

A large, stylized silhouette of a horse in profile, facing left, rendered in a light blue color against a darker blue background. The horse is depicted in a dynamic, slightly rearing posture.

# Adult Social Care and Health Directorate

2017-18 Directorate Business Plan

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## A. Foreword by the Corporate Director



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

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

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

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

Over the coming year, we will undoubtedly continue to face significant external pressures and internal challenges, both as a result of our

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

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

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

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

at pace and scale in a manner that fits well with KCC's overall objectives.

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

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

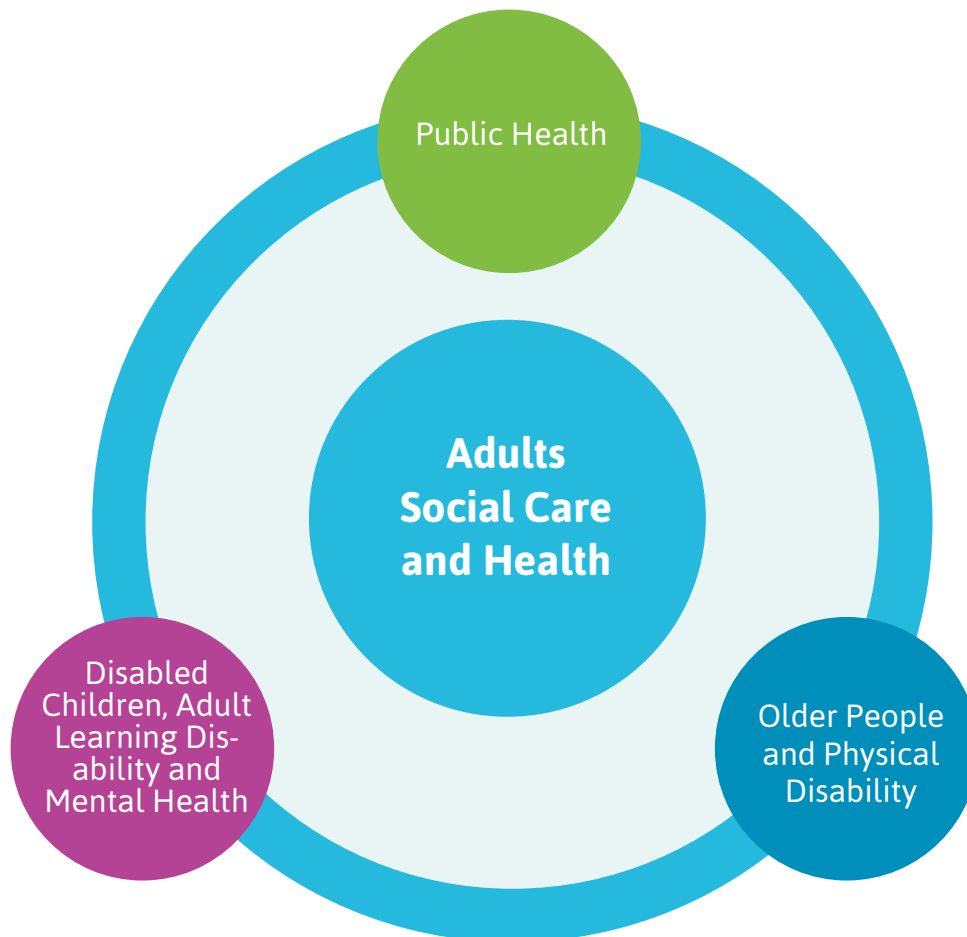
Despite the challenges that we will undoubtedly face this financial year, I am confident that we have the necessary resourcefulness, skills and abilities to deliver our intended outcomes. As ever, we will seize the opportunity to ensure that we make sound commissioning decisions and drive the delivery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

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

## B. Directorate Structure and Purpose

### Divisions in our Directorate

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



### Older People and Physical Disability Division

Our Older People and Physical Disability (OPPD) service commissions and provides a range of services to improve outcomes for older people and physically disabled adults and their carers. The purpose of the division is supporting older and vulnerable adults wherever they live in our community to improve or maintain their wellbeing and live as independently as possible. The division is made up of eight key business areas (Area Referral Management Service, Adults Central Referral Unit, Adult Community Teams,

Kent Enablement at Home, Sensory and Autistic Spectrum Conditions Service, Integrated/Registered Care Centres, Day Centres, and the Health and Social Care Integration Team).

