

# Public Document Pack

Date: 6 May 2014  
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## THANET HEALTH AND WELLBEING BOARD

**8 MAY 2014**

A meeting of the Thanet Health and Wellbeing Board will be held at **10.00 am on Thursday, 8 May 2014** in the Council Chamber, Council Offices, Cecil Street, Margate, Kent.

### SUPPLEMENTARY AGENDA NO. 1

<u>Item No</u>	<u>Subject</u>
7.	<b><u>PUBLIC HEALTH</u></b>
7a	<b><u>PROGRAMME AND PERFORMANCE - ADULTS AND CHILDREN &amp; YOUNG PEOPLE</u></b> (Pages 1 - 18)
7b	<b><u>COMMISSIONING INTENTIONS</u></b> (Pages 19 - 86)
9.	<b><u>THANET WORKSHOP ON INEQUALITIES LED BY PROFESSOR CHRIS BENTLEY</u></b>

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**From:** Andrew Scott-Clark, Acting Director of Public Health

**To:** Thanet Health and Wellbeing Board

**Date:** 8th May 2014

**Subject:** Public Health Performance - Adults

**Classification:** Unrestricted

**Summary:** This report provides an overview of Public Health key performance indicators which specifically relate to adults.

Performance is mixed across the suite of indicators; where performance is of concern, Kent Public Health have agreed action plans with providers and will monitor progress monthly. NHS health checks, chlamydia positivity and smoking cessation have all been identified as areas where poor performance is a risk.

Future reports will cover local Thanet performance of Public Health programmes.

**Recommendation(s):** Thanet Health and Wellbeing Board is asked to  
Note the report and future reporting on local Thanet performance.

## 1. Introduction

- 1.1 This report provides an overview of the key performance indicators for Kent Public Health which relate to services for adults; the report includes a range of national and local performance indicators.
- 1.2 There are a wide range of indicators for Public Health including the indicators contained in the Public Health Outcomes Framework (PHOF).
- 1.3 Following the transition of Health services into KCC in April 2013, a Public Health performance framework has been developed and implemented. This systematic focus on performance has identified concerns about the performance of a number of key programmes.
- 1.4 A Public Health Commissioning Framework has been developed to review every model of service inherited since the transfer. This framework identifies public health services, reviews specifications, implements formal contract monitoring processes, to allow commissioners to take action through contractual processes to remedy any areas of under-performance. This may include financial adjustments if agreed targets are not met. The commissioning framework also includes a timetable for re-tendering.

## 2 Performance Indicators

2.1 The performance against the indicators relevant to this committee are laid out below, with more detail available in appendix 1.

Indicator Description	Previous Status	Current Status	Direction of Travel <sup>1</sup>
<b>Prescribed and non-prescribed Data Returns</b>			
NHS Health Checks - Proportion of target offers received a Health Check	Red (Q2 13/14)	Red (Q3 13/14)	↓
Community Sexual Health Services – Proportion of clients accessing GUM offered an appointment to be seen within 48 hours	Green (Q2 13/14)	Green (Q3 13/14)	↑
Community Sexual Health Services – Chlamydia positivity rate per 100,000	Red (Q1 13/14)	Red (Q2 13/14)	↑
Stop Smoking Services – Number of people successfully quitting, having set a quit date	Red (Q2 13/14)	Red (Q3 13/14)	↓
<b>Local Indicator</b>			
Health Trainers – Proportion of new clients against target	Green (Q2 13/14)	Amber (Q3 13/14)	↓

2.2 The provider of NHS Health Checks achieved a planned increase in the number of invites sent out to the eligible population; they have confirmed that all invites were sent out by the end of March. To account for the expected increase in demand following the large volume of invitations, the provider has initiated additional clinics to ensure people can receive their checks in a timely manner.

2.3 Public Health will be working this year to provide active feedback to Clinical Commissioning Groups (CCGs) and local Health & Wellbeing Boards on local results. Alongside this work, Public Health will also be appraising future delivery options with a view to contracts being awarded in December in time for them to start in April 2015. The target remains to achieve a 50% uptake rate this financial year.

2.4 GUM (Genito-urinary Medicine) clinics in Kent consistently offer the majority of clients an appointment within 48 hours, performing above the high target of 95%. GUM service is open access, available to all ages. This indicator is being monitored in quarterly performance monitoring meetings with the commissioned providers.

2.5 Community sexual health services, including GUM and Chlamydia testing, are currently out for tender and new services will be in place for January 2015.

2.6 Concerns have been identified regarding performance in relation to the Chlamydia positivity rate. The provider has implemented an action plan to tackle the shortfall of positivity. This included public health campaign activity, radio messaging, promotional materials and the establishment of improved and focused internal performance measures and targeting of at-risk groups/communities. As detailed above, this service is a part of the Community Sexual Health Services which are currently being tendered.

<sup>1</sup> Key to direction of travel arrows is at Appendix A

- 2.7 Kent Public Health has continued to monitor the poor performance of smoking cessation services in relation to the target number of quits; the provider is attending monthly meetings where an action plan and proposed trajectory will be evaluated.
- 2.8 Work is currently being conducted on modelling smoking cessation service targets for 2014/15, with an emphasis on targeting at CCG level.
- 2.9 The health trainer service continues to engage new clients and work with those in the most deprived areas of Kent; Public Health is working with the provider to move from activity-based metrics towards outcome-focussed indicators.
- 2.10 For 2014/15, it is proposed that the following wider Public Health indicators are presented in future reports:

- Under 75 mortality rates for
  - all cardio-vascular diseases considered preventable
  - all cancer considered preventable
  - liver disease considered preventable
  - respiratory disease considered preventable
- Suicide rate (all ages)
- Proportion of people presenting with HIV at a late stage of infection
- Excess Weight in Adults
- Smoking Prevalence

It should be noted that these are annual figures and will not be presented quarterly. Trend data over previous years will be provided instead.

- 1.3 Future reports will provide an additional indicator on Kent Public Health commissioned weight management services. Currently options are under development and will be in line with the review of Healthy Weight services currently being conducted by Public Health.

#### **4. Conclusions**

- 4.1 There are on-going performance concerns with NHS health checks, chlamydia positivity rates and smoking cessation services in regards to achieving targets. These are being addressed with commissioned providers in regular performance monitoring meetings and have been escalated to the Acting Director of Public Health and Head of Commissioning.

#### **5. Recommendation(s)**

Recommendation(s): Thanet Health and Wellbeing report is asked to:

- note the report and the development of reporting local Thanet performance of public health programmes.

#### **6. Background Documents**

- 6.1 None

## 7. Contact details

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### Relevant Director:

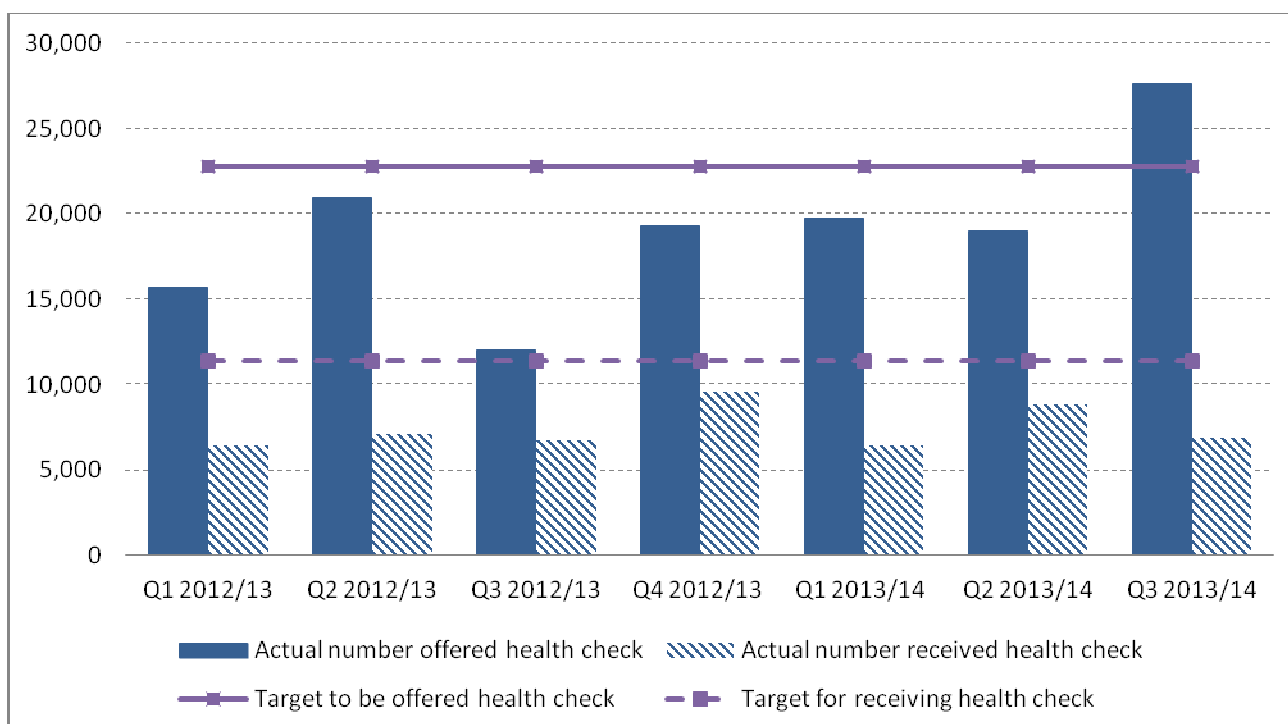
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## Appendix 1:

Key to KPI Ratings used:

GREEN	Target has been achieved or exceeded the current National Performance
AMBER	Performance at acceptable level or no difference to the National Performance
RED	Performance is below a pre-defined Floor Standard
↑	Performance has improved relative to targets set
↓	Performance has worsened relative to targets set
↔	Performance has remained the same relative to targets set

Data quality note: Data included in this report is provisional and subject to later change. This data is categorised as management information.



Trend Data – by quarter	2012/13			2013/14			Full 2013/14
	Q3 (Oct-Dec)	Q4 (Jan-Mar)	Full 2012/13	Q1 (Apr -Jun)	Q2 (Jul-Sep)	Q3 (Oct-Dec)	
Target Offers	22,810	22,811	<b>91,241</b>	22,810	22,810	<b>22,810</b>	91,241
Actual offers	12,033	19,292	<b>67,992</b>	19,761	18,996	<b>27,608</b>	66,365
Target receive	11,405	11,406	<b>45,621</b>	11,405	11,405	<b>11,405</b>	45,621
Actual receive	6,705	9,569	<b>29,845</b>	6,455	8,836	<b>6,924</b>	22,215
% of target offers received	29.4%	42.0%	<b>32.7%</b>	28.3%	38.7%	<b>30.4%</b>	24.3%
RAG Rating	<b>Red</b>	<b>Amber</b>	<b>Red</b>	<b>Red</b>	<b>Red</b>	<b>Red</b>	-
National %	40.5%	48.2%	<b>40.4%</b>	37.4%	45.3%	<b>42.6%</b>	-

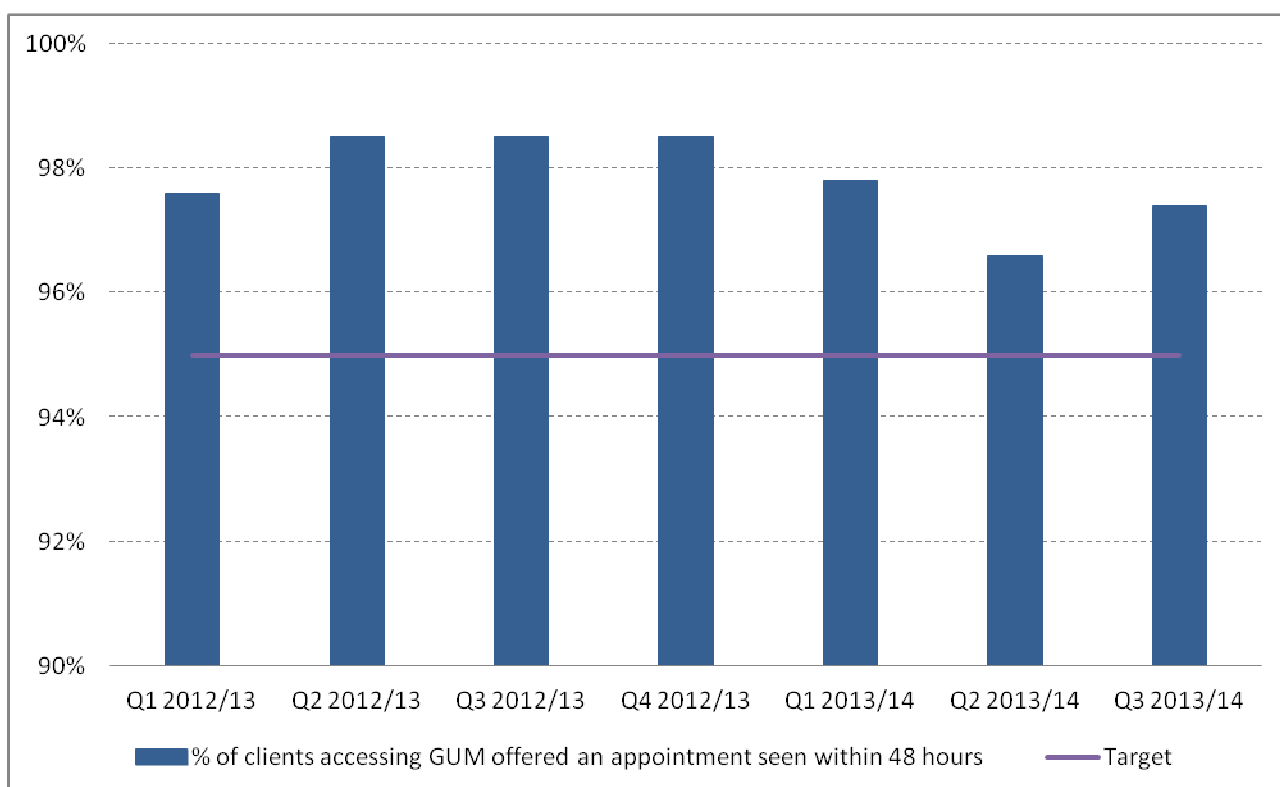
**Commentary**

The commissioned provider has completed the planned increase in offers sent during Q3 and is on course to achieve the offer target of 91,241; the provider has initiated additional locations and times to ensure this increase is deliverable and people can receive their checks in a timely manner.

