

Council

29 February 2024

Adult Social Care Structural Review and Budget Addition

Portfolio Holder: Councillor Teresa Murray, Deputy Leader of the Council

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Summary

Adult Social Care covers a wide range of activities to help people who are older or living with disability or physical or mental illness, live independently and stay well and safe. The Care Act 2014 sets out local authorities' duties when assessing people's care and support needs.

This report proposes a level of increased investment in the permanent staffing of Adult Social Care and a restructure to enhance efficiency, improve service delivery, ensure financial sustainability, and improve the overall quality of care provided to our clients.

The report was previously considered by the Cabinet on 13 February 2024, the decisions of which are set out at section 7 of the report.

1. Recommendations

1.1 The Council is requested to note the decisions of the Cabinet, as set out at section 7 of the report.

1.2 The Council is requested to note that the Capital and Revenue Budget report, included elsewhere on the Council agenda, will ask the Council to agree the addition of £2,413,261 to the Adult Social Care revenue budget for 2024/25.

1.2 The Council is requested to note that any ongoing requirements would need to be addressed through the Council's budget setting processes.

2. Budget and policy framework

2.1 Cabinet is responsible for ensuring that expenditure remains with the Council's approved budget; it remains the responsibility of Council to approve additions to the budget. The decision is within the council's policy and budget

framework, including the Council Plan, subject to the provision that changes to the services budget are approved by full Council.

3. Background

- 3.1 The Care Act specifies the general legal duties that Local Authorities have towards every individual living in their local area, regardless of whether they have needs for care and support, eligible needs, or neither. These duties apply regardless of how long individuals have been living in the local area for.

These general duties are:

- Promoting individual wellbeing
- Preventing needs for care and support
- Promoting integration of care and support with health services
- Providing information and advice
- Promoting diversity and quality in provision of services
- Co-operating
- Safeguarding adults at risk of abuse or neglect

- 3.2 On 1 April 2023, a new duty was placed on the Care Quality Commission (CQC) to assess local authorities' delivery of their adult social care duties under Part One of the Care Act 2014. The Health and Care Act 2022 puts the CQC assurance of local authorities on a statutory footing. The Health and Care Act 2022 also links across to the Mental Health Act and the Mental Capacity Act, meaning that CQC will also assess Medway's performance in these areas.

- 3.3 Linked to this new duty is a power for the Secretary of State to intervene where, following assessment under the new duty, it is considered that a local authority is failing to meet their duties.

- 3.4 In recognition of the financial challenges facing Medway, we requested the Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS), through the Partners for Care and Health (PCH) programme, to undertake an independent finance review and its use of resources in Adult Social Care.

- 3.5 The LGA and ADASS are Partners in Care and Health working with well-respected organisations. PCH helps councils to improve the way they deliver adult social care and public health services and helps Government understand the challenges faced by the sector. The programme is a trusted network for developing and sharing best practice, developing tools and techniques, providing support, and building connections. It is funded by Government and offered to councils without charge

- 3.6 Medway wanted the independent review to focus on a better understanding of the budget pressures relating to adult social care and to explore potential areas to make savings which can support longer term financial sustainability

for the Council. This would enable the development of a realistic and achievable savings programme for implementation in adult social care.

- 3.7 The report produced by PCH acknowledged the challenges and barriers to development identified by the Medway council and recommended areas of work that the council could focus on to make savings. This included the fact that our social work workforce is reliant on a significant proportion of agency staff. This is both expensive and may prevent the effective strength-based practice being embedded. PCH recommended that recruitment into permanent posts is undertaken.
- 3.8 The service has encountered an increasingly challenging recruitment and retention landscape, exacerbated since the pandemic and the growth of the homeworking model. The service is dangerously reliant on locum social workers. Despite having some very talented locum social workers, the inherent fragility across the division places the service and the Council at a high risk from increased costs, inconsistent ways of working, rapid and regular resource level fluctuations and wasted resources in recruitment and training of replacement social workers. Limited resources in Business Operations and Provider Services means the service are not able to focus on further improving our in-house care services, increase our income, prevent the increase of or reduce levels of debt, or support our care providers to improve through quality assurance.
- 3.9 The increase in demand, demonstrated in Tables 1 and 2 of this paper, along with limited resource due to a restructure in 2017 that reduced resource to deliver savings, has resulted in Adult Social Care holding waiting lists for assessments and reviews for both people requiring care and their Carers.