### Disabled Children, Adult Learning Disability and Mental Health Division

The Disabled Children, Adult Learning Disability and Mental Health (DCALDMH) Division commissions and provides a range of services for children, young people and adults with disabilities

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

## Public Health Division

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

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

## Our Financial and Staffing Resources

The Directorate has a provisional total budget allocation of just over £508.528m and a total of 3,528.4 FTE staff.

In 2017-18 KCC will transition to a new organisational structure to support the move

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

## C. Progress on the 2016-17 Directorate Priorities

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

### Priority 1

#### Pro-active and effective management of safeguarding responsibilities

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

- The lessons from Safeguarding Adult Reviews (in Kent and nationally) continue to influence the focus of KMSAB's multi-agency learning and development strategy and training programme.

### Priority 2

#### Transformation which is focused on improving lives and achieving better outcomes

- A new vision and strategy has been developed and adopted as a County Council policy. This focuses on prevention, early intervention and helping people to achieve as much independence as possible, whatever their needs. The strategy involves the different interventions that can support this aim, ranging from building community capacity to help people with lower level needs, right through to providing the right technology and intensive support to help people with complex needs remain living in their own home, with residential care being the very last resort to meeting needs
- We have made progress in embedding the achievements of Phases 1 and 2 of the Transformation Programme and are designing the details of Phase 3 which will enable us to deliver the new vision and strategy. Phase 3 is being led by a team of KCC colleagues, who are being supported by Newton Europe during the assessment and design phases
- As well as reviewing OPPD and DCALDMH pathways, Phase 3 will also focus on Structure and Support (commissioning, purchasing and performance), so we can be sure practitioners are supported by efficient and effective functions
- The transformation of Public Health services has continued, ensuring that services are focused around customer needs. The School Public

Health service has been rearranged around 5-11 year olds, and 11-19 year olds, reflecting views supported in a public consultation

- Healthy lifestyle services will be integrated to become part of the One You Kent service from 1 April 2017, this recognises that people often have more than one unhealthy behaviour and that it is important to build a service around the person, rather than individual health behaviours.

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### Priority 3

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

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

joint commissioning of Learning Disability Services by both KCC and CCGs. An audit of the partnership between KCC and our colleagues in the Kent and Medway NHS and Social Care Partnership Trust (KMPT) found that there was substantial assurance for the partnership's effectiveness with good prospects for improvement.

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### Priority 4

#### Improving outcomes for people living with mental health conditions

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

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### Priority 5

#### Ensuring people experience a smoother transition and improving outcomes

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

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### Priority 6

#### Outcome-based commissioning and the move to becoming a commissioning authority



- We have developed and published Market Position Statements for both community-based and accommodation-based care and support
- We have worked with our health partners through the Integration Pioneer to test more innovative ways of helping people to be more independent
- We have set up a Section 75 Integrated Commissioning Board for Learning Disability which is overseeing the work of the new integrated commissioning team in KCC
- Public Health has a robust commissioning process in place, which is based on detailed needs assessments, evidenced based models and good relationships with external providers. Commissioning is based around outcomes where procurement is the right response, contracts are outcome based that are delivering value for money.
- Launched the Adult Safeguarding Capability Framework
- Continued sponsorship of Approved Mental Health Professional (AMHP) initiative
- Introduced the Professional Practice Educators (PDE) to support Newly Qualified Social Workers (NQSWS), quality assure and embed good practice in OPPD
- Delivered six Key Concepts for Case Managers in OPPD to ensure that they are equipped with the right tools, to share good practice and provide an opportunity to reflect upon practice.

