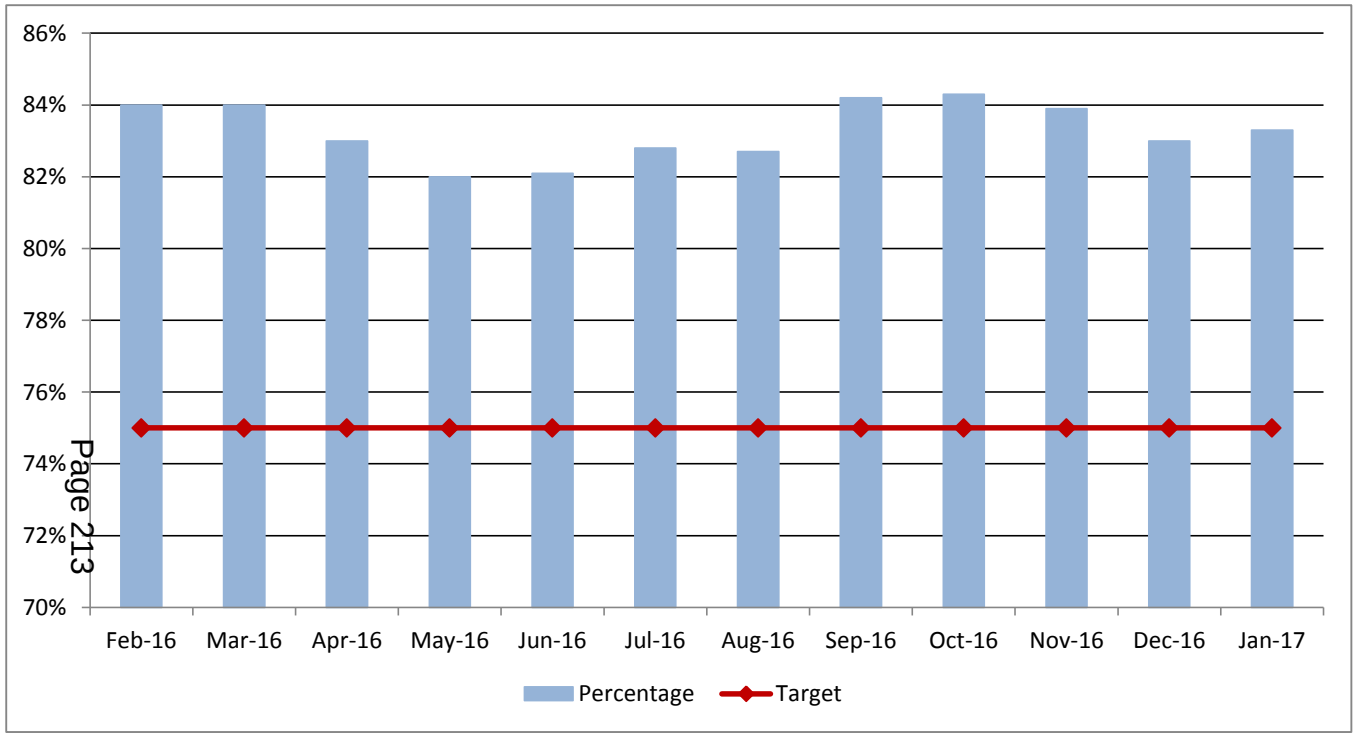
Data Source: MCR Summary

	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Target	**1,541**	**1,559**	**1,577**	**1,595**	**1,613**	**1,631**	**1,649**	**1,667**	**1,685**	**1,703**	**1,721**	**1,739**
PWLD with Community services	1,755	1,977	1,816	1,831	1,871	1,886	1,928	1,961	1,992	2,040	2,052	2,064
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary

The figure for April 2016 has normalised following the Campus Re-provision, when a high number of Supported Living services were migrated to new SIS services on 28/03/16 and were therefore effectively counted twice in that reporting month, explaining the sudden apparent spike in March. The net number of people with a learning disability receiving a community service (shared lives, supported living and Supporting Independence Service) remains stable and is gradually increasing.