Metric Type	Value Type	2019/20	2020/21	2021/22	2022/23
Requests for support from new clients, aged 18+	Count	8,535	8,505	9,690	11,160
Requests for support from new clients as % of population, aged 18+	%	4.00	3.98	4.49	5.17
Requests for social care support from new clients aged 18-64	Count	2,615	2,645	3,035	3,565
Requests for support from new clients as % of population, aged 18-64	%	1.55	1.57	1.79	2.10
Requests for social care support from new clients aged 65+	Count	5,920	5,860	6,655	7,595
Requests for support from new clients as % of population, aged 65+	%	13.20	12.94	14.36	16.39

Table 1 - LGA Adult Social Care Use of Resources

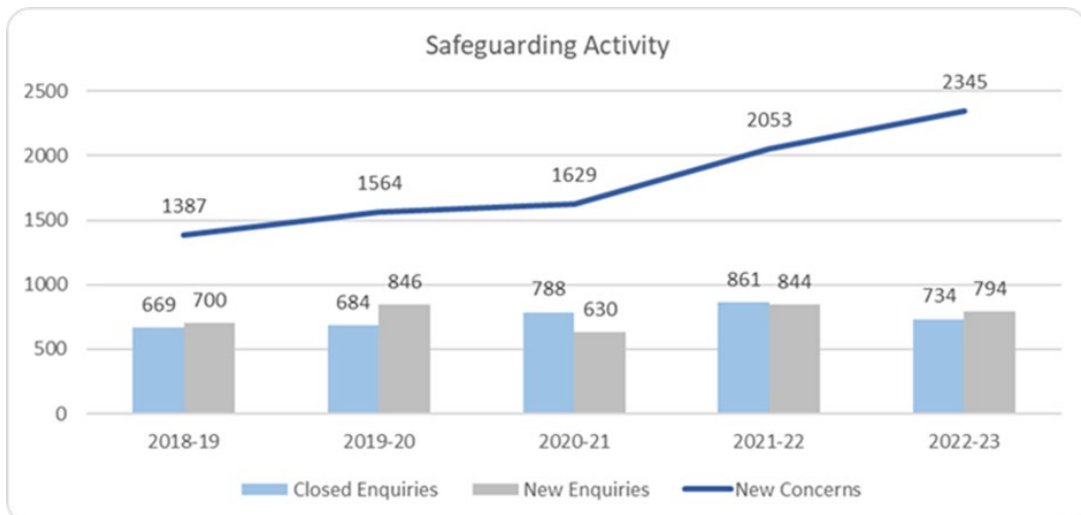
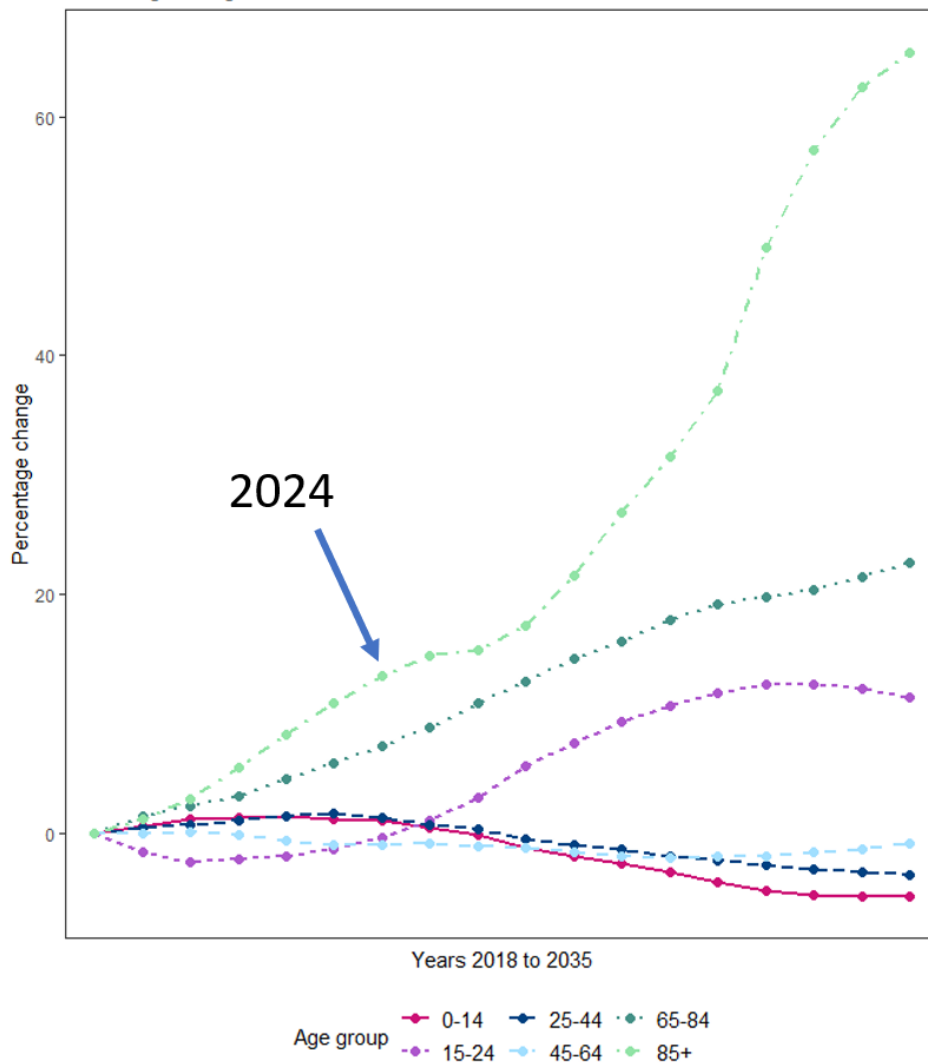