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## Priority 7

### Sound decision making by knowledgeable, skilful and resilient workforce

- Training for case management and support staff has increased, particularly on the new legal framework created by the Care Act. Training has been delivered to all staff in a variety of ways, from face to face sessions to online modules done at a person's own pace. Online assessment tools have been developed and rolled out in order to assess the knowledge gained. The Operational Support Unit has supported frontline staff in policy and practice development
- Complaints reports are collated by the Operational Support Unit and are regularly presented to the Divisional Management Teams. The Quality and Good Practice Groups continue to be used as a mechanism to discuss lessons learned from complaints and develop and disseminate good practice
- Improved on the completion of the Kent Manager standards
- Supported 87 newly qualified social workers under the Assessed and Supported Year in Employment (ASYE) programme
- Continued to support 10 staff to undertake the Open University Social Work degree

## D. Directorate Priorities

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

### Priority 1: Budget

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

Relevant business planning priorities:

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

### Priority 2: Transformation

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

Relevant business planning priorities:

- Following the completion of the assessment stage, progress work and move into the design stage of the adults transformation programme and to begin implementation
- Reduce the number of hospital and care home re-admissions following enablement support and support more people at home
- Make it easier for vulnerable and older individuals, their families and carers to access advice, information and support
- Implement a lifespan pathway for our service users to ensure continuity of support and also progress the implementation of other transformation work such as 'Your life your home and mental health primary care

- Continue the Public Health Division programme of service transformation including the start of the new Primary School Public Health Service and the Adolescent and Targeted Emotional Wellbeing Service. Integrate the healthy lifestyle services into the new One You Kent service to ensure a person centred approach, and work with the whole sector to embed health improvement.

### Priority 3: Integration

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

Relevant business planning priority:

- Continue to work with our partners to reduce delayed hospital discharge by ensuring people have the right support at the right time
- Ensure the approaches and objectives of the 'Your life, your well-being' vision and strategy form a central part of joining up health and social care
- Continue joint work with CCGs and NHS provider trusts to sustain integrated working already in place, such as those existing for Adult Learning Disability and Adult Mental Health, and initiating new ones through the Better Care Fund, Transforming Care, Integration Pioneer and the STP
- Ensure that the prevention agenda forms a key part of the STP as it develops, and that the health and social care system, and the wider public sector, is using consistent health messaging, and working systematically to make every contact count

- Work to ensure that the Joint Strategic Needs Assessment, and the Kent Integrated Data set are used to support the delivery of evidence based solutions across the health and social care system.
- Support development of the new Joint Kent Health and Wellbeing Strategy.

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#### Priority 4: Market Engagement

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

Relevant business planning priority:

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

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#### Priority 5: Safeguarding

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

Relevant business planning priority:

- Maintain the programme of practice audits in monitoring the extent to which sound practice is carried out
- Ensure effective senior management and member scrutiny
- Ensure that quality and clinical effectiveness is maintained in public health services

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#### Priority 6: Inspections

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

Relevant business planning priority:

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

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#### Priority 7: Whole organisational responsibilities

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

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

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#### Priority 8: Workforce

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

Relevant business planning priority:

- Ensuring leadership and management capabilities and culture assist the business to

function in a manner that supports the delivery of the agreed outcomes

- Continue to promote sound decision making by knowledgeable skillful and resilient workforce
- Ensuring the wider social care market's readiness to implement new and emerging models of care

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

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### Business Planning Priority 1