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

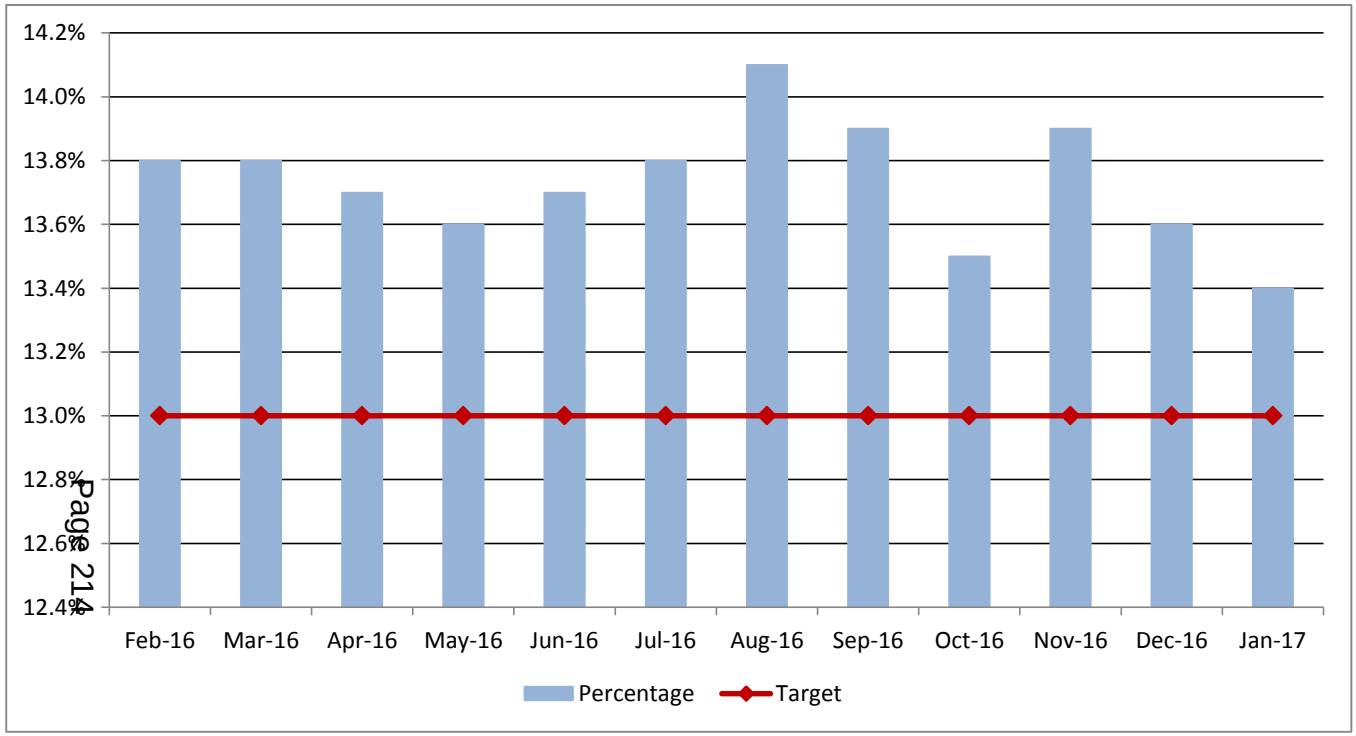
Data Source: KMPT – quarterly

	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Target	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**
Percentage	84%	84%	83%	82%	82%	83%	83%	84%	84%	84%	83%	83%
RAG Rating	**GREEN**	**GREEN**	**GREEN**	**GREEN**	**GREEN**	**GREEN**	**GREEN**	**GREEN**	**GREEN**	**GREEN**	**GREEN**	**GREEN**

Commentary

This data is provided directly from KMPT and remains above target.

13) Percentage of people with mental health needs in employment			GREEN
Cabinet Member	Graham Gibbens	**Director**	Penny Southern
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Mental Health



Data Notes

Units of Measure: Percentage of people with mental health needs in employment

Data Source: KMPT – quarterly

	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
Target	**13%**	**13%**	**13%**	**13%**	**13%**	**13%**	**13%**	**13%**	**13%**	**13%**	**13%**	**13%**
Percentage	13.8%	13.8%	13.7%	13.6%	13.7%	13.8%	14.1%	13.9%	13.5%	13.9%	13.6%	13.4%
RAG Rating	**GREEN**	**GREEN**	**GREEN**	**GREEN**	**GREEN**	**GREEN**	**GREEN**	**GREEN**	**GREEN**	**GREEN**	**GREEN**	**GREEN**

Commentary

This data is provided directly from KMPT and remains above target.

