

ADULT SOCIAL CARE CABINET COMMITTEE

Friday, 9th March, 2018

10.00 am

**Darent Room, Sessions House, County Hall,
Maidstone**



AGENDA

ADULT SOCIAL CARE CABINET COMMITTEE

Friday, 9 March 2018 at 10.00 am
Darent Room, Sessions House, County Hall,
Maidstone

Ask for: **Emma West**
Telephone: **03000 412421**

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

Membership (14)

Conservative (11): Mrs P T Cole (Chairman), Ms D Marsh (Vice-Chairman),
Mrs A D Allen, MBE, Mrs P M Beresford, Mrs S Chandler,
Miss E Dawson, Ms S Hamilton, Mr P J Homewood,
Mr P W A Lake, Mr D D Monk and Mr R A Pascoe

Liberal Democrat (2): Mr S J G Koowaree and Ida Linfield

Labour (1) Mr B H Lewis

Webcasting Notice

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UNRESTRICTED ITEMS

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

- 1 Introduction/Webcasting Announcement
- 2 Apologies and Substitutes
To receive apologies for absence and notification of any substitutes present.
- 3 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.
- 4 Minutes of the meeting held on 19 January 2018 (Pages 5 - 12)
To consider and approve the minutes as a correct record.

- 5 Verbal Updates by Cabinet Member and Corporate Director (Pages 13 - 14)
To receive verbal updates from the Cabinet Member for Adult Social Care and the Corporate Director of Adult Social Care and Health.
- 6 Commissioned Services for Adult Carers of Vulnerable Adults - Contract Monitoring (Pages 15 - 24)
To receive a report which provides an update on the commissioning and performance management of the Commissioned Services for Adult Carers of Vulnerable Adults.
- 7 17/00131 - Interim Contracts for the Provision of Carers Services (Pages 25 - 32)
To receive a report which provides an update on the commissioning of Commissioned Services for Adult Carers of Vulnerable Adults for 2018/19.
- 8 17/00136 - Adults Rates and Charges 2018-19 (Pages 33 - 44)
To receive a report which sets out the proposed rates and charges for Adult Social Care Services for the forthcoming financial year.
- 9 Loneliness and Social Isolation (Pages 45 - 50)
To receive a report which provides information about the prevalence and effects of loneliness and social isolation.
- 10 Adult Social Care Performance Dashboard (Pages 51 - 70)
To receive a report which sets out progress against targets set for key performance and activity indicators for December 2017 for Adult Social Care.
- 11 Draft Directorate Business Plans (Pages 71 - 118)
To receive a report which presents the Adult Social Care and Health Directorate Draft Business Plan for 2018-19 and sets out the high-level priorities for the coming financial year.
- 12 Risk Management - Adult Social Care (Pages 119 - 146)
To receive a report which presents the strategic risks relating to the Adult Social Care and Health Directorate.
- 13 Work Programme 2018/19 (Pages 147 - 150)
To receive a report from the General Counsel on the Adult Social Care Cabinet Committee's work programme for 2018/19.

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)

Benjamin Watts
General Counsel
03000 416814

Thursday, 1 March 2018

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 CABINET COMMITTEE

MINUTES of A meeting of the Adult Social Care Cabinet Committee held at Council Chamber, Sessions House, County Hall, Maidstone on Friday, 19th January, 2018.

PRESENT: Mrs P T Cole (Chairman), Mrs A D Allen, MBE, Mrs P M Beresford, Miss E Dawson, Ms S Hamilton, Mr P J Homewood, Mr S J G Koowaree, Mr P W A Lake, Ida Linfield, Mr S C Manion (Substitute for Mrs S Chandler), Mr D D Monk and Mr R A Pascoe

OTHER MEMBERS: Graham Gibbens

OFFICERS: Anu Singh (Corporate Director, Adult Social Care and Health), Michelle Goldsmith (Finance Business Partner), Emma Hanson (Head of Strategic Commissioning Adult Community Support), Annie Ho (Acting Head of Adult Safeguarding), Penny Southern (Director, Disabled Children, Learning Disability and Mental Health), Michael Thomas-Sam (Head of Strategy and Business Support), Anne Tidmarsh (Director, Older People and Physical Disability) and Emma West (Democratic Services Officer)

UNRESTRICTED ITEMS

56. Apologies and Substitutes

(Item 2)

Apologies for absence were received from Mrs S Chandler, Ms D Marsh and Mr B Lewis.

Mr S Manion attended as a substitute for Mrs S Chandler.

57. Declarations of Interest by Members in items on the agenda

(Item 3)

1. Mrs A D Allen declared an interest as a Co-Chairman of a Partnership Group for Adults with Learning Disabilities.
2. Mr G Koowaree declared an interest as his Grandson was a looked after child.

58. Minutes of the meeting held on 23 November 2017

(Item 4)

1. RESOLVED that the minutes of the meeting held on 23 November 2017 be noted.

59. Verbal Updates by Cabinet Member and Corporate Director

(Item 5)

1. Graham Gibbens (Cabinet Member for Adult Social Care) gave a verbal update on the following issues:

Christmas Tour – The Chairman and Mr Gibbens visited various parts of Kent to see groups of service users. The sites and teams which had been visited were Worrall House in Kings Hill, Older People and Physical Disability – West Kent (OPPD), Gravesham Place Integrated Care Centre, and Milton Haig Centre, for people with learning disabilities. A visit would be arranged in Spring 2018 to meet with Mental Health staff.

LGA Challenge on Dementia 2020 – Mr Gibbens was a Member of the Prime Minister’s Challenge on Dementia 2020. Key outcomes were discussed in a meeting he attended last Wednesday. It was important to ensure that Kent has a skilled workforce to support people living with dementia, that there are good processes in place to measure how we are improving the situation for people living with dementia and that there was close working with the voluntary sector in post diagnosis support.

Social Isolation and Loneliness update – The Jo Cox Commission on Loneliness had been looking at current loneliness and isolation issues. The Prime Minister spoke very strongly about the fact that loneliness and isolation was not just an issue for older people, it affected all sectors of the community. The Prime Minister made it clear that everybody who was represented in the gathering should be looking at loneliness and isolation as being key items to focus on. Mr Gibbens said that a loneliness and isolation item would be brought to the next meeting of the Adult Social Care Cabinet Committee on 9 March 2018 to provide further information to Members regarding loneliness and isolation in Kent and how issues were being addressed.

1. Anu Singh (Corporate Director of Adult Social Care and Health) gave a verbal update on the following issues:

Managing in Winter – Kent and Medway had consistently been on an OPEL alert 3 and OPEL alert 4 (Operational Pressures Escalation Levels), which was an indication that there was not sufficiency and flow across the system. This was in place across all hospital sites in Kent and Medway, social care beds and the capacity across the workforce to handle the movement of people in the most appropriate way through the system. The way in which this issue had been managed over the holiday period in Kent and Medway had been very positive, social care staff had done all within their power to ensure that people were able to access the care and support that they needed. This work was ongoing, leaders across health and care had put different leadership arrangements in place to allow Kent to have the support of the national teams at NHS England and NHS improvement. This in turn would bring together a programme management office that would allow workers to work together in a different way and pull together information about what could be done individually as organisations and access the care and health support that people need.

Sustainability Transformation Plan update – An important element of the STP was the Clinical Commissioning Groups (CCG) which allowed organisations to work together in a different way. There were currently 8 CCG’s across the Kent and Medway region. There was work being undertaken which would enable all of the groups to work collectively in a different way and act as a single organisation, it would be an important factor for the success of Kent’s STP and how best to work together as an integrated health and care system.

Windchimes Short Break Centre – Windchimes continued to maintain its outstanding rating for the second year in a row. Anu Singh congratulated staff and thanked them for their hard work which made achieving the outstanding rating possible.

3. RESOLVED that the verbal updates by the Cabinet Member and Corporate Director, be noted.

60. Safeguarding Adults Update
(Item 6)

1. Michael Thomas-Sam (Head of Strategy and Business Support) introduced the report which provided an update on Adult Safeguarding in Kent for the period April to September 2017.
 - a) In response to a question, Annie Ho (Acting Head of Adult Safeguarding) discussed the importance of training and said that Adult Safeguarding training procedures were updated regularly to ensure that staff were well-supported.
 - b) In response to a question regarding the Deprivation of Liberty Safeguards (DOLS), Annie Ho said that the DOLS safeguard very vulnerable people. She said that although there may be cases where vulnerable people were being deprived of their liberty in an unlawful way, the issue could not be resolved by social care staff alone, the ownership needed to be shared. She reiterated the fact that training was crucial for staff who were safeguarding vulnerable adults and said that all providers should know and apply for DOLS.
 - c) In response to a question, Penny Southern (Director of Disabled Children, Learning Disability and Mental Health) said that there was no correlation between the primary support reasons and the sources of concern in the report. She said that she would be able to provide further information in a briefing note outside of the Committee meeting. Annie Ho said that within Mental Health, the most common type of abuse was Domestic. She said that from September 2017, Kent Police had introduced a specific unit that would deal with domestic abuse issues, so the referral source did not correlate to a specific service user group. However, there were issues that different organisations were responding to. She said that Kent Police were looking at focusing on increasing services for better Mental Health.
 - d) In response to a question relating to types of abuse and the locations in which the abuse took place, Annie Ho said that the types of abuse were wide in terms of what would be classified as abuse. She referred to the report and informed the Committee that several cases that were classified as abuse were relating to neglect or tasks that had not been completed promptly enough. She said that she would be able to provide further information in a briefing note outside of the Committee meeting.
 - e) In response to a question, Annie Ho said that the percentage relating to 'other' and 'unknown' types of abuse was a percentage that needed to be reduced and looked at and analysed further. She said that issues reported as 'unknown' were reported as data quality issues, and issues that were

reported as 'other' could be anything outside of the other fields. Penny Southern said that the user usually chose 'other' when they did not fit into the other fields that were provided.

- f) In response to a question regarding the risk of safety to people with mental health illnesses, Annie Ho said that whilst she appreciated the seriousness and sensitivity of the issues, the report and the Adult Safeguarding unit could only assess adult safeguarding practice, not the wider multi-agency practice within mental health. Penny Southern said that she represented the Local Authority in the Mental Health Crisis Care Concordat where good practice and outcomes were assessed, and feedback was taken onboard. She said that there was a lot of work being undertaken in Kent to support a person in crisis. Ms Marsh who was the Mental Health Champion had visited the previous Crisis Care Concordat and had worked with the team to grasp a wider understanding of the national agreement. She said that the Crisis Care Concordat focused on preventing future crises by making sure people are referred to the appropriate services and able to find employment. She said that she would be able to provide further information in a Members' briefing, this was welcomed by the Committee.
- g) In response to a question regarding categories of abuse, Annie Ho said that the category of verbal abuse was considered in the report's figures, as was physical abuse.
- h) In response to a question, Penny Southern said that the figures marked as 'unknown' within the report were currently classed as data quality issues but would be known at a later date. The figures marked as 'other' within the report were usually due to people not recognising that the other fields available were applicable to them. She said that the 'unknown' and 'other' fields were reviewed annually and were updated and changed each year as new terminology was introduced.
- i) In response to a question regarding the annual report release date, Michael Thomas-Sam said that this would be between May and June 2018 and would be available to all Members.
- j) In response to a question regarding training, Annie Ho said that training was available for families wishing to offer a home to older teenagers with challenging behaviours. The Kent and Medway Adult Safeguarding Board worked hard to continue to review accessible and available training across the county. Penny Southern said that all families received training as a requirement.
- k) In response to a question, Annie Ho said that a quarterly performance report was brought Adult Social Care Cabinet Committee meetings. The performance reports monitored correlation issues and surface areas. Penny Southern said that there was also a bi-monthly safeguarding performance meeting held within the Adult Safeguarding team. The safeguarding performance meetings assessed trends and issues in further detail. She said that the meetings were held to ensure appropriate action could be taken and to provide face to face support and training for staff to support them to deliver services. She said that in future reports, more information could be

provided to show trends and correlation to provide Members with a deeper level of information.

2. Mr Gibbens said that a Members' briefing would be organised to discuss the report in the further detail. He also said that a Members' visit to the referral unit in Kroner House, Ashford would be organised.
3. RESOLVED that the report be noted.

61. Kent Advocacy Contract
(Item 7)

1. Emma Hanson (Head of Strategic Commissioning Adult Community Support) introduced the report which provided an update on the commissioning and performance of the Kent Advocacy Contract.
 - a) In response to a question, Emma Hanson said that a lot of work was being undertaken with partner organisation and other stakeholders with regards to promoting the Advocacy service.
 - b) In response to a question regarding poor performance of the IMHA provider in East Kent, Emma Hanson said that the transfer was smooth, and performance had improved in those areas. She said that the issues were not caused by the advocates or the quality of the advocates, but were caused by problems with management and the performance reporting. In response to a separate question regarding Support 4 Sight, Emma Hanson said that she would be able to provide further progress information once the transfer was complete. With regards to extending the Kent Advocacy contract, she said it was likely that a proposal would be brought to the Committee.
 - c) In response to a question, Emma Hanson said that a lot of work was being undertaken with the Citizens Advice Bureau with regards to promoting the Advocacy service.
 - d) In response to a question, Emma Hanson said that achieving a consistent timescale for resolving advocacy issues would be a challenge because of the varying complexity of various issues. She said that Kent had been working closely with the Department of Work and Pensions (DWP) to try and reduce the number of issues regarding welfare benefits. She said that the Kent Advocacy Contract had not been presented to the Health and Wellbeing Board.
2. Mr Gibbens said that discussions would need to take place with the Chairman of the Health and Wellbeing Board to see how they provide similar services before the item could be placed on their Work Programme.
3. RESOLVED that the report be noted.

62. End of Life Care in Kent
(Item 8)

1. Anne Tidmarsh (Director of Older People and Physical Disability) introduced the report which shared the updated overview of End of Life Care in Kent and an

action plan which set out areas for improvement and gaps that had been identified and how they would be addressed.

- a) In response to comments and questions, Anne Tidmarsh said that prisoners were supported by the NHS. Although, the help that prisoners received was dependant on the services that were being provided within the prison and dependent on where the person would be going after they left the prison. She said that this was part of the End of Life Care in Kent action plan to be looked at with NHS to ensure that the transition was as smooth as possible.
 - b) In response to a question, Anne Tidmarsh said that good progress had been made under the Sustainability Transformation Programme. She said that a lot of joint-working had taken place within health and social care around training and workforce development. She said that although there was a lot of work still to be done, measures were in place to ensure that staff received sufficient training for end of life care.
 - c) In response to a question, Anne Tidmarsh said that a Kent shared care record was one of the outputs that the STP aimed to achieve. Work had been carried out around the ESTHER model and whether Kent could provide an ESTHER care record and an application for smart phones, but it was important to understand the required content, ensure that content was suitable for the Kent and Medway shared care record, and prevent duplication.
 - d) In response to a question, Anne Tidmarsh said that there were still challenging outputs to be achieved within the STP action plan, regular progress updates would come back to future Committee meetings. She said that supervisors and managers were responsible for ensuring sufficient training was in place, in order to support staff who were supporting people that were receiving end of life care.
 - e) In response to a question regarding to the Liverpool Care Pathway, Anne Tidmarsh said that she would be able to provide more information to Members outside of the meeting with regards to whether the pathway was still being used and if so, in what way. She said that it was important for Kent to ensure that an individual receiving end of life care felt comfortable in the final hours or days of their lives.
 - f) In response to a question, Anne Tidmarsh said that Buurtzorg was a Dutch nurse-led model which looked at the skills of a community nursing team and how best to deliver high-quality, low-cost care.
2. Mr Gibbens said that end of life care was a very serious and important issue. He informed Members that an End of Life Care event would be held in February 2018, the event would look more closely at progress that had been made and how closely Kent were working with health colleagues and GP's. He added that joint-working was encouraged and requested that the item be referred to the Health and Wellbeing Board.
 3. In response to comments and questions, Anne Tidmarsh said that within social care, there was no separate pathway for end of life care. She said that Kent were working with staff to ensure that sufficient training had been put in place to allow them to have a clear understanding of what needed to be done when dealing with end of life situations.

4. RESOLVED that the report be noted.

63. Draft 2018-19 Budget and 2018-20 Medium Term Financial Plan
(Item 9)

1. Michelle Goldsmith (Finance Business Partner – Social Care, Health and Wellbeing) introduced the report which set out the draft 2018-19 Budget and 2018-20 Medium Term Financial Plan.

a) In response to a question, Anu Singh said it was important to address social isolation within the way that Kent had set up the core delivery. She said that there were several infrastructure contracts and relationships with the voluntary community sector which Kent were building to most meet need.

b) In response to a question, Michelle Goldsmith said that the budget for Adult's Services was fairly large and said that the core delivery would cover contingency issues. Anu Singh said that if emergency situations arose, Kent would need to be flexible as an authority.

2. RESOLVED that the report be noted.

64. Revenue and Capital Budget Monitoring - October 2017-18
(Item 10)

1. Michelle Goldsmith introduced the report which provided Members with the latest revenue and capital budget monitoring position for the 2017-18 financial year.

2. RESOLVED that the report be noted.

65. Work Programme 2018/19
(Item 11)

1. RESOLVED that the Work Programme 2018/19 be noted.

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By: Mr G K Gibbens, Cabinet Member for Adult Social Care
Ms A Singh, Corporate Director of Adult Social Care and Health

To: Adult Social Care Cabinet Committee – 9 March 2018

Subject: **Verbal Updates by the Cabinet Member and Corporate Director**

Classification: Unrestricted

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

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From: Graham Gibbens, Cabinet Member for Adult Social Care
Anu Singh, Corporate Director of Adult Social Care and Health

To: Adult Social Care Cabinet Committee –
9 March 2018

Subject: **COMMISSIONED SERVICES FOR ADULT CARERS OF VULNERABLE ADULTS – CONTRACT MONITORING**

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary: This paper provides Cabinet Committee with an update on the commissioning and performance of the Kent Carers' Grants and Contracts.

Recommendations: The Adult Social Care Cabinet Committee is asked to **CONSIDER AND COMMENT** on the content of the report.

1. Introduction

- 1.1. This paper provides an update on the commissioning and performance management of the Commissioned Services for Adult Carers of Vulnerable Adults.
- 1.2. The Kent Carers' Contracts and Grants are jointly commissioned with the Seven Kent Clinical Commissioning Groups (CCG). The contracts awarded to the Voluntary and Community Sector (VCS) providers listed below were let to run from 1 April 2013 to 31 March 2018 and to cover the whole of Kent and the grant is historic.

Provider	Grant/ Contract	Contract/Grant Values 2017/18	Health Contribution 2017/18	Other Income
Crossroads	Grant	£1,767,800*	£194,300	£407,000
Crossroads	Contract	£1,385,300	£585,300	
Involve Kent	Contract	£596,300	£173,100	
Carers First	Contract	£1,275,100	£229,800	
East Kent Carers Consortium	Contract	£2,378,400	£849,700	

* This figure includes Volcare and Carers First

- 1.3 [KCC's Voluntary and Community Sector Policy \(Sept 2015\)](#) helpfully articulates the difficulties in monitoring the performance of grants and the need to shape the market differently as we move forward. The VCS policy recognised that “the absence of a standardised approach to grant funding...has created confusion across the sector and a perception that grants were not accessible to all” and that this “made it difficult for us to effectively monitor the impact of our funding”. The Planned Short Breaks Grant has been awarded for many years, has been consistently awarded to just one provider (Crossroads Care) and is in return for services provided (which is contradictory to the principle of grant funding endorsed by KCC and as laid out in Managing Public Money (HM Treasury 2013), as laid out at page 13 of [KCC's Voluntary and Community Sector Policy \(Sept 2015\)](#).
- 1.4 The paper Interim Contracts for the Provision of Carers Services is associated with this paper and will seek a decision to implement Interim Contracts for the Carers Spend highlighted for one year to 31 March 2019.

2. Definition of a Carer and Policy Framework

- 2.1 The Care Act 2015 defined that we have we have a duty to meet the unmet eligible needs of adults living in Kent and that a Carer “means an adult who provides or intends to provide care for another adult (needing care), but clarifies that this adult will not be considered a Carer is providing care under/by virtue of a contract, or as voluntary work.
- 2.2 Local Authorities have a number of statutory duties, established in legislation to ensure Carers are supported, these include:
- Assessing the needs of any adult (cared for or carer) with an appearance for care and support
 - Arranging services, where appropriate
 - Meeting the unmet eligible needs of adults living in Kent.
- 2.3 Although the Contracts/Grants were awarded prior to the publication of KCC’s Strategic Statement ***Increasing Opportunities, Improving Outcomes***, they remain strategically relevant, contributing to the following Strategic and Supporting Outcomes:

Strategic Outcome 2: Kent communities feel the benefits of economic growth by being in-work, healthy and enjoying a good quality of life

- Physical and mental health is improved by supporting people to take more responsibility for their own health and wellbeing
- All Kent’s communities benefit from economic growth and lower levels of deprivation
- Kent residents enjoy a good quality of life, and more people benefit from greater social, cultural and sporting opportunities.

Strategic Outcome 3: Older and vulnerable residents are safe and supported with choices to live independently

- Families and Carers of vulnerable and older people have access to the advice, information and support they need
- Older and vulnerable residents feel socially included
- The health and social care system works together to deliver high quality community services.

3. Commissioning Background

3.1 Prior to commissioning the services highlighted in the table at para 1.2, the Council commissioned a range of services through **37** grants. The commissioning exercise in 2013 outsourced Carers' Assessments in advance of the Care Act (2014), integrated Carers commissioning with Kent's seven CCGs, enabled some performance reporting and developed and shaped the market to ensure we had a platform for the future. The commissioning strategy in 2013 consisted of two elements (a) The Adult Carers' Assessment and Support Service; and (b) The Adult Carers' Short Breaks Service.

3.2 The Adult Carers' Assessment and Support Service was developed to promote Carers wellbeing in a flexible and person-centred way. The service consists of the following components:

- OUTCOME 1: Carers are proactively sought and identified
- OUTCOME 2: Carers are provided with appropriate up-to-date information, advice and guidance.
- OUTCOME 3: Carers receive Carers Assessments
- OUTCOME 4: Carers receive "Carers One off Payments" (COOP's)
- OUTCOME 5: Carers are engaged and supported to plan for the future
- OUTCOME 6: Carers feel empowered
- OUTCOME 7: Carers wellbeing is improved through the provision of emotional support
- OUTCOME 8: Increased engagement with other sectors
- OUTCOME 9: Improved support for Young Carers' transition to adulthood
- OUTCOME 10: Increased knowledge, skills and behaviours for Carers and professionals through training and development opportunities
- OUTCOME 11: Carers receive health prescribed support when appropriate via GP Rapid access and Hospital Discharge Services

3.3 The Adult Carers' Short Breaks Service is delivered to the cared for person for the benefit of the Carer by enabling them to have some respite from their caring role. The service consists of the following components:

- Crisis Short Breaks response through professional referral
- Self-Referral Health appointment service
- Carers' Planned Short Breaks

3.4 The Carers' Planned Short Breaks element of the service is funded partially through an historic grant and partly through a contract. The other service elements were funded through the contract, which was formally let through a commissioning and tendering exercise.

4. Financial Activity

4.1 KCC spend is predicted to be £3,061,200 on Carers Contracts and £1,573,500 for Carers Grants in 2017/18.

4.2 The 2017/18 Health and Social Care budget for the above Carers' Services was £5,635,100 for contracts and £1,767,800 for grants, with Health contributing approximately £2,032,200 and other income of £407,000.

4.3 Planned reductions in the Voluntary and Community Sector budget, presented to the Strategic Commissioning Board in November and December 2017, will lead to a reduction in the available budget for Carers' contracts of £360,000 (afforded by annual underspends (see above)) and a reduction of 1.84% on grant amounts.

4.4 It should be noted that the Carers' One-Off Payments, Health Prescribed support (GP Rapid access and Hospital Discharge Services) and Crisis Short Breaks are all demand led and therefore fluctuate annually. Significant activity will be undertaken to tighten up on activity and eligibility in 2018/19.

4.5 Commissioners will combine the grant and contract budgets for 2018/19, negotiate the necessary contractual changes in relation to this reduction in budget and ensure actions are put in place that mitigate impact and enable local teams to spot purchase in exceptional circumstances (if the spending limit of the Carers' Contracts is reached), see the '*Interim Contracts for the Provision of Carers' Services*' paper for more detail.

5. Performance Activity

5.1 Contract relationships have developed between commissioners and providers since 2013. Contract management transferred to a new commissioner in May 2017 to commence the review and analyse phase.

5.2 Commissioners have been able to access more information during the review than has previously been available including increasing the Carers intelligence on the Kent Integrated Dataset (KID) from 5000 – 20,000 unique identifiers.

5.3 The key findings of the review can be found at Appendix 1 and have influenced the design of the Key Performance Indicator (KPI) and Specification requirements included within the proposed Interim Contracts (see associated report). This will support KCC on its journey to further shape the market. The new KPIs have been included in a balanced scorecard approach to enable a rounded approach to the future contract management of Carers contracts.

- 5.4 Increasing the uptake of statutory Carers' Assessment is an on-going challenge, with only 23.1% of people opting to progress to a statutory Carers' Assessment, with many opting instead to be supported with a 'lighter touch' provider assessment and outcome star process. Some of the qualitative analysis gathered through in depth research and Carer workshops has been that the current KCC assessment documentation is a significant barrier.
- 5.5 A more in-depth review of the interim contract will be undertaken alongside Adult Social Care's consideration of different assessment models such as the 'three conversation model' (carers' assessment work in Essex) and the Outcomes star (adopted as the statutory tool by Lincolnshire).