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

### PREVENT Priority

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

## E. Directorate Operating Environment

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

### 1. New KCC Structure

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

### 2. Funding situation

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

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

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

### 4. Pressures on the provider market

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

## 5. Sustainability and Transformation Plans for health and social care

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

## 6. Legislative changes for adult social care

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

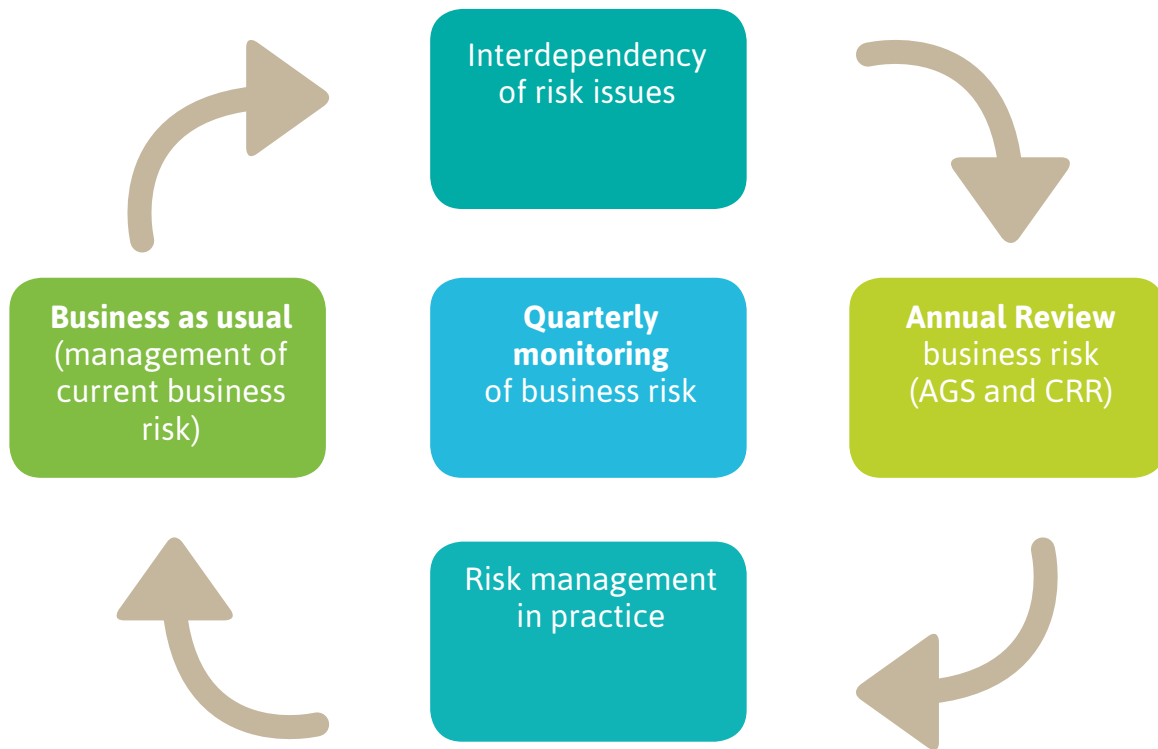
## 7. Deprivation of Liberty Safeguards (DOLS)

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

## 8. Brexit

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

## F. Risk Management in the Directorate



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

- Our risk management process informs the business planning and performance management processes, budget and resource allocation, to ensure risk management supports the delivery of our organisational priorities and objectives. The essential factor is that risk management is a function we carry out as part of the "business as usual" as illustrated above
- We maintain a Directorate Risk Register, which is managed in the Operational Support Unit and regularly monitored and revised to reflect action taken to mitigate the risk occurring or increasing. As risks de-escalate they are removed from the register and where necessary, new emerging risks are added
- The Directorate takes a mature approach to risk, involving an appropriate balancing of risk and reward to ensure that threats to achievement of objectives are appropriately managed, while opportunities are enhanced or exploited to achieve the required transformational outcomes. The Annual Governance Statement (AGS) which is a review of how we have managed risks reflecting on action during the course of the year form part of the risk management process
- The Directorate continues to build on its business continuity preparedness arrangements, working with the changes presented by national policy reforms and the local transformation programmes.