Public Health will be working this year to provide active feedback to CCGs and local Health & Wellbeing Boards on local results. Alongside this work Public Health will also be appraising future delivery options with a view to contracts being awarded in December in time for start in April 2015. The target remains to achieve 50% uptake rate this financial year.

Health checks are the Public Health Outcomes Framework Indicators 2.22i and 2.22ii.

**Data Notes:** Higher values and percentages are better. Source: KCHT. Indicator Reference: PH/AH/01



Trend Data –by Quarter	Target	2012/13			2013/14		
		Q2 (Jul-Sep)	Q3 (Oct-Dec)	Q4 (Jan-Mar)	Q1 (Apr -Jun)	Q2 (Jul-Sep)	Q3 (Oct-Dec)
% offered an appointment seen within 48 hours	95%	98.5%	98.5%	98.5%	97.8%	96.6%	97.4%
RAG Rating	-	Green	Green	Green	Green	Green	Green

**Commentary**

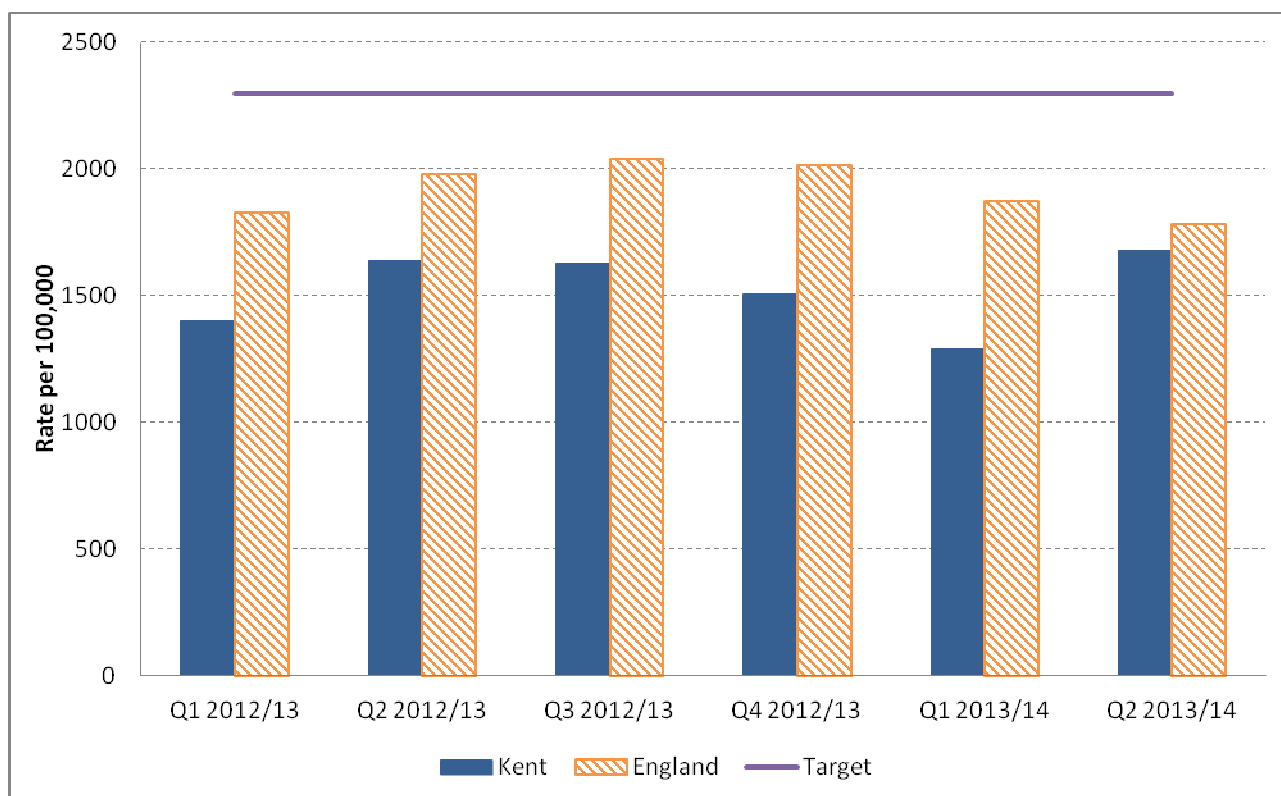
GUM (Genitourinary Medicine) clinics in Kent consistently offer the majority of clients an appointment within 48 hours, performing above the high target of 95%.

Performance of this service is being monitored in quarterly performance monitoring meetings with the commissioned providers

GUM figures are not reported Nationally; therefore we are unable to make comparisons.

**Data Notes:** Higher values are better. Data source: Provider. Indicator Reference: PH/SH/01





Trend Data –by Quarter	Target	2012/13		2013/14	
		Q3	Q4	Q1	Q2
Screening Uptake	-	10,269	9,268	8,240	10,061
Positive tests reported	7%	750   7.3%	693   7.5%	594   7.2%	772   7.7%
rate per 100,000	2,300	1,631	1,507	1,292	1,679
RAG of Positivity Rate	-	Red	Red	Red	Red
England rate per 100,000	2,300	2,040	2,016	1,872	1,785

### Commentary

Concerns have been identified regarding performance of this service. The provider implemented an action plan to tackle the shortfall of positivity; this included public health campaign activity, radio messaging, promotional materials and the establishment of improved and focused internal performance measures and targeting of at risk groups/communities.

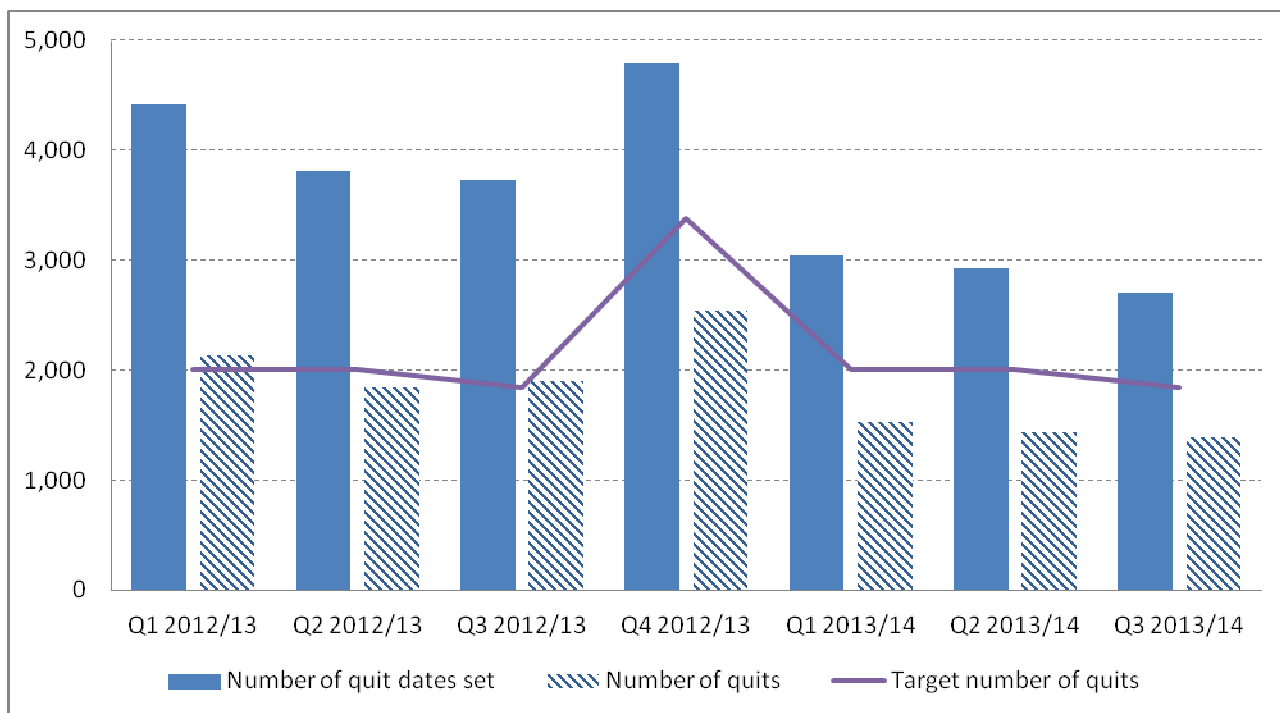
The target population in Kent of people aged 15 – 24 years old is 183,899. To meet the National target of the positive rate of 2,300 per 100,000, Kent would need 4230 positive diagnoses; using the NCSP calculator tool there would need to be population coverage of 32.9% equalling 60,424 tests.

Community sexual health services are currently out for tender and new services will be place for January 2015.

Please note Quarter 1 has been amended from the previous report. Q3 figures will not be published Nationally until June alongside Q4.

Chlamydia Diagnoses is Public Health Outcome Framework Indicator 3.02

**Data Notes:** Higher values are better. Data Source: NCSP CTAD. Indicator Reference: PH/SH/02



Trend Data – quarter end	2012/13			2013/14		
	Q3	Q4	Full 2012/13	Q1	Q2	Q3
Number of quit dates set	3,730	4,787	<b>16,758</b>	3,050	2,926	2,704
Target number of quits	1,849	3,386	<b>9,249</b>	2,007	2,007	1,849
Number of quits	1,899	2,541	<b>8,412</b>	1,529	1,439	1,394
Proportion of target quitting	102.7%	75.0%	<b>90.9%</b>	76.2%	71.7%	75.4%
RAG Rating	Green	Red	Amber	Red	Red	Red

**Commentary**

Kent Public Health has continued to monitor the poor performance of smoking cessation services in relation to the target number of quits; the provider is attending monthly performance meetings where an action plan and proposed trajectory will be monitored.

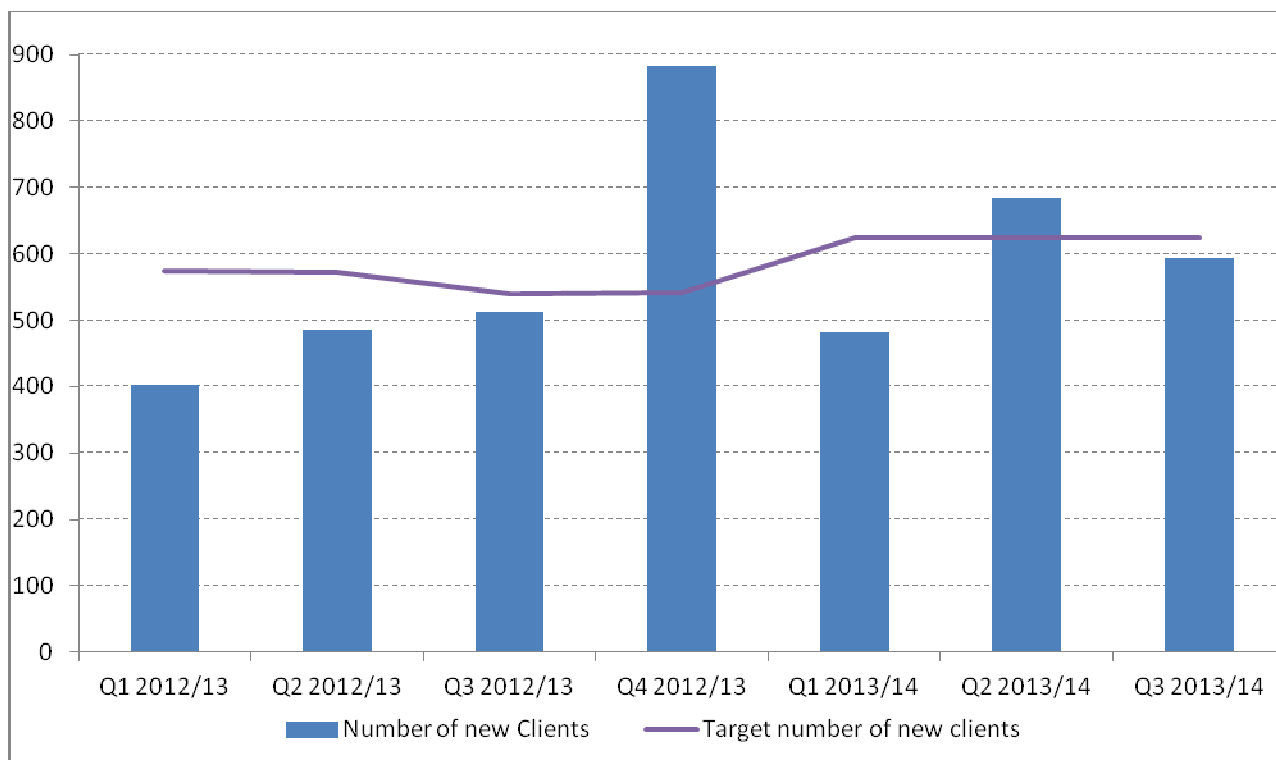
Kent Public Health is currently modelling smoking cessation service targets for 2014/15, with an emphasis at CCG level.

Please note the figure for Q1 and Q2 2013/14 have been amended following an updated Department of Health submission.

**Data Notes:** Data Source: Department of Health Data return by KCHT. Indicator reference: PH/AH/02

Health Trainers – proportion of new clients

GREEN ↓



Trend Data – quarter end	2012/13				2013/14		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Number of new Clients	402	486	513	883	482	684	593
Target number of new clients	574	572	540	541	625	625	625
% of target	70%	85%	95%	163%	77%	109%	95%
RAG Rating	Red	Amber	Amber	Green	Red	Green	Amber

**Commentary**

The health trainer service is continuing to develop reporting mechanisms with Kent Public Health in order to become more output and outcome focussed.