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

Andrew Scott-Clark, Director of Public Health

To: Adult Social Care and Health Cabinet Committee

14 March 2017

Subject: Public Health Performance - Adults

Classification: Unrestricted

Previous Pathway: This is the first committee to consider this report

Future Pathway: None

Electoral Division: All

Summary: This report provides an overview of key performance indicators for Public Health commissioned services relating to adults, and a range of Public Health Outcome Framework indicators.

Performance has improved or remained stable on NHS Health Checks, Health Trainers and Sexual Health Services. Performance on adult drug and alcohol services has deteriorated slightly in Q3 although providers are putting a range of measures in place to deliver improvement.

The adult lifestyle programmes are being extended to help ensure an effective public health contribution to the Kent and Medway Sustainability and Transformation Plan (STP).

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on current performance of Public Health commissioned services.

1. Introduction

1.1. This report provides an overview of the key performance indicators for Kent's Public Health services for adults.

2. Performance Indicators of Commissioned Services

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 targets outlined in the business plans.

Table 1: Commissioned services quarterly performance, RAG against target

Indicator Description	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
Number of target population with completed NHS Health Check (rolling 12 month basis)	41,328	38,072	36,685	37,175 (a)	39,039 (a)	41,057 (a)
% of clients accessing GUM services offered an appointment to be seen within 48 hrs	100 (g)	100 (g)	100 (g)	100 (g)	100 (g)	100 (g)
% of smokers successfully quitting, having set a quit date	57 (g)	54 (g)	54 (g)	54 (g)	52 (g)	Not yet available
% of adult drug and alcohol treatment population that successfully completed treatment	31	34	33	31 (g)	29 (a)	28 (a)
% of new clients seen by the Health Trainer Service from the two most deprived quintiles (and NFA)	56 (a)	55 (r)	56 (a)	64 (g)	59 (a)	61 (a)

2.2. Public Health continues to work on the transformation programme for adult lifestyle services and NHS Health Checks. Current contracts have been extended for 6 months to ensure alignment with the prevention strand of the STP and changing landscape of providers across the health service in Kent. From April 2017, adult healthy lifestyle services will move towards a more integrated model of delivery and be branded as 'One You Kent'.

NHS Health Checks

2.3. Over 41,000 checks were delivered in the 12 months to the end of Q3; this was an increase on the previous figure although it remains slightly below the target of 42,000.

2.4. The NHS Health Check programme has been working towards continuous improvement in delivery and quality, with the number of invalid checks reducing considerably over the last 12 months. The outreach services have been delivering checks in areas most at risk of health inequalities and cardiovascular disease. The outreach service can provide a lifestyle 'Health MOT' to any adult as well as a full NHS Health Check to those who are eligible. More than 2,800 Health MOTs have been delivered since April 2016 to January 2017.

Sexual Health

2.5. Community sexual health clinics in Kent have continued to exceed the target of offering an urgent genito-urinary medicine (GUM) appointment within 48 hours. Community sexual health services are available across Kent and provide sexual health testing and treatment, contraception and HIV outpatient services. Most clinics offer walk-in clinics as well as appointment-based systems.

2.6. KCC has an obligation to ensure provision of open access sexually transmitted infection (STI) testing and treatment for the Kent population. There is already a facility on the KCC website to request tests for Chlamydia or HIV. Public Health will be working with service providers in the coming weeks to expand this offer to a wider range of STIs in order to target the most vulnerable groups.

Smoking

2.7. There is no additional data on Smoking Cessation since the last performance report presented to the Committee. As highlighted in the previous report, the service continues to meet and also regularly exceed the 52% 'quit-rate' target.

2.8. Stop smoking services will be delivered in the new high street One You shop in Ashford where smokers can drop in and seek support with or without an appointment. Public Health and the stop smoking services are supporting Hospital Trusts to ensure their grounds are smoke free and provide support to help patients, visitors and hospital staff give up smoking.

Health Trainers

2.9. The Health Trainer Service has seen over 1,000 new clients this quarter and have increased the number and proportion of clients from quintiles 1 and 2. They have supported 30 people to register with a GP and continue to deliver NHS Health Checks and health MOT's for eligible clients to support behaviour change.

2.10. Health Trainers continue to work in partnership with a range of agencies and have carried out a range of targeted work with key groups. This includes newly released prisoners in Swale, parents attending Children Centres in Canterbury, learning disability clients in Gravesend, mental health clients in Ashford and Swale, and substance misuse treatment service users across Kent.

Substance Misuse

2.11. In the 12 months to the end of Q3, 28% of those in treatment in the previous year successfully completed treatment free from dependence on drugs or alcohol. This is slightly lower than the 29% recorded for the previous quarter and below the target of 30% although these remain above the national average.