CRR	Key Topic	Key areas of risk
CRR24 CRR25 ASCH 04	Financial Pressures	Major funding pressures impacting on the delivery of social care services and on partner organisations and private sector providers.
CRR 10 (a+b) ASCH 07	Demand for services	Managing the demand for Social Care services including more complex cases.
CRR2 (a+b) ASCH 03 (a and b)	Safeguarding	The Council must fulfil its statutory obligations to effectively safeguard and protect vulnerable children and adults. It must also meet requirements of the PREVENT duty placed on Local Authorities.
CRR 27 ASCH 08	Social care market	Managing and working with the Social Care Market, achieving "Best Value" and the impact of the National Living Wage and to ensure greater stability of the workforce and the Market. There is also uncertainty over care market workforce status in light of the vote to leave the EU. Ensuring the implementations of new models of health improvement, in an evolving market place and within resource constraints
ASCH 17	External inspection	Effective management and preparedness for external audit and inspection, such as a Care Quality Commission and OFSTED inspection of services.
CRR 9 ASCH 05	Health and social care integration	Health and social care integration, and the delivery of the joint KCC/ Clinical Commissioning Group health and social care commissioning plan, 'Pioneer' programme, the Better Care Fund and STP.
ASCH	Health inequalities	Potential failure in continuing to improve the health of Kent population, and reducing health inequalities
ASCH 09	ICT Systems	Ensuring that ICT systems are "fit for purpose" and utilised to deliver services effectively and act as a key enabler of change
ASCH 11	Business disruption	The management of arrangements which may be a consequence of in any business disruption such as in very adverse weather conditions.
ASCH 01	Transformation	The Transformation of Adult Social Care through a phased approach to improve productivity and performance.
ASCH 15	Mental Capacity Act and Deprivation of Liberty Assessments	The Local Authority has to meet the requirements of the Mental Capacity Act and respond to the significant increase in the number of Deprivation of Liberty assessments required following a Supreme Court Judgement.
ASCH 10	Information Governance	Ensuring compliance with Data Protection requirements and managing personal information.



It is important to point out that many of the above risks are captured on both the Corporate Risk Register and the Directorate Risk Register. This is due to their potential implications for the county council as a whole: the management of Adult Social Care demand; the impact of the changes being introduced as part of the broader health and social care integration (transformation and sustainability plans); the nature of the stability of the social care market and the aligned workforce implications; as well as the potential risks relating to data protection breaches and the impact of a business disruption or emergency incident. Additional information regarding these risks and the mitigations we have put in place can be found in the Directorate Risk Register, the Corporate Risk Register and 'Increasing Opportunities, Improving Outcomes'- Strategic Statement Annual Report 2016.

## G: Services provided by the Directorate

Service name	Internal or external	Contract end date
Nursing and Residential Care:		
Learning Disability (aged 18+)	External	None
Mental Health (aged 18+)	External	None
Older People (65+) Nursing	External	Mar 2020
Older People (aged 65+) Residential	External	Mar 2020
Older People (aged 65+) Residential	Internal	
Physical Disability (aged 18-64)	External	None
Supported Living:		
Learning Disability (aged 18+)	External	Mar 2016
Learning Disability (aged 18+)	Internal	
Learning Disability (aged 18+) Shared Lives Scheme	Internal	None
Older People (aged 65+)	External	Sep 2017
Physical Disability (aged 18-64)/Mental Health (aged 18+)	External	Sep 2017
Physical Disability Day Services	External	tbc
Day Care Transport	External	tbc
Learning Disability Day Services	External	17/18 - 18/19
Community Mental Health and Wellbeing Service	External	Apr 2021
Business Support to Voluntary Sector	External	Mar 2016
Valuing People Now	External	Mar 2017
Employment support for adults with a disability	Internal	Mar 2017
Carers assessment and support	External	Mar 2018
Healthwatch Kent	External	Mar 2017 + 1
Carers Short Breaks	External	Mar 2017 + 1
Kent Advocacy	External	Mar 2019 + 2