New performance indicators are currently being developed for 2014/15.

**Data Notes:** Source KCHT. Indicator Reference PH/AH/04

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**From:** Andrew Scott-Clark, Interim Director of Public Health

**To:** Thanet Health and Wellbeing Board

**Date:** 8th May 2014

**Subject:** Public Health Performance – Children and Young People

**Classification:** Unrestricted

**Summary:** This report provides an overview of the performance indicators monitored by the Public Health division which directly relate to services delivered to children, or services which could be accessed by under 18 year olds.

Collection of data for infant feeding rates has, until February, been suspended while national agencies decide on the best approach, however it is clear from 2012/13 data that Kent underperforms in this area. This service will be put out to tender shortly.

Participation rates for the National Child Measurement Programme (NCMP) are exceeding the set targets and continue to perform well.

Future reports to Thanet Health and Wellbeing Board will be more specific on local Thanet performance of Public Health programmes.

**Recommendation(s):** Thanet Health and Wellbeing Board is asked to note the report

### 1. Introduction

- 1.1. This report provides an overview of the key performance indicators for Kent Public Health which directly relate to services delivered to children and young people, or services which could be accessed by under 18 year olds.
- 1.2. There are a wide range of indicators for Public Health, including the indicators contained in the Public Health Outcomes Framework (PHOF). This report will focus on the indicators which are presented to KCC Cabinet, and which are relevant to this committee.
- 1.3. Following the transition of Public Health services into KCC in April 2013, a public health performance framework has been developed and implemented. This systematic focus on performance has identified concerns about the performance of a number of key programmes.
- 1.4. Previously, a national system was in place from which to compare performance, but regular updating of data is currently varied. For example, national data collection for infant feeding initiation and prevalence, and smoking at time of delivery, have been temporarily suspended while NHS England, Public Health England, the Department of Health and the Health and Social Care Information Centre assess their options of continued collation following the health system changes; collation re-commenced in

February 2014, and publication of up to date figures is expected in three months' time.

- 1.5. A Public Health Commissioning Framework has been developed to review every model of service inherited since the transfer. This framework identifies public health services, reviews specifications, and implements formal contract monitoring processes to allow commissioners to take action through contractual processes to remedy any areas of under-performance. This may include financial adjustments if agreed targets are not met. The commissioning framework also includes a timetable for re-tendering.

## 2 Performance Indicators

- 2.1 The performance against the indicators relevant to this Committee is laid out below, with more detail available in Appendix 1.

Indicator Description	Previous Status	Current Status	Direction of Travel
<b>Prescribed Data Return</b>			
National Child Measurement Programme - Participation Reception year (Annual)	Green (2011/12)	Green (2012/13)	↓
National Child Measurement Programme - Participation Year 6 (Annual)	Green (2011/12)	Green (2012/13)	↑
<b>Local Indicator</b>			
Infant Feeding –Proportion women breastfeeding at 6-8 weeks	Amber (Q3 12/13)	Red (Q4 12/13)	See Section

- 2.2 Performance of the indicators related to participation in child measurement programmes has been good. The programme achieves high levels of participation and has been consistently above the 85% target. For 2012/13, participation rates for Reception year were 92.2% and were 95.4% for Year 6, further ensuring the statistical significance of this indicator.
- 2.3 The proportion of Reception year children measured as obese has increased slightly from 8.6% in 2011/12, to 8.8% in 2012/13, however, this remains just below the 8.9% of 2010/11 and the 2012/13 national percentage of 9.3%.
- 2.4 Future reports will also identify local overweight and obesity rates; this will bring the reporting in line to the Public Health Outcomes Framework and 2014/15 Directorate Business Plan reporting process. Kent performance against these measures in 2012 was 21.7% in Year R (compared to a national rate of 22.2%), whilst in Year 6 it was 32.7% (compared to a national rate of 33.3%).
- 2.5 As detailed in section 1.4, datasets around infant feeding rates have not been collected recently, whilst national level health agencies have been deciding the approach. However, it is clear that rates of breastfeeding in Kent have been consistently below the national level, (in 2012/13 this was 40.6%, compared to 47.2%). A new service will be commissioned to support infant feeding, and a report on this process appears elsewhere on this agenda.

2.6 For 2014/15 it is proposed that additional Public Health indicators are presented in future reports. These are as follows:

- Pregnant women smoking at time of delivery (%)
- Under 18s conception (per 1,000)

It should be noted that these are annual figures and will not be presented quarterly. Trend data over previous years will be provided instead.

### **3. Conclusions**

3.1 Performance against this set of indicators is good overall; however, to ensure performance is maintained and improved, Public Health continue to meet quarterly, monthly where appropriate, to address any emerging concerns or potential changes in performance.

3.2 Future reports will include more local Thanet data.

### **4. Recommendation(s)**

Recommendation(s): The Thanet Health and Wellbeing Board are asked note the report

### **5. Background Documents**

5.1 None

### **6. Contact details**

Report Author

- Karen Sharp: Head of Public Health Commissioning
- 0300 333 6497
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Relevant Director:

- Andrew Scott-Clark: Interim Director of Public Health
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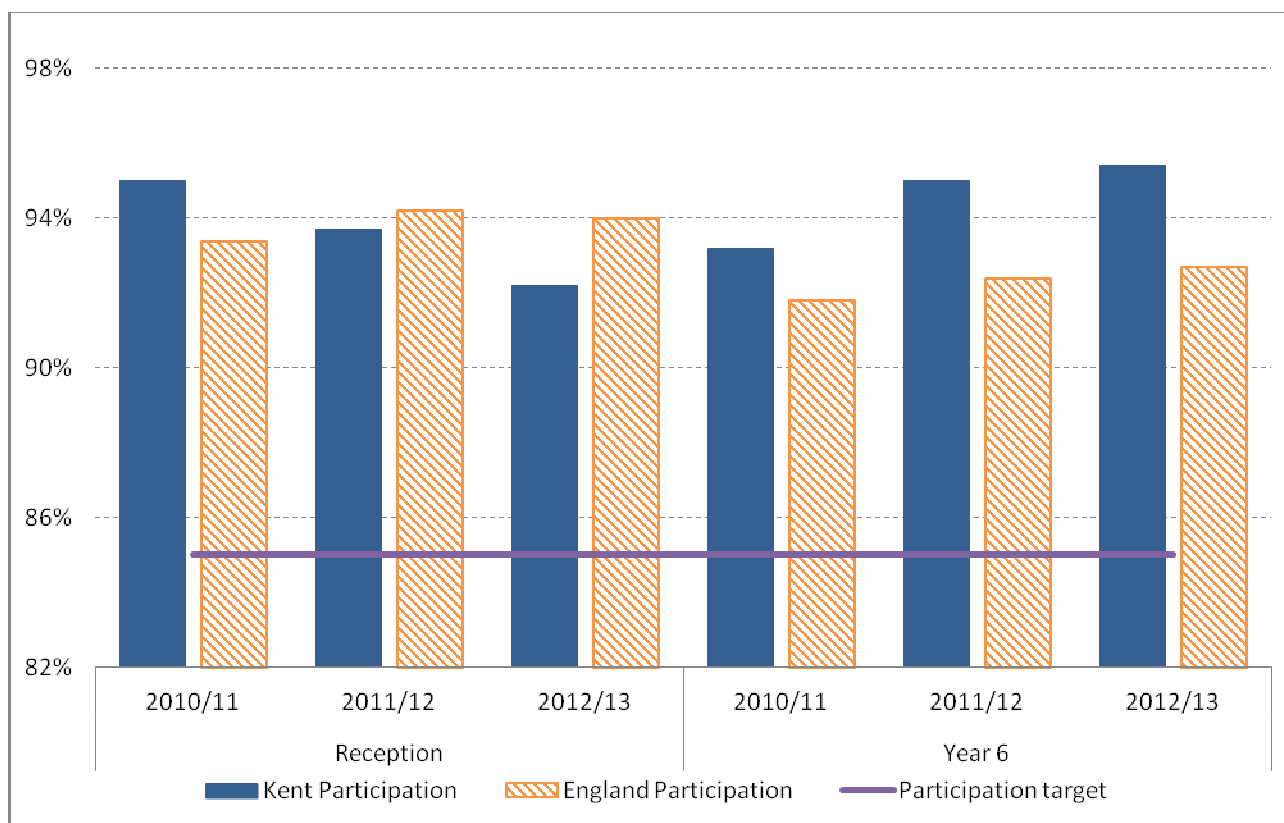
## Appendix 1:

Key to KPI Ratings used:

GREEN	Target has been achieved or exceeded
AMBER	Performance at acceptable level, below Target but above Floor
RED	Performance is below a pre-defined Floor Standard
↑	Performance has improved relative to targets set
↓	Performance has worsened relative to targets set
↔	Performance has remained the same relative to targets set

Data quality note: Data included in this report is provisional and subject to later change. This data is categorised as management information.





Trend Data – Annual	2010/11		2011/12		2012/13	
	Year R	Year 6	Year R	Year 6	Year R	Year 6
Participation Kent	95.0%	93.2%	93.7%	95.0%	92.2%	95.4%
RAG Participation	Green	Green	Green	Green	Green	Green
Participation England	93.4%	91.8%	94.2%	92.4%	94.0%	92.7%
Kent % reported Obese	8.9%	18.4%	8.6%	18.3%	8.8%	18.3%
National % reported Obese	9.4%	19.0%	9.5%	19.2%	9.3%	18.9%
<i>Kent % obese &amp; overweight</i>	22.9%	33.3%	21.7%	32.7%	21.7%	32.7%
<i>National % obese &amp; overweight</i>	22.6%	33.4%	22.6%	33.9%	22.2%	33.3%

**Commentary**

The programme achieves high levels of participation and has been consistently above the 85% target. For 2012/13, participation rates for Reception year were 92.2% and were 95.4% for Year 6, further ensuring the statistical significance of this indicator.

The proportion of Reception year children measured as obese has increased slightly from 8.6% in 2011/12, to 8.8% in 2012/13, however, this remains just below the 8.9% of 2010/11, and the 2012/13 national percentage of 9.3%.

For Year 6, the percentage measured as obese remained stable at 18.3% and has not varied greatly from 2010/11, when it was 18.4%. Kent remains just below the national obese measurement of 18.9%.

It is critical that the programme is effectively linked to initiatives to reduce childhood obesity. Public Health is committed to prioritising action to reduce childhood obesity further. This is one of the core opportunities

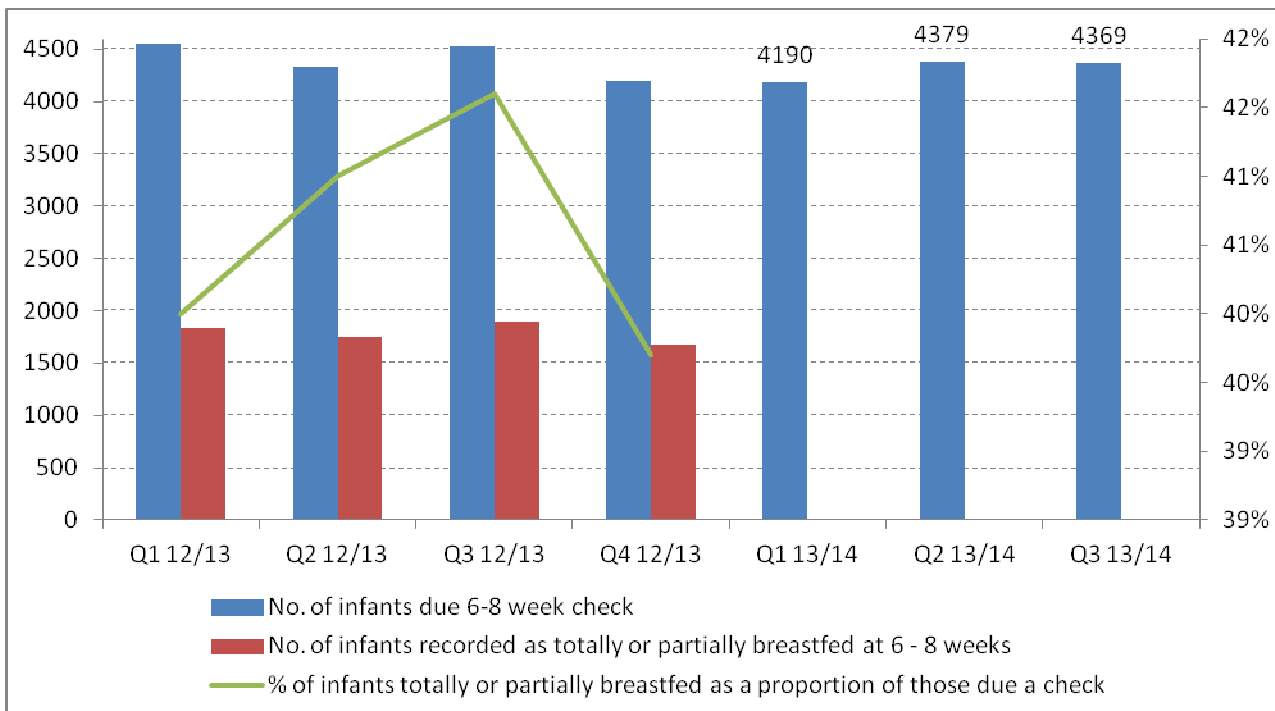
to work effectively across the Council as well as with other partner colleagues.