6. Recommendations

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

7. Background Documents

None

8. Lead Officers

Emma Hanson
Head of Strategic Commissioning – Community Services
03000 415342
Emma.hanson@kent.gov.uk

Jo Empson
Commissioning Manager – Community Support
03000 415304
Joanne.empson@kent.gov.uk

Lead Director

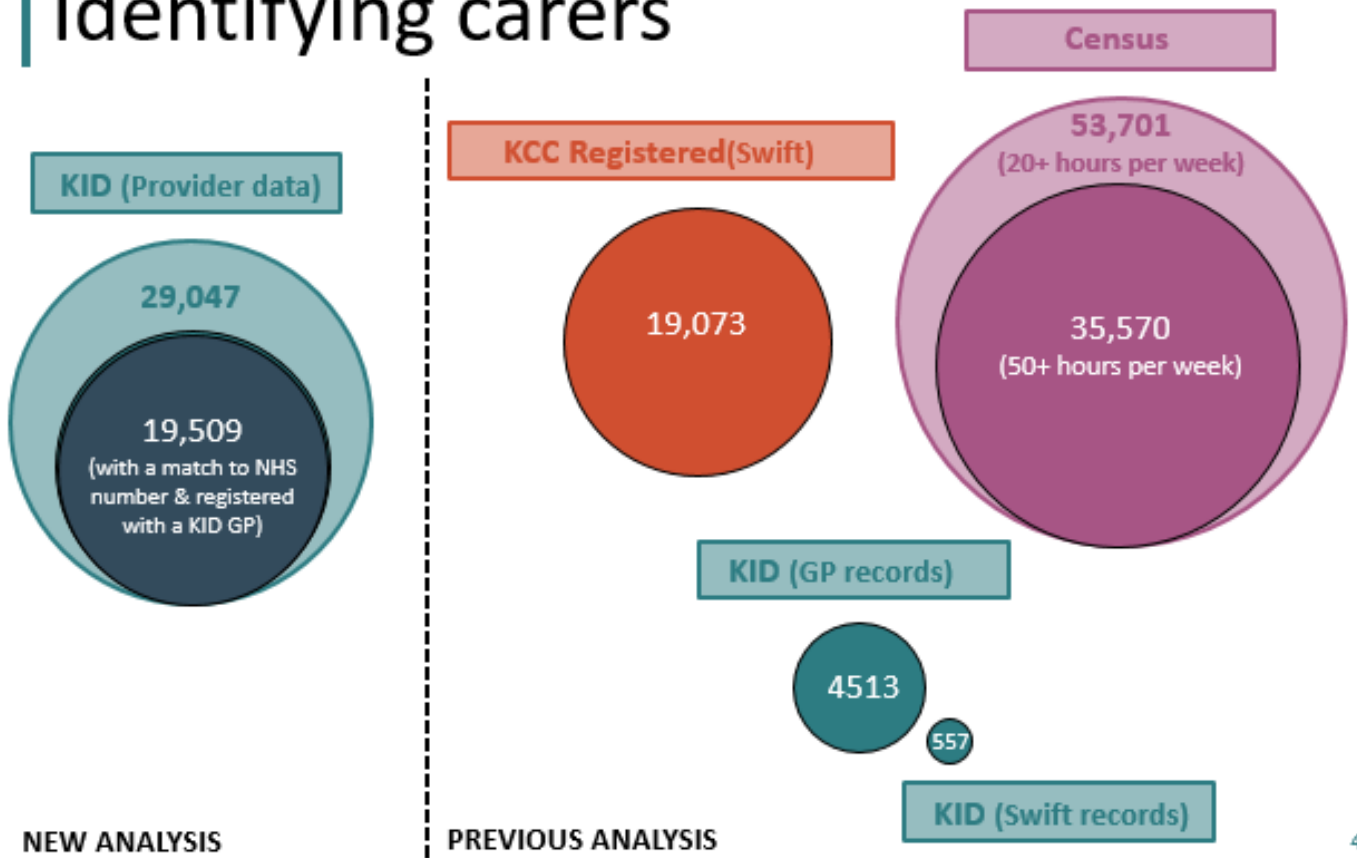
Anne Tidmarsh
Director Older People, Physical Disability
03000 415521
Anne.tidmarsh@kent.gov.uk

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Key Findings:

- 29,322 carers worked with Carers Assessment and Support organisations between April 2013 and October 2017. This represents 19.3% of all carers identified in the 2011 Census.
- Male carers are underrepresented in Carers Assessment and Support Organisations. 30.8% of carers supported by Carers Assessment and Support organisations were male compared to 38.8% of KCC carers identified in the 2011 Census who were providing 50+ hours of care per week.
- Physical disabilities and dementia comprise the primary health condition of half those being cared for by carers working with Carers Assessment and Support organisations.
- Carers working with Carers Assessment and Support organisations in Kent are older and have a greater care burden than all Kent carers identified in the 2011 Census. Carers First supports a higher proportion of carers aged under 50 (27%), whilst just 16% of carers supported by Involve are below 50.
- The ethnic profile of carers being supported by Carers Assessment and Support organisations is similar to the ethnic profile of carers identified in the 2011 census, however there are spatial variations with fewer BME carers working with CAS orgs in Gravesham compared to those identified in the 2011 census.
- There is an overrepresentation of carers working with Carers Assessment and Support organisations from Ashford, Maidstone, Tunbridge Wells and Tonbridge & Malling and an underrepresentation from Canterbury, Swale and Thanet.
- 18.1% of carers working with Carers Assessment and Support organisations had a health conditions themselves, 2,705 had a physical disability and 640 had a mental health issue.
- There is a strong correlation between the average age of a carer being supported by a Carers Assessment and Support organisation and the level of affluence of the area in which the carer lives. The average age of carers in the most deprived areas is 57 compared to 66 in the most affluent.
- 54.3% of carers working with Carers Assessment and Support organisations received no service, referral or assessment. 31.7% received a Kent Carers Emergency Card, 26.4% were offered a statutory assessment, 23.1% received a statutory assessment and 11.3% received a Crossroads service.
- Carers living in affluent areas were more likely to be referred to and receive a Crossroads short break. However, the average age of carers receiving a Crossroads service is considerably older than the average age of all carers working with Carers Assessment and Support organisations and as stated above, the average age of carers is older in more affluent areas.

Identifying carers



Identifying and analysing carers using KID, January 2018

4

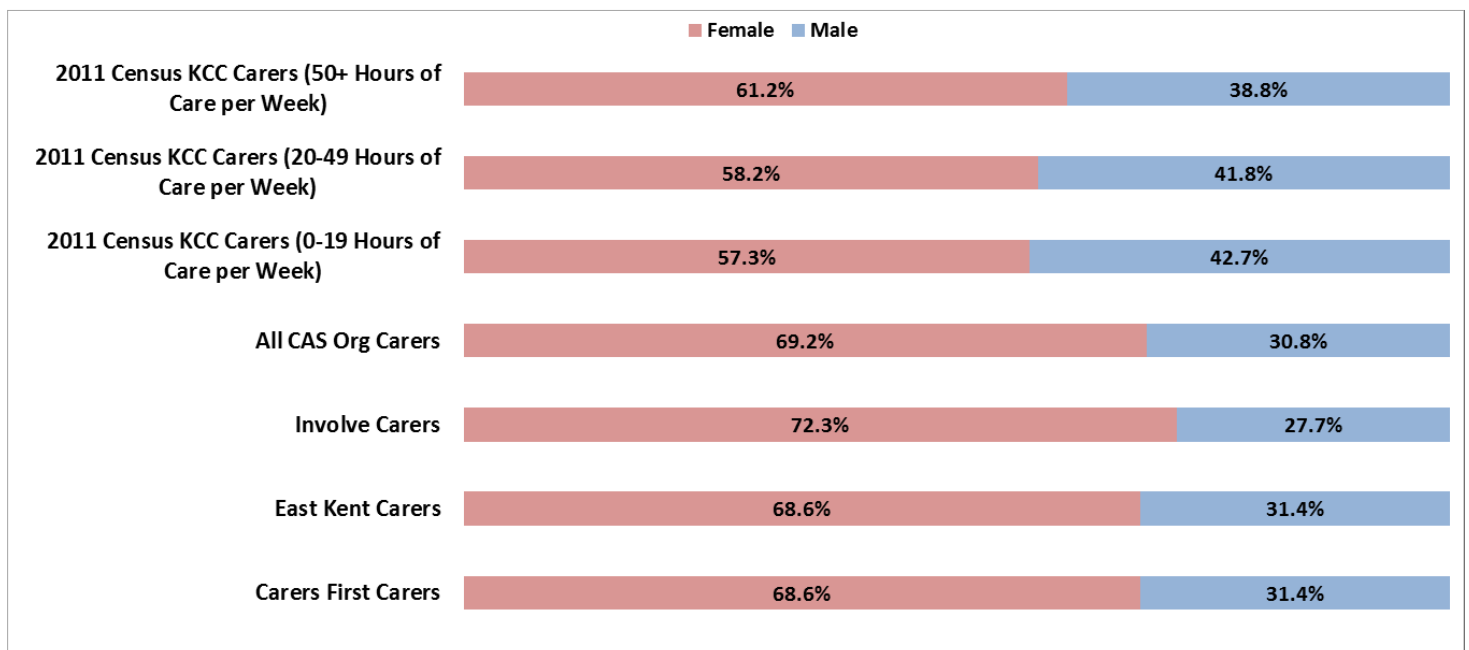


Chart 1: Gender profile of 2011 Census KCC Carers and Carers Receiving Support from Carers Assessment and Support organisations

Appendix 1 to the Contract Monitoring – Commissioned Services for Adult Carers of Vulnerable Adults Cabinet Committee report 9th March 2018

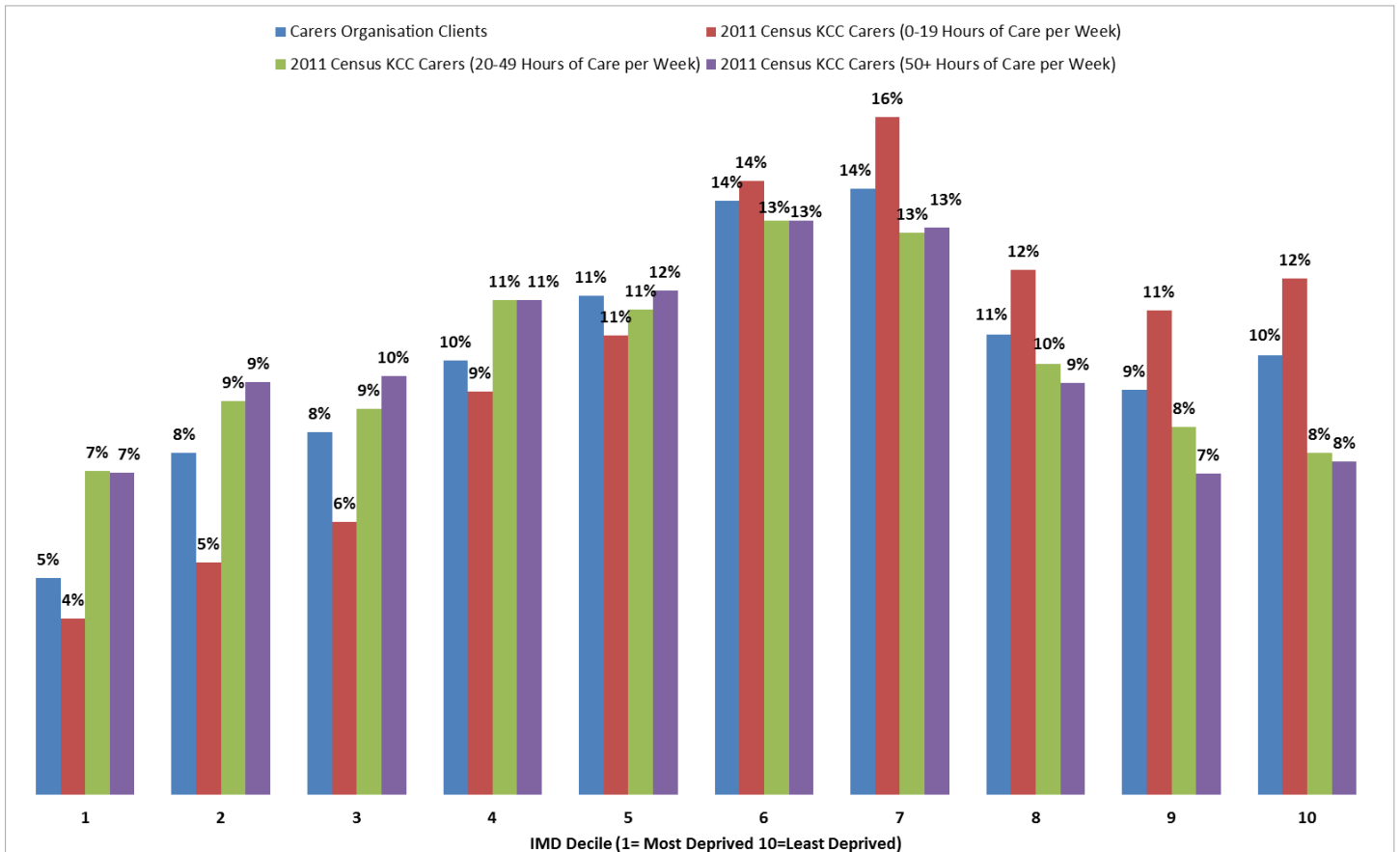


Chart 2: IMD profile of 2011 Census KCC Carers and Carers Receiving Support from Carers Assessment and Support organisations

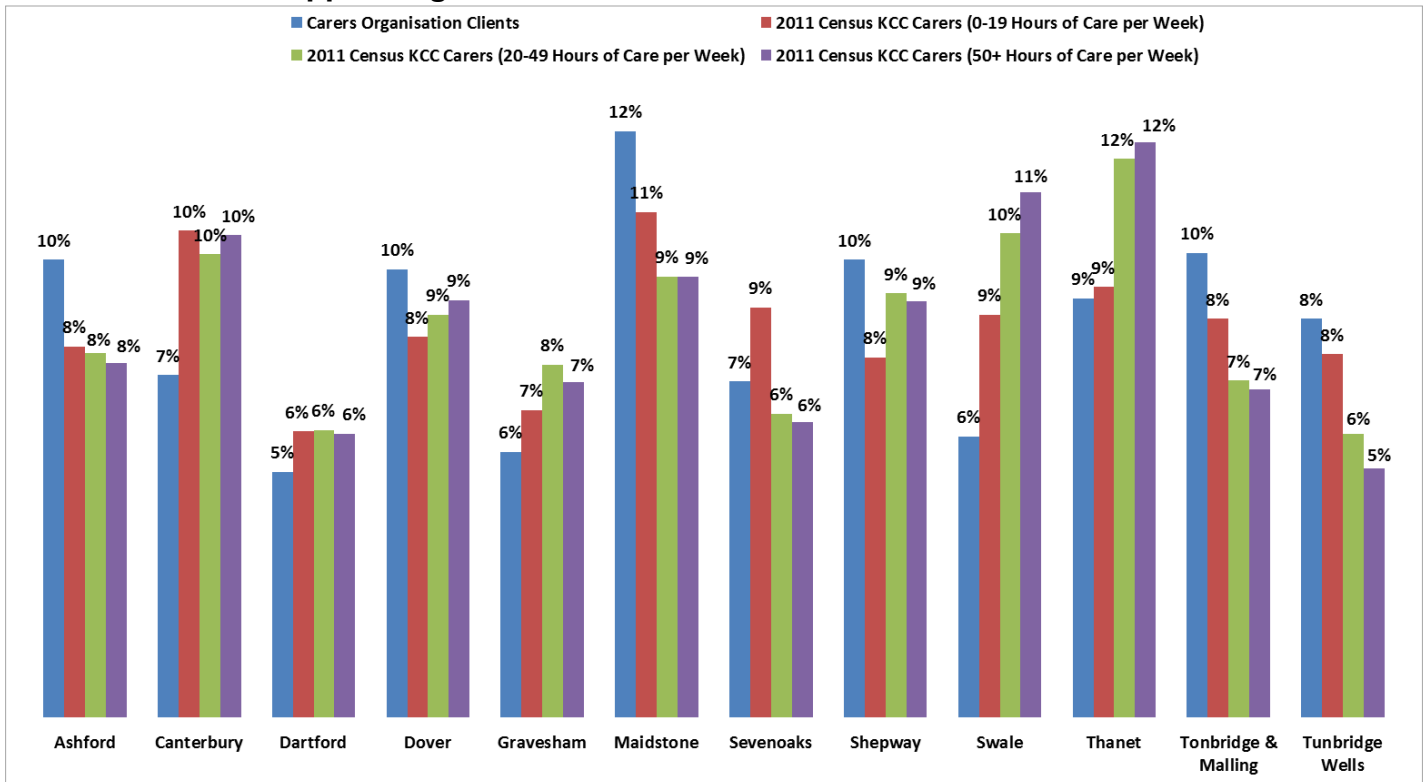


Chart 3: District profile of 2011 Census KCC Carers and Carers Receiving Support from Carers Assessment and Support organisations

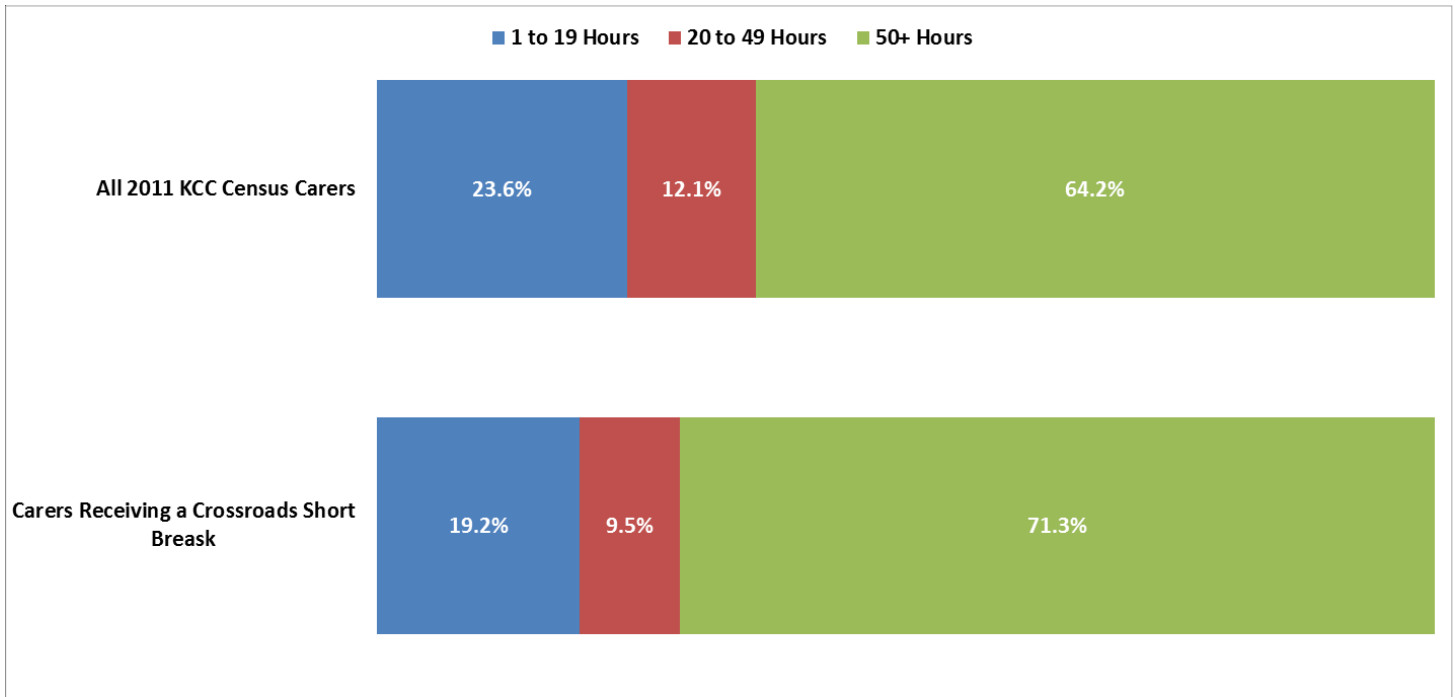


Chart 4: Hours of care provided by carers receiving a Crossroads short break (2013-2017):

References:

Carers Review Analysis Workstream; Analysis of provider data using the Kent Integrated Dataset (KID); KPHO; V1.1; 9th January 2018 – Rachel Kennard, Senior Intelligence Analyst, KPHO

Support for Adult Carers in Kent – Insight Report (Draft); Business Intelligence Report; Business Development and Intelligence; January 2018; - Sam Birkin, Research Analyst – Customer Insight

From: Graham Gibbens, Cabinet Member for Adult Social Care

Anu Singh, Corporate Director of Adult Social Care and Health

To: Adult Social Care Cabinet Committee –
9 March 2018

Decision Number: 17/00131

Subject **INTERIM CONTRACTS FOR THE PROVISION OF CARERS SERVICES**

Classification: Unrestricted

Past Pathway of Paper: Referenced within Adult Social Care Cabinet Committee Report Older People and People Living with Dementia Core Offer - Update 23 November 2017

Future Pathway of Paper: Cabinet Member decision

Electoral Division: All

Summary: This paper seeks a decision on the implementation of Interim Contracts for the period April 2018 – March 2019, to enable the alignment of Carers Commissioning with broader Wellbeing and Resilience Commissioning (see past paper).

Recommendation: The Adult Social Care 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) **AGREE** the implementation of interim contracts for the provision of Carers' Services with Carers Organisations (Carers' Assessment and Support Organisations and Crossroads) which are jointly commissioned with the seven Kent Clinical Commissioning Groups for the period 1 April 2018 to 31 March 2019 to enable continuation of services to meet statutory requirements and to align the Carers Offer with the Wellbeing and Resilience Preventative Offer; and
- b) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health, or other nominated officer, to undertake the necessary actions to implement the decision.

1. Introduction

- 1.2. This paper provides an update on the commissioning of Commissioned Services for Adult Carers of Vulnerable Adults for 2018/19.

- 1.3. The Kent Carers Contracts and Grants are jointly commissioned with the 7 Kent Clinical Commissioning Groups (CCGs). The contracts awarded to the Voluntary and Community Sector (VCS) providers listed below were let to run from 1 April 2013 to 31 March 2018 and to cover the whole of Kent and the grant is historic:

Provider	Grant/ Contract	Contract/Grant Values 2017/18	Health Contribution 2017/18
Crossroads	Grant	£1,767,800*	£194,300
Crossroads	Contract	£1,385,300	£585,300
Involve Kent	Contract	£596,300	£173,100
Carers First	Contract	£1,275,100	£229,800
East Kent Carers Consortium	Contract	£2,378,400	£849,700

* This figure includes Volcare and Carers First transfers

- 1.4. The following papers are associated with Carers and the Wellbeing offer and should be read in conjunction with this report:

- Contract Monitoring – Commissioned Services for Adult Carers of Vulnerable Adults is associated with this paper updating Cabinet Committee on the current Contract and Grant performance
- Older People and People Living with Dementia Core Offer - Update 23 November 2017 – Decision No 17/00062 recommended the alignment of a number of service offers (Carers/Older People/Sensory and Physical Disability) to create one, more connected, Wellbeing and Resilience offer

2. KCC's Voluntary and Community Sector Policy

- 2.1. KCC's Voluntary and Community Sector Policy articulates the difficulties in monitoring performance of grants and the need to shape the market differently as we move forward. The VCS policy recognises "that we need flexibility in how we fund the VCS in the most appropriate and efficient way" but notes that "the absence of a standardised approach to grant funding within the local authority has created confusion across the sector and a perception that grants were not accessible to all" and that this "made it difficult for us to effectively monitor the impact of our funding".
- 2.2. The principle of grant funding endorsed by KCC and as laid out in Managing Public Money (HM Treasury 2013) clearly states that "Grants should not be confused with contracts. A public sector organisation funds by grant as a matter of policy, not in return for services provided under contract". The Short Breaks Grant has been awarded for many years, has been consistently awarded to one provider (Crossroads Care) in return for services and does not enable the performance management required. We can no longer grant fund this service and this has been well communicated both with the organisation and sector at a numerous events.

2.3 For Grants to be awarded (*with the exception of Combined Member Grants*) they should meet one of the following criteria:

- Innovation grants:
 - a. payment for innovations/pilots
 - b. payment to help develop new organisations and approaches which will contribute to the Council's strategic outcomes
- Strategic grants:
 - a. payments to organisations of strategic importance given under the local authority's general powers (as provided in the Localism Act 2011) to help the authority to achieve its strategic and supporting outcomes
 - b. Both Strategic and Innovation grants will be awarded over the three year MTFP period and where possible and appropriate will be awarded on a multi-year basis with payments made annually. KCC reserves the right to refuse multiyear agreements where necessary.
 - c. It is not proposed that either Innovation or Strategic grants should have a financial limit but would not normally be over Official Journal of the European Union (OJEU) limits
 - d. State Aid: When awarding grants, officers must consider state aid rules and seek advice where necessary.

3. Commissioning Background

3.1 On 23 November 2017, the Adult Social Care Cabinet Committee endorsed the proposal to align the Older People and People Living with Dementia Core Offer with the commissioning of the Physical Disability Core Offer, the recommissioning of Kent's Carers Services and the commissioning of Sensory Services given the efficiencies this could achieve.

3.2 The Committee endorsed this proposal, noting that considering these services together will:

- improve wellbeing and resilience pathways
- ensure people get the right support at the right time
- reduce duplication in delivery
- support demand management and prevent more formal entry into the health and social care system

3.3 The Cabinet Committee has already supported commissioner's proposals to extend the pause placed on the Older People and People Living with Dementia Core Offer by six months to align it with the other commissioning exercises, this paper proposes aligning all Carers' Services, by moving all Carers' spend with the existing providers to Interim Contracts for 2018/19.

3.4 In developing the interim contracts we are seeking to improve the interface between the two service types and Adult Social Care, enable improved performance measurement and management and shape the market further to better ready it for the Wellbeing and Resilience work.

4. Financial Implications

- 4.1 The associated report '*Contract Monitoring – Commissioned Services for Adult Carers of Vulnerable Adults*', of the Committee papers gives feedback on the recent and current budgetary position, spend and the adjusted budget for 2018/19 to deliver required reductions.
- 4.2 Commissioners will combine the grant and contract budgets for 2018/19 and negotiate the necessary contractual changes in relation to this reduction in budget through the collection and analysis of pricing submissions. Commissioners will agree spend and activity levels through negotiation with providers and ensure the Council has greater activity, spend and cost transparency.
- 4.3 These arrangements will enable effective spot purchasing (if the reduced spending limit of the Carers Contracts is reached) in exceptional circumstances to enable the Council flexibility considering the significant reductions. Additional financial analysis and understanding may enable further efficiencies and/or innovation in service delivery.
- 4.4 It should be noted that the Carers One Off Payments, Health Prescribed support (GP Rapid access and Hospital Discharge Services) and Crisis Short Breaks are all demand led and therefore fluctuate annually. Significant activity will be undertaken to tighten up on activity and eligibility in 2018/19 to better manage this.

5. Equality Implications

- 5.1 None

6 Legal Implications

- 6.1 Provision of this service is a statutory responsibility; interim contracts need to be put in place to continue services whilst we look to align with other preventative services to form the Wellbeing and Resilience Preventative Offer.

7. Recommendations

7.1 Recommendations:

The Adult Social Care 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) AGREE the implementation of interim contracts for the provision of Carers' Services with Carers Organisations (Carers' Assessment and Support Organisations and Crossroads) which are jointly commissioned with the seven Kent Clinical Commissioning Groups for the period 1 April 2018 to 31 March 2019 to enable continuation of services to meet statutory requirements and to align the Carers Offer with the Wellbeing and Resilience Preventative Offer; and

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

decision.

8. Background Documents

None

9. Lead Officers

Emma Hanson
Head of Strategic Commissioning – Community Services
03000 415342
Emma.hanson@kent.gov.uk

Jo Empson
Commissioning Manager – Community Support
03000 415304
Joanne.empson@kent.gov.uk

Lead Director

Anne Tidmarsh
Director Older People, Physical Disability
03000 415521
Anne.tidmarsh@kent.gov.uk

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Cabinet Member for Adult Social Care

DECISION NO:

17/00131

For publication**Key decision**

Affects more than 2 Electoral Divisions and expenditure of more than £1m

Subject: INTERIM CONTRACTS FOR THE PROVISION OF CARERS SERVICES

Decision: As Cabinet Member for Adult Social Care, I propose to:

- a) **AGREE** the implementation of interim contracts for the provision of Carers' Services with Carers Organisations (Carers' Assessment and Support Organisations and Crossroads) which are jointly commissioned with the seven Kent Clinical Commissioning Groups for the period 1 April 2018 to 31 March 2019 to enable continuation of services to meet statutory requirements and to align the Carers Offer with the Wellbeing and Resilience Preventative Offer; and
- b) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health, or other nominated officer, to undertake the necessary actions to implement the decision.

Reason(s) for decision: Provision of this service is a statutory responsibility; interim contracts need to be put in place to continue the provision of Kent's Carers Services whilst we align arrangements with other preventative services such as the Older Persons Core Offer, the Sensory Offer and the Physical Disability Core Offer to form the Wellbeing and Resilience Preventative Offer.

Financial Implications: The value of the proposed interim contract will not exceed £7,402,992 (Adult Social Care spend up to £5,370,606 and Kent Clinical Commissioning Groups spend up to £2,032,386) for the period 1 April 2018 to 31 March 2019.

Legal Implications: Provision of this service is a statutory responsibility; interim contracts need to be put in place to continue services whilst we look to align with other preventative services to form the Wellbeing and Resilience Preventative Offer.

Equality Implications: None

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 9 March 2018 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered:

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

.....
signed

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Date

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From: Graham Gibbens, Cabinet Member for Adult Social Care
Anu Singh, Corporate Director of Adult Social Care and Health

To: Adult Social Care Cabinet Committee – 9 March 2018

Decision No: 17/00136

Subject: **PROPOSED REVISION OF RATES PAYABLE AND CHARGES LEVIED FOR ADULT SERVICES IN 2018-19**

Classification: Unrestricted

Past Pathway of Paper: Adult Social Care and Health Directorate Management Team – 24 January 2018

Future Pathway of Paper: Cabinet Member decision

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 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 2018-19 as detailed in Sections 2.5a, 2.5b, 2.9b, 2.10, 2.13, 2.16a, 2.16b, 2.18, 2.20, 2.21, 2.24 and 3 of the report; and

b) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health, 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 Adult Social Care and Health Directorate's proposed rates payable and charges levied for the forthcoming financial year, along with any potential changes to the Directorate's charging policy. It is proposed, however, that the rates may be reviewed during the course of the year.

- 1.2 All proposed rates payable and charges levied for 2018-19 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 2018-19 is based on a single performance related payment rather than a separate cost of living award and performance reward element. The pay award for 2018-19 was confirmed by Kent County Council on 20 February 2018 as 2.8% **This report recommends some adult's rates to increase at the pay award rate of 2.8% or in line with CPI as at September 2017 which is 3.0%.**
- 1.4 The effective date, unless otherwise stated, for all proposed changes to Adult Social Care Services will be the week beginning 9 April 2018, which coincides with the date of inflationary increases to client related benefits.