Integrated Community Equipment Service	External	Nov 2020
Technology Enabled Care Services	External	Nov 2020
Just Checking	External	Jan 2018
Home Care Contracts 2014	External	Jun 2017
Home Care Contracts 2002 & Spot Contracts	External	Ongoing; spot contract
Community hot meals delivery	External	Feb 2019 + 2
Hardwick House Meals Service	External	Oct 2017
Specialist and Targeted level Disabled Children's Short Break School holiday play scheme and Term Time Clubs	External	Mar 2018
Disabled Children's Family Days (Sensory and PD)	External	Mar 2018
Direct Payments Support Service 0-25	External	Mar 2019
Information and Advice Service (I ASK)	Internal	
Disabled Children Day care agencies spot purchased	External	
Disabled Children's Term time and Residential placements- spot purchased	External	
Disabled Children's overnight short breaks placements – spot purchased	External	
Blue Badge Service	External	tbc
Regulation 44 Independent Visitor Short Breaks Service	External	Oct 2018
Public Health		
Health Visiting and Family Nurse Partnership	External	Mar 2018
Primary School Public Health Service	External	Mar 2022
Adolescent Health and Targeted Emotional Wellbeing Service	External	Mar 2022
Young People's Substance Misuse Service	External	Dec 2017
One You Kent	External	Sep 2017
West Kent Drug and Alcohol Service	External	Mar 2021
East Kent Drug and Alcohol Service	External	Mar 2022
NHS Health Check Programme	External	Sep 2017
Kent Community Sexual Health Services	External	Mar 2019

## H. Significant commissioning and service activity

Name of activity	Description	Lead Service	Expected value	Key decision date (if required)	Public consultation required
<b>Adults</b>					
Blackburn Lodge – future of in-house provision	Commissioning of a build contract for nursing care provision on the Isle of Sheppey	Accommodation	TBC	✓	Completed in Dec 2015
Wayfarers – future of in-house provision	Sale of Wayfarers as a going concern to seek an independent provider for the ongoing use as a care home	Accommodation		✓	Completed in Dec 2015
Housing Related Support and Supporting Independence Service	Re-let Supporting Independence Service contract and Housing Related Support, Adult Learning Disability and Disabled Children's	Accommodation		✓	
Integrated Commissioning	Integrated commissioning of care home placements with the CCG's (starting with West Kent CCG)	Accommodation	TBC		
Your Life, Your Home	Developments of supported accommodation, including extra care housing to provide choice in accommodation and support the Your Life Your Home project (LD and MH)	Accommodation	£3.7m	✓	
Learning Disability External Day Services	Learning Disability Day Services – commissioning of external learning disability day care provision, completing a procurement process to have a model which is fit for purpose and to implement quality and cost controls of external market of over 90 providers	Commissioning	£130,000		
Phase 3 Transformation	Your Life, Your Wellbeing; Promoting well-being, Promoting Independence, Supporting Independence	Commissioning	£15m circa	✓	

Carers assessment and support service		Commissioning	£4.3m	✓	
Healthwatch Kent Service					
Carers Short Breaks Service			£3.1m	✓	
Internal Day Care		DCLDMH	£375,000	Apr 2017	
Lifespan Integrated Pathway		DCLDMH			Completed in Jun 2016
KCC Services for Autistic Adults and Children		Commissioning			
Vulnerable Adults Pathway					
	Integrated Community Equipment Services Contract – annual review	Commissioning			
	Technology Enabled Care Services contract – annual review	Commissioning			
Home Care Tender	Commissioning of nurse led outcome based home-care in line with the Strategic Vision of Adult Social Care	Commissioning			
Disabled Children Short Breaks services	Review Children's Short Breaks Statement and commissioning of day and overnight short breaks in line with revised plan	Commissioning	£1.3m		
Regulation 44 Independent Visitors Short Breaks service	Future service option for provision of Regulation 44 service and commission solution	Commissioning	£25k		