The NCMP relates to Public Health Outcome Framework Indicators 2.06i and 2.06ii (Excess Weight – obese and overweight)

**Data Notes:** Higher values are better for Participation. Obesity lower values are preferred. Performance assessment for this indicator is based on the participation rate. Obesity for children is defined as being above the 95<sup>th</sup> percentile on the Body Mass Index, based on the weight distributions recorded between 1963 and 1994. Data includes state maintained schools only is based on schools location, not pupil address. Data Source: HSCIC. Indicator reference: PH/CYP/01

**Infant Feeding - Proportion of women breast feeding at 6-8 weeks**

-



Trend data – by Quarter	2012/13				
	Q1 (Apr -Jun)	Q2 (Jul-Sep)	Q3 (Oct-Dec)	Q4 (Jan-Mar)	Full 2012/13
Number of infants due 6-8 week check	4,555	4,336	4,531	4,200	<b>17,622</b>
Number of infants recorded as totally or partially breastfed at 6-8 weeks	1,833	1,754	1,897	1,671	<b>7,155</b>
% of infants totally or partially breastfed as a proportion of those due a check	40.2%	40.5%	41.9%	39.8%	<b>40.6%</b>
RAG Rating (46%)	Amber	Amber	Amber	Red	Amber
National (where available)	47.1%	47.5%	47.4%	46.6%	<b>47.2%</b>

**Commentary**

Collection of infant feeding status has been re-instated (February 2014) following the temporary suspension from April 2013. In response to concerns raised around non-collection, Kent Public Health worked with GPs to review and resolve any issues with Child Health Information systems and future data submissions. This also provided an on-the-ground opportunity to look at how data collection will be included in the specification for the new service.

The tender process for a new service will go out in April 2014 with the aim of the new service being in

place from October 2014.

Previous data has highlighted particular concerns about prevalence of breastfeeding in some localities and local work is taking place in these areas. Community services have been re-provided short-term in West Kent and Swanley to fill a gap. Services in Dartford and Gravesham were re-provided earlier in the year.

Breastfeeding prevalence is Public Health Outcome Framework Indicator 2.02i

**Data Notes:** Source: DH Integrated Performance Measure. Indicator Reference PH/AH/03

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From: Andrew Scott-Clark Acting Director Public Health KCC  
Mark Lobban Director of Strategic Commissioning KCC

To: **Thanet Health and Wellbeing Board -**

**8 May 2014**

Subject: **Draft 2014-15 Social Care, Health and Wellbeing  
Directorate Business Plan (Strategic Priority Statement)**

Classification: **Unrestricted**

**Summary:** This paper presents the draft business plan for the Social Care, Health and Wellbeing directorate (attached as an Appendix to this paper), which is the directorate level business plan for 2014-15. The paper recaps the new business planning approach for 2014-5 and explains the role and aim of the new Directorate business plans, known as Strategic Priority Statements. It then sets out the sections of the draft directorate business plan for Social Care, Health and Wellbeing and the next steps in getting it approved.

**Recommendation:** The Thanet Health and Wellbeing Board are asked to comment on the draft 2014-15 Directorate business plan (Strategic Priority Statement) for the Social Care, Health and Wellbeing directorate.

## 1. Introduction

- 1.1 Directorate business plans are being introduced in KCC through a new business planning process for 2014-15, which was approved last year. One business plan is being produced for each of the four directorates in the new organisational structure and they will be known as Strategic Priority Statements. These replace the divisional business plans that were produced last year.
- 1.2 The new directorate business plans are designed to provide light touch summaries of the key priorities for each directorate, along with high level resourcing, risk and performance management information.
- 1.3 This paper presents the draft directorate business plan 2014-15 for the Social Care, Health and Wellbeing directorate, for comment
- 1.4 The draft directorate business plan for the Social Care, Health and Wellbeing directorate comprises of the following sections:
  - Corporate Director's foreword
  - Who we are, what we do – providing a summary of the role and purpose of the five divisions in the directorate and the key service delivery priorities for the coming year
  - Strategic directorate priorities – setting out five strategic themes for the directorate that are relevant to all of the services provided by Social Care, Health and Wellbeing. The strategic themes reflect the

current context, both in terms of KCC's Facing the Challenge transformation agenda and the wider economic challenges that the county is facing, and this section explains how Social Care, Health and Wellbeing will make a contribution to addressing these challenges

- Key divisional objectives and priorities enhancing and supporting the strategic priorities
- Directorate resources – providing a summary of the financial and staff resources of the Social Care, Health and Wellbeing directorate
- Workforce development priorities
- Key Directorate Risks
- Performance Indicators and Activity Indicators

1.5 The directorate business plan brings together all of the services included in the new Social Care, Health and Wellbeing directorate. The Directorate brings together Specialist Children's Services, Older People and Physical Disability, Learning Disability and Mental Health, Strategic Commissioning and Public Health divisions. The five shared strategic themes set out in the Strategic Priorities Statement demonstrate how the new Social Care, Health and Wellbeing directorate will work together collectively to deliver a diverse range of services more efficiently and effectively for the people of Kent.

## 2. Conclusions

2.1 The draft directorate business plan 2014-15 for the Social Care, Health and Wellbeing directorate provides a simple reference guide to the services that make up the new directorate, how the directorate is contributing to the Facing the Challenge agenda and other challenges and the top level directorate priorities for 2014/15.

## 3. Recommendation(s)

**Recommendation:** The Thanet Health and Wellbeing Board is asked to comment on the draft Directorate business plan (Strategic Priority Statement) 2014-15 for the Social Care, Health and Wellbeing directorate, in advance of the final version being approved.

### 3.1 Appendix1:

Draft directorate business plan (Strategic Priority Statement) 2014-15 for the Social Care, Health and Wellbeing Directorate.

# Social Care, Health and Wellbeing Directorate

Draft 2014/2015  
Strategic Priority Statement





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## Corporate Director's foreword

I am pleased to present the Strategic Priority Statement for the Social Care, Health and Wellbeing Directorate.

This document sets out the main roles and responsibilities of the new directorate and describes the vision, values and principles which drive our transformational programmes. First and foremost, we are about helping people through promoting their independence to improve their health and wellbeing, assisting people to achieve outcomes that matter to them and working with our partners to protect the most vulnerable children and adults.

This year, we will continue to work in a challenging financial environment and changing external context. We are committed to playing our part in delivering the goals of 'Facing the Challenge: Whole Council Transformation'. We are doing so through the Adult and Children's services transformational programmes and a similar change programme in Public Health. We are building on the significant service changes that were started last year, through improvements and alternative ways of working. The overall aims of the changes are managing demand well (in the light of the demographic trend of an ageing population), reducing costs where possible and ensuring the effectiveness of service commissioning and delivery.

The changing national policy context will be largely shaped by the Children & Families Act 2014 and the Care Bill which is expected to become law in May 2014. The key legislative changes will have major impact on how children and adult services' responsibilities are carried out, for the simple reason that some of the responsibilities will be new or an extension of what we currently do. We will make sure that we are ready and able to implement what is required of us. It is important for us to respond to other emerging key national policies. Equally, we must have our systems in place and ready to respond to an inspection by external agencies.

Resilience and enablement are consistent themes running throughout the different transformation programmes in the directorate. We will continue to work with the families of children and young people

so they can make use of early help and preventative support that is geared towards building their resilience, improving the likelihood of dealing better with situations and reducing their dependency. The enablement strand of the adult services transformation programme is also designed to support adults with regaining or maintaining their independence.

We are building on our partnership track-record and take this further through the Integrated Care and Support Pioneer Programme and Delivery Plan. These serve as the basis for integration of front-line services and commissioning, where they add value and benefit end users. Similarly, the 0-25 Portfolio Board will drive forward the priorities for integration that are defined in the Portfolio plans.

We are mindful that harnessing the energy and commitment of our staff is critical to our success. Our staff are a vital resource that will continue to receive the necessary investment as laid out in our Workforce Development Plan. This ensures that our staff are equipped and have the necessary skills and abilities to fulfil their duties.

The Strategic Priority Statement for 2014/15 reflects the context and key objectives of the directorate and should be read along with other existing plans that contain further detailed information. We look forward to working with internal and external partners during the coming year.



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



## Introduction

The Health and Social Care sector is facing unprecedented change. Every aspect of social care provision, including how we commission services is being transformed.

The Adults Transformation Programme, currently the Authority's largest single change programme will support the Social Care, Health and Wellbeing Directorate's contribution to the £91million reduction in spend that the Council must achieve in 2014/15. We will do this by commissioning and procuring services within the Facing the Challenge themes of Transformation.

Our Children's Social Care continues to improve outcomes for children, young people and their families. It ensures the right services are provided at the right time, right place and at the right cost. We will ensure the effective commissioning of services to meet statutory duties and the delivery of Kent's strategic priorities as contained within Every Day Matters and the Early Intervention and Preventative Strategy supporting the Children's (Social Care) Transformation Plan

This year, we will be working to maximise the impact of the Public Health monies by embedding our public health priorities across the authority and ensuring that our policy and programmes consider the impact on the health of the population of Kent, and reducing health inequalities.

## Our vision

Our vision is ambitious and aims to promote and ensure:

Every child and young person in Kent achieves their full potential in life, whatever their background. Children most in need will receive the best possible service by ensuring that we have the workforce, the leadership and the systems and processes that will support children and young people to achieve their potential

We protect and improve the health of the population of Kent

That all people in Kent live independent and fulfilled lives safely in their local communities.



# Social Care, Health and Wellbeing Directorate Structure

There are five divisions within the Social Care, Health and Wellbeing Directorate:



## Who we are, and what we do

The Directorate has a leading role in discharging the Council's statutory responsibilities for public health and social care. The principal responsibilities of the Directorate include undertaking individual and population needs assessment, commissioning and the provision of a range of services and safeguarding vulnerable children and adults.

## What does Social Care, Health and Wellbeing do?

In Children's Social Care, we are proud amongst other things to:

Help more than 130 children in our care this year to have a stable and secure future by finding a permanent home with a new adoptive family.

Through our Virtual School service we have helped to improve key academic and health outcomes for Children in Care; increasing children achieving 5A\*-C grades, reducing children permanently excluded and those persistently absent from school, ensuring Children in Care receive the high quality education to which they are entitled.

Have provided over 6000 overnight stays for children with disabilities, and enable over 700 children with a disability to access a Short Break with a direct payment giving children and their families, choice and control over their care needs.

Be part of the multi-agency Central Referral Unit partnership, with Police, Health, Probation and Adult Services, open 24/7 to provide immediate support.

Safeguard children at risk of harm and support vulnerable families to improve their situation through the efforts of dedicated social work teams.

In Adult Social Care, we are proud amongst other things to:

provide care for over 6000 people enabling them to live safely in their own homes

enable over 3000 older people and those with disabilities and mental health issues, choice and control over their care needs through personalised budgets and direct payments

support 400 people a month following discharge from hospital into intermediate care

support over 3000 adults with telecare services, maintaining independence and reducing hospital admissions

support over 2500 adults with a learning disability to live independent lives in their own homes or with family carers

support sixty 18 year olds with a learning disability to achieve their goals as they move into adulthood

provide supported accommodation for over 700 adults with a learning disability enabling them to have choice about where they live

have increased the proportion of people with mental health needs living in a stable environment, on a permanent basis

have reduced admissions to permanent residential or nursing care to 120 per month; ensuring people can continue to live safely in their own community

be part of the multi-agency Central Referral Unit partnership, with Police, Health, Probation and Children's Services, providing 24/7 immediate support

work with carers organisations providing over 4000 carers with information and advice to ensure that carers are supported in their caring role

safeguard adults at risk including carers and vulnerable victims of hate crime and domestic abuse in partnership with Police, Health and other multi-agency partners



provide support and safe accommodation to over 300 people experiencing or at risk of experiencing domestic abuse and their families

work with over 3,500 vulnerable adults experiencing or at risk of homelessness or rough sleeping to achieve safe and stable accommodation and support

reduce reoffending and encourage rehabilitation by providing supported accommodation to vulnerable ex-offenders

work with local Gypsy and Travelling communities to offer specialist housing related support

work to prevent problematic drug and alcohol misuse and promote improved health and wellbeing

enable and support the long-term recovery, rehabilitation and social re-integration of people in Kent affected by drug and alcohol misuse

support over 5,000 households in crisis with emergency goods and services to help them

### In Public Health, we are proud amongst other things to:

commission NHS health checks for over 25,000 people

help over 4000 people to quit smoking

commission sexual health services to promote safer sexual health, provide contraception advice, prevent the transmission of, test and treat sexually transmitted infections

commission school nursing services and the National Child Measurement Programme

work in partnership with District and Borough Councils to deliver healthy weight services and mental wellbeing services

monitor the delivery of NHS screening and immunisation programmes

provide public health advice to Kent's seven Clinical Commissioning Groups to support the commissioning of NHS services for local people

## Children's Social Care - Specialist Children's Services

Specialist Children's Services is responsible for the safeguarding, health, and welfare of children and young people including those aged up to 25 with learning difficulty or disabilities. The purpose of the Division is to deliver positive outcomes for Kent's children, young people and their families.

"Our aim is to ensure children and young people are positive about their future and are at the heart of joined up service planning. Children and young people are nurtured and encouraged at home, inspired and motivated by learning, safe and secure in the community and live healthy and fulfilled lives."

### The service supports all children and young people across Kent:

We support children in need and their wider family; identifying children and families who are vulnerable and need more support through locality teams, children's centres and by working closely with our partners in health, the police and adult services

We identify vulnerable children early and deploying services effectively and speedily to meet their needs

We provide protection for children at risk of abuse or neglect; safeguarding all children and young people at risk in their homes and community and those who are in local authority care; whilst working with adult social care services to ensure better continuity of support through transition

Working hard to identify children and young people's needs as early as possible in order to improve their chances of success and to use our limited resources wisely

We meet the needs of children in care and promote permanence and stability.

Specialist Children's Services, specifically through the Corporate Director of Social Care, Health and Wellbeing, has a statutory duty to safeguard and promote the welfare of children. Our primary function is to secure the best outcomes for children, young people and their families in Kent.

## Our top 3 priorities for Specialist Children's Services in 2014/15:

To improve the recruitment and retention of qualified social work staff employed by the service.

Deliver more effective management and control of resources through reviewing our financial processes, streamlining service provision, and improving the range of in-house foster care and adoption provision in order to provide permanency for vulnerable children and be more efficient with resources.