2 Charges Levied and Rates Payable for Adult Social Care Services

- 2.1 All rates payable and charges levied proposed for 2018-19 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 KCC Pay Award figure as at April 2018 which will be 2.8%.

The rate will be £480.80 for 2018-19.

b) People with Learning Difficulties

It is recommended that this rate be increased in line with the KCC Pay Award figure as at April 2018 which will be 2.8%.

The rate will be £655.42 for 2018-19.

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 based on full cost recovery. This information is not published within the annual Rates and Charges booklet or on the Kent.gov.uk website

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

Deferred Payments

- 2.8 The Care Act 2014 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 County 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 for the period 1st January to 30th June 2018 is 1.65% (gilt rate 1.5% plus 0.15%).

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. At the start of the scheme it was originally agreed that the administration cost for the Council scheme would be £480 at the start of the agreement, with £65 charged per year thereafter. They 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 KCC Pay Award figure as at April 2018 which will be 2.8%. The new rates will be:

Initial Fee	£498.37
Annual Fee	£ 67.49

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 2018-19 is £24.90 per week which is unchanged from the allowance applied in 2017-18.**

Administration fee for self- funders – Non-Residential Care

2.11 This was a new annual charge introduced in 2017/18 and agreed by Cabinet 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 a 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 charge by KCC includes the following, cost of raising an invoice, cost of paying a provider invoice and the cost of negotiating and arranging a care package.

It is recommended that the annual arrangement fee be increased in line with the KCC Pay Award figure as at April 2018 which will be 2.8%.

The new charge will be £106.91 which equates to £2.06 per week.

Client Contributions for Non-Residential Care

2.14 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.

2.15 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.

Better Homes Active Lives (PFI) Schemes

2.16 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 KCC Pay Award figure as at April 2018 which will be 2.8%.

The rate will be £15.58 for 2018-19.

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 KCC Pay Award figure as at April 2018 which will be 2.8%.

The rate will be £46.64 for 2018-19.

Blue Badges

2.17 With effect from 1 April 1983, this charge was introduced to cover the administration of the application. The regulations governing the Blue Badge scheme give Local Authorities the discretion to charge a fee on the issue of a badge.

This fee currently cannot exceed £10. As from 1 January 2012, KCC has charged £10 and it is recommended that this rate continues.

Notional Charges for Day Care

2.18 A notional rate applies to both external and in-house 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 KCC Pay Award figure as at April 2018 which will be 2.8%. The rates will be as shown in the table below for 2018-19.

Care Item	Unit	Proposed Unit Charge (notional cost)
Learning Disability – day centre	Day	£39.08
Learning Disability – Day Centre Half Day	Session	£19.54
Older People – Day Centre	Day	£31.14
Older People – Day Centre Half Day	Session	£15.58
Physical Disability – Day Centre	Day	£37.17
Physical Disability – Day Centre Half Day	Session	£18.59
Older People with Mental Health Needs – Day Centre	Day	£36.81

Notional Home Care Rates

2.19 A decision was made in January 2016 to charge for homecare services provided by Kent Enablement at Home (KEaH) after the initial six-week period, in instances where external provision of homecare could not be obtained. These rates could also be applied in instances where an external provider has been commissioned to provide enablement services where external provision of homecare could not be obtained after six weeks. Work is currently underway to establish whether this needs to be considered.

2.20 In 2017/18 it was agreed that KCC would charge a blended rate based on charges by private providers as at January 2017. These are applied countywide. A provider uplift of 2.3% was applied in April 2017.

It is recommended that this rate be increased in line with the provider uplift which was applied in April 2017 – 2.3%. The rates for 2018-19 are as follows:

Social (1/2 hour)	£7.95
Social (3/4 hour)	£10.60
Social (1 hour)	£13.75
Unsocial (1/2 hour)	£9.01

Unsocial (3/4 hour)	£11.92
Unsocial (1 hour)	£15.25

Meals Charges/Other Snacks - Local Authority Day Centres

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

It is recommended that this rate be increased in line with the KCC Pay Award figure as at April 2018 which will be 2.8%. The rates for 2018-19 are as follows:

Meal Charge	£4.05
Meals & other snacks	£5.05

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

Voluntary Drivers/Escort Mileage Rates

2.23 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 Review and Assessment of Adult Services

2.24 Historically there was an Inter Authority Protocol in place in relation to Inter Authority charges. This hourly charge only applied to those Local Authorities who are signatories to the protocol.

It is recommended that this rate be increased in line with the KCC Pay Award figure as at April 2018 which will be 2.8%.

The hourly rate will be £72.24.

3. General Charges and Rates

Consultancy

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

- i) Middle Management (£85.30 per hour);
- ii) Senior Management (£158.13 per hour);
- iii) Director, when undertaking consultancy work (£255.91 per hour).

3.2 These rates are uplifted in line with CPI as at September which is 3.0% for September 2017.

Publications

- 3.3 In 2017/18 the charge for key publications was uplifted in line with CPI, after having remained at a flat rate of £10 since 2005. The charge for 2017/18 was £12.90.

It is recommended that this rate is uplifted in line with CPI as at September which is 3.0% for September 2017.

The rate for 2018/19 will be £13.29.

4. Legal Implications

- 4.1 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

5. Equality Implications

- 5.1 None

6. Recommendation

6.1 Recommendation: The Adult Social Care 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 2018-19 as detailed in Sections 2.5a, 2.5b, 2.9b, 2.10, 2.13, 2.16a, 2.16b, 2.18, 2.20, 2.21, 2.24 and 3 of the report; and
b) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health, or other nominated officer, to undertake the necessary actions to implement the decision.

6. Background Documents

None

7. Report Author

Michelle Goldsmith,
Finance Business Partner for Adult Social Care and Health
03000 416159
michelle.goldsmith@kent.gov.uk

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Cabinet Member for Adult Social Care

DECISION NO:

17/00136

For publication**Key decision**

Affects more than 2 Electoral Divisions

Subject: PROPOSED REVISION OF RATES PAYABLE AND CHARGES LIEVIED FOR ADULT SOCIAL CARE SERVICES IN 2018-19

Decision: As Cabinet Member for Adult Social Care, I propose to:

- a) **APPROVE** the proposed changes to the rates payable and charges levied as set out in Sections 2.5a, 2.5b, 2.9b, 2.13, 2.16a, 2.16b, 2.18, 2.20, 2.21, 2.24 and 3 of the Cabinet Committee report; and
- b) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health, or other nominated officer, to undertake the necessary actions to implement the decision.

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 payable and charges levied that are currently in place. The rates and charges payable for 2018/19 will be introduced the week commencing 9 April 2019.

Financial Implications: The increase in income and the increase in payments that these changes will bring have been included in the 20 February 2018 County Council agreed budgets for the services affected.

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.

Equality Implications:

None

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 9 March 2018 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered:

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

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signed

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date

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			2016-17 Published Rates & Charges £	2017-18 Published Rates & Charges £	2018-19 Proposed Rates & Charges £	Basis of Increase
Client Contributions for Residential Care (ref 2.5 a&b)						
	Older People - Maximum	per week	463.07	467.70	480.80	Based on 2018-19 KCC pay award of 2.8%
	People with Learning Difficulties - Maximum	per week	631.26	637.57	655.42	Based on 2018-19 KCC pay award of 2.8%
Deferred Payments (ref 2.9b)						
	Administration Charge	Set up Fee	480.00	484.80	498.37	Based on 2018-19 KCC pay award of 2.8%
		Annual Fee	65.00	65.65	67.49	Based on 2018-19 KCC pay award of 2.8%
Personal Expenses Allowance (ref 2.10)						
		per week	24.90	24.90	24.90	2018-19 rate published by Dept. of Health
Administration Fee for Self-Funders - Non Residential Care (ref 2.11)						
		Annual Fee		104.00	106.91	Based on 2018-19 KCC pay award of 2.8%
Non-Residential Adult Services (ref 2.14)						
			As per Non Residential Charging Policy			
Better Homes Active Lives (PFI) Schemes (ref 2.16 a&b)						
	Older People	per week	15.00	15.16	15.58	Figure must be divisible by 2. Based on 2018-19 KCC pay award of 2.8%
	People with Learning Difficulties	per week	44.92	45.36	46.64	Figure must be divisible by 2. Based on 2018-19 KCC pay award of 2.8%
Blue Badges (2.17)						
		per application	10.00	10.00	10.00	No change to Rate for 18-19
Day care notional costs (ref 2.18)						
	Learning Disability - Day centre	per day	37.64	38.02	39.08	Based on 2018-19 KCC pay award of 2.8%
	Learning Disability - Day centre half day	per session	18.82	19.01	19.54	Based on 2018-19 KCC pay award of 2.8%
	Older people - Day centre	per day	29.99	30.29	31.14	Based on 2018-19 KCC pay award of 2.8%
	Older people - Day centre half day	per session	15.00	15.15	15.58	Based on 2018-19 KCC pay award of 2.8%
	Physical disability - day centre	per day	35.80	36.16	37.17	Based on 2018-19 KCC pay award of 2.8%
	Physical disability - day centre half day	per session	17.90	18.08	18.59	Based on 2018-19 KCC pay award of 2.8%
	Older people with mental health needs - day centre	per day	35.45	35.80	36.81	Based on 2018-19 KCC pay award of 2.8%
Home care notional costs (ref 2.20)						
	Social	1/2 hour		7.77	7.95	Based on provider uplift as at January 2017 2.3%
	Social	3/4 hour		10.36	10.60	Based on provider uplift as at January 2017 2.3%
	Social	1 hour		13.44	13.75	Based on provider uplift as at January 2017 2.3%
	Unsocial	1/2 hour		8.81	9.01	Based on provider uplift as at January 2017 2.3%
	Unsocial	3/4 hour		11.65	11.92	Based on provider uplift as at January 2017 2.3%
	Unsocial	1 hour		14.91	15.25	Based on provider uplift as at January 2017 2.3%
Meals Charges/Other Snacks - Local Authority Day Centres (ref 2.21)						
	Meal Charge	per meal	3.90	3.94	4.05	Based on 2018-19 KCC pay award of 2.8%
	Meals and Other Snacks	per meal	4.90	4.94	5.05	Same as hot meal + £1 for snacks
	Refreshment	flat rate	1.00	1.00	1.00	No Change
Voluntary Drivers/Escorts Mileage Rate (ref 2.23)						
		per mile	0.45	0.45	0.45	Based on the Chancellor of Exchequer budget strategy
OLA Charges for Review and Assessment of Adult Services (ref 2.24)						
		Hourly Rate	68.76	70.27	72.24	Based on 2018-19 KCC pay award of 2.8%
Consultancy (ref 3.1)						
	Middle Management	Hourly Rate	82.00	82.82	85.30	Based on CPI rate as at Sept. 2017 of 3.0%
	Senior Management	Hourly Rate	152.00	153.52	158.13	Based on CPI rate as at Sept. 2017 of 3.0%
	Director	Hourly Rate	246.00	248.46	255.91	Based on CPI rate as at Sept. 2017 of 3.0%
Publications (ref 3.3)						
		Hourly Rate	10.00	12.90	13.29	Based on CPI rate as at Sept. 2017 of 3.0%

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From: Graham Gibbens, Cabinet Member for Adult Social Care
Anu Singh, Corporate Director of Adult Social Care and Health

To: Adult Social Care Cabinet Committee – 9 March 2018

Subject: **LONELINESS AND SOCIAL ISOLATION**

Classification: Unrestricted

Past Pathway of Paper: None

Previous Pathway of Paper: None

Electoral Division: All

Summary: This report presents information about the prevalence and effects of loneliness and social isolation, it alerts members to the proposed select committee on the subject and sets out future plans to do more to tackle the issue through the Authority's Care Act responsibilities to promote wellbeing and shape care markets.

Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on content of this report and **NOTE** the establishment of Select Committee on the subject.

1. Introduction

- 1.1 Loneliness and social isolation are not the same thing. Loneliness is a subjective concept, which is influenced not only by circumstances and events, but is also subject to cultural and psychological factors. Whereas social isolation is an objective state whereby the number of contacts a person has can be counted. One way of describing this distinction is that you can be lonely in a crowded room, but you will not be socially isolated.
- 1.2 Loneliness can be defined as an unwelcome feeling of lack or loss of companionship and happens when there is a mismatch between the quantity and quality of social relationships we have and those we want (Perlman and Peplau, 1981). There are different types of loneliness:
- Emotional loneliness is felt when we miss the companionship of one particular person; often a spouse, sibling or best friend
 - Social loneliness is experienced when we lack a wider social network or group of friends
- 1.3 Loneliness can also be caused by the lack of a useful role in society. It can be a transient feeling that comes and goes, situational; for example, only occurring

at certain times like weekends, bank holidays or Christmas, or chronic; this means someone feels lonely all or most of the time.

- 1.4 One of the most effective ways of combating loneliness is to combat isolation.

2 Policy Framework

- 2.1 The Care Act 2014, established the “*wellbeing principle*”, making promoting wellbeing the core purpose of local authorities, given the clear links between loneliness and poor wellbeing, Local Authorities must include actions to address loneliness and isolation.
- 2.2 The Care Act requires action to prevent the development of need and its guidance reinforces this point, promoting the prevention of loneliness and social isolation through the provision of services such as befriending and community activities.
- 2.3 Loneliness is an eligible need under the Care Act; the list of specified outcomes which can trigger eligibility includes “Developing and maintaining family or other personal relationships” which means, in effect, that loneliness is an eligible need.
- 2.4 Commissioning for outcomes means planning for action on loneliness. Guidance states “emphasise prevention, enablement, ways of reducing loneliness and social isolation and promotion of independence as ways of achieving and exceeding desired outcomes, as well as choice in how people’s needs are met”.

3. Scale of Social Isolation

- 3.1 Social isolation is characterised by an involuntary absence of social interactions, social support structures and engagement with wider community activities or structures. Between loneliness (a subjective state) and social isolation (an objective state) social isolation would seem the easiest to rectify, however, with so many possible contributory factors leading to the state of isolation there is no single solution to the problem.
- 3.2 Social isolation is not just an issue of older age. People can become socially isolated at any age, often as a result of a trigger event such as having a baby, moving to a new house, being made redundant, being widowed or having their public transport links cut. However, many trigger events are likely to hit hardest later in life, where isolation can also be triggered by deteriorating health, lack of mobility and increasing physical frailty. As a result, social isolation has a strongly negative impact on outcomes in older age and is a major contributing factor in the decline into dependency for older people.
- 3.3 The projected increases in the older population, family dispersal and number of single person households, suggest that the problem of loneliness and isolation is likely to grow unless action is taken to address it. Given the scale of the issue and the strain on public services, the only way to address this is by fully involving those concerned in co-design processes that look at solutions that are

broader than typical service driven models. Co-design can establish the needs of both individuals and communities, being mindful that the needs of one community may not be the same as the next.

4. Financial Implications

- 4.1 Loneliness and social isolation are harmful to our health: research shows that lacking social connections is as damaging to our health as smoking 15 cigarettes a day (Holt-Lunstad, 2015). Social networks and friendships not only have an impact on reducing the risk of mortality or developing certain diseases, but they also help individuals to recover when they do fall ill (Marmot, 2010).
- 4.2 Recent research commissioned by Eden Project initiative The Big Lunch and funded by the Big Lottery, found that disconnected communities could be costing the UK economy £32 billion every year. The study shows the annual cost to public services of social isolation and disconnected communities, including:
- Demand on health and care services: £5.2 billion
 - Demand on policing: £205 million
 - Disconnected communities are also linked to a loss of productivity, with a net cost to the economy of nearly £12 billion every year.

5. National Campaigns

- 5.1 The need to take urgent action to address the impact of loneliness and social isolation is being recognised in two national campaigns. These are:
- The Jo Cox Commission on Loneliness is a “call to action”, working with a range of partners to address the impact loneliness has on so many different sections of society. It will focus on the positive action that can be taken to recognise it, build connections and help ourselves and/or others.
 - The Campaign to End Loneliness has been influential and effective in raising the profile of loneliness and isolation as national priority. It believes that nobody who wants company should be without it and they want to make this happen by ensuring that:
 1. People most at risk of loneliness are reached and supported
 2. Services and activities are more effective at addressing loneliness
 3. A wider range of loneliness services and activities are developed
- 5.2 In January 2018, local MP, Tracy Crouch, was appointed as ‘Minister for Loneliness’ to help tackle problems of loneliness affecting millions of people in the country.

6. What we are already doing in Kent

- 6.1 Adult Social Care and Health commissions a range of services that support older and vulnerable people and actively reduce social isolation; such as befriending schemes and day services. In addition, increasingly social care is working across the Council with other directorates; Public Health, Growth, Economy and Transport and organisations externally with other public-sector

bodies, such as, the NHS, Police and Kent Fire and Rescue Service, to develop whole system solutions to combat loneliness and social isolation.

- 6.2 One of the key principles of our transformation is to support people to ***have a life, not a service***. The Care Act challenges us to think about asset based approaches and meeting people's needs rather than providing services. In our recent commissioning and market shaping we have been working with providers to help them diversify their offer into supporting people to connect with others and activities in their communities, not just access commissioned services. This work has seen strategic commissioning working with others across KCC including, arts, libraries, heritage, community wardens and sports development.

7. What we already know

- 7.1 The issues of loneliness and social isolation is only going to increase, unless pro-active steps are taken to address it.
- 7.2 The Council is already taking steps to reduce social isolation by providing services that connect people to each other and their communities.
- 7.3 Services such as befriending schemes have proved one of the more effective services for combating both isolation and loneliness, but they are best used in conjunction with other services. Individually tailored, person centred interventions are widely acknowledged as being the most successful approach to tackling social isolation and loneliness, but on a large scale this would not a be financially viable option.
- 7.4 Although intensive one-to-one support is essential for some, for others peer groups and opportunities for social interaction are just as beneficial. People may be reluctant to openly admit they are lonely, therefore we believe that the focus of work in this area should not be targeted specifically on those who are lonely and socially isolated, but on building community and opportunities for wider social contact.

8. What are we going to do about it?

- 8.1 We have been and will continue to ensure all commissioned services are tasked with supporting people to connect with each and into their communities. Reduction of loneliness and social isolation is a key outcome that we consider and try to address in all commissioning and provision.
- 8.2 As part of this we will continue to work with KCC and other public-sector colleagues to have a strategic debate about how to 'prime' people to be more aware of the risks of loneliness they face as they get older, and ask 'How do we facilitate the adoption of a more systematic assets based approach in order to support the mobilisation of communities to keep connected and to provide the conditions that sustain relationships well into old age?'
- 8.3 Strategically we are ensuring the issue is addressed and tackled in the Sustainability and Transformation Partnership and its emerging local care

delivery models, we see championing the NHS's commissioning of social prescribing as a key means of supporting this agenda.

8.4 Many projects, including core offers for older people and people living with dementia, people with a physical disability, carers services and services for people with sensory needs are being aligned to design a new Wellbeing and Resilience offer for vulnerable adults in Kent.

8.5 Key features of the model will be:

- Good, clear information and advice that enables people to find activities and support for themselves
- Benefit maximisation, so that people have the right level of income and financial assistance to fund the care and activities they want
- A focus on community based activities, resources and support using a social prescribing model
- Services for people that require additional or specialist support
- A care navigation / wellbeing coordination role for people who need additional support in accessing community based resources
- Applying the concept of asset mapping to help create more effective solutions to implementation working with the existing capabilities and capacities of individuals and communities and building on them;
- Using strengths approaches which recognize the reason(s) a person or a community may need help and focusing on these to support people to develop their own real personal resources and resourcefulness, open opportunities, inspire confidence and instill a sense of hope.

8.6 The new model will enable closer working across health, social care, public health, housing and community services. The new model will build on the work we have been doing in recent years to involve Church and Faith Groups, Community Wardens, the Police Kent Fire and Rescue Service and local business to support people holistically, through innovative models of support and to identify those that need support.

8.7 Engagement and consultation information received to date will strongly inform the design of the new model. In addition, a county wide and local transition boards will be set up to ensure that a range of stakeholders continue to influence the design of the new model.

9. Select Committee

9.1 A Select Committee has been called to fully investigate the issue of loneliness and social isolation, it is expected to be convened and start work in May 2018, members of this committee are encouraged to participate.

10. Conclusion

10.1 The Care Act established the **“wellbeing principle”**, making promoting wellbeing the core purpose of a Local Authority in exercise of their care and support functions. There is a strong and growing body of evidence to show that the quality of an individual's relationships and social connection has a profound impact on their wellbeing and quality of life.

- 10.2 We need to continue our work to develop preventative approaches that help stop loneliness becoming chronic and tackle the needs of groups that are socially excluded and therefore at risk of isolation.
- 10.3 We need to commission and provide services that support people to connect with each other for mutual benefit and support, and this must be at the very heart of all support that we offer vulnerable people in Kent.
- 10.4 We will look for opportunities to co-commission with partner agencies, such as Clinical Commissioning Groups, districts and boroughs. We will look to lever in support from a wide range of stakeholders including businesses.

11. Recommendations

11.1 Recommendations: The Adult Social Care Cabinet Committee is asked to: **CONSIDER** and **COMMENT** on content of this report and **NOTE** the establishment of Select Committee on the subject.

12. Background Documents

None

13. Report Author

Emma Hanson
Head of Service – Community Support
03000 41534
emma.hanson@kent.gov.uk

Relevant Directors

Anne Tidmarsh
Director Older People/Physical Disability
03000 415521
anne.tidmarsh@kent.gov.uk

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

From: Graham Gibbens, Cabinet Member for Adult Social Care
Anu Singh, Corporate Director of Adult Social Care, and Health

To: Adult Social Care Cabinet Committee – 9 March 2018

Subject: **ADULT SOCIAL CARE PERFORMANCE DASHBOARD**

Classification: Unrestricted

Previous Pathway of Paper: None

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 December 2017 for Adult Social Care.

Recommendation: The Adult Social Care 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 A, which is the Adult Social Care Performance Dashboard which includes a description of the indicator and the 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 (DivMT) and Directorate Management Team (DMT) 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 monthly performance monitoring is based on data derived from the client system (SWIFT/ AIS). This system captures the assessment, needs, services, costs and review data from every service user supported.
- 2.4 Operational teams have the responsibility for updating the system and have a wide range of reports available to them to be able to manage their performance, including supervision with staff.
- 2.5 The latest report contains the most up to date indicators with targets, based on the delivery of the transformation programme and statutory responsibilities. This includes ensuring the interdependencies between services are understood and the targets reflect these. For example, a reduction in residential care may mean an increase in home care.
- 2.6 A subset of these indicators is also used within the quarterly performance report, which is submitted to Cabinet.
- 2.7 As an outcome of this report, members may make reports and recommendations to the Leader, Cabinet Members, the Cabinet or officers.
- 2.8 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. Summary of Performance

- 3.1 There are 13 measures within the Adult Social Care Performance Dashboard which have a RAG (Red, Amber and Green) rating applied.
- 3.2 For December 2017, nine performance indicators are rated as Green, four as Amber and none as Red.
- 3.3 In respect of Referrals to Enablement (ASCO3), the overall picture of people being supported in the full range of enabling services is much more positive. A number of schemes commissioned by the Council and the Clinical Commissioning Groups such as Home First, Hilton Nursing's Discharge to Assess and Virgin Care, are delivering intermediate care which is enabling people who would ordinarily have gone through the Kent Enablement at Home (KEaH) service prior to these schemes existence. Hilton Nursing data is now available, and this is included within the Referrals to Enablement indicator. There continues to be pressure on KEaH because not only does the service step in when the homecare market is unable to provide support, but it also prioritises hospital discharges which assists with the management of Delayed Transfer of Care (DToC).

3.4 In respect of the DToC indicator more detailed information can be found below. This is based on local data collection in December 2017.

DToC Bed Days	DToC Days					
	NHS	Social Care	NHS and Social Care	Attributable to Social Care	Total	% Attributable to Social Care
Darent Valley	351	133	14	140	498	28.1%
Medway	0	13	0	13	13	100.0%
Kent and Canterbury	683	39	0	39	722	5.4%
QEQM	306	5	0	5	311	1.6%
William Harvey	318	6	1	6.5	325	2.0%
Maidstone	157	65	7	68.5	229	29.9
Tunbridge Wells	241	52	4	54	297	18.2%
Kent Acute Total	2,056	313	26	326	2,395	13.6%
Virgin Care (North)	152	152	0	152	304	50.0%
KCHFT (East and West)	118	143	83	184.5	344	53.6%
Kent Non Acute Totals	340	336	91	381.5	767	49.7%
Kent Acute, Non Acute and KMPT (Older Person's) Grand Total	2,396	649	117	707.5	3,162	22.4%

3.6 In respect of the Medway figure for December there were no health delays relating to clients in Medway Hospital, all the delays were the responsibility of social care and therefore reported as 100% - this equates to 13 delayed days or 7 people within the whole month. By comparison in November there were 25 delayed days (10 people) which were the responsibility of health.

3.7 Although Maidstone appear to have high social care levels for December (68) this is a much-improved rate from November (145). There is a similar position for Tunbridge Wells where the figures for December (54) were also much improved from November (152). In December, the out- of- hospital beds were coming on line to respond to the additional pressure in Maidstone and Tunbridge Wells. This meant that people could be safely moved out of hospital for assessment and reduce the pressure on social care delays

3.8 National targets have been set which are linked to the Better Care Funding and which require Adult Social Care and the NHS to work together to reduce DToC and deliver better outcomes for people. The task to collect data from

Community Hospitals and from the Kent and Medway Mental Health Partnership Trust (KMPT) has progressed well over recent months. Collection of data on the KMPT older person's delays is being finalised and this will need to be added in. The Kent target is **3172 delayed days**, which was met in December with the data which was available.

- 3.9 The number of admissions to permanent residential and nursing care is within target but the overall number of people in these placements is not decreasing as predicted this year. This is because people are staying longer in placements and not leaving them as in previous years. In addition, there is some evidence that people are entering these placements at a slightly earlier age. It is anticipated these services will be under further pressure in the coming months because of the impact of the hospital discharges. This is an area which is being focused on as a priority.
- 3.10 In terms of homecare, the numbers of people receiving the service and their hours is increasing. There are more people being supported in their own home and again, the impact of hospital discharges means more people with higher packages in home care. Again, this is an area which is being focused on as a priority.
- 3.11 Going forward into 2018-19 the targets for these indicators will be revised based on demand profiles and the impact of Social Care Modernisation.

4. Recommendations

4.1 Recommendation: The Adult Social Care Cabinet Committee is asked to CONSIDER and COMMENT ON the Adult Social Care Performance Dashboard.
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5. Background Documents

None

6. Report Author

Steph Smith
Head of Performance for Adult Social Care
03000 415501
steph.smith@kent.gov.uk

Adult Social Care Dashboard

December 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

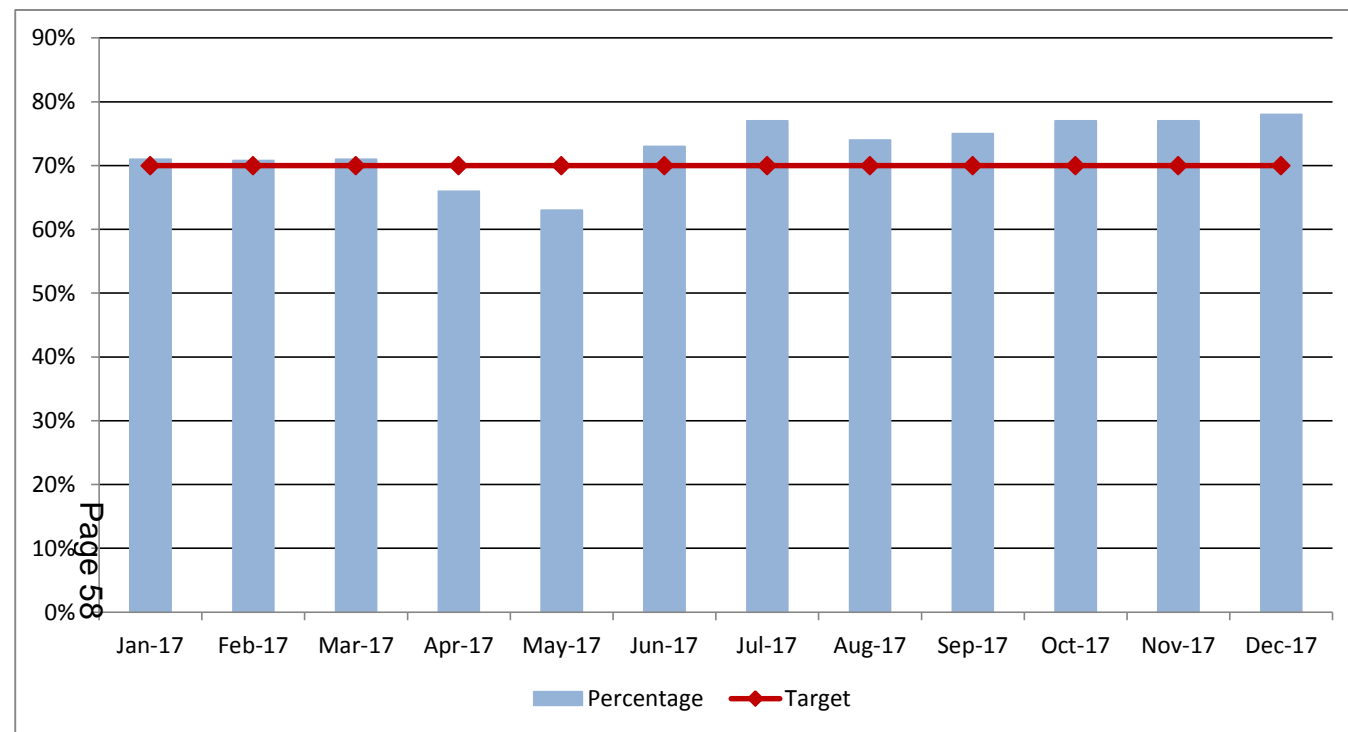
The key Adult Social Care indicators are listed in summary form below, with more detail in the following pages. A subset of these indicators feed into the Quarterly Monitoring Report, for Cabinet. This is clearly labelled on the summary and in the detail.