Public Health					
Health Visiting Service		Public Health	£20.865m	Feb 2018	Initial consultation completed.  Further consultation on infant feeding support planned for Jun / Jul 2017
School Public Health Services		Public Health	£6m	Jan 2017	Completed
Young People's Substance Misuse Service		Public Health	£0.85m	Sep 2017	Completed
Adult Health Improvement Services (One You Kent)		Public Health	£4.5m	Jun 2017	Completed
Health Check Service		Public Health	£2m	Jun 2017	Completed
East Kent Adult Drug and Alcohol Service		Public Health	£5.7m	Jan 2017	N
Sexual Health Testing Services		Public Health	£0.4m	April 2017	N
Kent and Medway Prison Substance Misuse Service		Public Health	TBC (NHS Funded)	June 2017	N
Health Visiting Service		Public Health	£20.865m	Feb 2018	Completed
School Public Health Services		Public Health	£6m	Jan 2017	Completed
Young People's Substance Misuse Service		Public Health	£0.85m	Sep 2017	Completed

# I. Resources

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

Division	Staffing	Non staffing	Gross expenditure	Internal income	External income	Grants	Net cost
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Strategic Management Directorate Budgets	1,358.5	41,655.6	43,014.1	0.0	-160.0	-201.9	42,652.2
Commissioning	7,218.2	42,793.2	50,011.4	-3,127.1	4,299.4	-2,315.5	40,269.4
Disabled Children, Adult Learning Disability and Mental Health	37,916.7	185,466.6	223,383.3	-560.0	-15,942.3	-2,207.0	204,674.0
Older People and Physical Disability	41,439.2	198,880.3	240,319.5	-88.2	-93,423.3	-11,668.5	135,139.5
Public Health	3,677.0	72,264.9	75,941.9	-9.8	-6,564.1	-69,368.0	0.0
Specialist Children's Services	53,622.3	94,694.1	148,316.4	-6,883.4	-1,562.6	-27,486.6	112,383.8
Total	145,231.9	635,754.7	780,986.6	-10,668.5	121,951.7	-113,247.5	535,118.9

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

**Table 1**

<b>Division</b>	<b>A/C</b>	<b>H/C inc CRSS</b>	<b>FTE</b>
Commissioning	174	171	157.9
Disabled Children, Adult Learning Disability and Mental Health	1,383	1,260	1,002.0
Older People and Physical Disability	1,716	1,558	1,210.6
Public Health	70	69	63.5
Social Care, Health and Wellbeing	7	7	7.0
Specialist Children's Services	1,209	1,196	1,087.4
<b>Directorate Total</b>	<b>4,559</b>	<b>4,261</b>	<b>3,528.4</b>

The FTE numbers reflect actual numbers in post as at February 2016 (for 2016-17) and end of February 2017 (for 2017-18) and excludes agency staff and vacancies, these are not recorded in the HR system.



## J. Organisational Development Priorities

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

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



Source: KCC Organisation Development Priorities - 2017-2022

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

- Development of workforce in relation to:
- Professional practice improvement and development
  - Scope and plan for potential accreditation scheme for adult's social workers

Development of Principal Social Worker role for adults arising from:

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

Workforce planning in relation to:

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

Recruitment and retention of staff through:

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

Social Work Health Check – Minimum Standards for Employers to:

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

Contribution to regional and national initiatives by:

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

## K. Performance Indicators and Targets

We need to know that we are providing our services in the right way and to help us do this we have a number of key performance measures and milestones that reflect what we set out to achieve. These Key Performance Indicators (KPIs) support the delivery of our key priorities set out in this business plan.