Continue to improve the quality of social work practice; keeping all children and young people safe.



In 2014-15 the division is comprised of Ten key business areas:



### Central Referral Unit

Deals with all child contacts and enforces robust and consistent management of thresholds. The Out of Hours Service provides an emergency response outside normal working hours. The Central Referral Unit includes representatives from Police, Health and Adult Services.

### The Safeguarding Unit

The core purpose of the Safeguarding Unit is to provide a quality assurance service and ensure that the provision of services for vulnerable children and young people is compliant with national statutory requirements and performance standards and that safeguarding practice across the directorate is effective. The unit is made up of four teams, each with a different focus; the Kent Safeguarding Children Board, the Education Safeguard Team, the Child Protection Team and the Children in Care and Care Leavers Team.

### Family Group Conferencing

Ensures all children in Kent at risk of entering care are given the opportunity of having a Family Group Conference; a partnership and decision-making process that engages the child's family and family network with Children's Social Services and other service providers in making safe plans for the child's care.

## Adoption Service

Provides a comprehensive social work service under the Adoption and Children Act (2002).

## Fostering Service

Responsible for recruiting and training Foster Carers across the county and Fostering Support delivers high quality support for foster carers.

## Service for Unaccompanied Asylum Seeking Children

Undertakes the Local Authority's statutory duty to assess and, if satisfied that the young person is a child alone in the country, to provide a looked after service under Section 20 of the Children Act 1989.

## Disabled Children's Services and Short Breaks

Provides services for children whose disability is complex or profound.

## Family Support Teams

Deliver frontline services to children and families across Kent, in particular the coordination of multi-agency child protection work and the management of child protection referrals across Kent. Statutory tasks include: Undertaking child protection investigations, undertaking initial and core assessments, undertaking parenting assessments, developing and driving child protection plans, initiating legal proceedings to apply for a range of orders including admitting children to the care system.

## Children in Care Teams

Develop and drive the Child in Care plan. Undertake lead professional for Children in Care and discharge parental responsibilities in partnership with parents dependent upon the legal status of the child. Ensure that care leavers are supported by specialist 16+ services, delivered by Catch 22.

## The Management Information Team

The team works with Specialist Children's Services, other directorates and partners to provide accurate, timely and relevant management information and performance data relating to children's social care, providing staff at all levels of the organisation with information relating to levels of demand, performance and outcomes, and helps to promote and embed a culture of performance management within the Service. The team oversee the centralised recording of information relating to: notifications of other local authority children placed in Kent; Persons who pose a risk to Children; the maintenance of the Children's Disability Register; and notifications to other local authorities when vulnerable children go missing.

The team is also responsible for National Statutory Returns, Corporate reporting to Cabinet Committee, and the Cabinet Member, Freedom of Information requests, activity monitoring and analysis, and working with the Regional Performance Groups to influence the national developments of performance frameworks.

## Adult Social Care

Services for adult social care are provided by three Divisions; Older People and Physical Disability, Learning Disability and Mental Health and Commissioning (which also supports Specialist Children's Services). The Divisions are responsible for assessment, commissioning and arranging for the provision of a range of services for adults with care and support needs and their carers to help regain or maintain their independence.

“Our aim is to ensure that Kent's population of older people, people with physical disabilities, people with learning disabilities and people with mental health issues live healthy, fulfilled and independent lives and are socially and economically included in the community. Individuals are at the heart of joined up service planning, and empowered to make choices about how they are supported”.

Our work covers preventative services, including the provision of information, advice, advocacy and support to individuals and their carers to enable each individual to be as independent as possible and self-manage their care and support.

We assess the social care needs of adults and their carers, determine their eligibility for services and help people to identify the support they need which builds on their personal strengths and to achieve the outcomes they want. For those who are eligible for local authority support we commission and arrange care and support in the home, meals, equipment and adaptations, day services, supported living, residential and nursing care.

We offer assistive technology equipment and enablement services to promote independence and prevent, avoid or reduce the need for more expensive services in the future. We work with our partners, including the Voluntary and Community Sector organisations, as part of demand management in helping to prevent the need for coming into formal services.

We support people to exercise choice and control and independence through the promotion of the use of direct payments.



## Older People and Physical Disability

Older People and Physical Disability commissions and provides a range of services to deliver the best possible social care outcomes for older people and disabled adults and their carers living in Kent. We work to promote the health, wellbeing, quality of life and independence of older and vulnerable people and their carers. The purpose of the Division is to help the people of Kent live independent and fulfilled lives safely in their local communities.

### Our top 3 priorities for Older People and Physical Disability in 2014/15:

To transform and modernise the service with effective management and control of resources, enhancing access to care and support through streamlined pathways

To implement the Integrated Care and Support Pioneer Programme and Delivery Plan, integrating Health and Social Care commissioning and service delivery, avoid duplication and improve outcomes

Continue to improve social care practice, keeping vulnerable adults safe, promoting independence and fulfilling lives for all.



In 2014-15 the division is comprised of Eight key business areas:



## Locality Referral Management Service

Responds to and manages in-coming contact for OPPD service, either as a result of referral from the KCC Contact Point, referral from another agency or directly from the public. The service provides information, advice and guidance where required and arranges for assessment of social care needs to be carried out.

## Case Management Teams

Undertake community care assessments and determine eligibility for community care support. The team work with service users, carers and other professional partners to develop support plans describing the services to support individual needs.

Case Management Teams respond to reports of adults who may be experiencing harm, abuse, neglect or a breach or failure in care standards, working closely with the Central Referral Unit, Police and other agencies to ensure a coordinated response to address the identified risks and issues.

In addition the service provides assessment and support for hospital discharge at the earliest appropriate opportunity, to the individuals' home with the relevant care, support, enablement or other commissioned service, or if that is not possible anymore, to Extra Care Housing, residential care or nursing care settings.

## Kent Enablement at Home

Provides short term (up to six weeks) support in the home to help service users regain maximum independence and daily living skills, usually as part of the recovery process after illness or injury.



## Sensory and Autistic Spectrum Conditions Services

The Sensory Services Team provides a range of services and support for Deaf or hard of hearing people, Blind and sight impaired people and Deafblind people. Services are delivered as a partnership with Hi-Kent and Kent Association for the Blind.

## Registered Care Centres

Provide a range of residential and nursing care services, some fully integrated with Health, in a variety of settings offering local access and choice for individuals and their families. Support and care for people with dementia is available at some centres offering an enhanced level of service.

## Day Centres

Provide a range of day care services in a variety of settings offering local access and choice for individuals and their families. Support and care for people with dementia is available at some settings.

## Adult Community Teams

As part of the on-going changes and transformation of OPPD services during 2014, Adult Community Teams are being set up and developed to replace the current Assessment and Enablement, Coordination, Hospital and HIV and AIDS teams. These newly configured teams will provide a more streamlined and integrated service to older and disabled adults and their carers.

## Health and Social Care Integration Team

The Division hosts the programme management for the integration of health and social care services in Kent, and is also responsible for the implementation of the **Integrated Care and Support Pioneer Delivery Plan** and use of the **Better Care Fund** on behalf of the NHS, District Councils and Kent County Council.

Older People and Physical Disability Division and the Learning Disability and Mental Health Division work closely with Kent Community Health NHS Trust, Kent and Medway NHS and Social Care Partnership Trust, Clinical Commissioning Groups, Public Health, Specialist Children's Services and Education and Young People's Services, the private and voluntary sectors as well as with our service users and their carers to ensure that services are efficient, effective, safe, high quality and easy to access for older people, physical disability, learning disability and mental health service users.



## Learning Disability and Mental Health

Learning Disability and Mental Health commissions and provides a range of services to deliver the best possible social care outcomes for people with a learning disability, people with mental health issues and their carers living in Kent. The division aims to help the people of Kent live independent and fulfilled lives safely in their local communities and works to promote the health, wellbeing, quality of life and independence of our service users and their carers.

### Our top 3 priorities for Learning Disability & Mental Health in 2014/15:

To keep vulnerable people safe by ensuring that safeguarding procedures are robust and effective

To work in partnership across health and social care to encourage innovation, improve efficiency and support a range of transformation programmes to avoid duplication and improve outcomes for service users.

Ensure that there is a smooth transition for vulnerable young people from health, education and Specialist Children's Services into Adult Social Care Services.



In 2014-15 the division is comprised of Four key business areas:



## Community Learning Disability Teams

Our community teams are integrated with Kent Community Health NHS Trust (KCHT) and Kent and Medway Partnership Trust (KMPT) and undertake assessments for adults with learning disabilities and determine eligibility for support. The team works with service users and carers to develop support plans describing the services to support individual needs. Service users can manage these services with a Direct Payment.

The community teams work closely with the Central Referral Unit, Police and other professionals to identify vulnerable adults experiencing harm, abuse, neglect or a breach or failure in care standards, ensuring a coordinated response to address the identified risks and issues.

## Learning Disability Provision Services

A range of services are provided for adults with a learning disability including daily living activities, shared lives, independent living schemes, short breaks which support people with a learning disability to lead their lives with the same aspirations and opportunities as any other citizen.

## Mental Health Services

Our Mental Health services work closely with colleagues from KMPT to provide mental health support in times of crisis and to those with long term mental health issues living in the community. The services help people towards mental health wellbeing and recovery through adult placements, advocacy, carers' services, community support services, service user groups and employment services.

## Operational Support Unit

The Director of Learning Disability and Mental Health has senior management accountability for the work of the Operational Support Unit which delivers a diverse range of frontline and support services across the Directorate. The function has responsibility for the Kent Blue Badge Service, making adaptations in peoples houses to enable them to stay at home and some purchasing of care. It helps to develop operational policy, undertakes business continuity planning and manages the customer complaints system.

## Commissioning

The Division is responsible for the commissioning and procurement of social care services to ensure that the right level of support is provided at the right time, right place and at the right cost for vulnerable adults, children and young people and carers in Kent.

“Our aim is to drive, promote and support transformational change through commissioning strategically to ensure the provision of a range of high quality, cost effective, outcome based services for vulnerable adults, children, young people and their families”.

The service supports the council in meeting its statutory responsibility for the effective commissioning of social care services across Kent.

We plan and commission social care services, analyse, evaluate, and performance manage contracts and shape the market to ensure we are able to deliver our strategic priorities and fulfil statutory obligations.

We maintain oversight of adult protection processes to ensure that people in situations which could put them at risk of abuse and danger receive the support they need to maintain their personal safety and independence.

We improve the outcomes and quality of life for vulnerable adults, children, young people and carers in Kent by transforming the way social care services are delivered.



## Our top 3 priorities for Commissioning in 2014/15:

To improve safeguarding and quality monitoring, ensuring robust processes are in place across social care and public health for all commissioned services and reducing the number of care homes with a safeguard concern

To contribute to the delivery of the council's transformation programme (Facing the Challenge). In particular this includes continuing to work with Health to deliver improved and joined up services, such as CAMHS, to vulnerable children and adults with health needs.

To continue to develop the commissioning function so that it is best placed to meet the council's current and future needs as it moves to being a commissioning authority.



## In 2014-15 the division is comprised of Four key business areas:

### Commissioning

Accommodation Solutions, Community Support, Commissioned Services and Children's Services commissioning units provide the strategic direction and practical support for the delivery of the commissioning function across adults and children's social care ensuring that the organisation is able to deliver its strategic priorities and fulfil its statutory obligations.

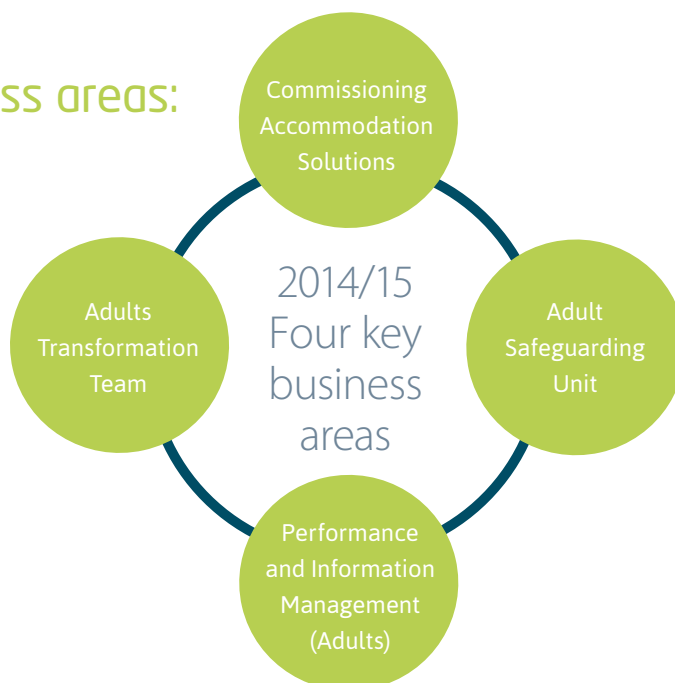
The Commissioned Services team commissions monitors and evaluates a diverse market of high quality services for vulnerable people in Kent. Its focus is to provide the correct blend of preventative services and programmes that maximise the independence of vulnerable people and alleviate the need for more costly services such as residential or nursing care. These services include:

- Housing related support services, such as hostels and women's refuge which prevent homelessness, domestic abuse and support a reduction in reoffending.
- Drug and alcohol treatment services and those which prevent problematic drug and alcohol misuse and promote improved health and wellbeing and support long-term recovery, rehabilitation and social re-integration
- Advice and support to those who are experiencing exceptional hardship as a result of a crisis or emergency.

The team will embark on a transformation programme this year that will integrate and reposition our services to ensure that shared priorities within the council and those of key strategic partners such as housing, health and criminal justice are met.

The units ensure that commissioned services achieve best outcomes for adults, children, young people and their families in the most efficient, effective, equitable and sustainable way through rigorous planning, needs analysis and evaluation, impact assessments, performance management and contract/market development and negotiation.