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	2016-17 Outturn	Current 2017-18 Target	Current Position	Data Period	RAG
1)	Percentage of contacts resolved at source (ASC01)	Y	Y	Y	71%	70%	78%	Month	GREEN
2)	Number of adult social care clients receiving a Telecare service (ASC02)		Y	Y	6,345	7,400	7,064	Cumulative	AMBER
3)	Referrals to Enablement (ASC03)	Y	Y	Y	786	824	872	Month	GREEN
4)	Delayed Transfers of Care				26.3% full year effect	30%	22.4%	12M	GREEN
5)	Admissions to permanent residential or nursing care for people aged 65+	Y		Y	148	120	109	Month	GREEN
6)	Number of people aged 65+ in permanent residential care (AS01)	Y	Y	Y	2,330	2,215	2,251	Snapshot	AMBER
7)	Number of people aged 65+ in permanent nursing care (AS02)	Y	Y	Y	1,108	1,037	1,118	Snapshot	AMBER
8)	Number of people receiving homecare (AS03)	Y	Y	Y	3,995	4,060	4,177	Snapshot	AMBER
9)	Number of people receiving direct payments	Y			2,143	2,108	1,960	Snapshot	GREEN
10)	Number of people with a learning disability in residential/nursing care (AS04)		Y	Y	1,118	N/A	1,055	Snapshot	GREEN
11)	Number of people with a learning disability receiving a community service				1,372	N/A	1,486	Snapshot	GREEN
12)	Percentage of adults in contact with secondary mental health in settled accommodation				83.7%	75%	82.5%	Month	GREEN
13)	Percentage of adults with mental health needs in employment				13.5%	13%	14.5%	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



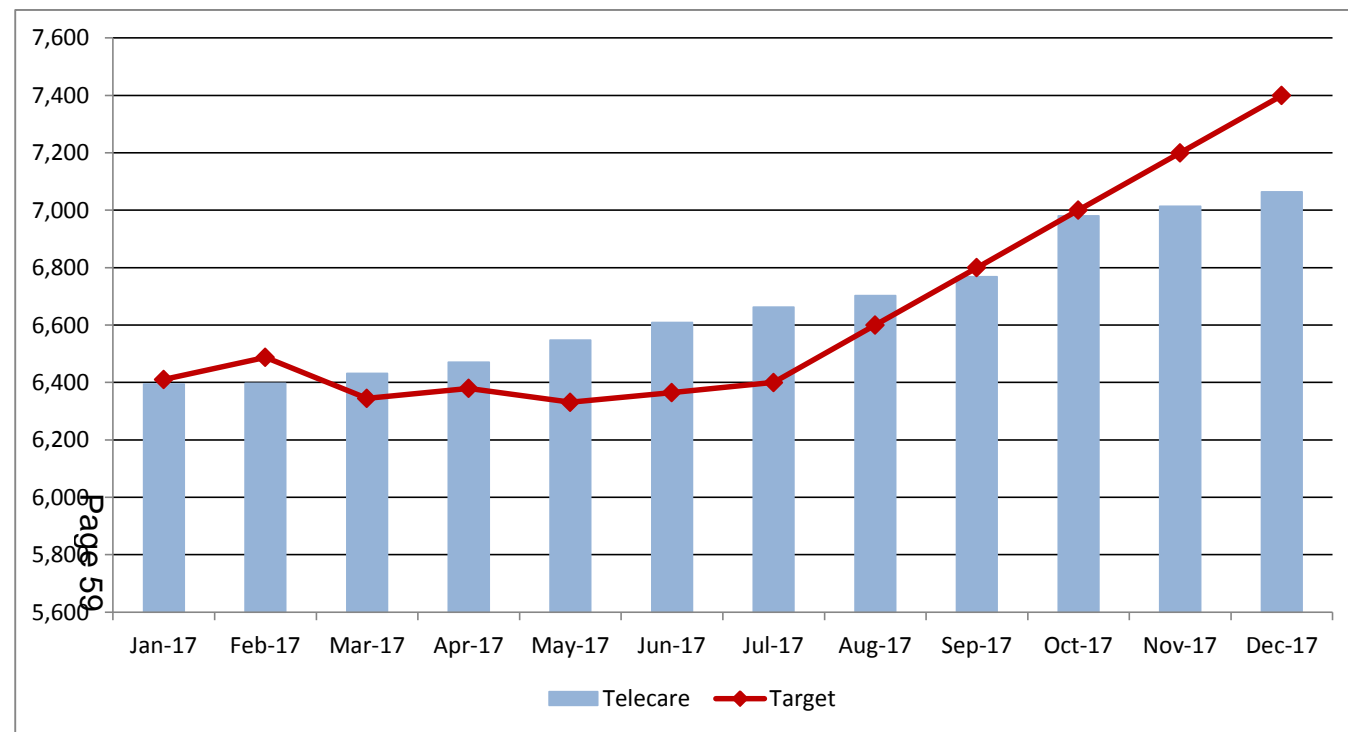
Data Notes
 Data Source: Measures of Success - MoS 1

Quarterly Performance Report Indicator

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Target	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%
Percentage	71%	71%	71%	66%	63%	73%	77%	74%	75%	77%	77%	78%
RAG Rating	GREEN	GREEN	GREEN	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary
 This is the percentage of people who's needs are met at the point of contacting Social Care through information, advice, guidance or small pieces of equipment. 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.

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



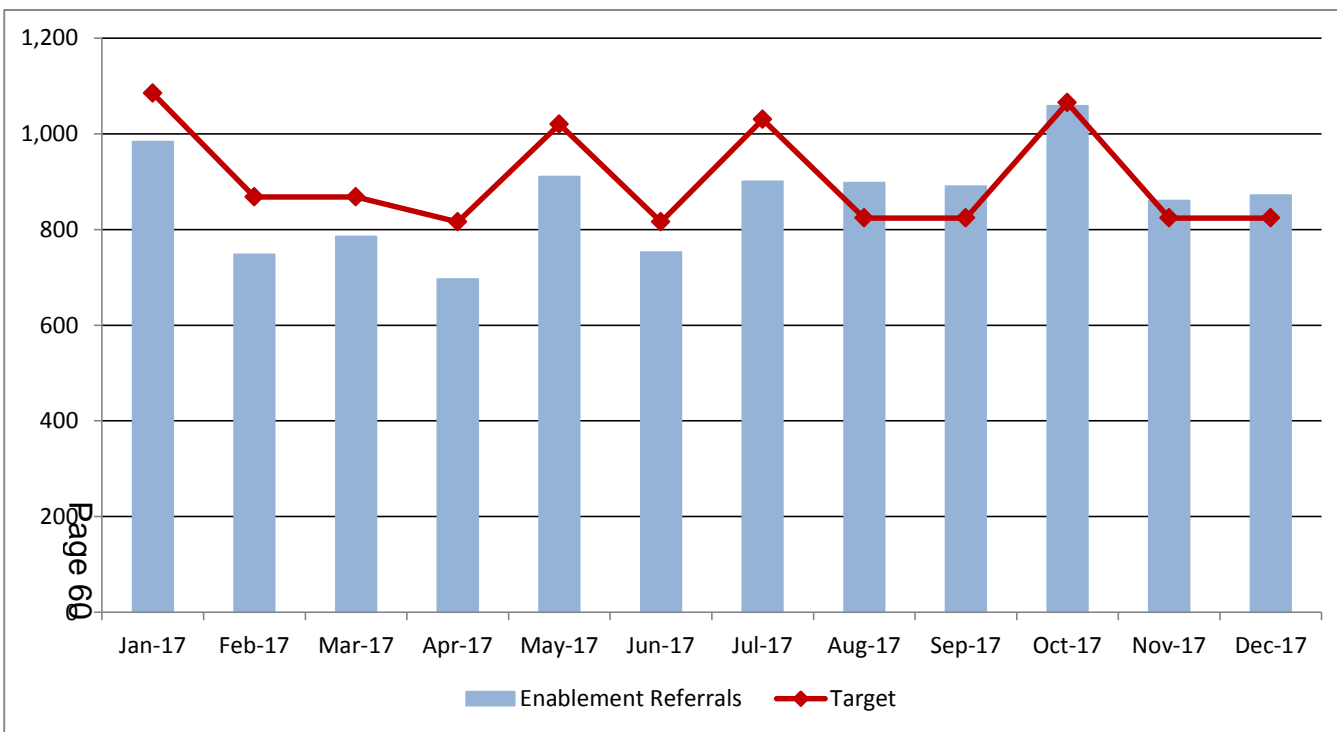
Data Notes
 Unit of Measure: Snapshot with Telecare as at the end of each month
 Data Source: Adult Social Care SWIFT client system

Quarterly Performance Report Indicator

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Target	6,410	6,488	6,345	6,379	6,331	6,365	6,400	6,600	6,800	7,000	7,200	7,400
Telecare	6,395	6,397	6,432	6,471	6,548	6,609	6,663	6,703	6,769	6,981	7,014	7,064
RAG Rating	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER	AMBER

Commentary
 This is the number of people who receive a telecare service. A telecare service reduces the need for support through other services such as homecare and residential care and promotes independence. Revised targets have been agreed to achieve 8,000 people in receipt of Telecare by the end of March 2018.

3) Referrals to Enablement (ASC03)			GREEN
Cabinet Member	Graham Gibbens	Director	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	Division	Older People and Physical Disability



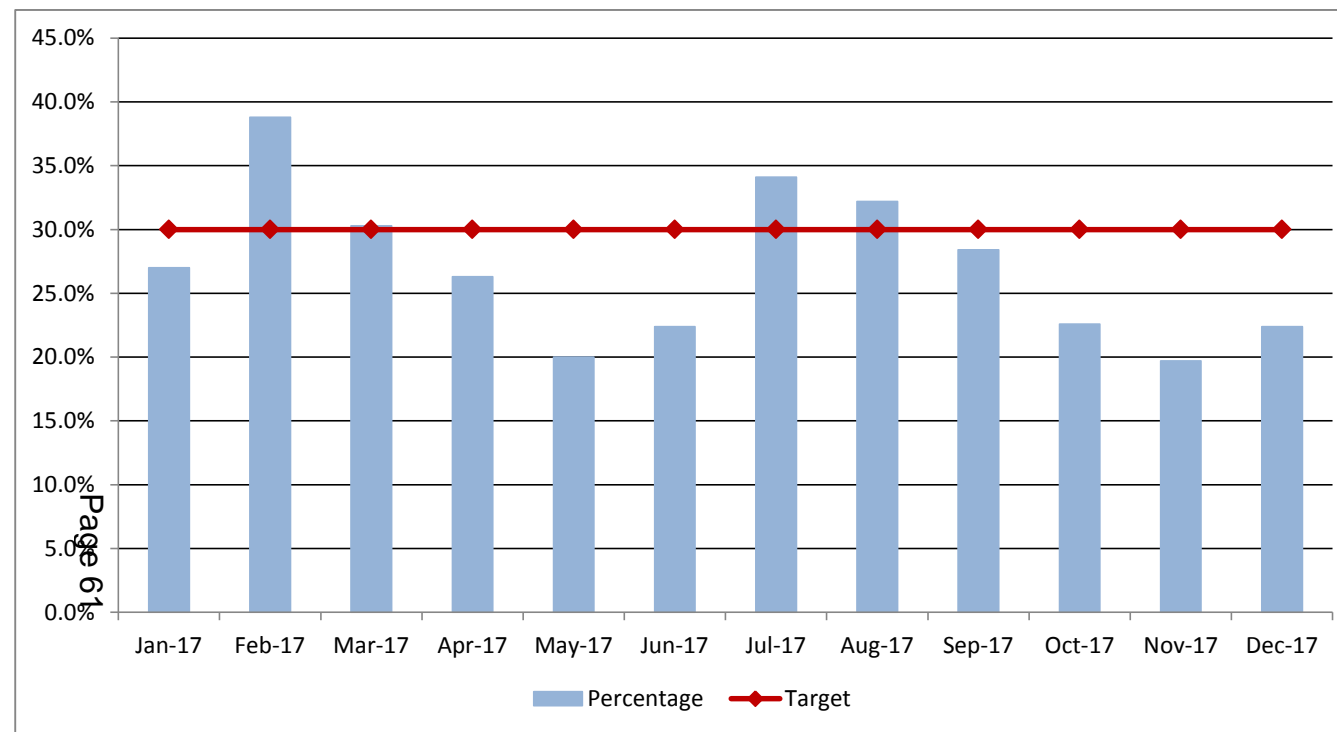
Data Notes
 Unit of Measure: Number of people who had a referral that led to an Enablement service
 Data Source: Measures of Success - MoS 4

Quarterly Performance Report Indicator

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Target	1,085	868	868	816	1,020	816	1,030	824	824	1,065	824	824
Enablement Referrals	984	748	786	697	911	753	901	898	891	1,059	861	872
RAG Rating	AMBER	RED	AMBER	RED	RED	AMBER	RED	GREEN	GREEN	AMBER	GREEN	GREEN

Commentary
 This the number of referrals to our enablement service which is a specialist service to enable people to live independently and undertake daily tasks without support. The overall picture of people being supported in the full range of enabling services is much more positive. A number of other schemes commissioned by KCC, the NHS and CCGs such as Home First, Hilton’s Discharge to Assess and Virgin Care are delivering intermediate care which is enabling people that would have ordinarily have gone through our KEAH service prior to these schemes existence. Hilton referrlas have been collected since August 2017 and are now included within the referrals to enablement indicator.

4) Delayed Transfers of Care			GREEN
Cabinet Member	Graham Gibbens	Director	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	Division	Older People and Physical Disability

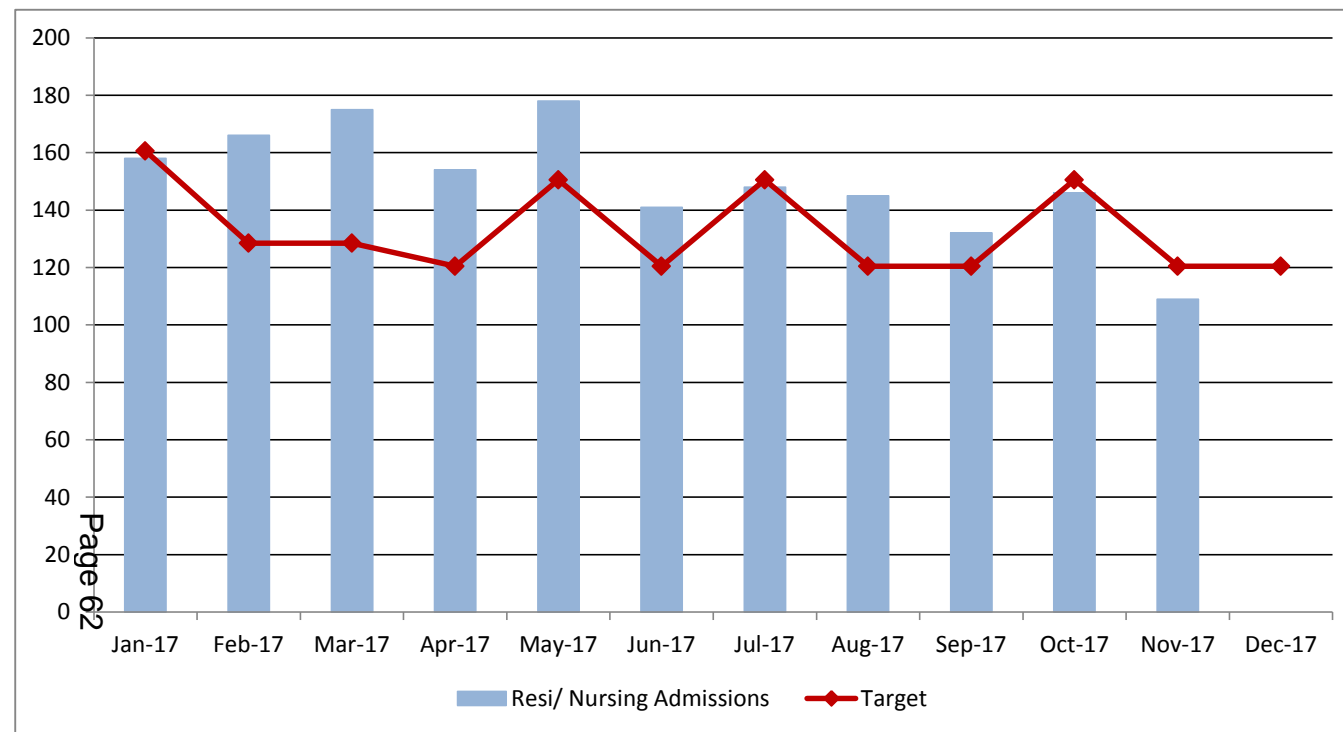


Data Notes
 This indicator represents the percentage of all delays attributable to Adult Social Care or Jointly with the NHS.
 At the end of September 27.9% of delays were attributable to Adult Social Care.

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Target	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%
Percentage	27.0%	38.8%	30.3%	26.3%	20.0%	22.4%	34.1%	32.2%	28.4%	22.6%	19.7%	22.4%
RAG Rating	GREEN	AMBER	AMBER	GREEN	GREEN	GREEN	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN

Commentary
This is the proportion of delays to discharge from hospital that are attributable to Adult Social Care or Jointly with the NHS. 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; since April 2017 in response to an ADASS request the calculation method has been adjusted to capture all bed-day delays during the month. As of December 2017, 22.4% of delays are attributable in whole or part to Adult Social Care, remaining on-target throughout Q3. For Social Care delayed discharges, the three main reasons were: awaiting residential placement, awaiting nursing home placement and awaiting domiciliary care package.

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

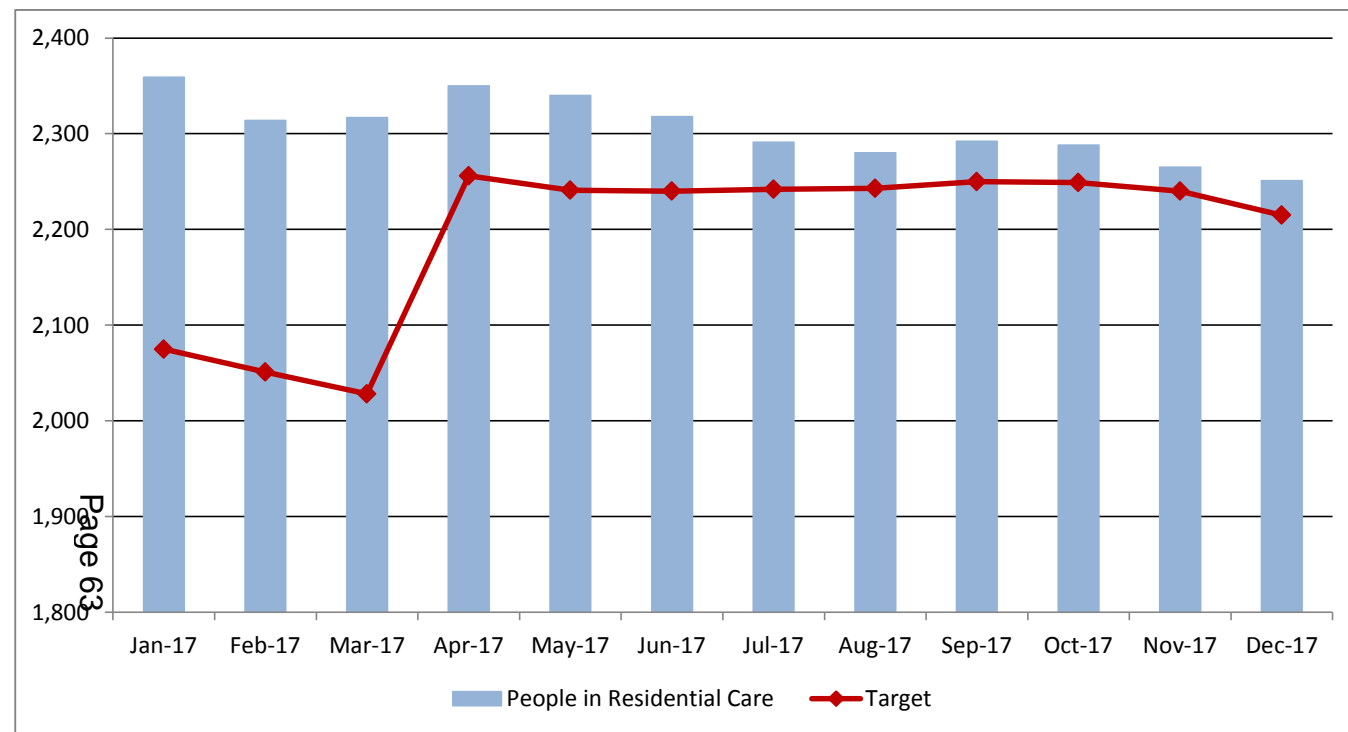


Data Notes
 Unit of Measure: Older people placed into Permanent Residential and Nursing Care per month
 Data Source: Measures of Success - MoS 6 and MoS 8

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Target	161	128	128	120	151	120	151	120	120	151	120	120
Resi/ Nursing Admissions	158	166	175	154	178	141	148	145	132	146	109	N/A
RAG Rating	GREEN	RED	RED	RED	RED	RED	GREEN	RED	AMBER	GREEN	GREEN	GREEN

Commentary
 This is the number of older people newly placed in a permanent residential/ nursing care home. Please note that figures for the most recent month 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. Admissions are examined to understand exactly why they have happened on a monthly basis. 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. As of April 2017 the monthly target is for no more than 30.1 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



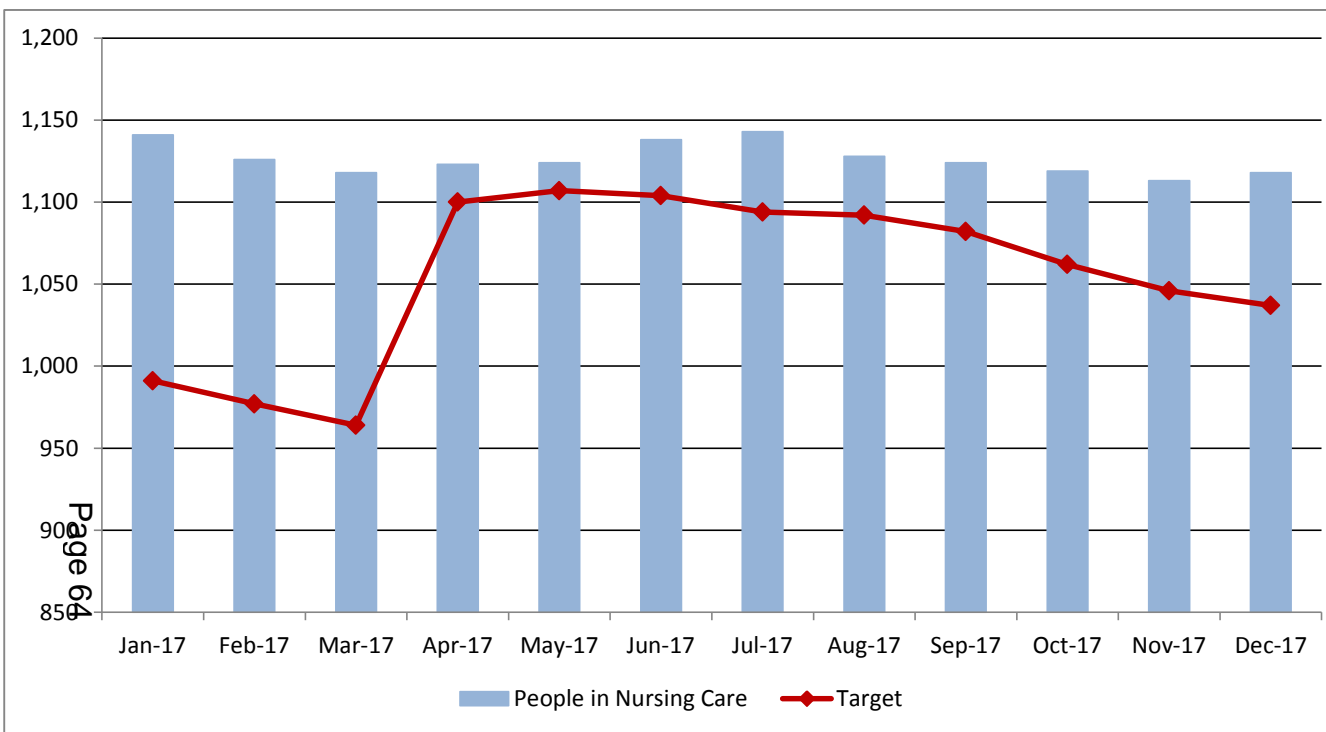
Data Notes
 Unit of Measure: End of month snapshot of the number of people aged 65+ in permanent residential care
 Data Source: Measures of Success - MoS 6

Quarterly Performance Report Indicator

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Target	2,075	2,051	2,028	2,256	2,241	2,240	2,242	2,243	2,250	2,249	2,240	2,215
People in Residential Care	2,359	2,314	2,317	2,350	2,340	2,318	2,291	2,280	2,292	2,288	2,265	2,251
RAG Rating	RED	RED	RED	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER

Commentary
 This is the number of people in permanent residential care at the end of the month. The number of people aged 65+ in permanent residential care has declined by 147 people in the past 12 months (6%) but is currently 3 more than the target for December 2017. There is an end of year target of 2,149 people or fewer to be in permanent residential care by 31st March 2018.