Table 2 – Safeguarding Adults Collection

- 3.10 The longer people wait for an assessment the higher the risk that their condition will deteriorate, they will become mentally or physically unwell, they may suffer a fall, or continue to suffer unreported or concealed abuse or neglect.
- 3.11 Carers who have not had a break from caring are more likely to report having suffered mental ill health as a result of caring, or that their physical health has worsened as a result of caring. Without the break, there is risk of carer breakdown.
- 3.12 These have an impact on the ASC budget, due to increased levels of care and support being necessary.
- 3.13 Approximately 2,900 clients require an annual review. There are in the region of 1000 reviews outstanding.
- 3.14 There are approximately 1430 carers being supported by Medway Council. There are in the region of 900 reviews outstanding.
- 3.15 Table 3 demonstrates that the proportion of the population that is aged 65-84 years and 85+ has been increasing steadily and will continue to do so for the coming years, with a particularly large increase in those aged 85+ predicted in the next few years.

Projected population for Medway

Percentage change from 2018



Source: ONS. Population projections for local authorities. 2018 based.

Table 3 – Percentage Population Change for Medway

4. Additional Capacity

4.1 Following a review of the current structure with the Adult Social Care Senior Management team, a comprehensive rightsizing strategy is proposed, with the objective of strengthening and realigning resource to support capacity and meet demand.

4.2 Several factors contribute to the need for additional capacity, including:

- Increasing demand for specialised services.
- Changes in legislation and other organisations pressures affecting adult social care.
- The necessity to streamline operations for cost-effectiveness.
- Creation of a more flexible and responsive workforce.
- Lack of capacity to enable social work teams to do their best work.

- Resilience - current staffing is overstretched due to a number of factors, including long-term vacancies and cover for long-term sickness absence.
- There is no resilience to manage through times of staff shortage both the predictable (leave, training) and the unpredictable (sickness disciplinary, staff turnover). Failure to have sufficient staffing leads to backlogs in assessments and reviews and/or unacceptably high caseloads.
- Lack of business support - not all teams currently have business support, and there is limited job-sharing. This has placed additional pressure on the service, with frontline staff spending time on administrative duties instead of working with vulnerable adults.
- Reliance on locums - unsustainable and rising costs and implications for continuity of care for vulnerable adults.