This is achieved in line with the Council's Procurement Strategy "Spending the Council's Money", Kent County Council's Equality Strategy across the priority outcomes of the Equality Framework for Local Government (EFLG), customer insight and complying with the 'Duty to Involve', including the involvement of service users, their carers, and children and young people to inform the design and delivery of commissioned services, and where possible and appropriate The Kent Compact and the Council's Environment Policy and Standard ISO 14001.



## Adult Safeguarding Unit

The core function of the unit is to ensure effective adult protection processes are in place to ensure that people in situations which could put them at risk of abuse and danger receive the support they need to maintain their personal safety and independence.

This is achieved through; Quality Assurance work including audits; Safeguarding policy, procedure and risk management including complex investigations and Serious Case Reviews; analysing trends in adult safeguarding and developing new initiatives based on this; developing Adult Safeguarding policy including responses to national consultations; hosting and supporting the Safeguarding Vulnerable Adults Multi-Agency Executive Board and related Multi-Agency training; compliance and best practice with Mental Capacity Act and Deprivation of Liberty Safeguards; Care Quality Commission response and relationship management, including Risk Strategy meetings; and supporting the adult element of the Central Referral Unit.

## Performance and Information Management (Adults)

The team works closely with Directors, policy, training and operational staff to embed a performance culture and accountability throughout the organisation by improving data quality, setting targets, understanding and resolving reasons for inconsistent performance and practice, supporting staff with monthly budget and activity monitoring and forecasting, and ensuring that mechanisms are in place for staff to manage their own performance locally and escalate risks.

The team is also responsible for National statutory returns, Corporate reporting to Cabinet Committee, and the Cabinet Member, user surveys, Freedom of Information requests, budget and activity monitoring and analysis, and working with the Department of Health and Association of Directors of Adult Social Services to influence the national developments of performance frameworks.

## Adults Transformation Team

The team provides strategic oversight and directorate wide support to managers and staff to help them engage with the planning and implementation of the Adults Transformation Programme working in partnership with Newton Europe.



## Public Health

Public Health is responsible for the commissioning and provision of services that will improve and protect the health of the population of Kent. The role of the Public Health team is to understand and describe the factors that affect people's health and with partners, promote and deliver action across the life course to promote health and wellbeing and to reduce inequalities in health.

"Our aim is to improve the wellbeing of the people of Kent, enabling them to lead healthy lives, by delivering effective services and ensuring public health is an integral part of our partners' service design and delivery, helping to reduce the need for expensive acute interventions."

### We do this working across three areas or domains:

Health Improvement

Health Protection

Improving quality, effectiveness and access to integrated health and social care services



The Public Health team provides the leadership and the strategic framework under which effective action can be taken to address the public health priorities identified in Kent, and provides public health advice to a range of organisations and communities.

## The service supports all people across Kent through:

Improving the health of the local population and reducing health inequalities with a focus on prevention

Oversight of plans to protect the health of the local population from public health hazards, such as infectious disease.

Providing specialist public health advice to local authority and local NHS Commissioners.



As part of our role in improving and protecting health, the Council will be expected to commission or directly provide a wide range of services to meet the public health priorities identified in Kent including:

Reducing health inequalities through a life-course approach

improving children's mental health and wellbeing

Increasing levels of physical activity

Improving adult mental health and wellbeing

Improving sexual health and reducing teenage conceptions

Reducing childhood obesity

Enabling more people with chronic disease to live at home

Reducing the harms caused by substance misuse and/or excessive alcohol drinking

To meet these priorities we deliver or commission 23 service areas, including statutory public health functions:

Providing appropriate access to sexual health services

Taking steps to protect the health of the population

Ensuring NHS Commissioners receive the public health advice they need

Ensuring NHS Health checks are delivered

Delivering the National Child Measurement Programme

The division commissions a range of programmes designed to protect and improve health including sexual health, drugs and alcohol misuse, health checks, tobacco control and smoking cessation services, healthy weight and schools based services such as school nurses and the National Childhood Measurement Programme.

The Public Health Division is instrumental in improving and protecting health across all functions within the local authority. In addition, the Public Health team has a key role in the statutory duty of the Council to co-ordinate the Health and Wellbeing Board, prepare a Joint Strategic Needs Assessment and produce a Joint Health and Wellbeing Strategy, against which the commissioning plans of Kent's seven Clinical Commissioning Groups are assessed.

## Our top 3 priorities for Public Health in 2014/15:

To maximise impact by working across KCC and through external partnerships to improve health and reduce health inequalities

To deliver improved services through effective commissioning

To develop innovative and effective communications and campaigns, helping the public to easily access our services and improve their health



## In 2014-15 the division is comprised of Six key business areas:



### Children & Young People

This category combines a variety of services to meet the needs of children and young people. Within this category sit services such as School Nursing, Infant Feeding, Healthy Schools.

Our School Nursing Service delivers a core public health package to children, young people and schools within education settings through wider community locations. The Healthy Schools Programme works with schools to provide an environment that enable healthy behaviours and development.

### Health Improvement Services

Which include, Health Check service for adults between 40 and 74 years of age, Smoking Cessation Programmes, Health Trainers, and Healthy Weight programmes for both Adults and Children are key to the delivery of Kent’s identified public health priorities.

### Kent Public Health Observatory

Provides health intelligence, analysing data to inform service design and delivery, and produces, amongst a suite of publications, the Joint Strategic Needs Assessment to inform the commissioning plans of the Authority, and the seven Clinical Commissioning Groups in Kent.

## Health Protection and Sexual Health

Fulfil the Authority's responsibility to assess the effectiveness of immunisation programmes delivered by other sectors of the health system, whilst promoting the benefits of immunisation. Our services respond to potential pandemic situations, and maintain oversight of acute provider plans for prevention and control of infection, ensuring they are robust.

Services commissioned in this category include Contraceptive and Sexual Health Services, Genitourinary medicine including HIV, Emergency Hormone Contraception schemes, school based sexual health clinics, condom registration and access points and outreach work.

## Mental Health & Community Wellbeing

This group of services includes workforce wellbeing and mental health campaigns. Our Drug and Alcohol Services, commissioned by the Kent Drug and Alcohol Action Team, provide advice, sign posting to other services, substance misuse detoxification services and needle exchange and blood borne virus treatment and screening.

## Health and Social Care Integration and Health Inequalities

Services in this category include Workplace Health, supporting businesses to maintain a healthy workforce, Postural Stability programme to help prevent falls, and programmes such as Winter Warmth, which works to reduce excess winter deaths and focuses on people over 65 years old with underlying coronary heart, respiratory disease or mobility related conditions.





## Facing the Challenge – our Strategic Directorate Priorities for 2014-15

Kent County Council and its partner organisations have a range of priorities and targets that we aim to meet when working with our customers. The Social Care, Health and Wellbeing Directorate is contributing to the delivery of whole council transformation in implementing the Transformation Plan – Facing the Challenge: Delivering Better Outcomes. We are doing this within the three key transformation themes of Managing Change Better, Integration & Service Redesign, and Market Engagement & Service Review, and the main areas of focus in our Strategic Priorities Statement this year are:

Planning for growth and a changing population; meeting the increasing demand for services in a challenging financial environment

Tackling deprivation and removing inequalities; improving user outcomes and positive experiences for all

Promoting independence, resilience and enablement

Creating a more sustainable service through transformation, with greater emphasis on better procurement, increased prevention, and improved partnership with the NHS to deliver better outcomes for Kent residents at lower cost

Developing a workforce that is flexible, adaptable to change and that has the skills, competencies and capacity to deliver on our priorities; ensure that our leaders and managers have the skills and tools required to lead the change, improving the capacity and performance of the management structure and decision making authority



## Our main drivers for change

### National Level

- Care Bill
- Children and Families Act 2014
- Welfare Reform Act 2012
- Better Care Fund
- Health and Social Care Integration Programme – Pioneer Programme
- Health and Social Care Act 2012
- National Outcomes Framework; Public Health; Social Care
- Public Services Social Value Act 2012
- National Drug Strategy 2010
- National Alcohol Strategy 2012

### Local Level

- Facing the Challenge: Whole Council Transformation
- Facing the Challenge: Delivering Better Outcomes
- Medium Term Financial Plan
- Health and Wellbeing Strategy
- Joint Strategic Needs Assessment
- Adult Social Care Transformation Portfolio Blueprints (2012; 2014)
- 0 – 25 Transformation Portfolio: Children’s (Social Care) Transformation Plan
- Social Work Contract
- Community Solutions Strategy
- Accommodation Strategy
- Local district and borough housing strategies
- Housing related support Commissioning Plan 2013- 2016
- Kent and Medway Domestic Abuse Strategy
- Kent and Medway Reducing Reoffending Strategy

## In 2014-15 we will deliver:

We are committed to the strategic priority to reduce reliance and dependency on public services through a focus on early intervention and improving outcomes. The Directorate will deliver Kent's priorities in prevention, promoting independence and wellbeing in a more holistic, joined up vision for the people of Kent, integrating social care services for Children, Adults and Public Health under a single directorate.

Wherever possible, we want to align more of our services with Health to achieve better services for Kent residents and increased value for money.

As we reshape our services to focus on commissioning there will be activity throughout this year to explore ways that will enable older people and people with a physical disability to self-manage and put in place increased range of preventative and early intervention services for vulnerable children and their families to support them before they reach crisis point.

The Corporate Director and Directors in the Social Care, Health and Wellbeing Directorate have collectively identified the following three strategic priorities for the year ahead:





# 1. Children's (Social Care) Transformation Programme

For our Specialist Children's Service, 2014/15 brings the next phase of the journey 'from improvement to transformation' building on the solid foundations now in place across the service to radically improve the quality of service provision offered to all our service users.

This Statement reflects the completion of the Kent Safeguarding and Children in Care Improvement Plan: Phase 3 and continues the focus on quality and sustainability - building on the improvements achieved to date, and further integrating and embedding Improvement Programme actions into 'Business as Usual' practice.

This year the Children's Services will manage a single transformation programme to focus on moving beyond improvements in social care practice, oversight and case management to deliver transformational change in children's social services, with fewer children in care through earlier preventative work with families, and delivering better educational and social outcomes for those children in care, with service efficiency improved to operate within a more sustainable budget.

The needs of children we work with are such that they need the right response from the very beginning and throughout our involvement with them. The reality of what are always limited and often reducing resources means we literally cannot afford not to manage resources well. The achievement of quality service provision is a central part of our approach to efficiencies - confident that we use what we have well, and effectively.

Children's (Social Care) Transformation is underpinned by the **Social Work Contract**. This sets out both the standard expected of our practitioners, and the support the organisation will offer them in

return. The contract builds on the outcomes of the **Munro Review**, and, central to it is the importance of building relationships as the key to helping families change.

**The Children's (Social Care) Transformation Programme** is part of the overarching 0-25 Change Portfolio, a Facing the Challenge transformation theme. A key element of the Children's Transformation strategy will be to manage efficiency and improvement through the same programme. Working jointly with Early Help and Preventative Services Division the programme will see the transformation of these services delivering in a more joined up way to have maximum impact on improving outcomes, achieving the most efficient use of resources and reducing the demand for more costly services.

**The Children and Families Act 2014** will reform the systems for adoption, looked after children, and family justice. We will need to prepare for the changing requirements when the Act is implemented.

The programme will deliver a new integrated commissioning strategy and more integrated working with other statutory agencies and the voluntary sector, as well as the greater integration of the Council's services, in order to bring about a radical shift in ways of working. Across both Directorates the proposed savings in year one is £4.7million, which does not include any savings from reductions in demand for more costly services.

## 2. Adult Services Transformation Programme

This Statement is produced at a time of challenge and opportunity for the adult social care sector. The challenge includes delivering excellent services at a time of significant demographic change (with increased demand on services) and a time of financial constraint. The opportunities are through transforming existing services; the delivery and commissioning of services in an integrated way with the NHS to deliver sustainable financial savings and improve the quality of the customer's experience; and promoting the personalisation agenda.

When considering the services we provide, it is important to note the changing national legislative context. Significant changes are expected to the council's Adult Social Care responsibilities when the **Care Bill** is fully implemented, which is planned to come into effect from April 2015, this will include the introduction of a national minimum eligibility threshold for providing care, changes to the thresholds for the funding of care, new responsibilities in respect of carer assessments, legal right to receive services and entitlements to hold personal budgets.

The challenge for the Council is to ensure that we build a social care and support system that has at its heart an ability to assist people to live as independent a life as is possible for them given their needs and circumstances.

We will focus on managing the demand for older people services to ensure that our funding is used in the most efficient way and the Directorate is able to manage the demand for services within our net available resource. There are significant opportunities to design and implement a better system of services for older people that support people to stay at home and remain as independent as possible, support carers, put people in control of the care they receive, and support them to live with dignity.

To address the financial challenges we face in the coming years, we are working with Newton Europe, our Transformation Partner, to redesign whole system pathways across our services and bring about innovation to make further improvements. This will lead to very different services and structures compared to current arrangements.







## Adult Services Transformation Programme

**The Adult Services Transformation Programme**, which covers work streams on **Optimisation, Care Pathways, Commissioning and Procurement, Integration**, and the **Care Bill**, has as its primary aim the improvement in the outcomes for people, and will also enable us to achieve the significant savings of 25% to 40% we need to find from current models of delivery in order to ensure that our services are sustainable for the future. This year we must achieve a £15million (including Commissioned Services for Housing Related Support) saving from the Adult Services Transformation Programme, which includes investment in services to manage demand in order to deliver these savings.

Our long term intention for Adult Social Care is that, we will have a sustainable model of integrated Health and Social Care services which offers integrated access, integrated provision and integrated commissioning. We will have improved outcomes for people across Kent by maximising people's independence and promoting personalisation. We will have maximised value for money by optimising our business, managing demand and shaping the market through strategic engagement with key suppliers.