7) Number of people aged 65+ in permanent nursing care (AS02)			AMBER
Cabinet Member	Graham Gibbens	Director	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	Division	Older People and Physical Disability



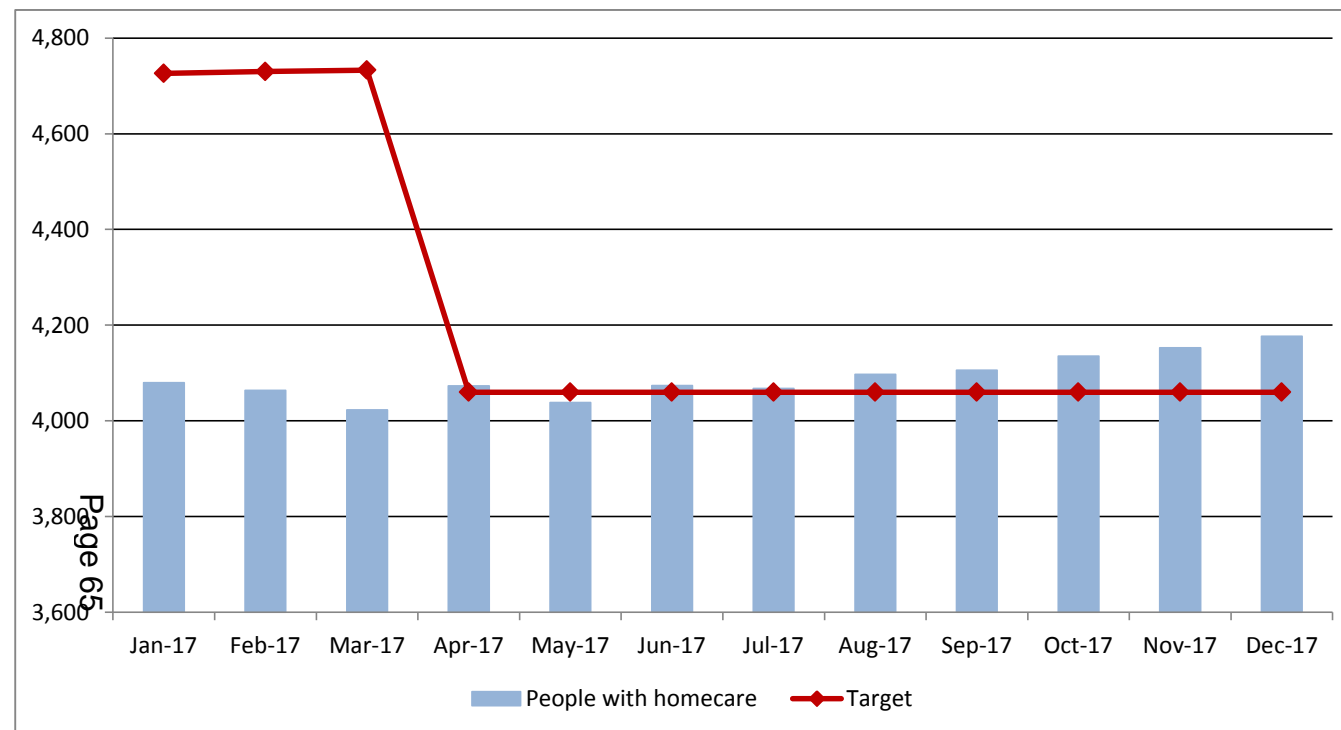
Data Notes
 Unit of Measure: End of month snapshot of the number of people aged 65+ in permanent nursing care
 Data Source: Measures of Success - MoS 8

Quarterly Performance Report Indicator

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Target	991	977	964	1,100	1,107	1,104	1,094	1,092	1,082	1,062	1,046	1,037
People in Nursing Care	1,141	1,126	1,118	1,123	1,124	1,138	1,143	1,128	1,124	1,119	1,113	1,118
RAG Rating	RED	RED	RED	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER

Commentary
 This is the number of people in permanent nursing care at the end of the month. The number of people aged 65+ in permanent Nursing Care had been decreasing across Kent and is now down 5% (41 clients) in the past 12 months. By December was above the target by 75 clients. There is a target of 1,004 people or fewer in Nursing care by 31 March 2018.

8) Number of people receiving homecare (AS03)			AMBER
Cabinet Member	Graham Gibbens	Director	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	Division	Older People and Physical Disability

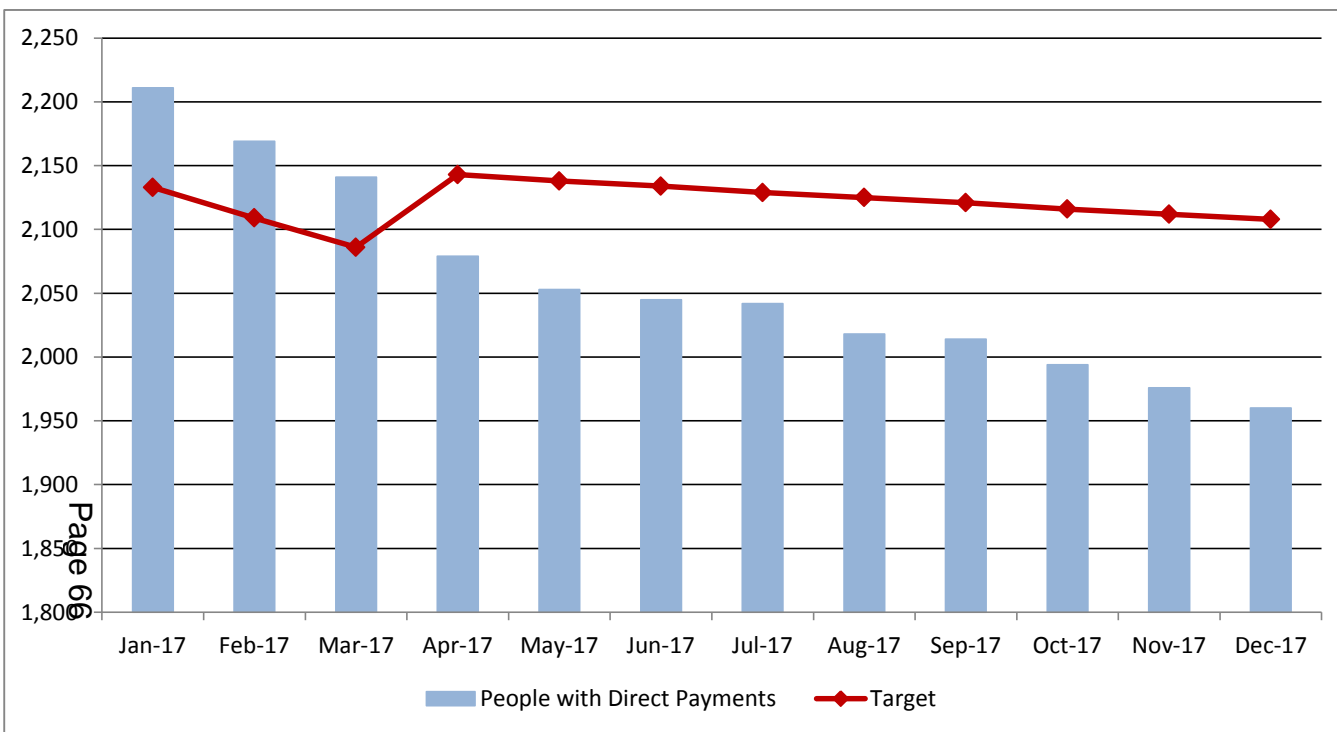


Data Notes
 Unit of Measure: End of month snapshot of the number of people receiving homecare
 Data Source: Measures of Success - MoS 10
 Quarterly Performance Report Indicator

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Target	4,726	4,730	4,733	4,060	4,060	4,060	4,060	4,060	4,060	4,060	4,060	4,060
People with homecare	4,080	4,064	4,023	4,073	4,038	4,074	4,068	4,097	4,106	4,135	4,153	4,177
RAG Rating	GREEN	GREEN	GREEN	AMBER	GREEN	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER

Commentary
This is the total number of people receiving homecare and has remained fairly stable. The 2017-18 target threshold has been lowered significantly to a static target of 4,060, but overall figures remain above target (additional 88 people in receipt of Homecare). Homecare is largely delivered to people over the age of 65, with 3,512 people aged 65+ receiving services at 4th of December and 665 people aged 18-64 in receipt of a homecare service.
 The average hours per older person per week remains slightly above the 2017-18 target of 10 hours or less per person at 10.45 average hours. The 2017-18 target average hours per person aged 18-64 is 11.25, and current performance is 12.43.

9) Number of people receiving direct payments			GREEN
Cabinet Member	Graham Gibbens	Director	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	Division	Older People and Physical Disability



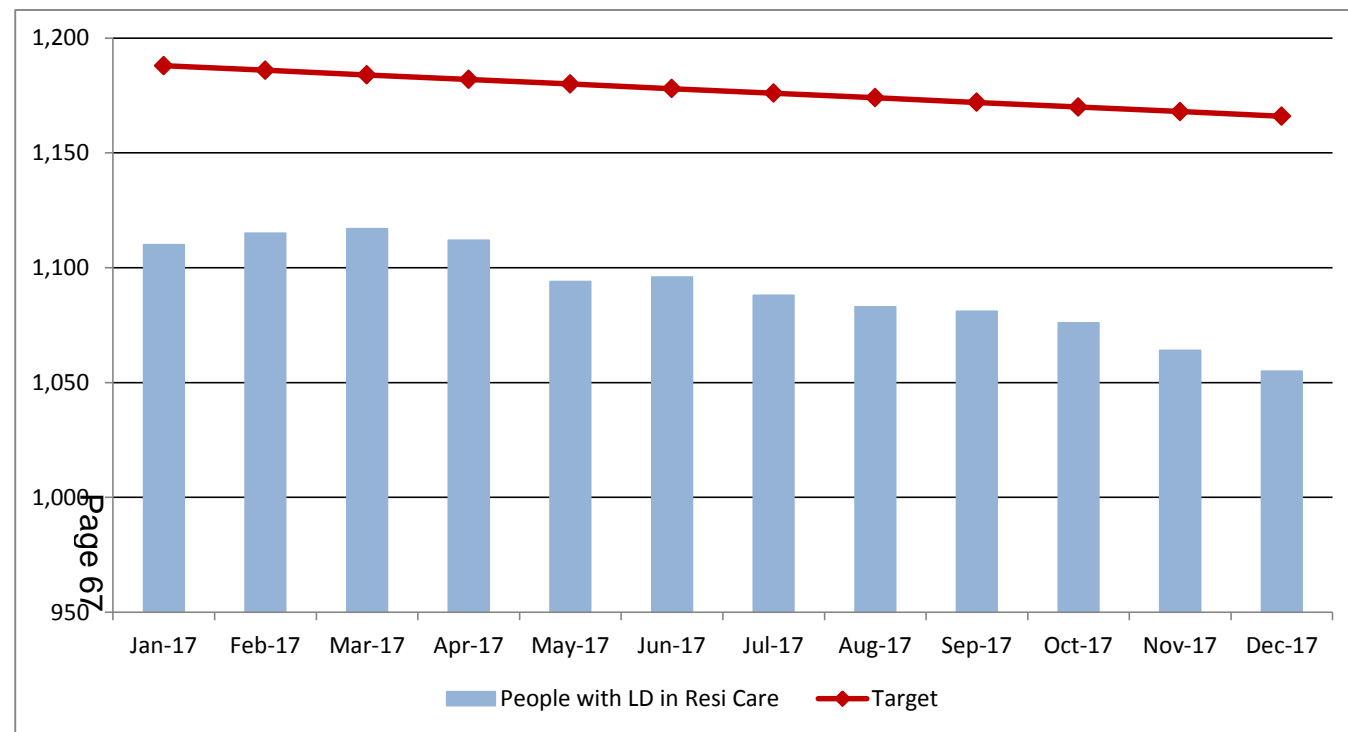
Data Notes
 Unit of Measure: End of month snapshot of the number of people receiving direct payments
 Data Source: Measures of Success - MoS 12

Quarterly Performance Report Indicator

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Target	2,133	2,109	2,086	2,143	2,138	2,134	2,129	2,125	2,121	2,116	2,112	2,108
People with Direct Payments	2,211	2,169	2,141	2,079	2,053	2,045	2,042	2,018	2,014	1,994	1,976	1,960
RAG Rating	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary
 This the total number of people who have a direct payment and purchase their own care. The total number of people receiving direct payments has been reducing since 2014 when a large number of homecare clients opted for a direct payment when the homecare contract was retendered. As at the 4th of December there were 1,083 people aged 18-64 in receipt of an ongoing Direct Payment, whilst a further 877 ongoing Direct Payments were being made to people aged over 65.

10) Number of people with a learning disability in residential/nursing 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 or nursing care as at month end.

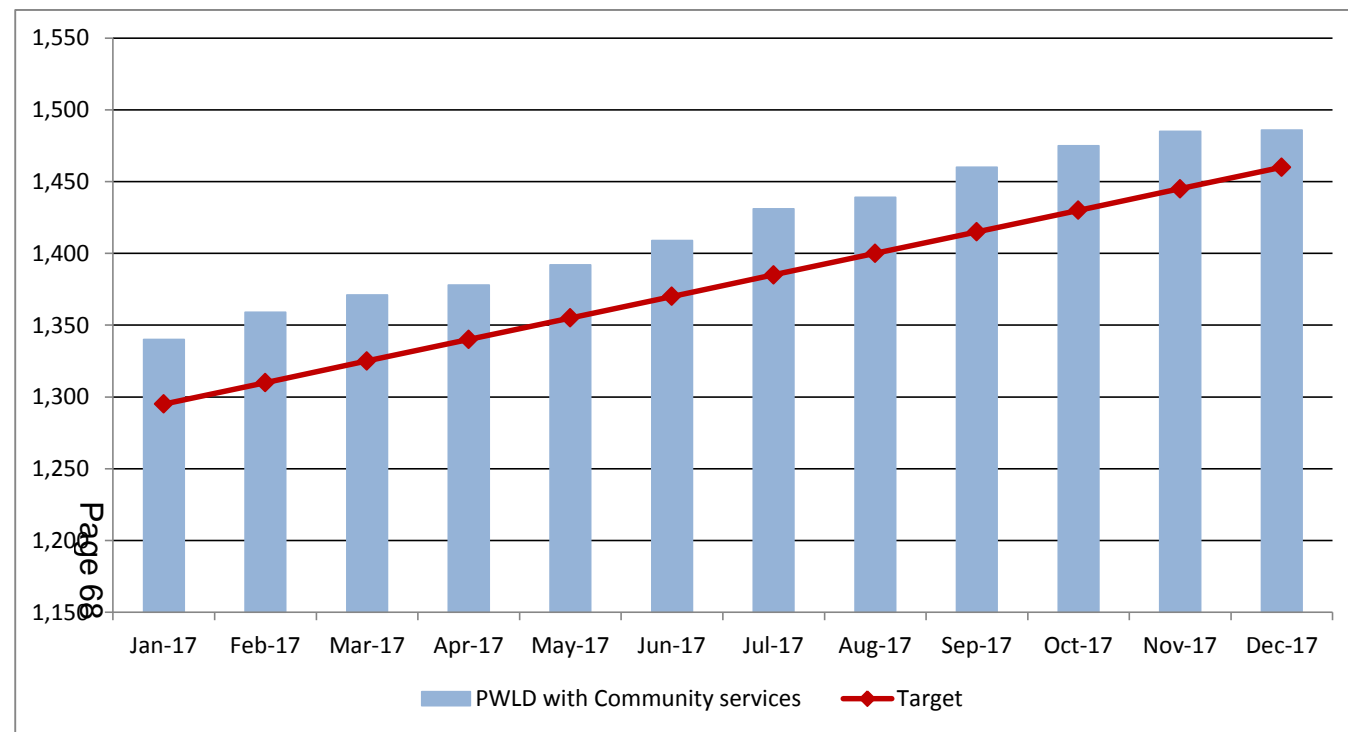
Data Source: MCR Summary

Quarterly Performance Report Indicator

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Target	1,188	1,186	1,184	1,182	1,180	1,178	1,176	1,174	1,172	1,170	1,168	1,166
People with LD in Resi Care	1,110	1,115	1,117	1,112	1,094	1,096	1,088	1,083	1,081	1,076	1,064	1,055
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary
This is the number of people with a learning disability in permanent residential care. 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.

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

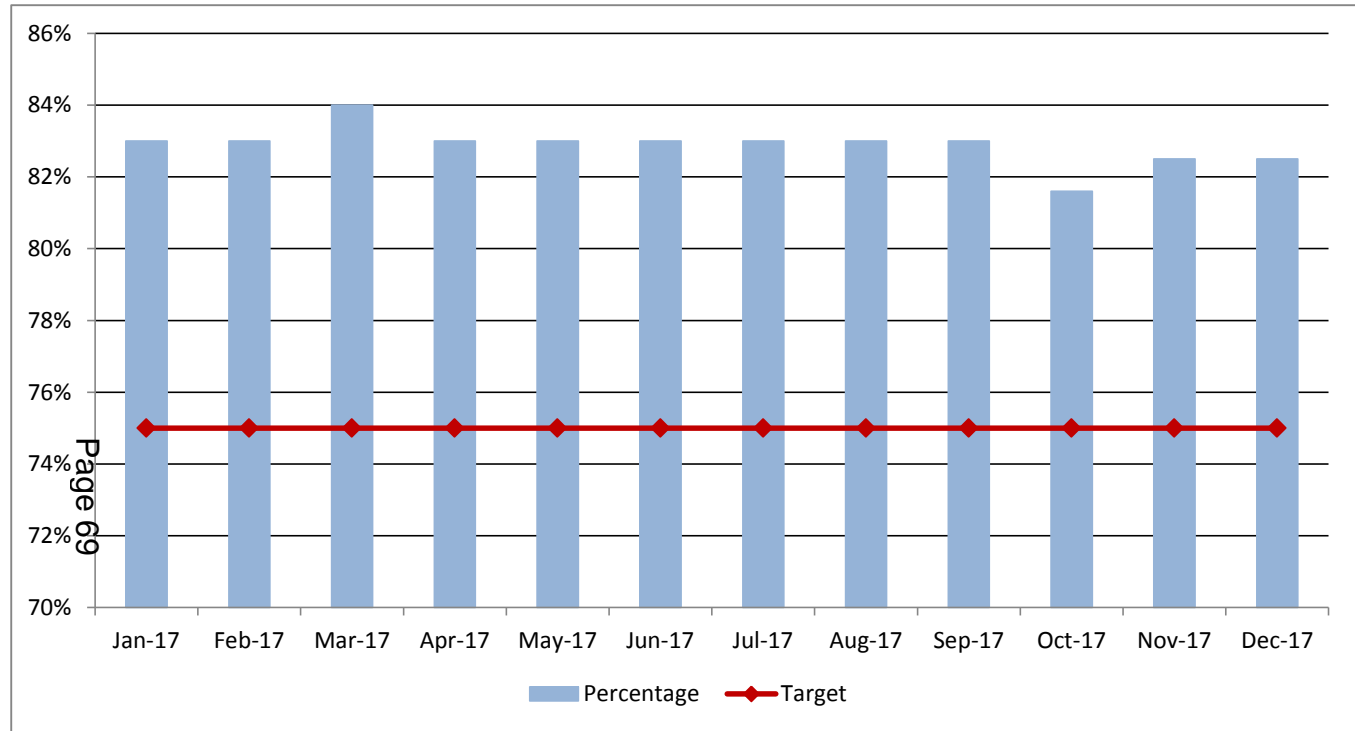
	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Target	1,295	1,310	1,325	1,340	1,355	1,370	1,385	1,400	1,415	1,430	1,445	1,460
PWLD with Community services	1,340	1,359	1,371	1,378	1,392	1,409	1,431	1,439	1,460	1,475	1,485	1,486
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary
 This is the number of people with a learning disability that are supported in the community. 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, with the success of Your Life Your Home contributing to this increase.

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

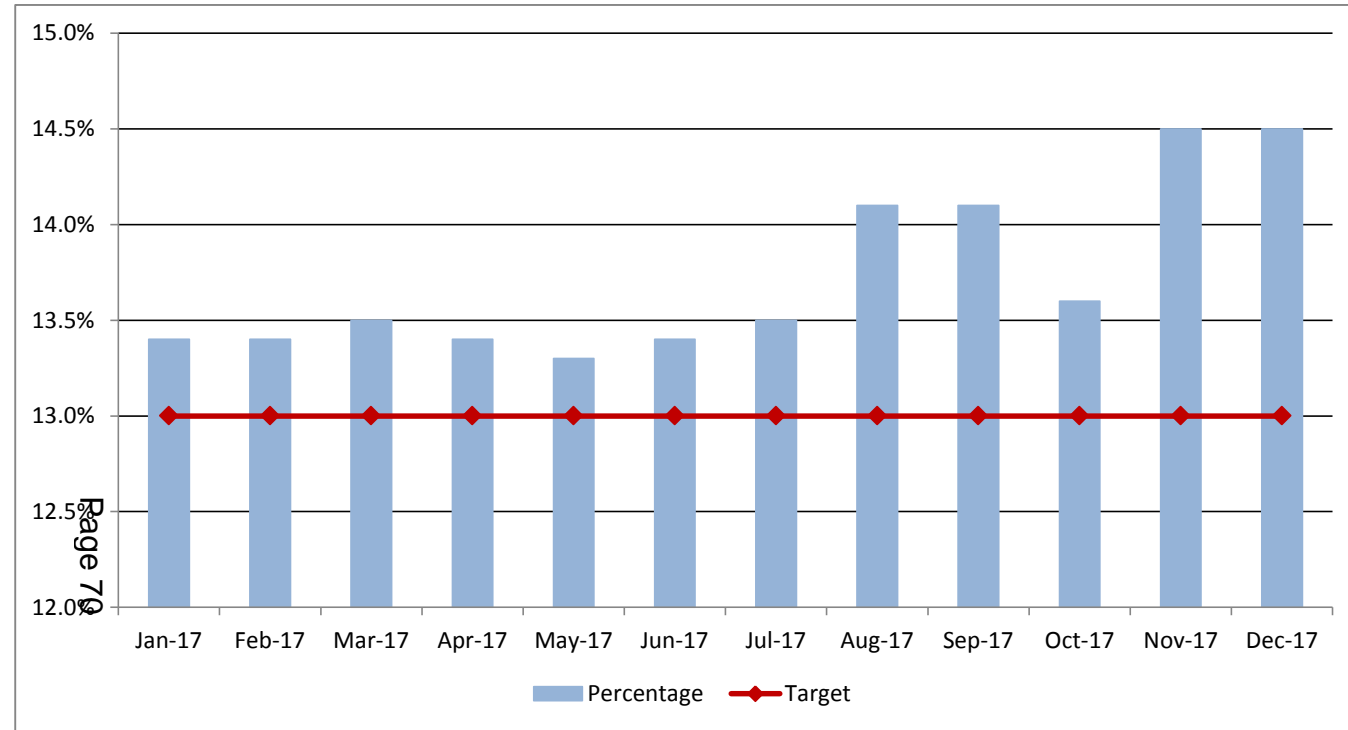


Data Notes
 Units of Measure: Proportion of all people who are in settled accommodation
 Data Source: KMPT – quarterly

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
Percentage	83%	83%	84%	83%	83%	83%	83%	83%	83%	82%	83%	83%
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary
 This the percentage of people with a mental health need that are supported to live within the community. 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

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Target	13%	13%	13%	13%	13%	13%	13%	13%	13%	13%	13%	13%
Percentage	13.4%	13.4%	13.5%	13.4%	13.3%	13.4%	13.5%	14.1%	14.1%	13.6%	14.5%	14.5%
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary
 This the percentage of people with mental health needs that are supported in employment. This data is provided directly from KMPT and remains above target.

From: Graham Gibbens, Cabinet Member for Adult Social Care
Anu Singh, Corporate Director of Adult Social Care and Health

To: Adult Social Care Cabinet Committee – 9 March 2018

Subject: **DRAFT ADULT SOCIAL CARE AND HEALTH DIRECTORATE BUSINESS PLAN 2018-19**

Classification: Unrestricted

Past Pathway of Paper Adult Social Care and Health Directorate Management Team - 21 February 2018

Future Pathway of Paper Cabinet - April 2018

Electoral Division: All

Summary: This report presents the Adult Social Care and Health Directorate Draft Business Plan for 2018-19 (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 2018-19.

Recommendations: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the draft Directorate Business Plan 2018-19 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 2018-19, as well as the arrangements for developing and approval of Business Plans as agreed by the Cabinet Members in December 2017. 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 2017-18 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 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 through improved commissioning'*.
- 2.2 The Directorate Business Plan identifies key priorities in respect of service delivery, modernisation plans 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 2018 – 20'* and *'Your life, your well-being a vision and strategy for adult social care 2016 - 2021'*.
- 2.3 In July 2017, the Corporate Management Team (CMT) agreed a new Strategy and Policy Control Framework, which will be formalised in the Constitution in due course. To support this new approach, it was agreed that the 2018-19 business plans explicitly state any new strategies and policies which are due to be developed and agreed in the year ahead, in scope of the new Strategy and Policy Register.

3. Financial Implications

- 3.1 The KCC Budget 2018-19 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 book.
- 3.2 The Councils' Medium Term Financial Plan 2018-20 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 2018-19

- 4.1 The business planning process is a balance of iterative improvements. It is agreed that for 2018/19 only minor adjustments to the current business plan structure are made. This will provide consistency, continuity and clear requirements at a time of significant change, financial and operational demands and limited capacity.
- 4.2 Given the level of continued change within the organisation and operational demands, it is proposed that the business plan structure is kept largely consistent with the 2017-18 process, with improvements focused on the activity tables. The required business plan structure is outlined below:

Figure A: Agreed structure for directorate business plans 2018-19

A.	Directorate structure and purpose
B.	Progress on the 2017-18 directorate priorities
C.	Directorate priorities for 2018-19
D.	Directorate operating environment
E.	Risks and opportunities
F.	Services provided by the directorates (<i>table</i>)
G.	Significant commissioning activity (<i>table</i>)
H.	Significant service activity (<i>new table</i>)
I.	Resources (<i>table</i>)
J.	Organisational development
K.	Performance indicators and targets (<i>table</i>)
L.	Monitoring and review

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.

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 final changes, including comments expressed by the Adult Social Care Cabinet Committee, the final draft version of the Adult Social Care and Health Directorate Business Plan for 2018-19 will be cleared by the Corporate Director and the Cabinet Member for Adult Social Care. 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 to deliver key projects and changes associated with modernization plans as set out in the Directorate Business Plan.

8. Conclusion

8.1 The Adult Social Care and Health Directorate Draft Business Plan 2018-19 provides high level summary information about the functions that are in the Directorate and its eight top-level priorities for 2018-19. 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 Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the draft Directorate Business Plan 2018-19 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

Relevant Director

Anu Singh
Corporate Director of Social Care and Health
03000 421865
Anu.singh@kent.gov.uk

Adult Social Care and Health

Directorate Business Plan 2018-19

Final draft Version

01.03.2018

DRAFT

www.kent.gov.uk



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Foreword from the Corporate Director

Anu Singh, Corporate Director Adult Social Care and Health

I am delighted to present the Adult Social Care and Health Directorate Business Plan for the 2018-19 financial year. This Business Plan sets out key information about the roles and responsibilities of the Directorate. It also describes our vision and our move into an 'asset based' operating model for Adult Social Care and Health.

We firmly believe in helping people to 'live a life, not a service'. We do this by focussing on what people can do, not what they can't do. Our core statutory purpose is to work with individuals with care and support needs who may require any of the services we arrange or provide. We will do this through the asset, or 'strengths' based approach we mention above. This asset based approach builds on what individuals, families and communities can do with the right support. It builds on a combination of human, social and physical capital. By building on an individuals' strengths and capability, rather than focusing entirely on their needs or problems, we can make a meaningful difference. Our aim is to promote an individuals' wellbeing; supporting them to live independent and fulfilling lives in their own homes and communities, and achieve outcomes that are important to them.

We also stop at nothing to discharge our statutory safeguarding responsibilities for adults at risk of abuse or neglect.

During the year we will be bringing together all our change and improvement work into a single new operating model. This is asset based model works on an aligned public sector, motivated private sector, and empowered community sector. The model relies on us passionately driving prevention, community resilience, and recovery. Our responsibility to reduce, delay and prevent needs from arising underpins all we do.

Integration of health and social care remains a high priority for the Government and for the County Council. Our Directorate will continue to play a leading and active role in the development of opportunities for taking integration forward at scale and pace, through our Local Care work. This will be in line with the health and social care integration ambitions set out in the Adult Social Care and Health strategy, the KCC Strategic Statement 2015 – 2020, the Medium Term Financial Plan 2018-20, and national targets to drive down DToC (Delayed Transfers of Care).

This year more than ever, we are conscious of the enormous daily challenges facing our staff. Our talented, skilled and value driven staff are our strongest asset. We will support them to provide consistently safe and high standards of practice, and operate as confident decision makers.

Working with the Children, Young People and Education Directorate and schools is essential for making the 'transition' experience better for people moving from one service to another. This year, we will continue to improve the outcomes for our young people as they transition between services.

Building on the achievements of in-house services, staff working in provisions that the County Council still manages will be supported to maintain or improve on what they do, and be better prepared for inspections by the Care Quality Commission and OFSTED.

We will also work with the market to improve career pathways and professional development opportunities for health and care staff across the county. This valued cohort of staff are critical to us achieving the person centred, safe and empowering outcomes we aspire to for Kent's communities.

I look forward to working with all our internal and external partners to deliver on the priorities described in this Plan.

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A. Directorate structure and purpose

About the Directorate

The Adult Social Care and Health Directorate (ASCH) leads Kent County Council's (KCC) to discharge its statutory responsibilities for adult social care. The Directorate's primary responsibilities include: providing information, advice and advocacy; carrying out needs assessments; commissioning, providing and/or arranging services for adults with eligible care and support needs; and safeguarding adults at risk of abuse or neglect. Keeping people safe is an important duty which we take very seriously. It is a core responsibility of the whole Council, both Members and Officers. The Directorate also holds delegated responsibilities for Disabled Children Services to provide statutory functions for children and young people.