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

### Our Quarterly Performance Report

Performance indicators provide valuable information and are defined very carefully to balance the need to be proportionate in collecting information, with the level of detail that is required in order to be operationally useful. Our KPIs will take account of changes to the data that government requires Local Authorities to submit as well as the level of change and transformation within the Council that is required to respond to current challenges.

Although a small set of performance indicators will be reported to Cabinet on a quarterly basis in our Quarterly Performance Report, each of our services within the five Divisions monitor a bigger set of performance indicators to ensure that the services we manage are performing as well as possible. Services and Divisions usually monitor these indicators, as set out in their Business Plans, in monthly meetings.

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

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

Key Performance Indicators				
Ref	Indicator Description	2016-17 Projected Outturn	2017-18 Floor	2017-18 Target
PH/AH 01	Number of the eligible population aged 40-74 years old receiving an NHS Health Check	41,150	33,280	41,600
PH/AH 02	Participation of Year R (4-5 year old) pupils in the National Child Measurement Programme	92%	85%	90%
PH/AH 03	Participation of Year 6 (10-11 year old) pupils in the National Child Measurement Programme	95%	85%	90%
PH/AH0 04	Percentage of people quitting at 4 weeks, having set a quit date with smoking cessation services	53%	42%	52%
PH/AH 06	Percentage of clients accessing GUM services offered an appointment to be seen within 48 hours	100%	72%	90%
PH/ AH07	Number of new clients accessing the Health Trainer service being from the 2 most deprived quintiles	61%	50%	62%
PH/AH	Percentage of young people exiting specialist substance misuse services with a planned exit	90%	68%	85%
PH/ AH08	Successful completion of drug and alcohol treatment of all those in treatment	28%	22%	28%
PH/AH 09	Number of mothers receiving an antenatal visit/contact with Health Visitor Service (using rolling 3 year average live births)	34%	24%	30%
PH/ AH10	Percentage of new birth visits delivered by the Health Visitor Service within 30 days of Birth*	95%	76%	95%
ASC01	Percentage of contacts resolved at first point of contact (%)	73%	69%	70%
ASC02	Number of clients receiving a Telecare service (snapshot)	6,000	5,910	6,570
ASC03	Number of new clients referred to an enablement service (quarterly)	2,650	2,260	2,821
ASC04	Number of admissions to permanent residential or nursing care for older people (rolling year)	1,740	2,060	1,670
ASC05	Percentage of clients still independent after enablement	48%	45%	50%
ASC07	Percentage of delayed transfers of care where KCC responsible	23%	40%	30%

Ref	Indicator Description	Threshold	Q1	Q2	Q3	Q4	2017-18 Expected
ASC05	Number of older people in residential care	Upper	2416	2304	2198	2106	
		Lower	2304	2198	2106	2028	
ASC06	Number of older people in nursing care	Upper	1239	1148	1070	1010	
		Lower	1148	1070	1010	964	
ASC07	Number of older people in homecare	Upper	4690	4708	4722	4733	
		Lower	4671	4671	4671	4671	
ASC08	Number of learning disability adult clients in residential care	Upper	1250	1250	1250	1250	
		Lower	1150	1150	1150	1150	
ASC09	Clients with on-going Direct Payments	Upper	4108	4108	4108	4108	
		Lower	3792	3792	3792	3792	

## L. Monitoring and Review

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

We will adopt a proportionate approach to how we do this. We will conduct the review of progress of the business plan actions at the same time as we undertake the monitoring, evaluation and preparation for the development of the Annual Governance Statement.

The review process will be heavily informed by the review of Divisional business plan activities. These take place on a frequency determined by each Director. Furthermore, the review of the business plan is not undertaken in isolation. It will be informed by the monitoring and reporting activities which are reported in the KCC Cabinet Quarterly Performance Report, Adults Portfolio Board, Cabinet Committee performance report and through the budget monitoring processes at divisional and Directorate levels. 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.