The integration of Health and Social Care services is being managed as part of a wider Adults Transformation, meaning that the redesign of our services will facilitate integration with the NHS. Kent is one of fourteen Pioneer areas in the Department of Health's Integrated Care and Support Pioneer Programme, which aims to establish new ways of delivering coordinated care. There is no funding attached with being a Pioneer area but it means that we have greater opportunity to secure freedom to remove barriers that can get in the way of integration. In Kent, the focus will be around creating an integrated health and social care system which aims to help people live as independent a life as





possible, based on their needs and circumstances. By bringing together Clinical Commissioning Groups, Kent County Council, District Councils, acute services and the Voluntary Sector we will move to care and support provision that will promote greater independence for patients, whilst reducing care home admissions. In addition, a new workforce with the skills to deliver integrated care will be recruited.

Through robust analysis of our operating model and changing working practices the Optimisation Programme will enhance productivity. A new operating model will be rolled out, unblocking system and process barriers, reducing interfaces and matching staffing profiles to activity. This will include integrated workforce planning and support for the Private and Voluntary Sector with their workforce planning as part of the transformation of all the services.

To achieve the best outcomes for service users the Adults Care Pathway Programme will initially focus on maximising the benefits from existing preventative services, including a suite of community based services provided by the Voluntary Sector, assistive technology and enablement linked to rehabilitation. The programme is redesigning care pathways to promote independence, self-care and self-management. Service users will move into the redesigned care pathways, which will support the integration with health services, closer engagement with social care providers at a strategic level and meet the requirements of the Care Bill.

**The Commissioning Programme** will improve performance and commercial oversight of Adult Social Care services by supporting the integration of health and social care commissioning arrangements, better provider engagement and market shaping. The Health and Wellbeing Board has already proved to be a successful platform for promoting joint commissioning and integrated working through the Better Care Fund. We will lay the foundations for prime provider relationships and the facilitation of sub-prime provider networks able to deliver holistic care based services, better outcomes and sustainable efficiencies.



## Care Bill Preparation

The Care Bill will bring significant changes to the adult social care system in 2015 and 2016. It includes the Government's response to the Dilnot review of adult social care funding and introduces a care cap, national minimum eligibility criteria and other funding reforms. The Council will need to prepare for and manage the implications, which include a significant increase in demand for assessment, new duties to support carers and a requirement to fund care and support of significantly more people.

The introduction of the Bill will also provide a significant opportunity to further develop joint working with the NHS, and this year we will be working on a detailed investment plan in partnership with Kent's seven Clinical Commissioning Groups and the Health and Wellbeing Board which will develop this new model of support under the Integrated Care and Support Pioneer Programme.

We intend to revisit our approach and engagement with the Voluntary and Community sector, especially in the context of the implementation of the Care Bill requirements regarding the new preventative duty.



## Better Care Fund

We will advance plans for the Better Care Fund in 2014/15, which represents a significant opportunity to invest in preventative and intervention activity and support our strategy to manage demand for adult social care.

As part of this initiative consideration will be made of all three Adult Transformation Programmes to ensure that activity to transform adult social care is aligned with the reforms being brought in by the Care Bill which is a key component of the Better Care Fund.

More detailed plans for the transformation of Adult Social Care can be found in our Adults Transformation Programme Plans, and integrated commissioning and integrated provision plans developed with our Health partners are set out in the Better Care Fund Plan.





### 3. Public Health Priorities

Local Authorities assumed public health responsibilities in 2013 and this has given us a unique opportunity to work alongside colleagues across the Council to promote action on the determinants of health such as housing, transport, environment, and planning. This will continue in respect of developing approaches to using Risk Stratification to inform joint commissioning decisions. We will deepen the links with Growth, Environment and Transport and work alongside colleagues on work around community safety and community resilience.

#### Public Health has three overriding aims, these are:

- Improving the health of the Kent population
- Protecting the health of the Kent population
- Improving the quality, effectiveness of, and access to, integrated health and social care services





Public Health division works closely with the Health & Wellbeing Board, and is a key partner in producing the Health & Wellbeing Strategy for Kent. Its commissioning plan is considered by the board, and the Joint Strategic Needs Assessment is a key tool for the board in developing its strategy.

There are a number of Public Health challenges in Kent including; the proportion of people overweight, reducing the prevalence of smoking, reducing health inequalities, reducing the harm caused by alcohol.

Maximising the impact of the Public Health grant we will embed public health priorities across the Council and ensure our policies and programmes consider the impact on the health of the population of Kent.

Using a process of prioritisation that included assessment of needs and inequalities, current performance, partner's priorities and feasibility we have identified that in addition to the above, Infant feeding, health checks, and postural stability will be priorities for Kent in 2014-15.

In achieving our strategic objectives this year we will not only improve the wellbeing of the people of Kent, but also reduce the need for expensive acute interventions, thereby reducing the pressure on other Council services, and the wider public sector.



## Key Divisional priorities for 2014/15:

### Specialist Children's Services key priorities for 2014/15

#### 1. Recruitment and retention of qualified social work staff

We will work hard to improve the recruitment and retention of qualified social work staff employed by the service by continuing to build on the work of the Improvement Programme to develop a stable, permanent workforce, which will result in fewer agency workers. We will seek to increase the proportion of social work staff that are permanent members of the workforce. This will ensure that consistent contact is maintained with children, young people and their families, improve staff moral and achieve financial savings.

#### 2. Effective management and control of resources

The Children's (Social Care) Transformation Programme will review our financial processes, streamline service provision, and improve the level of in-house foster care and adoption provision in order to be more efficient with resources. As a result, more Children in Care will have a permanent, stable placement and we will meet the financial savings required for 2014-15 in the Medium Term Financial Plan.

### 3. Continue to improve the quality of social work practice; keep all children and young people safe.

We will support frontline social workers with child protection responsibilities, who operate in challenging, stressful and demanding circumstances through the Social Work Contract. To improve the quality of social work practice we will ensure social work staff receive regular, reflective supervision and feel supported through line management. Social work staff will be encouraged to share good practice; and a structured mechanism for feeding back lessons learnt from assessment, regulation and inspection will be implemented. As part of Kent's efforts to become a learning organisation, all social work staff will regularly access high quality continuous professional development.

Through regular and robust quality assurance of case-work and practice, and data analysis we will ensure continued focus on the best interests of children and young people, the voice and wishes of the children and young people are listened to, and that these decisions are well reflected within the child's online record.



## Older People and Physical Disability key priorities for 2014/15

### 1. Transform and modernise service with effective management and control of resources

The experience of the public in contact with the service will be improved with reduced time between initial contact and assessment of need, more enablement services will support independence and encourage self-care and management. Access to care and support services will be enhanced by revised and streamlined care pathways. We will meet the financial savings required for 2014-15 in the Medium Term Financial Plan by delivering the objectives of the Adult Social Care Transformation Programme.

### 2. Implement the Integrated Care and Support Pioneer Programme and Delivery Plan, integrating Health and Social Care commissioning and service delivery (including Better Care Fund)

We will work alongside Commissioning and our health and social care partners to implement the Integrated Care Pioneer Programme and Action Plan. The service we deliver to the public will be improved through integrated commissioning and service provision, avoiding duplication and ensuring clearer care and support planning from strategic to individual service user level.

### 3. Improve social care practice, keeping vulnerable adults safe, promoting independence and fulfilling lives for all

Our workforce will be trained, qualified, supported and clear about their roles and accountabilities which will improve the experience for the public in contact with the service. Social work staff will be appropriately trained and supported to operate the modernised services introduced under the Adult Social Care Transformation Programme. All staff will be clear about their accountabilities through personal action planning and individual performance management. Staff will receive regular supervision; reflect on their practice, development and performance management. Social care staff will be clear about how they deliver quality standards through systematic sharing of best practice, lessons learnt and developing their understanding of the inspection and regulatory framework for adult social care.





## Learning Disability and Mental Health key priorities for 2014/15

### 1. Keep vulnerable people safe through robust and effective safeguarding procedures

We will work to ensure that our safeguarding monitoring and practice are of the highest standards and continue to focus our efforts to eliminate abuse and discrimination. Our lead role in co-ordinating the development of policies, procedures and practice with other agencies including providing training programmes and regular audits will ensure quality of practice. All our service users will be able to lead safe and fulfilling lives.

### 2. Work in partnership across health and social care to encourage innovation, improve efficiency and support healthy and productive lives for people in Kent

We will continue to work in partnership with health to deliver effective, seamless services to the vulnerable adults in our care. Our integrated teams, including a range of health and social care professionals, will continue to support people with learning disabilities live full, active lives in their local communities.

As we continue to innovate and improve efficiency through our partnership we will provide that most appropriate type and level of support, helping people to take care of their health and well-being and be active and productive in their daily lives.



### 3. Ensure that there is a smooth transition for vulnerable young people from health, education and Specialist Children's Services into Adult Social Care Services

The transition from childhood to adulthood can be a turbulent time for young people but this can be particularly so for disabled young people who might be in contact with a number of services. In 2014/15 the Division will work with our colleagues in health, education and Specialist Children's Services, to ensure a joined up approach to transition and work collectively to update transition protocols for staff so that they are fit for purpose. We will ensure the transition arrangements in Kent are compliant with the requirements of the Children and Families Act 2014 and with the Care Act (when enacted).

We will meet the Corporate Parenting responsibilities for young people leaving care at age 18 who are eligible for adult social care services. We will review the Direct Payments pilot whereby one organisation administers the issuing of direct payments for children and young adults to minimise any disruption when the young person reaches the age of 18. The Division will seek feedback from stakeholders, including young people and their parents/carers on the transition arrangements and we will explore different models and configurations of transition services so that access to Adult Social Care Services is seamless.

By working with colleagues involved in delivering 0 to 25 services we will ensure that young people do not lose out on opportunities for education, training and employment. The Becoming an Adult booklet will be updated for young people so that it is not learning disability specific but relevant for all disabled young people who might be likely to access Adult Social Care.





## Commissioning key priorities for 2014/15

### 1. Improving safeguarding and quality monitoring

We will develop the quality in care framework and monitoring process across Social Care, Health and Wellbeing to ensure robust processes are in place for all commissioned services. Best practice will be embedded across the organisation, utilising intelligence from operational teams and the Care Quality Commission to reduce the number of care homes with a safeguarding concern.

### 2. Contribution to the delivery of the transformation programme (Facing the Challenge)

To meet the financial savings required for 2014-15 in the Medium Term Financial Plan we will continue to review services commissioned for adults, children, young people and their families to ensure efficiencies and best practice are achieved. Programme 2 is now being progressed with our partners Newton Europe. The progress of transformation is rigorously monitored through Transformation Board, Budget Board and Cabinet Members.

### 3. Develop the commissioning function including training

We will continue the work already in progress with the Clinical Commissioning Groups to deliver coherent processes and systems across health and social care to identify opportunities for integrated commissioning. We will develop new ways of working with the community and voluntary sector, and provide training and events to support them.

Working with Corporate Procurement we will continue the development of the commissioning function, embedding best practice, building on work with the Institute of Public Care, Oxford Brookes University to identify best use of the remaining development days as part of our partnership arrangement.

## Public Health key priorities for 2014/15

### 1. To work in partnership with organisations across the public sector to maximise the impact of our work, and to ensure that Public Health outcomes are integral to the design and delivery of services

We will work with colleagues in the public sector, and our partners including Clinical Commissioning Groups, and Local Health and Wellbeing Boards to ensure that Public Health outcomes are integral to the design and delivery of services, using the expertise of public health consultants to inform and influence decision making.

We will ensure that the Joint Strategic Needs Assessment is used to inform the whole public sector, and that it will support the development of services targeted to achieve maximum effect. We will support the work of the Better Care Fund to deliver the integration of health and social care and a whole systems approach to reducing the need for acute interventions.

### 2. To improve services through effective commissioning

We will continue to develop effective commissioning processes that allow us to achieve our outcomes, whilst developing greater diversity of supply. By ensuring all contracts are subject to a competitive tendering process and contract management is maintained to the highest standard, we will deliver efficient and effective services whilst achieving our targets identified for 2014-15 in the Medium Term Financial Plan.

### 3. To improve access and awareness of services through effective, joined up communication and campaigns

We will examine our services through the prism of public access, ensuring that they can be accessed in as simple a way as possible. By developing effective, joined up communication we will improve public awareness of services and innovative campaigns will encourage the people of Kent to improve their health. We will develop a coordinated approach across public health services ensuring that cross-promotion is embedded in their structure.

## Directorate Resources

The total gross expenditure for the Social Care, Health and Wellbeing Directorate for 2014-15 is: £665m. The high-level budget breakdown is shown below.

### 2014/15 Budget

2013-14 Revised Budget	Division	FTE	Staffing	Non staffing	Gross Expenditure	Service Income	Net Expenditure	Grants	Net Cost
		£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
11,999.2	Strategic Management and Directorate Budgets <b>(Andrew Ireland)</b>	7.5	978.0	9,598.5	10,576.5	-160.0	10,416.5	0.0	10,416.5
8,520.3	Commissioning <b>(Mark Lobban)</b>	192.5	7,877.6	22,126.0	30,003.6	-5,933.2	24,070.4	-15,553.9	8,516.5
172,198.0	Learning Disability and Mental Health <b>(Penny Southern)</b>	789.3	27,016.4	161,608.0	188,624.4	-13,317.6	175,306.8	-2,708.4	172,598.4
170,138.7	Older People and Physical Disability <b>(Anne Tidmarsh)</b>	1,352.0	36,037.7	220,590.3	256,628.0	-96,823.3	159,804.7	-6,610.0	153,194.7
384.0	Public Health <b>(Andrew Scott-Clark)</b>	56.0	3,647.2	34,552.7	38,199.9	-38.7	38,161.2	-38,161.2	0.0
124,109.4	Specialist Children's Services <b>(Mairead MacNeil)</b>	1,158.5	54,729.4	86,854.4	141,583.8	-4,214.2	137,369.6	-15,360.2	122,009.4
<b>487,349.6</b>	<b>Total</b>	<b>3,555.8</b>	<b>130,286.3</b>	<b>535,329.9</b>	<b>665,616.2</b>	<b>-120,487.0</b>	<b>545,129.2</b>	<b>-78,393.7</b>	<b>466,735.5</b>

The gross expenditure for 2014-15 (£665m) is £178m higher than the Family and Social Care Directorate budget for 2013-14 (£487m). This is a consequence of the creation of the new Social Care, Health and Wellbeing Directorate. The Council has re-organised its services integrating the Public Health Division from the former Business Strategy and Support Directorate and Commissioned Services from the former Customer and Communities Directorate to the new Social Care, Health and Wellbeing Directorate.