2.12. Service providers are putting in place a range of different measures to improve performance in this area and increase the proportion of people who complete treatment free from drug or alcohol dependence. Public Health commissioners will be monitoring progress of these action plans closely throughout the next quarter.

3. Annual Public Health Outcomes Framework (PHOF) Indicator

3.1. The table below presents the most recent nationally-verified and published data; the RAG is the published PHOF RAG and is in relation to National figures. There have been no updates to these figures since the previous Cabinet Committee report.

Table 2: Public Health Outcomes Framework Metrics

	2009-11	2010-12	2011-13	2012-14	2013-15
U75 mortality rate Cardiovascular diseases considered preventable per 100,000	55.9 (a)	52.3 (a)	49.3 (a)	46.0 (g)	42.3 (g)
U75 mortality rate Cancer considered preventable per 100,000	83.6 (g)	81.5 (g)	79.3 (g)	78.4 (g)	78.8 (a)
U75 mortality rate Liver disease considered preventable per 100,000	12.0 (g)	12.4 (g)	13.2 (g)	13.7 (g)	14.4 (g)
U75 mortality rate Respiratory disease considered preventable per 100,000	17.6 (a)	16.6 (a)	16.7 (a)	16.5 (a)	17.8 (a)
Suicide rate (all ages) per 100,000	9.3 (a)	9.0 (a)	10.3 (a)	11.4 (r)	12.0 (r)
People presenting with HIV at a late stage of infection (%)	48.8 (a)	46.4 (a)	50.7 (a)	54.5 (r)	54.2 (r)
Adults classified as overweight or obese (%)	Not available			65.1 (a)	65.5 (r)
	2011	2012	2013	2014	2015
Smoking prevalence in adults – current smokers (%)	Not available	20.7 (a)	19.2 (a)	18.6 (a)	17.0 (a)
Opiate clients successfully completing drug treatment and not re-presenting within 6 months (%)	14.7 (g)	11.0 (g)	10.4 (g)	9.3 (g)	8.5 (g)
	2011/12	2012/13	2013/14	2014/15	2015/16
Alcohol-related admissions to hospital per 100,000. All ages	557 (g)	565 (g)	551 (g)	526 (g)	Not available
Adult patients diagnosed with depression (% - QOF Register)	Not available	5.6	6.4	7.3	8.5

3.2. As highlighted in the previous Cabinet Committee papers, the increase in the suicide rate was expected following local analysis, the campaign 'Release the Pressure' continues to support men in Kent to receive help and, following the first wave of activity, the Mental Health Matters helpline now receives around 500 male callers a month which is a 56% increase . Late diagnosis of HIV plateaued into 2013-15 with late 2014 the time period when KCC ran a campaign 'It's better to know" in Kent to raise awareness of HIV testing.

4. Quality Exceptions

4.1. There are no quality exceptions to report.

5. Conclusions

5.1. Performance has improved on all the key performance indicators for adult public health services, with the exception of substance misuse services. The number of NHS Health Checks delivered has increased, as has the proportion of new clients from the most deprived quintiles accessing the Health Trainer Service. To ensure alignment with partnership work on prevention, the adult lifestyle programmes are being extended to allow transformation to work concurrently across the wider system and with the STP.

5.2. Further analysis of the substance misuse treatment population and the work of the commissioned treatment agencies is being conducted to understand further the decreasing performance of the measure.

6. Recommendations

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on current performance of Public Health commissioned services.

7. Background Documents

7.1. None

8. Appendices

8.1. Appendix 1 – Key to KPI rating used

9. Contact Details

Report Author
- Karen Sharp: Head of Public Health Commissioning
- 03000 416668
- Karen.sharp@kent.gov.uk

Quality Exceptions:
- Penny Spence: Head of Quality and Safeguarding, Public Health
- 03000 419555
- penny.spence@kent.gov.uk

Relevant Director:
- Andrew Scott-Clark: Director of Public Health
- 03000 416659
- Andrew.scott-clark@kent.gov.uk

Appendix 1

Key to KPI Ratings used:

(g) GREEN	Target has been achieved or exceeded; or is better than national
(a) AMBER	Performance at acceptable level, below target but above floor; or similar to
(r) RED	Performance is below a pre-defined floor standard; or lower than national
⇧	Performance has improved
⇩	Performance has worsened
⇔	Performance has remained the same

Data quality note**:** Data included in this report is provisional and subject to later change. This data is categorised as management information.