The core purpose of the Directorate is to provide person centred, practical care and support to adults and carers of all ages, alongside disabled children and young people. We arrange person centred care and support, to help people lead independent and fulfilling lives, wherever possible in their own homes and communities. We work effectively in partnership with the NHS, district and borough councils, the Police, care providers, community, voluntary and social enterprises, and other partners.

Asset based approaches, personalisation, resilience, and enablement are the key principles threading through our modernisation plans for the year.

Adult social care responsibilities are broadly defined in the following pieces of legislation: Care Act 2014, Mental Health Act 1983, and Mental Capacity Act 2005.

About the Divisions in Directorate

Our Directorate is made up of two Divisions, which are recognised as a formal part of the organisational structure of KCC. The Divisions are outlined below with a brief statement about their overall purpose and responsibilities. Additional information about the roles and responsibilities of these two business areas can be found in the Divisional Business Plans, which support this Directorate-level Business Plan.

Disabled Children, Adults Learning Disability and Mental Health Division

The Disabled Children, Adults Learning Disability and Mental Health (DCALDMH) Division commissions and provides a range of services for people with mental health conditions; and for children, young people and adults with disabilities. The Division supports adults and children by promoting their wellbeing, and supporting them to live independent and fulfilling lives in their own homes and communities. The Division's services for adult mental health and learning disability already work in integrated teams with NHS colleagues. The Division is 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).

Older People and Physical Disability Division

Our Older People and Physical Disability (OPPD) Division arranges and provides a range of services to improve outcomes for older people and physically disabled adults, and their carers. The division supports older people and working age adults to improve or maintain their wellbeing, and to live independent and fulfilling lives in their own homes and communities. 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).

Our financial and staffing resources

The Adult Social Care and Health Directorate has a total net budget of £414m for 2018-19 and a total of 2,272.4 FTE staff.

The Directorate works with the Children, Young People and Education Directorate in providing appropriate support services to disabled children. The Directorate also works closely with the Strategic Commissioning Division who deliver our commissioning activity. Strategic Commissioning provides core support functions such as analysis, solution and market development and contract management to assist with the delivery of Adult Social Care and Health priorities. Finance, HR, and ICT also provide corporate support services to assist the Directorate discharge our statutory duties.

B. Progress on the 2017-18 Directorate priorities

Progress against the Directorate priorities for 2017-18 is provided in the following section. Detailed reporting information about these priorities can be found in reports provided throughout the year to the senior management teams, boards, Cabinet Committees, and the Cabinet. Some of the priorities remain core to the business, and these have influenced the construction of our priorities for 2018-19.

Priority 1: Budget

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

- The Directorate is on track to achieve a balanced budget by the end of the year. This has been made possible through detailed oversight and effective grip on budget management across the year. Reported variances in Quarter 1, Quarter 2, and Quarter 3 budget positions were +£7m, £1.5m and £0.1m respectively.
 - The Directorate has achieved a significant proportion of the Medium Term Financial Plan savings that was set by Members for the Directorate. The Directorate has achieved Medium Term Financial Plan savings of £16.3m out of the target savings of £22.8m. Corporate support was obtained for the reprofiling of savings of £4.7m across 2018-19 and 2019-20 financial years.
- The Directorate also satisfied the reporting requirements associated with the Better Care Fund and Improved Better Care Fund.

Priority 2: Transformation

Embed the transformation changes and plan the next phase of service changes to deliver the new vision and strategy for Adult Social Care

- We gained approval for the New Operating Model from the Strategic Commissioning Board and the Budget Programme and Delivery Board in November 2017.
- We piloted and evaluated a model for the initial point of social care triage which maximised appropriate referrals to community and voluntary sector support services.
- We continued to make some progress on the development of specifications for a 'digital offer' to enable individuals to independently access a menu of services, however, progress on this has not gone as far as we expected.
- We developed and piloted a model for integrated rehabilitation of services provided by Intermediate Care Teams and Kent Enablement at Home which minimizes duplication of activity and effort between different professionals and services providing rehabilitation.

- We made progress with our transformation projects in Adult Learning Disability Service including integrated Learning Disability commissioning; Short Breaks; Day Services; In-house Provision and Your Life, Your Home; Kent Pathways Service and the Lifespan Pathway despite operational challenges.
- We achieved key deliverables of our mental health transformation programme with reported improved outcomes for people. We did so by building on Live Well Kent, Primary Care Mental Health Services and Kent Enablement and Recovery Service. We started the Primary Care pilot in June 2017 with an initial review of 20 cases. The mental health service budget continues to be under pressure.

Priority 3: Integration

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

- The Government and KCC regard delayed transfers of care as a matter of national and local significance. Delayed transfer of care acts as a strong signifier of joint working between health and social care, and we made progress in meeting the performance target set for the Kent health and care system. We invested heavily in new short-term pathways, integrated discharge teams, intensive discharge support, and Home First, and have achieved the lowest annual rate of delayed transfers of care for Kent.
- We have defined the key areas for the integration of social care and community health care (with the person at the centre), focusing on adult social care functions to be delivered through local teams, including safeguarding, specialist social work and quality of care improvement. The Kent and Medway Sustainability and Transformation Partnership delivery plans have been shaped to align with ASCH and Public Health aims and objectives. We have also actively led development of the Sustainability and Transformation Partnership Local Care ambition of care closer to home that reflect integrated primary, acute, community, mental health and social care.
- We continued to play a key role in the Encompass Vanguard which is a multispeciality community provider in East Kent. This brings together teams of GPs, community nurses, social care staff, mental health professionals, public health trainers and pharmacists to support people at high risk of hospital or care home admission.
- We have seen an increase in the number of practical integrated working in local areas such as Canterbury and Herne Bay where multidisciplinary team meetings are held on a weekly basis to discuss and plan casework for individuals. In West Kent, we have also seen multidisciplinary teams working in all clusters, as well as integrated enablement with the Kent Enablement at Home Service.
- We rolled out the ESTHER way of working to more areas in Kent with an

increase in ESTHER coaches and ambassadors, with over 374 trained in this approach. Simply described, it is an approach which focuses on what is important to the individual and the professionals working as one to address the issues facing the individual. In Kent ESTHER philosophy and way of working also gained recognition by national bodies, such as Health Education England and the Department of Health and Social care.

- A new alliance contract for adults with a learning disability was developed between KCC, KCHFT, KMPT and the integrated commissioners. This is a new collaborative arrangement to replace the existing maze of contracts. A Joint Commissioning and implementation Plan was produced which secured the continuation of multi-disciplinary teams to deliver a person centred service across health and social care.
- We commenced work to review our joint arrangements in community mental health teams to ensure that the Care Act 2014 requirements can be delivered more effectively. The good joint working that is already in place between KCC and Kent and Medway NHS and Social Care Partnership Trust will continue and reflect the focus of the wider Sustainability and Transformation Partnership.
- The Integrated Community Equipment Services also demonstrates the strength of our integrated working with the NHS. With our support, the Integrated Community Equipment Services provider launched the Kent Safe and Well Scheme in July 2017. The scheme enables self-funders independent access to trusted products and services via information service, online assessment tool, physical and online retail.
- We have continued to develop the Design and Learning Centre. The main focus of the Centre is to reduce frailty, develop safe new services and transform the Health and Social Care workforce by promoting independence and self-care, exploring digital technology and sharing innovative ideas and best practice. The Centre has delivered and supported the development of some key projects, including medication compliance in the community, ESTHER and Buurtzorg approaches to care.

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

- We took appropriate action to identify and address emerging scarcity of provision either for particular client groups, or in pressured geographical areas.
- A new sustainable model of Live Well Kent to support wellbeing through strategic partners (Porchlight and Shaw Trust) has been established. This is a peer support service which improves supported self-management, promotes recovery, tackles social isolation, builds resilience and reduces stigma.

- We co-designed a new interim contract for domiciliary care with Kent's contracted providers and invested an additional £4.3m in the sector increasing the capacity and conditions for staff.
- We also commissioned further Home Recovery services as part of the High Impact Changes for hospital discharge. Together with other measures they have reduced delayed transfers of care for social care significantly. We engaged extensively with the Members, NHS organisations and the provider sector on the best way for investing additional social care funding by central government during April 2017 and July 2017. The investment decisions taken contributed to meeting requirements of the High Impact Changes to reduce pressure on the NHS, reduce the number of delayed transfers of care, and support the sustainability of the social care market
- We acted to address pressures that emerged in-year because of the NHS and LA Transforming Care Programme. We successfully discharged over 40 people under this programme and expect that the number would be higher at the end of the full year. Work continues to identify a further cohort of people as part of this programme.
- Kent County Council's strategy for targeting funding to minimise the impact of the National Minimum Wage and National Living Wage has proven effective and care workers are receiving the correct levels of pay. This is being closely monitored and we continue to engage with provider representatives to gauge market pressures.
- Provider engagement is important to us and we took steps to maintain good working relationships with the social care market. Throughout the year we engaged with providers that support adults, children, and young people with different needs and their carers.
- We recruited two Care Sector Project Officers to work closely with the sector to improve quality in care through addressing challenges around recruitment, retention and workforce skills and competencies. We held a free event for the sector in March 2018, in which 200 people. We secured funds from the STP Local Workforce Action Board to deliver a Kent wide Care Sector recruitment campaign which will be launched from April 2018 to raise the profile of careers within the care sector.

Priority 5: Safeguarding

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

- The rate of safeguarding concerns countywide had shown a continued gradual increase. The number of safeguarding concerns recorded in the past twelve

months was 10,198, which is an increase of 13.2% compared to the same time last year.

- A taskforce approach geared to minimising drag and increasing the rate of closing cases, which was adopted during the year had a significant positive impact. The number of cases closed, as at December 2017, was 7,020 of which 3,638 cases were closed during quarter three of the reporting period.
- We have maintained the programme of practice audits through a combination of independent audits and internal peer audits. The senior management team approved a mixed audit approach including a thematic audit which will guide us through into the next year. The first thematic audit is being piloted now on the theme of self-neglect. The KCC Internal Audit unit revisited their previous audits on the Adult Safeguarding Quality Assurance Framework and on the Deprivation of Liberty Safeguards service. The findings were reported to the Governance and Audit Committee in November 2017. The Internal Audit's assessment of the Safeguarding Framework raised its assurance level to "Substantial" with prospects for improvement assessed as "Good". The assessment for the Deprivation of Liberty Safeguards service was judged as "Adequate".
- KCC has continued to experience a high number of Deprivation of Liberty Safeguards applications which have had the effect of increasing the number of backlog cases even though the Deprivation of Liberty Safeguards service has significantly reduced the time taken to complete DOLS assessment and reach a determination. The Deprivation of Liberty Safeguards service compares favourably with neighbouring councils in terms of 'mean days' for completing assessment, which was 86 'mean days', compared to 152, 154 and 245 'mean days' of three neighbouring councils in the South East region based on information published by NHS Digital service.

Priority 6: Inspections

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

- Kent County Council manages in-house provision which were inspected by the OFSTED and the Care Quality Commission. OFSTED inspected five Children's short breaks establishments managed by Kent County Council during the year. Three were rated as "Outstanding", one was rated as "Good" with the other one judged as "Requires Improvement". The Care Quality Commission also inspected four Adults short break establishments with two rated as "Good" and another two rated as "Requires Improvement". The Care Quality Commission's inspection of care homes managed by Kent County Council during the year, resulted in one care home being rated as "Good" and two other care homes rated as "Requires Improvement". The Kent Enablement at Home Service was rated as "Good". Our Shared Lives provision was rate "Outstanding, and three Independent Living Services were rated "Good".

- Registered Managers and Registered Services Managers developed action plans in response to areas for development. In addition, any elements of development which required the input from other Kent County Council function, such as facilities management was communicated and suitably acted upon.

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)

- **One of the values underpinning the work we do in Adult Social Care is adopting a person-centred approach tailored to the person so that they can achieve the things that matter most to them. This means supporting people's own sense of identity and working from a clear diversity perspective so that we acknowledge and celebrate the difference people bring.** This was a key theme at an Equality and Human Rights development day delivered in October 2017.
- We met the corporate requirements relating to producing an Annual Governance Statement report. This report describes how we managed to run services to deliver or key priorities against known and emerging challenges
- The senior management team have kept the directorate and divisional risk registers under review, and the exercise is formally undertaken on a quarterly basis. The assessment is also reported to the Adult Social Care Cabinet Committee annually.
- The Divisional equalities actions plans have been progressed. We worked on specific activities to enable us to make progress in this area including, the development of vulnerable adult pathway, transgender action plan, End of Life Strategy, improved access to interpreting service for deaf and deafblind people and engagement of service users and carers in the interview process for Newly Qualified Social Workers.
- Overall, the findings from the KCC internal Audit assessment show gradual improvement compared to previous years.

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

- The Social Work profession continues to have recruitment difficulties, in particular staff internally applying and moving into Senior Practitioner roles. We have therefore developed a programme to grow our own. The programme: Aspiring Senior Practitioners is designed for staff that have been identified by their line manager in accordance with succession planning criteria. The first cohort of 15 participants started September 2017.
- The Aspiring Senior Practitioner programme is shaped and delivered by our Social Work Professional Development Educators. This role was introduced 2015, initially to support Newly Qualified Social Workers to undertake and complete the Assessed and Supported Year in Employment programme. However, the role and the Professional Development Educators now work with staff across social care (including nurse, OT and unqualified) to reflect on learning and knowledge through practice development workshops, deliver reflective 1:1 support for practitioners to critically reflect on specific aspects of complex social work cases and dynamics, support staff with progressing through the social care capability framework and provide support to practitioners with complex cases.
- We continued to support and improve practice through the Key Concepts (during 2017/18 we delivered 6 sessions) training programme. This facilitated and enabled staff to share good practice, and benefited from the opportunity to reflect upon practice. In addition, we ensured that all staff (registered and unregistered) that work or have contact with service users completed the Safeguarding Adults Capability Framework within the required timescale.
- Developed the role of the Transformation Engagement Team (TET) to support on-going change, modernisation and staff engagement. TET have met monthly and its actions reported to Divisional Management Teams monthly.
- Continued to support staff to undertake the Open University Social Work degree and sustained the sponsorship of Approved Mental Health Professional (AMHP) opportunities. An AMHP is a person who is warranted, or authorised, to make certain legal decisions and applications under the Mental Health Act 1983. We have supported 8 staff to undertake this course in recognition of the importance of the role.
We have maintained staff training and development through an induction programme, access to e-learning courses and mandatory training. As at 31 December 2017, 45 members of staff were accessing training via the apprenticeship levy.
Staff in the Directorate accessed 3,455 face to face training sessions and accessed 14998 e-learning modules. 16 staff completed Future Manager programme; 15 staff are on the planned intake for January 2018 and April 2018.

Twenty members of staff are registered on the Open University Degree in Social Work (4 in Year 1, 9 in Year 2, 7 in Year 3).

- Training and development on equality and diversity was delivered to 150 staff in October 2017. The outcomes from that event will inform developments next year.
- We worked with Corporate Service to develop an e-learning module on “Safeguarding Adults for non-social Care staff” which we launched in February 2018 on the intranet.

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C. Directorate priorities for 2018-19

Our eight Directorate priorities for 2018/19, and how these contribute to Kent County Council's Strategic Statement 2015-2020 outcomes are set out 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 we will take forward during the year are set out in the Divisional Business Plans. In summary, we are committed to:

Priority 1: Budget

Managing within our means, through sound management of the agreed budget for our businesses

KCC's standing procedures require all directorates to deliver their service within budget. This is a responsibility that we fully embrace, and govern the business accordingly. We plan to close the year with a balanced budget.

Relevant business planning priority:

- We will implement comprehensive delivery plans by April 2018 to achieve the savings targets set out in the Medium Term Financial Plan 2018-20.
- We will create a monitoring and reporting framework by April 2018 which will enable us to triangulate activity, performance, and finance. This reporting framework will make progress and responsibilities transparent, and enable swift management action to take place.
- We will introduce stronger and more granular unit cost data to enable tighter budget management.
- We will introduce a resource allocation taskforce that takes a problem-solving approach to MTFP delivery issues. We will prioritise delivery of asset or strengths based practice, including targeted recovery work, that will actively manage growth in demand.

Priority 2: Safeguarding

Continue to provide safe and high-quality safeguarding practice and management

KCC holds the lead responsibility for safeguarding adults at risk of abuse or neglect. It is a whole Council responsibility, for both Members and officers, and it remains a top priority for KCC. The statutory responsibilities hold KCC, the NHS and Kent Police to account to work together, along with other statutory and non-statutory partners to address safeguarding concerns.

Relevant business planning priority:

- Establish how the statutory function of safeguarding will be carried out at the frontline (operational) level in line with the new operating model for Adult Social Care and Health by the Summer 2018.
- We will take forward a programme of mixed approach to safeguarding audits.

This will be comprised of independent audit by an external person, peer audit led by teams, and a thematic audit coordinated by the Strategic Safeguarding Unit. An annual audit plan will be in place by May 2018.

- We will address safeguarding improvement plans through the Safeguarding Service Managers, and seek to work with Good Practice Groups and the Principal Social Worker, when the post holder is in place.
- The Directorate will meet its responsibilities relating to the Safeguarding Adults Reviews and Domestic Homicide Review as they arise.
- We will continue to maintain senior management and member oversight and scrutiny of safeguarding performance through the production of quarterly performance reports.

Priority 3: Implement the New Operating Model for ASCH

Refresh the ASCH Your Life Your Wellbeing strategy and implement an asset, or strengths, based operating model.

The new operating model places greater emphasis on asset based approaches to care and support. We will implement a refresh of practice, structures and enablers to implement this new operating model for Local Care.

Relevant business planning priorities:

- We will work with staff, service users, communities, and partners to refresh our vision strategy – introducing the establishment of care as a social movement.
- We will deliver the modernisation of Adult Social Care and Health practice and structures. The delivery will be phased and centred around the implementation of Local Care through a new operating framework for Lifespan, Mental Health and OPPD and the development of an asset based approach to care and support. This will include delivery of short term interventions, establishing integrated multi-disciplinary teams, supporting urgent care, and a redesign of the statutory functions of safeguarding, social work and quality improvement.
- We will implement a major information technology programme by introducing a new Mosaic client system which will enable staff to work seamlessly from multiple location and in multidisciplinary teams.
- We will develop a voluntary community and social enterprise sector model which will better enable a truly vibrant universal offer. We will maximise community assets and build up a county wide social prescribing and care navigation offer.
- We will work differently with local partnerships to better align the public sector, better motivate the private sector, and better enable community resilience and action. We will develop a digital strategy and implementation plan by early Summer which will set out the vision and approach for the next 3 years. The strategy will focus on three areas – assistive technology, enabling tools for staff and digital solutions on self-care and user consultations and feedback.

Priority 4: introduce the Local Care hub model where social care, community health care and Local Authority housing teams work seamlessly together around groups of GP practices.

Create fluid locality structures that will enable social care to operate in local MDTs (multidisciplinary teams), or Hubs.

Integration of health and social care remains a high priority for the Government and the County Council. ASCH will continue to play a leading and active role in the development of opportunities for taking integration forward at scale and pace. We will drive better integration of frontline care across organisations and service boundaries, more investment in community based services and strengthened primary care services.

Relevant business planning priority:

- We will lead the development of Integrated Care Systems in East Kent and West and North Kent.
- We will work with the Local Medical Council, General Practitioners, the voluntary community and social enterprise sector, service users and health partners to establish two pilot sites, a fully functioning Local Care Hub system for a population of between 30,000 to 50,000.
- We will promote the 'reasonable adjustment' approach for universal and generic services to make such adjustments to support people with a learning disability within the sphere of integration.
- We will work with the District Councils in establishing integrated solutions for aids and housing adaptations and where possible integrate these in the health hubs.

Priority 5: Delayed transfers of care

Continue to work with health to deliver on the delayed transfers of care targets, and ensure that there are robust monitoring and reporting systems in place at all levels (operational management and Members)

Delayed transfers of care is an important indicator with which central government monitors the effectiveness of local health and care systems and there is a reputational risk associated with this priority. We will continue work seamlessly with NHS partners on integrated discharge and Home First, to ensure that people can access the right support when they are medically fit and safe to be discharged.

Specifically, we will ensure there are robust monitoring and reporting systems in place at all levels (operational, management and members) supported by appropriate escalation and decision-making procedures.

Relevant business planning priority:

- We will ensure there is adequate social care staff resources to carry out the local authority statutory responsibilities for assessment, care and support

- planning and arranging care packages in a timely fashion.
- We will ensure that the right form of provision, such as Home First and Discharge to Assess is available to meet current and future need. This will include actively managing seasonal surges in demand when A&E can come under severe capacity pressures.
 - We will continue to work within multidisciplinary teams in acute hospitals, to streamline operational processes, and reduce or minimise duplication of systems and paper flow.
 - We will work to robust evaluation, monitoring and reporting systems to meet requirement at all levels (operational, management and members). This will be supported by appropriate escalation and decision-making procedures
 - We will maintain our high profile commitment to system leadership. The Lead Assistant Director, Director and the Corporate Director continue with their commitments to work as members of A&E Delivery Boards and the Single Oversight Management Group.
 - Kent will continue to lead the ADASS regional network for Delayed Transfers of Care, sharing good practice and influencing LGA and NHS E's policy making.

Priority 6: Retain, recruit and develop capable workforce to meet the business needs

Ensure we have responsive staff equipped with the right skill sets and tools and able to work in the changing environment for social care and health

It is essential that staff working in a changing environment of partnership and integration are supported to provide consistently safe and high standards of practice and function as confident decision makers. We cannot make the service changes and achieve the innovations and improvements we seek without a well-trained, resilient, and high calibre workforce. (See Section J for further information).

Relevant business planning priority:

- We will deliver to the objectives set out in the Directorate Organisational Development action plan, monitor, and report its delivery to Divisional and Directorate Management Teams.
- We will require all managers to ensure that they and their staff complete mandatory training in line with the KCC standing procedure and undertake training (e-learning, workshop, class based, shadowing) requisite for their role.
- We will provide appropriate support to staff during the transition to the new organisational arrangements brought about by the new operating model and the refreshed vision and strategy.
- We will introduce the Principal Social Worker (PSW) role across Adult Social Care to lead and championing excellent social work practice, through the development of quality assurance/audit mechanisms that improve social work practice.
- Develop and introduce a career pathway and capability development framework for unregistered workers who work directly with service users.
- Continue to embed ESTHER methodology in practice, by December 2018 we

hope to have 1000 ambassadors and 80 coaches.

- Continue to deliver support to the care sector workforce (including voluntary sector staff) through introducing a learning and development hub.
- We will be developing a recruitment strategy which will be responsive, flexible, inclusive, as well as business focused and effective to ensure that we recruit a competent, confident workforce. In relation to this, key priorities include creating the right pathways to recruiting and developing Newly Qualified Social Workers to ASCH in a consistent way. We will also, use attraction techniques that cover all teams in ASCH and promote the use of social media channels.
- We will continue to support staff development and Open University degree in Social Work and Occupational Therapy degree. We will act to assess the implications arising from the introduction of the Apprenticeship Standards as well as develop links to Associate Nurse Practitioner role as part of the integrated pathways career options within Local Care
- Continue to deliver a programme of talent management and succession planning through Newly Qualified Social Workers recruitment, development of aspiring senior practitioners and future leaders.
- We will give priority to ascertain the extent to which digital and other IT tools facilitate flexible integrated working can enabled and fast tracked in line with the phased implementation of the new arrangements
- With the support of HR and Strategic Commissioning review existing workforce activities to determine the additional steps required to orientate the wider social care workforce in the market to adjust to working to the models of care promoted under Local Care and STP.
- We will continue to seek the views of external groups such as Skills for Care, Kent, Surrey and Sussex Leadership Academy, Association of Directors of Adult Social Services Workforce South East Group, Health Education England Kent Surrey and Sussex and the Local Workforce Action Board to inform the ongoing workforce development plans.

Priority 7: Commissioning for outcomes

Shaping the social care market through a new operating strategy, Statement to Market, Commissioning Plan and Market Position Statement to deliver improved outcomes for people

We have a duty to facilitate and promote a diverse and high-quality market of care and support services (including prevention services) for people in Kent regardless of who arranges and pays for those services. These responsibilities include the need to ensure the sustainability of the market and supporting continuous improvement in the quality of services as described in the KCC's Commissioning Framework. We also have a responsibility to make the local market aware of the current and future demand for services, and make clear how providers can meet the demand and support them to develop their skills and capacity. (See Section G for further information).

Relevant business planning priority:

- We will take work forward action to develop a 'Statement to Market' by June

2018. This will articulate the commissioning intentions KCC based on the new operating model which emphasises asset based approach to care and support, enablement and joint provision which supports Local Care and Urgent Care.

- We will work to develop a new Market Position Statement by end of June 2018. We regard this to be a mechanism to communicate and engage with providers, developers, planners, and investors in the accommodation market.
- We expect to complete work on the development of a Commissioning Plan by June 2018. This will set out a recommissioning plan for services for 2020.
- We will take forward work to better understand pressures in the market to inform how local authority capacity can be increased within the care home market. Alongside this, we will develop an action plan with the sector towards a more sustainable workforce by end of December 2018 and develop a joint learning hub with providers and the NHS in order to achieve an integrated career pathway.
- We will embark on work with the NHS to develop a plan for community hospitals and workforce integration as part of the STP Estates workstream. This joint work will involve this Directorate, Infrastructure, and Strategic Commissioning.
- We will redouble our efforts to explore further opportunities of Extra Care Housing to current and future needs of residents.

Priority 8: Carers

Ensure there is a broad range of responsive and flexible support for carers to assist them in their roles (including recognising the issues of young carers in relation to adults and the need to build on community resilience)

The important contribution of carers is understood and generally acknowledged. Many of the general duties of adult social care concerning adults with care and support needs equally apply to carers, such as information, advice, support, responsibilities attached to eligible needs of carers as set out in regulations and the care and support guidance.

Relevant business planning priority:

- We will continue to use our investment to support carers organisations so that they can carry on providing support to carers.
- Working with the NHS, and carers organisations we seek to extend community resilience initiatives consistent with the new model of care.
- We will bring the consideration of carers support services with plans to people coming out of acute hospital where there is a carer involved.
- Continue with development work to update the Carers Strategy taking account of the Government's Carers Action Plan.

Equalities priority

The Directorate will work to the four equalities objectives for the second year running. As we described in Section B above, this is an ethos that guides our work. At the heart of this is the asset based or strengthen base approach to providing meaningful person-

centred tailored to the particular characteristics of the person.

- The priorities for regarding equalities are to (1) safeguard vulnerable adults from harm, (2) improve life chances and outcomes of vulnerable adults through service developments and modernisation, (3) ensure the quality and range of services are improved through increasing engagement with service users and carers and (4) 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.

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D. Directorate operating environment

Several factors will inform the work we do and these provide the general operating context to the work we will be doing over the next three years.

1. Funding pressures

Funding pressures continue to dominate the operating environment. Spending on Adult Social Care now equals 44% of the total net budget, the largest category of expenditure within the County Council, with the proportion forecast to continue to rise. The Directorate is expected to contribute £18 million towards the whole council savings target of £48 million in 2018-19. 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.

Despite the funding constraints, the council's budget provides for significant new investment to cover contractual price increases (£10.8 million), rising numbers of older people/vulnerable adults with the most complex needs (£10.8 million), additional safeguarding social workers (£1.5 million), additional Deprivation of Liberty Safeguard (DOLS) assessments (£1.5 million), the new Adult Social Care Mosaic client system (£0.7 million) and new social care allocation of £2.4m.

2. Demand pressures

We are continuing to face the challenges of a growing and ageing population. Over the past 10 years our population has grown by 11% and is forecast to rise by 22.2% by 2036. By the same date the number of people over 65 is forecast to increase by 57.5% and the number over 85 by 131%. In addition, there is a growing number of younger adults with increasingly complex needs (both physical and mental). These developments provide the context for the increasingly serious funding gap.

3. Implementation of the new operating model

Building on developments under the 'Your Life Your Wellbeing' Transformation Programme, the new operating model will deliver an asset based adult social care system.

The new model recognises the fact that the current case management model and high caseloads are not sustainable, that practitioners need to spend quality time with clients which enables them to fully utilise the different skills they bring and that we need to work much closer with health and other partners.