Management of Children's Centres (£17m) and Early Intervention and Prevention Services (£9.7m) transfers to the new Education and Young People's Services Directorate.



## Workforce and Organisational Development Priorities

As our services become increasingly focused on meeting needs most efficiently we will need outstanding financial, operational and delivery skills so that we can exploit new ways of working through best use of technology and achieve value for money in everything that we do.

Our workforce development priorities for 2014/15 are set out in the Workforce and Organisation **Development Plan**. This will help us to develop a workforce that is flexible, adaptable to change and that has the skills, competencies and capacity to deliver the priority to 'Managing Change Better' in the transformation and integration programmes set out in Facing the Challenge. Our workforce strategy will support our employees to ensure that they have the ability to work across and outside the Council, sharing expertise and skills, with our resources directed to where they are needed most.

As a public service we strive to become more business-like, more dynamic, more decisive and more resilient. We will increase the challenge to our services to continue to improve their processes and better demonstrate the impact of their work.

We are committed to leading a flexible workforce which is flexible both in its skills and in the way and

location in which it works. Our workplaces are based in different parts of the county and are connected via the internet so that staff can interact and work with one another in a collaborated environment, regardless of where they are. An essential part of this development is to make sure that our leaders and managers have the skills and tools to manage a flexible team.

These priorities are supported by four strategic staff development frameworks including Leadership & Management, Social Care, Support Staff and Health & Safety, which have been developed in collaboration with managers and staff across the organisation and are designed to support all staff, whatever grade or job role, develop the skills and knowledge required to improve performance across the organisation.

An Action Plan will be drawn up by the Directorate Organisation Development (OD) Group.



The Action Plan will detail key Directorate strategic workforce priorities and OD activities that are being undertaken to ensure that the Directorate has a highly skilled workforce that is flexible, responsive and effective in meeting service needs, particularly in the current climate of significant change. Priorities include:

Contribute to the KCC Strategic Workforce Development priorities, relating to Facing the Challenge, as defined by the KCC OD Group.

Building on the Social Care Development Framework, identify the core knowledge, skills and techniques needed to work in an effective integrated way for all Directorate services.

Use of workforce planning tools, such as succession planning and talent management, to ensure there are no gaps in service delivery and provide career development opportunities for staff to broaden their knowledge and experience within KCC, by encouraging movement within and between services (e.g. secondments, cross service projects, mentoring and work shadowing). This will include effective recruitment and resourcing targeted at key gaps within services.

Promote workforce development opportunities and build capacity and capability across the Directorate by ensuring that staff at all levels engage with and benefit from the new development and training frameworks: the Staff Development Framework for support and administrative staff; the Social Care Development Framework and the Management and Leadership Development Framework, including the Management and Leadership Social Care offer.

Undertake workforce development in areas that require new skills or are subject to significant change, e.g. Safeguarding/Mental Capacity Act, Care Bill, Children and Families Act, Special Educational Needs and Disabilities (SEND), Preventative Services, Integrated working, Commissioning, contract management, data analysis and performance measurement.

Effective performance management to ensure effective management of services and high quality service delivery, utilising a competency based framework. This will include appropriate support for qualifications and agreed principles for progression.

Support Managers within the Directorate to achieve the new Kent Manager Standard, which has been designed to ensure managers are equipped to deliver 'Facing the Challenge'.

## In addition, the implementation of 'Facing the Challenge' within the Directorate will need to be supported by:

Facilitated sessions and support for new teams coming together to form new services and in doing things differently

Knowledge and implementation of Organisation Design methodologies including use of 'Lean' processes in service redesign and exploring new service delivery models

Developing self-sufficient managers and workforce through cultural change and building skills, confidence and flexibility.





## Key Directorate Risks and Resilience

Effective risk management is essential to ensuring we can achieve the challenging priorities and targets set out in this Statement, and is driven by the Council's objectives to enable the achievement of the aims set out in Bold Steps for Kent. Our risk management process informs the business planning and performance management processes, budget and resource allocation, to ensure risk management supports the delivery of our organisational priorities and objectives.

Social Care, Health and Wellbeing maintains a Directorate Risk Register which is regularly monitored and revised to reflect action taken to mitigate the risk occurring or increasing. As risks de-escalate they are removed from the register and where necessary, new emerging risks are added.

The directorate takes a mature approach to risk, involving an appropriate balancing of risk and reward to ensure that threats to achievement of objectives are appropriately managed, while opportunities are enhanced or exploited to achieve the required transformational outcomes.

### The key risks to the directorate for the coming year are:

Ensuring delivery of benefits from the Adult Social Care Transformation Portfolio, including the need for savings to be realised in tight timescales, while ensuring appropriate alignment with wider key organisational change programmes. This links to the ongoing challenge of managing demand for Adults and Children's Social Care services, a significant corporate risk for the Council.

Delivery of our statutory duties to safeguard vulnerable adults and children, ensuring we keep strong management controls while facing challenges such as recruitment and retention of permanent high quality workforce.

Reacting to and embedding recent and future legislative changes such as the Health and Social Care Act 2012, Welfare Reform Act 2012, Children and Families Act 2014 and the Care Bill.

Ongoing public sector financial pressures which also impact on our partner organisations and private sector providers.

The ability of the Kent and Medway Partnership Trust to deliver sufficient mental health services in order to meet statutory requirements.

Achievement of the targets and benefits from the Children's (Social Care) Transformation Programme and the 0-25 Transformation Portfolio whilst not having an adverse effect on children's services.

The move towards integrated Health and Social Care and delivery of the joint Council / Clinical Commissioning Group Health and Social Care Commissioning Plan, which will require major change in ways of working.

Ensuring continuity of public health services whilst, for the first time, procuring through the market place.

Ensuring that ICT systems are fit for purpose and utilised to act as a key enabler of change.

The management/governance/security of information being handled by our staff and also information owned by the authority but accessed by partner agencies.

Ensuring that the directorate can continue to effectively provide at least essential services during any disruption or emergency, including public health protection responsibilities

Ensuring the stability in the current supply of housing related support services as the planned transformation takes place.

## Several of these risks feature on the Corporate Risk Register due to their potential organisation-wide implications:

Safeguarding of vulnerable adults and children;

Health and Social Care integration;

Management of demand for adult and children's social care;

Welfare reform changes.

The Directorate will also contribute to the mitigation of several corporate risks, including a key involvement in organisational transformation to meet the financial challenges facing the Council.

More detail of these risks and their mitigating actions are outlined in the **Directorate Risk Register** for the Social Care, Health and Wellbeing Directorate.

## Sustainability

The priorities set out in the Directorate's Strategic Priorities Statement build on the achievements in meeting the Council's commitment to the Kent Environment Strategy that were integral to Bold Steps for Kent. The Council's Environment Policy and Sustainability & Climate Change Programme set out the framework for delivering the Kent Environment Strategy and our corporate targets to 2015. Our compliance is monitored through the Environmental Management System and our accreditation to ISO14001.

The Directorate Management Team has overall responsibility for the Environmental Management System, including maintaining the environmental policy and providing adequate resources for implementing and maintaining the system on a strategic basis to ensure the directorate contributes to the corporate targets.

The Directorate outlines how we will deliver its priorities through the annual Sustainability and Climate Change Action Plan, which is a Public Health Outcome Framework target. The Action

Plan is designed to ensure compliance with any relevant environmental legislation, awareness of the Directorate's significant environmental impacts and the reduction of our impacts and continual improvement of our environmental performance. We recognise the vital role that the Director of Public Health and Health and Wellbeing Board can take in developing locally relevant plans.

Further details about our actions and outcomes can be found in the Directorate Sustainability and Climate Change Action Plan.



## Key Performance Indicators and Activity Thresholds

To make sure we are providing our services in the right way, we have a series of key performance measures and milestones that reflect what we set out to achieve. These Key Performance Indicators (KPIs) support the delivery of our key priorities detailed in this Statement.

We use our monthly Performance Dashboard to track how well we are progressing; identifying quickly any areas where we may need to improve or take action. Our overall performance in delivering against our strategic priorities will be measured by these indicators, which are published in our Quarterly Performance Report.

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

### Our Quarterly Performance Report

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

Each Directorate produces a regular performance report of progress made against targets set for Key Performance Indicators and monitoring of activity against expected Upper and Lower thresholds. A selection of the Key Performance and Activity Indicators is also reported each quarter within a Council wide Performance Report. The Targets for Key Performance Indicators and Activity Thresholds for 2014/15 are outlined below.

## Key Performance Indicators

Ref	Indicator Description	2013/14 Actual	2014/15 Floor	2014/15 Target
SCS01	Children in Care Stability of Placements: Length of time in placement – percentage in same placement for last 2 years		63%	70.0%
SCS02	Children in Care Stability of Placements: Placement Moves – percentage with three or more placements in the last 12 months		12%	9.0%
SCS03	Percentage of children in KCC Foster Care			TBC
SCS04	Percentage of children leaving care who were adopted		9.8%	13.0%
SCS05	Percentage of case holding posts filled by permanent qualified social workers		77.7%	*86.0%
SCS06	Percentage of children becoming subject to a Child Protection Plan for a second or subsequent time within 24 months		2% + 13%	7.5%
SCS07	Percentage of on-line Case File Audits judged adequate or better		85%	100.0%

\* Targets are phased by quarter across the year and increase from previous year result to the final target by equal stages each quarter.

## Key Performance Indicators

Ref	Indicator Description	2013/14 Actual	2014/15 Floor	2014/15 Target
PH/AH/01a	Proportion of eligible population receiving an NHS Health Check	34%	40%	50%
PH/AH/01b	Proportion of NHS Health Check invites sent of the eligible population	100%	90%	100%
PH/CYP/01b	Excess weight (overweight or obese) in 10-11 year olds (%)	32.7%	TBC	TBC
PH/CYP/01c	Participation rate of Year R pupils measures as part of the NCMP	94.2%	85%	95%
PH/CYP/01d	Participation rate of Year 6 pupils measures as part of the NCMP	92.4%	85%	90%
PH/AH/02	Number of people quitting, having set a quit date with smoking cessation services	5,000	TBC	TBC
PH/SH/01	Proportion of clients accessing GUM offered an appointment seen within 48 hours	97.4%	90%	95%
PH/AH/05	Number (or %) of clients accessing Weight Management Services experiencing a decrease in BMI	TBC	TBC	TBC
PH/SH/02	Positivity rate of Chlamydia per 100,000	1,485.6	1,840	2,300
PH/AH/03	Proportion of women breast feeding at 6-8 weeks	40.6%	40%	46%
CS01	Successful treatment completions as a proportion of all Adult drug users Kent (rolling 12 months)	19.3%	15%	21%
CS02	Adult drug users that complete treatment successfully and do not represent within six months	96.7%	70%	80%
CS03	Successful treatment completions Adult alcohol users in treatment	36.3%	40%	45%
CS08	Users of short term housing related support services who successfully move on from temporary living arrangements	79.6%	66%	80%
CS09	Users of long term housing related support services and floating support who have achieved or maintained independence	98.5%	94%	98%

Ref	Indicator Description	2013/14 Actual	2014/15 Floor	2014/15 Target
ASC01	% Contacts resolved at source			55%
ASC02	Number of people receiving Telecare			TBC
ASC03	Referrals to enablement			740
ASC04	KSAS high Priority applications assessed within one working day	New	TBC	TBC
ASC05	KSAS Medium Priority applications assessed within four working days	New	TBC	TBC
AASC06	KSAS Low Priority applications assessed within ten working days	New	TBC	TBC

Current performance against our Key Performance Indicators and targets can be viewed in the Quarterly Performance Report and Directorate Dashboard.



## Activity Indicators - Thresholds represent range of the activity expected

	Indicator Description	Threshold	Q1	Q2	Q3	Q4	2014/15 Expected
SCS 08	Number of Referrals in the Quarter	Upper	4,800	4,800	4,800	4,800	19,200
		Lower	3,800	3,800	3,800	3,800	15,200
SCS 09	Number of Children in Need (Quarter end snapshot)	Upper	9,000	9,000	9,000	9,000	
		Lower	7,800	7,800	7,800	7,800	
SCS 10	Number of children with a Child Protection Plan (Quarter end snapshot)	Upper	1,300	1,300	1,300	1,300	
		Lower	900	900	900	900	
SCS 11	Number of indigenous Children in Care (Quarter end snapshot)	Upper	1,700	1,700	1,700	1,700	
		Lower	1,400	1,400	1,400	1,400	
CS 05	Number of Adult drug users in treatment (in the last 12 months)	Upper	2,900	2,900	2,900	2,900	
		Lower	2,600	2,600	2,600	2,600	
CS 06	Number of Adult alcohol users in treatment (in the last 12 months)	Upper	1,800	1,800	1,800	1,800	
		Lower	1,600	1,600	1,600	1,600	
AS01	Number of older persons in residential care		2654	2614	2574	2536	2536
AS02	Number of older persons in nursing care		1417	1417	1417	1417	1417
AS03	Number of older persons receiving domiciliary care		4898	4698	4398	4037	4037
AS04	Number of people with learning disabilities in residential care		1244	1243	1242	1240	1240
AS05	Contacts resolved at source		45%	48%	51%	55%	55%
AS06	Number of people receiving Telecare						TBC
AS07	Number of enablement referrals		790	790	800	800	800

Social Care, Health and Wellbeing Directorate

## Strategic Priority Statement

2014-2015

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