From: John Lynch, Head of Democratic Services

To: Adult Social Care and Health Cabinet Committee – 14 March 2017

Subject: **Work Programme 2017**

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 2017.

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)

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
Drugs and Alcohol Action Team (DAAT)

2.2 Further terms of reference can be found in the Constitution at Appendix 2, Part 4, paragraphs 21 to 23, and these should also inform the suggestions made by Members for appropriate matters for consideration.

3. Work Programme 2017

3.1 An agenda setting meeting was held on 2 February 2017, at which items for this 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.

3.2 The schedule of commissioning activity which falls within the remit of this Cabinet Committee will be included in the Work Programme and considered at future agenda setting meetings. This will support more effective forward agenda planning and allow Members to have oversight of significant service delivery decisions in advance.

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 2017.

6. Background Documents

None.

7. Contact details

Report Author:
Theresa Grayell
Democratic Services Officer
03000 416172
theresa.grayell@kent.gov.uk

Lead Officer:
John Lynch
Head of Democratic Services
03000 410466
benjamin.watts@kent.gov.uk

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ADULT SOCIAL CARE AND HEALTH CABINET COMMITTEE – WORK PROGRAMME 2017/18

Agenda Section	Items
14 MARCH 2017	
B – Key or Significant Cabinet/Cabinet Member Decisions	• **Drug and Alcohol Services in Prisons** (16/00096) • **Rates and Charges** (16/00132)
C – Items for Comment/Rec to Leader/Cabinet Member	• **Update on Public Health Transformation** • **KSAS update** • **Draft Directorate Business Plan**
D – Monitoring	• **Strategic Risk report** • **Adult Social Care Performance Dashboards** to alternate meetings • **Public Health Performance Dashboard – include update on Alcohol Strategy for Kent** to alternate meetings • **Contract Management** – new standard item • **Work Programme**
E – for Information, and Decisions taken between meetings	
9 JUNE 2017	
B – Key or Significant Cabinet/Cabinet Member Decisions	• **Direction of future Mental Health provision** • **Housing-related Support** (16/00137) request from Mrs Brivio (26/1/17)
C – Items for Comment/Rec to Leader/Cabinet Member	• **Annual Report on Quality in Public Health**
D – Monitoring	• **Annual Equality and Diversity Report** • **Contract Management** – new standard item • **Work Programme**
E – for Information, and Decisions taken between meetings	
20 JULY 2017 – additional meeting	
B – Key or Significant Cabinet/Cabinet Member Decisions	• commissioning of core offer for older people's community-based services, and several other contracts
C – Items for Comment/Rec to Leader/Cabinet Member	
D – Monitoring	• **Annual Equality and Diversity Report**
E – for Information, and Decisions taken between meetings	

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29 SEPTEMBER 2017	
B – Key or Significant Cabinet/Cabinet Member Decisions	• **Local Account Annual report** – Final version for Members' comment prior to publication
C – Items for Comment/Rec to Leader/Cabinet Member	
D – Monitoring	• **Annual Equality and Diversity Report** • **Mind the Gap** – update (16/00088) • **Adult Social Care Performance Dashboards** to alternate meetings • **Public Health Performance Dashboard – include update on Alcohol Strategy for Kent** to alternate meetings • **Contract Management** – new standard item • **Work Programme**
E – for Information, and Decisions taken between meetings	
23 NOVEMBER 2017	
B – Key or Significant Cabinet/Cabinet Member Decisions	
C – Items for Comment/Rec to Leader/Cabinet Member	
D – Monitoring	• **Contract Management** – new standard item • **Work Programme**
E – for Information, and Decisions taken between meetings	
19 JANUARY 2018	
B – Key or Significant Cabinet/Cabinet Member Decisions	
C – Items for Comment/Rec to Leader/Cabinet Member	
D – Monitoring	• **Adult Social Care Performance Dashboards** to alternate meetings • **Public Health Performance Dashboard – include update on Alcohol Strategy for Kent** to alternate meetings • **Contract Management** – new standard item • **Work Programme**

E – for Information, and Decisions taken between meetings	
9 MARCH 2018	
B – Key or Significant Cabinet/Cabinet Member Decisions	
C – Items for Comment/Rec to Leader/Cabinet Member	• **Draft Directorate Business Plan**
D – Monitoring	• **Strategic Risk report** • **Contract Management** – new standard item • **Work Programme**
E – for Information, and Decisions taken between meetings	

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