Going forward, the expectation is that there is an increasing amount of work that will be short term and/or involve specialist intervention, with those needing more long-term help supported by staff working in Local Care teams (with health and other partners) and working increasingly with providers.

4. New organisational structures within KCC

We will continue to work with and keep under review the new organisational arrangements introduced in 2017. The appropriate strategic and operational linkages need to be maintained (and developed where necessary), in particular with the restructured Strategic Commissioning directorate and the Disabled Children's, Sensory's and Autism's service links with Children, Young People and Education.

5. 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 increase in the National Minimum/Living Wage, whilst contributing to making work in the sector more attractive, has added significantly to the costs faced by providers and, by extension, KCC. The homecare sector is particularly affected by the increases to the minimum wage as, with relatively low infrastructure costs, a higher percentage of their costs are due to staff wages.

We commission about 90% of services from outside of the Directorate. Although this offers value for money it does mean we rely on the care market to be in a healthy position to achieve best value and give service users real choice and control. We are currently operating under a position where the care market is becoming unsustainable with increasing difficulties in obtaining the required care at affordable prices and many providers now refusing to take on KCC contracts.

6. Health integration and new health governance arrangements

The new operating model will be increasingly aligned with the developing Local Care structures as part of the STP integration of health, housing and social care. This will be focusing on delivering the core components of creating a healthy living environment, supporting people to improve their health and wellbeing, care planning and navigation, integrated health and social care multi-disciplinary teams, having a single point of access, rapid response, discharge planning and reablement and access to expert opinion and diagnostics. A new governance landscape is under development with the new joint Kent and Medway Health and Wellbeing Board now agreed. During the year there is expected to be a realignment of Clinical Commission Groups and the probable emergence of Integrated Care Systems governing health and social care. Further work is taking place with the Districts on how integrated housing adaptation services could integrate with the NHS and social care.

In order to achieve more for less the focus on innovation, service improvement and productivity needs to increase. Adult Social Care together with the STP Clinical and Professional Board supports a new Service Improvement and Innovation Collaborative where new technologies, service models and international good practice will be tested, evaluated and implemented on behalf of the Kent and Medway STP.

7. Legislative framework

Since April 2015 Adult Social Care has been operating under the new legal framework created by the Care Act 2014. The Act is now fully embedded in the strategy and operational practice of the directorate and it provides a greatly improved and modernised framework. This includes powers to delegate many Adult Social Care functions if this is believed to be the best option. The Act has also created expectations about better, more individualised, strengths based care and support for those with needs and their carers and in the current financial climate this only adds to the pressures on the service.

8. Green Paper on funding for Adult Social Care

Following much discussion during the 2017 General Election and since about the crisis facing adult social care, the Government has stated that it will release a Green Paper in Summer 2018. This is expected to cover options for sustainable funding, what should be the balance of responsibility for paying for care between the state and individuals and how the system should align and interact with the NHS, housing and the welfare benefits system.

Whilst the Green Paper will focus on older people, the Government has indicated that some of the issues will also be relevant to working age adults with care and support needs. In addition, there will be a parallel programme of work dealing with people of working age with disabilities, with a particular emphasis on employment and a renewed focus on enabling people to live in the community rather than long-term residential care. We expect to work with members and corporate teams to prepare a detailed and considered response to the government consultation on the Green Paper.

9. Care Quality Commission and OFSTED inspection

The most recent Care Quality Commission report into the state of health care and adult social care in England (2016/17) revealed that Kent as a whole was in the bottom 20% of local authority areas in terms of ratings. We need to make sure we are well prepared for inspections of the services we manage. We also manage a small number of in-house provision that are subject to OFSTED inspection, and will ensure that we continue to provide good quality care and respond to the inspection of these services.

10. Deprivation of Liberty Safeguards

The impact of the 2014 Supreme Court judgement is continuing to be felt. Further legal clarification has not yet been provided by Government and therefore the directorate is still dealing with a huge increase in Deprivation of Liberty Safeguards applications and a significant backlog of cases. Members have agreed that additional resources should be devoted to tackling the backlog of cases yet to be completed in 2018-19.

11. General Data Protection Regulations

The new general data protection regulations will be introduced in May 2018. The directorate needs to ensure that the relevant policies, procedures and business information governance arrangements are in place by this date, backed up by mandatory information governance training for all staff. We will continue to work with corporate services to ensure that we remain compliant with the GDPR and the Data Security and Protection requirements and the introduction of Data Security and Protection Toolkit (DSP Toolkit) in 2018-19, which replaces the Information Governance Toolkit (IG Toolkit).

12. Brexit

Whilst the impact the Brexit negotiations will have on local government is currently unclear, this is being closely monitored and analysed within Kent County Council. Of particular concern is the impact on the adult social care and health workforce. It is estimated that about 7% of care workers currently are workers from other EU states.

E. Risks and opportunities

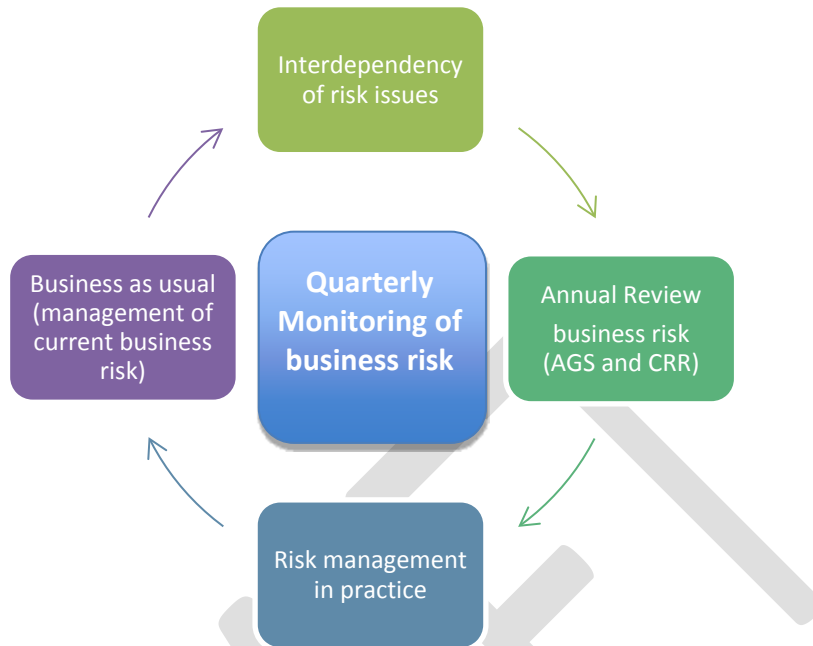


Figure 1

Adopting a proactive and an effective risk management practice is essential to ensuring that we can achieve our priorities and the challenging targets set out in this business plan. This is influenced by the County Council's Strategic Business Plan priorities as set out in KCC's Strategic Statement and the new operating model for Adult Social Care and Health.

Our risk management processes inform the business planning and performance management processes, budget and resource allocation to ensure that 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. This includes taking account of important lessons Kent County Council learns from Internal Audit findings.

We maintain a Directorate Risk Register, which is managed in the Operational Support Unit and regularly monitored and revised to reflect actions taken to mitigate the risk occurring or increasing. As risks de-escalate they are removed from the register and where necessary emerging or new risks are added.

The Directorate takes a mature approach to risk, involving an appropriate balancing of risk and rewards to ensure that threats to achievement of objectives are appropriately managed, while opportunities are enhanced or exploited to achieve the required modernisation outcomes. The Annual Governance Statement (AGS) which is a review of how we have managed risks reflecting on actions during the year, forms part of the risk management processes. The Directorate continues to build on its business continuity preparedness arrangements, working with the changes presented by national policy reforms and the local modernisation programmes.

Table 1

CRR	Key Topic	Key areas of risk
AH0001	New operating model	Implementation of a new operating model for adult social care will require adopting new ways of working and implementing a programme of significant change which is not without risk providers.
AH0004	Safeguarding	Statutory responsibilities of the Corporate Director and her staff to ensure effective safeguarding arrangement in place to protect adult at risk of abuse or neglect
AH0005	Financial pressures	Current pressures on public sector funding are impact on revenue and capital budget. Government has identified additional funding for social care but there continues to be a need to achieve significant efficiencies for the near future
AH0006	Integration	Increased health and social care integration will impact on ways of working and the delivery of services
AH0007	Managing demand	Increase in demand for social care services and there is a risk that demand will outstrip available resources
AH0008	Social Market	Some parts of the social care market are facing severe financial pressures. If some providers fail there could be some gaps in the market for certain types of care making it difficult to discharge our statutory responsibilities.
AH0009	ICT and system replacement	Need to ensure that information and communication systems are fit for purpose and support business requirements. The planned system replacement in January 2019 carries significant risk that must be well managed
AH0010	Information Governance	General Data Protection Regulations comes into effect in May 2018. This will introduce new requirements that the business must be well prepared
AH0011	Business disruption	The impact of emergency or major business disruption on the ability of adult social care to provide essential services to meet its statutory obligations
AH0012	KCC/KMPT partnership agreement	Planned changes to the partnership agreement with KMPT regarding the delivery of social care mental health services because of the joint review.
AH0015	Mental Capacity Act and Deprivation of Liberty Assessments	Supreme Court judgement has led to significant increase in demand for deprivation if liberty assessment.
AH0016	PREVENT	Failure to meet the requirements of the PREVENT duty could lead to more people being drawn into terrorism and terrorist activities
AH0017	Facilities Management	Delays by the contracted service provider to complete maintenance work required within the in-house care provision service could lead to safety risk and inconvenience to residents.

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 Partnership); the nature of the stability of the social care market and the aligned workforce implications; as well as the potential risks relating to General Data Protection Regulation, 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 2017.

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F. Services provided by the Directorate

The Directorate arranges a variety of services which people with care and support need to rely on to help them to live independent and fulfilling lives in their own homes and communities. Strategic Commissioning supports us in organising many of the services listed in the table 2 below.

Service name	Internal or external	Contract end date
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	
Older People (aged 65+)	External	Mar 2020
Physical Disability (aged 18-64)/Mental Health (aged 18+)	External	Sep 2017
Physical Disability Day Services	External	Mar 2020
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	
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	May 2019
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

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G. Significant commissioning activity

The Directorate will be working on several commissioning activities during the year. The significant ones are shown in the table 3 below. Strategic Commissioning support is vital to helping us meet the objectives related to the following activities which we will be pursuing during the next few years.

Name	Summary of activity	Lead Service	Expected value	Date for Key Decision (if required)	Public consultation required
Adults					
Blackburn Lodge – future of in-house provision	Commissioning of a build contract for care provision on the Isle of Sheppey	Strategic Commissioning Accommodation	TBC	✓	Completed in Dec 2015
Transforming Care	Commissioning of Transforming Care Provider Framework to support transfer of individuals discharged from secure settings into community services	Strategic Commissioning Communities	£15.2m	✓	April 2019
Kent Integrated Homelessness Services	Commissioning of services for vulnerable adults of 18 and above who are currently homeless, or at risk of becoming homeless	Strategic Commissioning Communities	£7.8m (£4.1m adults)	✓	Oct 2018
Disability Residential Services	Following implementation of Your Life Your Home. Re-Commissioning of Adult Disability Residential Services for Learning Disability, Mental Health and Physical Disability	Strategic Commissioning Accommodation	£90m	✓	Apr 2019
Homecare and Supported Independence	Development of a new Outcome Based Care domiciliary contract including Home Recovery	Strategic Commissioning	£80m	✓	April 2019

Service	and Supporting Independence services.	Communities			
Discharge to Assess/Seasonal Capacity	Commissioning of additional capacity to support hospital discharge during seasonal peak periods	Strategic Commissioning Communities	TBC	✓	October 2018
Wellbeing Core Offer	Commissioning of a wellbeing and resilience offer that supports people to keep well and reduces social isolation	Strategic Commissioning Communities	£12m	✓	April 2019
Sensory Services	New commissioning model to support people to access the right advice and information and a range of preventative and wellbeing services in their community designed to promote their wellbeing and independence	Strategic Commissioning Communities	£1.1m	✓	April 2019
Residential Services Same Day Assessments	Exploration of the appetite, costs, benefits of provider led assessments to support earlier discharge	Strategic Commissioning Accommodation	TBC		April 2020
Deprivation of Liberty Safeguards (DOLS)	Commissioning of additional resources to help manage significant portion of DOLS backlog cases	Strategic Safeguarding Unit (Supported by Strategic Commissioning)	£1.5m	✓	No

H. Significant service activity

The Directorate will be taking forward several service activities and the significant ones are listed table 4 below. They concern important services changes, new strategies or policies that will be shaping our work during 2018-2021 period.

Name	Summary of activity	Lead Service		Date for Key Decision (if required)	Public consultation required
Part I) Significant service changes					
Directorate Structure	Refresh the Adult Social Care and Health structure to ensure the most effective leadership and locality operation delivery units	Strategic Directors Group			
New operating model for Adult Social Care and Health	<p>Develop a new asset based operating model for ASCH that aligns our service with local care and the integrated multidisciplinary teams</p> <p>Design and implement a new model to delivery statutory functions of safeguarding, social work and quality</p> <p>Design and implement a new transactions function with the operating model to grip purchasing activity</p> <p>Implement outcomes focused practice to ensure individuals have outcomes set and providers are monitoring to deliver against outcomes</p> <p>Redesign and implement in-house services to support the delivery of the new asset based operating model</p> <p>Implement service changes</p>	Strategic Directors Group			

	<p>allied to Urgent Care to improve patient flow (including, early discharge planning, Integrated discharge teams, admission avoidance, enhanced health support in care homes) across Kent in partnership with STP commissioners, health and social care providers, and the voluntary sector</p> <p>Home first / Discharge to Assess including single point of access, Kent Enablement a Home/ Intermediate Care Team integration and domiciliary recovery services</p>				
New operating model for Mental Health	Design and implement a new Mental Health operating model whereby KCC secure full accountability for all social care statutory duties, whilst having a joint input into secondary care pathways to make certain that we have an integrated health and social care response that supports and achieves improved outcomes for people	Disabled Children, Learning Disability and Mental Health			
New client information technology system	Implement the new Mosaic system to replace the existing SWIFT system (this include one system across 0-25 lifespan)	Strategic Directors Group			
Sensory Service Redesign	Develop all age multi-agency (children, young people and adults) Sensory pathways for D/deaf, sight impaired and deafblind people in Kent	Sensory Service		Aug 2018	No

	Redesign the current children and families social care sensory team, and the current adults social care sensory team to form an all effective and efficient age social care service, with improved outcomes for deaf, sight impaired and deafblind people in Kent				
Supported Independence Service/Homecare	Develop a flexible, outcomes based commissioning framework to meet the needs of Older People, People with a Physical Disability, Disabled Children, Adults with a Learning Disability, Complex Needs (Transforming Care)	All client groups in ASCH (supported by Strategic Commissioning)		June 2018	
Autistic Spectrum Conditions	Develop an integrated diagnostic and support service with the NHS, redesign the Autism team and implement the actions from the Autism Strategy.	Older People Physical Disability			

Part II) New strategies and policies

Your life your wellbeing strategy	Refresh the strategy to reflect the new Adult Social Care and Health operating model which is built on asset based approach and community resilience	Corporate Directors Office			
Digital strategy	Develop a strategy and implementation plan which will set out the vision and approach for the next 3 years	All client groups in ASCH			
Voluntary community and social enterprise	Develop a voluntary community and social enterprise (VCSE) sector model which makes the best	All client groups in ASCH			

sector	use of our relationship with the VCSE maximizing community asset to manage demand across health and social care sector which will include social prescribing				
Locality partnership	Determination of partnership arrangements/opportunities between Social Care, District/Borough Councils and Health to ensure more joined up approach is adopted to future initiatives, making the best use of resources and meeting integration agenda requirements	All client groups in ASCH			

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I. Resources

The total net 2018-19 budget for the Adult Social Care and Health Directorate is £414m.

Table 5

Division	Staffing	Non- staffing	Gross expenditure	Income	Grants	Net cost
	£000s	£000s	£000s	£000s	£000s	£000s
Strategic Management & Directorate Budgets (including monies to be allocated)	4,401.6	42,742.1	47,143.7	-1,502.2	-2,164.3	43,477.2
Disabled Children, Adult Learning Disability and Mental Health	38,211.4	206,922.5	245,133.9	-20,372.7	-2,378.2	222,383.0
Older People & Physical Disability	42,474.7	219,949.4	262,424.1	-99,623.8	-11,642.5	151,157.8
Total	85,087.7	469,614.0	554,701.7	-121,498.7	-16,185.0	417,018.0

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

Table 6

Division	A/C	H/C inc CRSS	FTE
AH - Adult Social Care and Health	48	45	40.2
AH - Dis Children Adult Learning Dis Mental Health	1,366	1,261	1,014.5
AH - Older People and Physical Disability	1,704	1,558	1,217.8
Directorate Total	3,118	2,864	2,272.4

Note:

Total FTE's may include rounding errors.

H/C Inc. CRSS - If a member of staff works in more than one division they will be counted in each.

The FTE numbers reflect actual numbers in post and exclude agency staff and vacancies, as these are not recorded in the HR System.

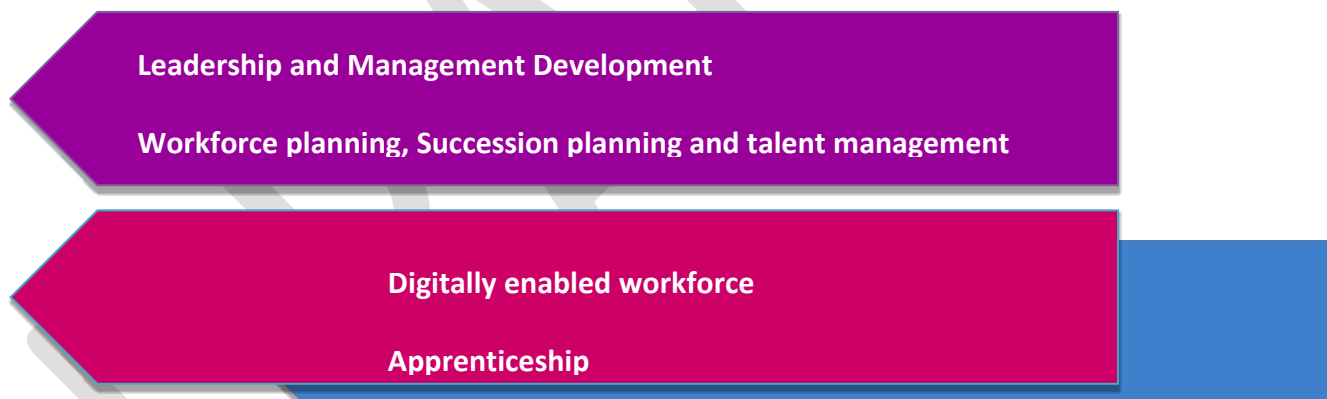
Data captured at the end of quarter 3.

J. Organisational development

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 that affect public services; improving the employee deal through effective leadership and management and using people management processes, systems and data to empower our people.

KCC's organisational development (OD) strategic priorities are set out in the Organisational Development Medium-Term Plan 2017-22. The KCC OD priorities were identified by Directorate Organisational Development Group, the Directors' Organisational Development Group and the Corporate Management Team to support the delivery of the councils' vision and outcome.

KCC's OD priorities for the whole council from 2017-22 are:

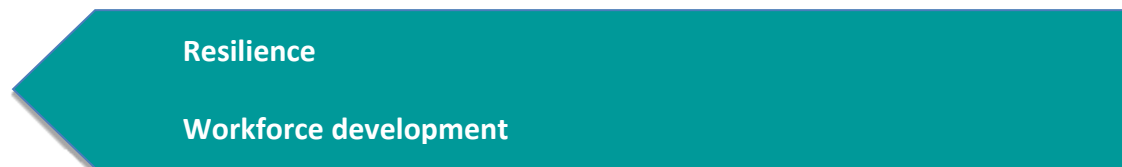


Source: KCC
Organisation
Development Priorities -
2017-2022
Figure 3

The
Organisation
Development
Action Plan
for 2018-19

sets out in more

detail how these priorities will be delivered with the Organisation Development
Groups.



Directorate Organisation Development Priorities 2018-19

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 new operating model objectives. The specific Directorate actions that we will take forward this year include:

1. Capacity building and resilience

Development of the Principal Social Worker role for adults linked to the future vision for social work, practice improvement and using appropriate professional networks within the Directorate and across Kent County Council to support the workforce. Ensure workforce planning for critical roles is reviewed and considered as part of on-going staffing reviews.

Develop ASCH approach to recruitment, prioritising the key themes for the directorate including:

- Consistent recruitment and development of Newly Qualified Social Worker's to meet the needs of the directorate
- Ensuring that the employment offer for Adult Social Care is attractive and accessible for applicants and results in improved recruitment activity and positive appointments.

2. Partnership working

Work closely with the Sustainability and Transformation Partnership Programme to ensure that the social care workforce and the wider workforce are considered equally within discussions on workforce strategies and plans.

Contribute to specific Sustainability and Transformation Partnership workstreams in relation to the key workforce challenges including Local Care and Leadership Strategy. Contribute to regional and national initiatives as required through relationships with Association of Directors of Adult Social Services, Health Education England and Skills for Care.

3. Workforce Development

Establish and develop appropriate governance within the directorate to ensure consideration of workforce development priorities including safeguarding, front-line support staff, specialist workers and Think Ahead for MH social work needs to be added to workforce.

Development of career progression pathways including apprenticeships that link the social care, health and wider workforce. This includes the development of a Learning Hub where skills development, integrated career pathways, recruitment and retention for the wider social care workforce in line with the new skills required for the new operating models in health and social care will be coordinated.

Growing our own staff through partnerships with Universities, Think Ahead and the Teaching Partnership and maximising the development opportunities for staff through the Apprenticeship Levy.

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. This year the indicators and targets will be heavily informed the new operating model.

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 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 modernisation 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 two 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 Strategic Statement annual report business plan priorities 2018-19. These are (1) work to reduce delayed transfers of care, (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 2018-19. 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 new operating model and these are set out in tables 7 and 8 below.

Key Performance Indicators

Ref	Indicator Description	2017-18 Projected Outturn	2018-19 Floor	2018-19 Target
AH01	Percentage of contacts resolved at first point of contact (%)	73%	60%	70%
AH02	Number of clients receiving a Telecare service (snapshot)	6,000	7,200	8,000
AH03	Number of new clients referred to an enablement service (quarterly)	2,650	2,539	2,821
AH04	Number of admissions to permanent residential or nursing care for older people (rolling year)	1,740	1,722	1,565
AH05	Percentage of clients still independent after enablement	48%	54%	60%
AH06	Percentage of delayed transfers of care where KCC responsible	23%	40%	30%

Ref	Indicator Description	Threshold	Q1	Q2	Q3	Q4	2017-18 Expected
AH07	Number of older people in residential care	Upper	2361	2383	2404	2426	
		Lower	2269	2289	2310	2330	
AH08	Number of older people in nursing care	Upper	1103	1083	1063	1043	
		Lower	1060	1041	1022	1003	
AH09	Number of older people in homecare	Upper	3874	4092	4310	4527	
		Lower	3576	3777	3978	4179	
AH10	Number of learning disability adult clients in residential care	Upper	1156	1134	1112	1090	
		Lower	1046	1026	1006	986	
AH11	Clients with on-going Direct Payments	Upper	3712	3698	3685	3671	
		Lower	3436	3424	3411	3399	

L. Monitoring and review

We will monitor our delivery on the key actions linked to the eight Directorate priorities. The monitoring process will be based on the governance arrangements that is in place to oversee sound delivery of business. We will adopt a risk based approach.

We will adopt a proportionate approach to how we do this informed by the new operating model, leadership, and respond the wider Kent County Council governance arrangements. We will conduct the review of progress of the business plan actions at the same time as we undertake the monitoring of the Directorate Risk Register, and the evaluation and preparation of the Annual Governance Statement report.

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, Adult Social Care and Health Reform and Public Health Cabinet Committees performance report and through the budget monitoring processes at divisional and Directorate levels. We will also use information from our Project Management Office (PMO) to inform our assessment of progress. Depending on the outcome of the reviews the necessary remedial actions will be put in place. We will also have the right systems in place to monitor and report on our work as part of Local Care, Sustainability and Transformation Partnership.

From: Graham Gibbens, Cabinet Member for Adult Social Care
Anu Singh, Corporate Director of Adult Social Care and Health

To: Adult Social Care Cabinet Committee – 9 March 2018

Subject: **RISK MANAGEMENT - ADULT SOCIAL CARE**

Classification: Unrestricted

Past Pathway of Paper: Adult Social Care and Health Core Directorate Management Team – 21 February 2018

Future Pathway of Paper: None

Electoral Division: All

Summary: This paper presents the strategic risks relating to the Adult Social Care and Health Directorate.

Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on 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.
- 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 and findings from Audits can inform the Risk Register.
- 1.3 The Adult Social Care and Health 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 Council's Corporate Risk Register.

2. Risks relating to the Adult Social Care and Health Directorate

2.1 It continues to be a time of significant risk for the Adult Social Care and Health 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 pressure which impacts on social care.

2.2 The Directorate continues to modernise its services and is currently revising its operating model. Similarly, in mental health services it is intended to revise the way social work services are delivered whilst sustaining effective partnership working. As with any major change programme there are risks associated with the change process itself which need to be managed.

2.3 An associated risk for the Directorate is the system replacement project for the change to the Client Information system. This is a major project for the Directorate with its own risks including the need to ensure the system meets business need in a changing operating environment and the need to ensure data is successfully transferred from one system to another.

2.4 Another potential risk is the need for commissioning activity to retain close links with the social care assessment and care planning functions in managing and sustaining the wider social care market. 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.

2.5 There have been some concerns at a national level regarding the wider health and social care workforce. A report by the National Audit Office on 9 February 2018 identified high turnover and vacancy rates across the social care sector. The report called for a robust national workforce strategy to address the challenges. Consideration will also need to be given to the possible impact of Brexit on the health and social care sectors. The risk is currently in the Older People/Physical Disability (OPPD) Divisional Risk Register and mitigating controls are in place but may need to be escalated to the Directorate Risk Register.

2.6 Some risks by their very nature are on-going notwithstanding the fact that controls and actions are put in place to mitigate the risk. One example is Adult Safeguarding of adults at risk of abuse or neglect. This is a key activity for Adult Social Care but continues to be a significant risk.

2.7 The Adult Social Care and Health Risk Register is attached in Appendix 1, however a summary risk profile as at February 2018 is as follows:

Risk No.	Risk Title	Current Risk Rating	Target Risk Rating
AH0001	New operating model for Adult Social Care	20	9
AH0004	Safeguarding – protecting adults at risk of abuse or neglect.	25	15
AH0005	Pressures on public sector funding	25	16
AH0006	Working with health, integration, STP (Sustainability and Transformation Programme) and BCF (Better Care Fund)	16	9
AH0007	Increasing demand for social care services	20	16
AH0008	Managing and working with the social care market	25	9
AH0009	ICT and System Replacement.	16	6
AH0010	Information governance	9	6
AH0011	Business disruption	9	9
AH0012	KCC/KMPT* partnership agreement	9	6
AH0015	Mental Capacity Act and Deprivation of Liberty Assessments	20	8
AH0016	Prevent Duties	12	4
AH0017	Facilities Management	16	4

*Kent and Medway NHS Partnership Trust (KMPT)

3. Risk Scores

- 3.1 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.
- 3.2 The numeric score 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.

4. Managing the Risk Register

- 4.1 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.

5. Recommendation

5.1 Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the Directorate Risk Register.

6. Background Documents

None

7. Report Author

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

Relevant Directors

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

Anne Tidmarsh
Director, Older People and Physical Disability
03000 415521
Anne.tidmarsh@kent.gov.uk

Full Risk Register

Risk Register - Adult Social Care and Health

Current Risk Level Summary

Green	0	Amber	4	Red	9	Total	13
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Current Risk Level Changes

0	0	0	3	3
0	0	0	3	0
0	0	3	1	0
0	0	0	0	0
0	0	0	0	0

Risk Ref	Risk Title and Event	Owner	Last Review date	Next Review Date					
AH0005	Pressures on public sector funding	ASCH Directorate Management Team	12/02/2018	20/04/2018					
<p>KCC has had to find major savings and there has been considerable pressure on budgets. The Government has identified additional funding for Adult Social Care on a time limited basis but the workforce has depleted in recent years and there is less capacity to deliver services. Partner agencies have also experienced funding challenges potentially putting joint working at risk. Financial pressures in the health sector having repercussions for social care.</p>									
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Days Overdue	Target Risk Level	
Pressures on public sector funding impacting on revenue and capital budgets. The Government identified additional funding for adult social care but there continues to be a need to achieve significant efficiencies for the foreseeable future.	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. Vulnerable people could be without support if there is insufficient resource in the system including sufficient staffing across the care sector to deliver services.	High		<ul style="list-style-type: none"> Resource allocation taskforce to focus on specific financial pressure areas. Continued drive to deliver efficient and effective services through the transformation and the modernisation agenda. An increased focus on prevention, enablement and independence for vulnerable adults. Continue to work innovatively with partners, including health services, to identify any efficiencies across the wider sector. Draft Business Plans produced for 2018/19 Robust financial and activity monitoring regularly reported to DMT and the Div Management Teams. A Management Action Steering Group in place in OPPD to review and ensure savings are on track for delivery. Monthly reports are shared with OPPD Div Mt and updates are provided through reporting for corporate reports Robust debt monitoring arrangements in place. 	A -Accepted	01/10/2018		High	
		25			Anu Singh	A -Accepted	31/03/2018		16
		Major (5)			Anu Singh	A -Accepted	30/03/2018		
		Very Likely (5)			Anu Singh	A -Accepted	31/03/2018		
					Anu Singh	Control			
					Anu Singh	Control			
					Anne Tidmarsh	Control			
					Michelle Goldsmith	Control			

Adult Social Care and Health

Risk Register - Adult Social Care and Health

			<ul style="list-style-type: none">• More efficient use of assistive technology and equipment to help people to live independent lives and reduce dependence on service.	ASCH Directorate Management Team	Control			
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Review Comments Review of risk with Michelle Goldsmith
12/02/2018

Adult Social Care and Health

Risk Register - Adult Social Care and Health

Risk Ref	Risk Title and Event	Owner	Last Review date	Next Review Date					
AH0008	Managing and working with the Social Care Market.	ASCH Directorate Management Team	12/02/2018	12/05/2018					
<p>The Adult Social Care and Health Directorate commissions about 90% of services from outside the Directorate. Although this offers efficiencies and value for money it does mean the Directorate needs the care market to be buoyant to achieve best value and to give service users real choice and control. A risk is the residential, nursing and home care care markets not being sustainable and it is becoming increasingly difficult to obtain provider supply at affordable prices. The introduction of the Living Wage and Pension increases has impacted on the care market. There is evidence of an increase in the rate of closure of care homes. Also, there is a need to ensure there are mechanisms in place to monitor the quality of care provision.</p>									
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Days Overdue	Target Risk Level	
Page 125	Some parts of the social care market are facing severe financial pressures, this has been compounded by the increase in the minimum wage and the National Living 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	High		<ul style="list-style-type: none"> Quality in Care Framework in development. Further work to be done to make it operational, linked to the transformation of services. Opportunities for Joint Commissioning in partnership with key agencies (health) being explored. Joint work regarding the provision of dementia nursing beds. Strategic Commissioning and Access to Resources functions in place to ensure KCC gets value for money - whilst maintaining productive relationships with providers. Placement data gathered through the County Placement Team and twice weekly contacts with market re availability. 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 commissioning and contract strategy to ensure market coverage. Refresh of the Accommodation Strategy to ensure care providers are aligned with the future needs of Kent residents. A risk based approach to monitoring providers with greater understanding of provider accounts and financial pressures. Development of a strategy assessment of providers and the introduction of regular meetings with provider and trade organisations 	Christy Holden	A -Accepted	30/03/2018		Medium
		25			Anu Singh	Control			9
		Major (5)			Anu Singh	Control			
		Very Likely (5)			Anu Singh	Control			
					Clare Maynard	Control			
					Clare Maynard	Control			
					Clare Maynard	Control			
					Clare Maynard	Control			
Review Comments	Risk reviewed								

Adult Social Care and Health

Risk Register - Adult Social Care and Health

Risk Ref	Risk Title and Event	Owner	Last Review date	Next Review Date					
AH0004	Safeguarding - Protecting adults at risk of abuse or neglect	ASCH Directorate Management Team	12/02/2018	12/05/2018					
If there are not robust and effective safeguarding arrangements in place it could place vulnerable people at risk.									
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Days Overdue	Target Risk Level	
Statutory responsibility of the Corporate Director and her staff to ensure effective safeguarding arrangements are in place to protect adults at risk of abuse or neglect.	Failure to achieve this could lead to the well-being of vulnerable people being compromised and put at risk.	High		<ul style="list-style-type: none"> Corporate Audit of adult safeguarding practices. Management action plan in place to follow up. Implement on going programme of safeguarding audits and follow up actions from audits. Review audit programme and plan further review. Awareness raising taking place and on going review and dissemination of key information including lessons from reviews. Project work to develop service user involvement linked to ADASS national Making Safeguarding Personal project. Initial project completed and has been rolled out. Review of MSP literature feedback mechanism and reporting processes. Safeguarding leaflets reviewed and disseminated. 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. The Kent and Medway Safeguarding Adults Board (KMSAB) in place with key agencies. Financial agreement between partnership agencies. 	Annie Ho	A -Accepted	31/03/2018		Medium
		25			Michael Thomas-Sam	A -Accepted	31/03/2018		15
		Major (5)			Michael Thomas-Sam	A -Accepted	31/03/2018		
		Very Likely (5)			Michael Thomas-Sam	A -Accepted	31/03/2018		
					Annie Ho	Control			
		Anu Singh	Control						

			<ul style="list-style-type: none"> The Kent and Medway Safeguarding Adult Board (KMSAB). <p>There are 3 key working groups within the KMSAB:</p> <ul style="list-style-type: none"> -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 -A Learning and Development Group; This group carry out structured work e.g redrafting the multi agency training package - Policy, Protocols and Practice Group to review and revise policies. <ul style="list-style-type: none"> 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 subgroups established focusing on delivery within L.D, autism and children services. Quarterly reporting to Directors and Cabinet Member and an Annual KMSAB Report to Members. 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. 	Anu Singh	Control			
				Penny Southern	Control			
				Michael Thomas-Sam	Control			
				ASCH Directorate Management Team	Control			

Review Comments Risk reviewed by Michael Thomas-Sam
12/02/2018

Adult Social Care and Health

Risk Register - Adult Social Care and Health

Risk Ref	Risk Title and Event	Owner	Last Review date	Next Review Date					
AH0013	MCA and Deprivation of Liberty Assessments	Michael Thomas-Sam	12/02/2018	12/05/2018					
With the significant increase in Deprivation of Liberty applications, increasing numbers have not been processed within the statutory time frame. There are an increasing number that have been screened but not prioritised for assessment.									
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Days Overdue	Target Risk Level	
A Supreme Court Judgement led to a significant increase in demand for Deprivation of Liberty Assessments. There is no further funding from central government, resulting in significant pressures on DOLs resources. There are also increasing numbers of Court of Appeal cases.	This could result in some people living in circumstances where they are deprived of their liberty based on the legal interpretation but without the legal safeguards being in place. If DoLs assessments are not undertaken or outcomes issued in accordance with the statutory framework it could be detrimental to the individual and could result in a legal challenge, complaints from family members, financial and reputational damage.	High		<ul style="list-style-type: none"> Close monitoring of budget situation in relation to assessment costs. It is anticipated that there will be some additional funding in the 2018/19 budget to tackle the backlog of cases. On-going implementation and review of management action plan in response to Internal audit. As this risk is the result of a national judgment - most Local Authorities are facing similar challenges. To keep abreast of any national (DH) and local developments or further court judgments. The government has released streamlined assessment documentation which will assist as one of the forms includes a streamlined assessment form for re-referral application for existing people who are under DOLS protection. MCA/DoLs Business Plan produced. Briefings provided to DMT/Members on the current DoLS activity and legal challenges.. BIA manager supervising and supporting the work of the BIAs and reviewing rota capacity. . Capability Framework developed for adult social care including MCA and DoLs for KCC. The BIA rota is regularly reviewed and BIA training has been commissioned. There are 5 FTE BIA Assessors and 1 DOLS Senior Practitioner. Recruitment is underway for 2 FT BIAs and 1 Senior Practitioner. 	A -Accepted	31/03/2018		Medium	
		20			Michael Thomas-Sam	A -Accepted	31/03/2018		8
		Serious (4)			Michael Thomas-Sam	A -Accepted	31/03/2018		
		Very Likely (5)			Michael Thomas-Sam	A -Accepted	31/03/2018		
					Michael Thomas-Sam	A -Accepted	31/03/2018		
					Annie Ho	Control			
					Annie Ho	Control			
					Annie Ho	Control			

Adult Social Care and Health

Risk Register - Adult Social Care and Health

			<ul style="list-style-type: none"> • A new contract is in place for Mental Health Assessors and is being monitored. • Robust arrangements in place to screen and risk assess all incoming DOLs applications and identifying cases for prioritisation of assessments and issuing of outcomes. 	<p>Michael Thomas-Sam</p> <p>Michael Thomas-Sam</p>	<p>Control</p> <p>Control</p>			
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Review Comments Risk Reviewed 12/02/2018

Adult Social Care and Health

Risk Register - Adult Social Care and Health

Risk Ref	Risk Title and Event	Owner	Last Review date	Next Review Date					
AH0007	Increasing demand for social care services. Risk that demand will outstrip available resources.	ASCH Directorate Management Team	12/02/2018	12/05/2018					
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.									
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Days Overdue	Target Risk Level	
Page 131	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	High		<ul style="list-style-type: none"> Ensure care Reviews are completed in a timely way to achieve good outcomes linked to effective arrangements for support. Monitoring of trusted assessor arrangements eg carers assessments. Continued modernisation of Older People and Learning Disability in house services. Continued use and development of Assistive Technology (Telecare) to enable people to live independent lives. To continue to monitor demand for services including new referrals and people requiring services for longer -often with complex needs. Developing community capacity particularly in relation to prevention and early help. Continued monitoring of Ordinary Residence regarding the number of people in need being placed by other local authorities into Kent. Adults Transformation Programme has been underway to review processes to achieve efficiencies and manage service demand. . Early intervention and Preventative services aimed at reducing demand-enablement, fast track minor equipment, short term care with step down and step up support. Working towards joint planning and commissioning with partners. 	Anu Singh	A -Accepted	31/03/2018		High
		20			Anu Singh	A -Accepted	30/03/2018		16
		Serious (4)			Anu Singh	A -Accepted	31/03/2018		
		Very Likely (5)			Penny Southern	A -Accepted	31/03/2018		
					ASCH Directorate Management Team	Control			
					ASCH Directorate Management Team	Control			
					ASCH Directorate Management Team	Control			
					ASCH Directorate Management Team	Control			

Adult Social Care and Health

Risk Register - Adult Social Care and Health

			<ul style="list-style-type: none">• Robust monitoring, reporting and analysis to DMT and Business Planning	ASCH Directorate Management Team	Control			
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Review Comments Risk reviewed
12/02/2018

Adult Social Care and Health

Risk Register - Adult Social Care and Health

Risk Ref	Risk Title and Event	Owner	Last Review date	Next Review Date					
AH0001	New Operating Model for ASCH	ASCH Directorate Management Team	12/02/2018	12/05/2018					
<p>A phased approach has been adopted to the change Programme in Adult Social Care. The new operating model is being implemented to move to an asset based approach to improve outcomes. Savings also need to be made through more efficient and effective ways of working. There will be challenges in implementing and embedding new ways of working. There are also interdependencies including the introduction of the TEC programme.</p>									
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Days Overdue	Target Risk Level	
<p>Implementing a new operating model for ASCH, adopting new ways of working and implementing a programme of significant change is not without risk.</p> <p style="text-align: center;">Page 133</p>	<p>If the change programme does not meet targets this will lead to significant pressures on the service and on the directorate and local authority budgets. How the new operating model is implemented is crucial as it expected to have a major impact on service delivery including efficiency and effectiveness.</p>	<p style="text-align: center;">High</p> <p style="text-align: center;">20</p> <p style="text-align: center;">Serious (4)</p> <p style="text-align: center;">Very Likely (5)</p>		<ul style="list-style-type: none"> Ensure effective two way communication re the Transformation of Services to the new operating model. Need to ensure staff are informed and there is "ownership" of the message. A communication bulletin is produced and disseminated and local communication channels are actioned. 	Anu Singh	A -Accepted	31/03/2018		Medium
				<ul style="list-style-type: none"> Manage the interdependencies and relationship between the changes to the new Operating Model and other Corporate and Directorate programmes such as the system replacement project. 	Anu Singh	A -Accepted	28/09/2018		
				<ul style="list-style-type: none"> Progression through to completion of the Projects in L.D services through project management arrangements. 	Penny Southern	A -Accepted	31/03/2018		
				<ul style="list-style-type: none"> Governance for programme reporting is in place across ASCH and regular meetings are held to monitor whether the programme is achieving expectations. 	Anu Singh	Control			
				<ul style="list-style-type: none"> A Portfolio Management office is in place to ensure the right change initiatives are being delivered in the right way. 	Anu Singh	Control			
				<ul style="list-style-type: none"> A sustainability programme is in place and evolving in OPPD to monitor the impact of change 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	Control			
Review Comments	Risk reviewed 12/02/2018								

Adult Social Care and Health

Risk Register - Adult Social Care and Health

Risk Ref	Risk Title and Event				Owner	Last Review date	Next Review Date		
AH0017	Facilities Management				ASCH Directorate Management Team	12/02/2018	12/05/2018		
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.									
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action		Control / Action	Target Date	Days Overdue	Target Risk Level
Delays by the contracted service provider to complete maintenance 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 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. A further risk is if parts of buildings are not accessible while essential safety work is awaited.	High		<ul style="list-style-type: none"> FM updates to be shared with ASCH service representatives and communicated further within the Directorate as required FM dashboards to be discussed at infrastructure Stakeholder Group - ASCH representatives to be consulted on relevant dashboards. Engagement sessions to be arranged with GEN2 (FM Managing Agent) and relevant Assistant Directors in order to establish outstanding items, clarification of the FM specification for each site and explanation of the call log and escalation process. Escalation of cases to Directors where urgent works are required and the completion of risk assessments where required. 	Helen Bond	A -Accepted	31/03/2018		Low
		16			Helen Bond	A -Accepted	30/03/2018		4
		Serious (4)			Helen Bond	A -Accepted	30/03/2018		
		Likely (4)			ASCH Divisional Directors	Control			
Review Comments	Risk Reviewed by Damien Ellis and Jane Barnes 12/02/2018								

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Adult Social Care and Health

Risk Register - Adult Social Care and Health

Risk Ref	Risk Title and Event	Owner	Last Review date	Next Review Date					
AH0009	ICT and Systems Replacement.	ASCH Directorate Management Team	12/02/2018	12/05/2018					
<p>There is a risk that failure of critical systems or networks will impact significantly on the delivery of services. There is also a risk if systems do not have a disaster recovery plans arrangements in place. Cygnum (system used by KEaH) does not have disaster recovery - has been looked into but cannot be implemented.</p> <p>Replacing the SWIFT/AIS system and implementation of a new system is also a risk for the Directorate . Several associated risks : organisational change may affect the new system configuration causing rework, delay and data migration issues. Secondly, the ability to resource the implementation project due to other/competing priorities in the Directorate could impact on project deadlines. A third Risk that the business does not fully adopt the change so that the business benefits are not fully realised. A fourth risk is that suppliers (Servelec, BSC ICT) cannot provide resources to meet project deadlines.</p>									
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Days Overdue	Target Risk Level	
Page 135 Need to ensure that information and Communication systems are fit for purpose and support business requirements. The replacement of SWIFT is also a risk.	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. For example a problem with systems could impact on client billing. 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. The Adult Social Care client database is an essential requirement and needs to be fit for purpose.	High		<ul style="list-style-type: none"> Clear and appropriate communication to be provided ahead of any planned ICT system change/maintenance that may impact ASCH Information Systems. Helen Bond to oversee communication from BSC to ASCH. Liaison with the Technology Commissioning Team regarding Disaster Recovery Testing to be coordinated. A risk area associated with the system replacement project is the data migration from one system to another. An experienced contractor has been commissioned to assist with the Data Migration. CCGs working towards local health and care economies being paper free by 2020. Expected that Local Authorities will participate. A risk associated with the system replacement project is the changing operating environment. The TEC Programme Board has oversight of the project and relationships with other changes taking place. Links are also in place with the modernisation leads involved in changes to the operating framework. 	Helen Bond	A -Accepted	31/03/2018		Low
		16			Helen Bond	A -Accepted	31/03/2018		6
		Serious (4)			Linda Harris	A -Accepted	01/01/2019		
		Likely (4)			Linda Harris	A -Accepted	31/03/2018		
					Linda Harris	A -Accepted	01/01/2019		

Adult Social Care and Health

Risk Register - Adult Social Care and Health

			<ul style="list-style-type: none"> • A Risk and Issues log is maintained for the Programme. High risks will be escalated to the TEC Programme Board. - Mitigation re system replacement: engage senior stakeholders through TEC Programme Board. Develop communication and change management strategy for TEC programme. Integrate plans with other change programmes. • Adult Systems TEC Board and governance in place to oversee the replacement of SWIFT/AIS. A Programme Manager has been appointed. The target date for implementation of the new system is by end of January 2019 (subject to planning with the successful supplier). 	Linda Harris	A -Accepted	01/10/2018		
				Linda Harris	Control	31/03/2018		

Review Comments risk reviewed 12/02/2018

Adult Social Care and Health

Risk Register - Adult Social Care and Health

Risk Ref	Risk Title and Event	Owner	Last Review date	Next Review Date					
AH0006	Working with Health, Integration, Pioneer, STP and BCF	ASCH Directorate Management Team	12/02/2018	12/05/2018					
<p>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 put 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 to BCF with funding only agreed for two more years. There is no information about what funding will be available after 2020.</p>									
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Days Overdue	Target Risk Level	
Page 137	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.	High		<ul style="list-style-type: none"> • Closer working with health to align commissioning plans for social care and CCGs. • 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. The BCF quarterly returns need to be made by specific deadlines which can be challenging to achieve given the number of stakeholders. Communication through the Strategic Leads group should assist with getting input from the CCGs. • Work closely with the STP and CCGs. ASCH modernisation to focus on long term conditions to improve people's ability to self care. • Information management and technology strategy being developed within the CCG area Digital Roadmaps to support a shared intergration plan. • KCC is part of the STP and has input at various levels. Working with CCGs on Local Care and Hospital models as part of the STP. • Developing integrated performance measures and monitoring • Ensure adherence to the CHC Framework and monitor joint working arrangements to prevent cost shunting. Data now being collated to provide baseline measures and performance dashboard to monitor • JSNA to support health and social care commissioning. 	Anu Singh	A -Accepted	31/03/2018		Medium
		16			Anne Tidmarsh	A -Accepted	31/03/2018		9
		Serious (4)			Anne Tidmarsh	A -Accepted	31/03/2018		
		Likely (4)			Anne Tidmarsh	A -Accepted	31/03/2018		
					Anne Tidmarsh	A -Accepted	31/03/2018		
					Anne Tidmarsh	A -Accepted	30/03/2018		
					ASCH Directorate Management Team	A -Accepted	30/03/2018		
					Anu Singh	Control	30/03/2018		

			<ul style="list-style-type: none"> The Better Care Fund is supporting the integration programme and the development of joined up working and commissioning. High level county wide BCF Strategic Needs Group take place to monitor implementation, 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. 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. Integrated steering groups to oversee priorities and delivery of action plan. This also includes the development of the Design and Learning Centre to support the integration of health, social care and the voluntary sector. 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. Already integrated working and commissioning in place for Learning Disability and Mental Health. Joint working with health on Section 75 agreements including the Section 75 agreement for the provision of the Community Equipment Service. Need to continue to monitor services delivered under Section 75 agreements. Close working at a leadership level through Health and Well Being Boards and meetings with CCG Accountable Officers. 	<p>Anne Tidmarsh</p> <p>Anne Tidmarsh</p> <p>Anne Tidmarsh</p> <p>Penny Southern</p> <p>ASCH Directorate Management Team</p> <p>ASCH Directorate Management Team</p>	<p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p> <p>Control</p>			
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Review Comments Risk reviewed by Jo Frazer
12/02/2018

Adult Social Care and Health

Risk Register - Adult Social Care and Health

Risk Ref	Risk Title and Event	Owner	Last Review date	Next Review Date					
AH0016	Prevent Duties	ASCH Directorate Management Team	12/02/2018	12/05/2018					
Failure to meet the requirements of the "Prevent Duty" could lead to more people being drawn into terrorism and terrorist activities.									
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Days Overdue	Target Risk Level	
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.	Could lead to more terrorism and terrorist activity.	Medium		<ul style="list-style-type: none"> Awareness raising "Prevent" training for those working with people directly at risk. Mandatory training being rolled out. 	Anu Singh	A -Accepted	30/03/2018		Low
		12			Nick Wilkinson	A -Accepted	31/03/2018		4
		Serious (4)		<ul style="list-style-type: none"> Briefings produced and communication on Knet regarding the PREVENT agenda. Mandatory training package produced. 	Anu Singh	Control			
		Possible (3)		<ul style="list-style-type: none"> 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 County Level, chaired and managed by KCC. 	Anu Singh	Control			
				<ul style="list-style-type: none"> Prevent Duty Delivery Board established to oversee the activity of the Kent Channel Panel, co-ordinate Prevnet activity across the County and report to other relevant strategic bodies in the county such as the Kent Safeguarding Boards, Kent Community Safety Partnership and Joint Kent Chiefs meeting. 	Anu Singh	Control			
Review Comments					Nick Wilkinson reviewed 12/02/2018				

			<ul style="list-style-type: none"> Annual report to Members regarding the Agreement. A detailed review of the Section 75 Agreement has been completed and a new model agreed for the future delivery of mental health social care services. Deliver a Primary Care and Well Being Service for mental health social care. Part of a wider multi-agency approach to community mental health service. This includes a primary care social work service. CQC highlighted a concern with high caseloads in KMPT. KMPT is introducing a new operating model to address demand and capacity. 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. Increased monitoring of the appropriateness of proposed residential care placements through coordination of the Complex Needs Panel and the transfer of a number of residential clients to the KCC Primary Care Service. Reviewing M.H residential placements to maximise potential for a move to greater independence and embed good quality. Introduction of BCF projects to improve pathway flow from acute admission to independent living. Agreement across KCC, CCGs and KMPT to strategic approach to supporting and improving joint work and introducing joint processes. Improved governance and performance monitoring arrangements in place. 	Penny Southern	A -Accepted	01/10/2018		
				Penny Southern	A -Accepted	31/03/2018		
				Cheryl Fenton	Control			
				Cheryl Fenton	Control			
				Cheryl Fenton	Control			
				Penny Southern	Control			

Review Comments Review of risk by Cheryl Fenton
12/02/2018

Page 143			<ul style="list-style-type: none"> • The specification for the new client system includes reference to the need for safe access to the system by external organisations. • Authority wide group in place to provide strategic leadership on Information Governance. • Caldicott Guardian in place and Caldicott Guardian Guidance and register in place. The Caldicott Guardian officers have regular formal meetings. • E Learning training for staff to raise awareness. All staff to complete the e-learning training on Information Governance and Data Protection. • In Shared Offices there are designated areas for SCHW staff to ensure phone calls are not overheard. • Clause in employment contracts requiring compliance with data protection requirements. • Organisational policies on IT security and the principles of Data Protection in place. • 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 	Janice Grant	A -Proposed			
				Benjamin Watts	Control			
				Michael Thomas-Sam	Control			
				ASCH Directorate Management Team	Control			
				ASCH Directorate Management Team	Control			
				ASCH Directorate Management Team	Control			
				ASCH Directorate Management Team	Control			
				ASCH Directorate Management Team	Control			

Review Comments Risk Reviewed by Janice Grant.
12/02/2018

Adult Social Care and Health

Risk Register - Adult Social Care and Health

Risk Ref	Risk Title and Event	Owner	Last Review date	Next Review Date				
AH0011	Business disruption Impact of emergency or major business disruption on the ability of the Directorate to provide essential services to meet its statutory obligations.	ASCH Directorate Management Team	12/02/2018	12/05/2018				
Cause	Consequence	Current Risk	Previous Current Risk	Control / Action	Control / Action	Target Date	Days Overdue	Target Risk Level
Possible disruption to services	Such an event would impact on service users and the wider public. Potentially people could be put at risk and the reputation of the service could suffer.	Medium 9 Significant (3) Possible (3)		<ul style="list-style-type: none"> 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. 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. Good partnership working across KCC departments and multi-agency partners including joint planning with NHS organisations. 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. Business Continuity Risk Assessment to identify actions at divisional level 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. 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 A -Accepted 30/03/2018 David Oxlade A -Accepted 31/03/2018 Anu Singh Control Anu Singh Control Anu Singh Control 31/03/2018 Anu Singh Control David Oxlade Control			Medium 9

Adult Social Care and Health

Risk Register - Adult Social Care and Health

			<ul style="list-style-type: none">• 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.	Penny Southern	Control			
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Review Comments Risk Reviewed by John Callaghan
12/02/2018

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From: Ben Watts, General Counsel
 To: Adult Social Care Cabinet Committee – 9 March 2018
 Subject: **Work Programme 2018/19**

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 Cabinet Committee.

Recommendation: The Adult Social Care Cabinet Committee is asked to consider and note its work programme for 2018/19.

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’.

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 2018/19

3.1 An agenda setting meeting was held 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 Cabinet Committee is asked to consider and note its work programme for 2018/19.

6. Background Documents

None.

7. Contact details

Report Author:
Emma West
Democratic Services Officer
03000 412421
emma.west2@kent.gov.uk

Lead Officer:
Ben Watts
General Counsel
03000 416814
benjamin.watts@kent.gov.uk

**Adult Social Care Cabinet Committee
Work Programme 2018/19**

ASC Cabinet Committee meeting dates	Key Decisions	Commissioning Items/Contract Monitoring	Developing Issues	Members' interests/suggestions	Standing Items
09-Mar-18	<ul style="list-style-type: none"> 17/00136 – Adults Rates and Charges 2018-19 17/00131 – Interim Contracts for the Provision of Carers Services 	<ul style="list-style-type: none"> Commissioned Services for Adult Carers of Vulnerable Adults Draft Directorate Business Plans Budget Monitoring Performance Dashboard Risk Management 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Social Isolation and Loneliness 	<ul style="list-style-type: none"> Verbal Updates by Cabinet Member and Corporate Director Work Programme 2018/19
17-Apr-18 (Additional mtg)	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Homelessness Commissioning (Adults) 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> N/A (Additional mtg)
18-May-18	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Recommissioning of Infrastructure Support to the Voluntary and Community Sector (16/00051) Budget Monitoring Update on progress against British Deaf Association of British Sign Language Pledges 	<ul style="list-style-type: none"> Transformation Update 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Verbal Updates by Cabinet Member and Corporate Director Work Programme 2018/19
04-Jul-18	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Integrated Learning Disability Commissioning (15/00101) Performance Dashboard Budget Monitoring Annual Equality and Diversity Report Framework Contract and Dynamic Purchasing System for Community living for people with a learning disability and/or autism 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Verbal Updates by Cabinet Member and Corporate Director Work Programme 2018/19

18-Sep-18	•	<ul style="list-style-type: none"> • Kent Community Hot Meals Delivery Service (15/00045) • Budget Monitoring • Annual Complaints Report 	<ul style="list-style-type: none"> • Adult Social Care Green Paper 	•	<ul style="list-style-type: none"> • Verbal Updates by Cabinet Member and Corporate Director • Work Programme 2018/19
30-Nov-18	•	<ul style="list-style-type: none"> • Commissioning of Integrated Domestic Abuse Services(16/00014) • Performance Dashboard • Budget Monitoring 	•	•	<ul style="list-style-type: none"> • Verbal Updates by Cabinet Member and Corporate Director • Work Programme 2018/19
22-Jan-19	•	<ul style="list-style-type: none"> • Community Day Services for People with a Learning Disability and/or Physical Disability (16/00089) • Budget Monitoring • End of Life Care - Update 	•	•	<ul style="list-style-type: none"> • Verbal Updates by Cabinet Member and Corporate Director • Work Programme 2018/19
12-Mar-19	<ul style="list-style-type: none"> • Adults Rates and Charges 2019/20 	<ul style="list-style-type: none"> • Budget Monitoring • Performance Dashboard 	•	•	<ul style="list-style-type: none"> • Verbal Updates by Cabinet Member and Corporate Director • Work Programme 2018/19

Updated on: 01 March 2018