4.3 Achieving the right numbers of staff to undertake the work is a crucial step in ensuring that ASC is appropriately structured, resource-efficient, and capable of providing quality services in a sustainable manner. It enables adaptability, strategic focus, and a person-centred approach, ultimately contributing to the long-term success and impact of Medway Council.

4.4 The total additional capacity required is as follows:

Senior Management Team

4.5 The management team requires additional resource to fulfil the tasks related to CQC inspection, client satisfaction, improved service to promote positive employee impact and transformation to deliver efficiencies and achieve savings.

4.6 This increases the team from **10fte** to **15fte**, at an additional cost of **£352,692**.

Practice Standards & Quality Assurance

4.7 Currently quality assurance consists of a Principal Social Worker (PSW) and a Practice Development Manager (PDM).

4.8 An investment in an additional PDM and QA auditor posts will support the monthly audit programme and will enable the PSW and PDM to embed the Quality Assurance Framework. This will bring about a focus on improving practice across the service and establishing a programme of continuous learning to ensure that lessons learned are applied to practice.

4.9 This increases the team from **2fte** to **5fte**, at an additional cost of **£258,488**.

Locality Teams

4.10 The Locality Teams do not have sufficient resource to respond to increasing demands which is impacting statutory work. This can lead to the decline in people's health and wellbeing stated in section 4 of this report.

- 4.11 It is proposed to increase social worker and social care officer capacity across the service to meet the increased demands. This will increase the service from **75.84fte** to **92.47fte** at an additional cost of **£800,801**.

Occupational Therapy Team

- 4.12 The Occupational Therapy (OT) team has grown as a result of the improved ways of working at the front door, with Social Care Officers (SCO's) moving from the Locality Teams into the OT team to undertake the Trusted Assessor (TA) work. This has resulted in the need for additional capacity to manage the increased demands on the service and staff responsibilities. The co-working with Locality Teams has been vital to the prevention agenda but has resulted in increased waiting lists for small aids and adaptations and major equipment.
- 4.13 This will increase the team from **30.94fte** to **40.44fte** at an additional cost of **£555,381**.

Admin Hub

- 4.14 The business support structure will need to align with the proposed new structure of social care teams as the current establishment is unable to support the significant number of teams within the ASC division. Staff are having to spend valuable time on administrative tasks taking them away from frontline work and their core roles which is neither cost nor time effective.
- 4.15 This will increase the team from **6fte** to **9fte** at an additional cost of **£122,790**.

Safeguarding Hub

- 4.16 The number of safeguarding concerns and new enquiries has been steadily increasing since 2015/16 with the exception of 2020/21 during the Covid pandemic when the number of new enquiries dropped slightly. Overall safeguarding concerns have seen a 69% increase in the last 5 years. (*SAC summary 2023*).
- 4.17 The staffing resource has not kept pace with the increased demand, alongside issues of social worker recruitment.
- 4.18 It is proposed to create a single safeguarding service to respond to the increased demand. This will increase staffing from **8.93fte** to **24.10fte** at an additional cost of **£726,038**.

Approved Mental Health Professional (AMHP) & Deprivation of Liberty Safeguards (DoLS)

- 4.19 AMHPs are mental health professionals who have been approved by a local social services authority to carry out duties under the Mental Health Act. The AMHP role is crucial to ensure that the rights of people in mental health crisis are protected, that detention is avoided whenever possible, that social issues are considered and that the views of people and families are included in

assessments under the MHA. The AMHP service is reliant on a large cohort of social workers from locality teams joining the rota on a weekly basis- known as mixed role AHMPs - which in turn has a negative impact on the Locality Team's capacity.

- 4.20 The DoLS team is small, consisting of 3.9 FTE. This has led to a back log cases and unprocessed applications which places the Council at risk of financial implications as seen by other Local Authorities.
- 4.21 It is proposed to increase the team from **9.61fte** to **17.6fte** at an additional cost of **£415,679**.

Transitions and Review

- 4.22 This team manages Targeted Review, Transforming Care, Continuing Healthcare and Transitions which has recently grown to include those Young People with a disability aged 18-25. The remit for this team has grown significantly over the past year which has meant that focus on other key areas of the team (Targeted Review and Continuing healthcare) has reduced due to capacity.
- 4.23 It is proposed to increase the team from **17.4fte** to **22.81fte** at an additional cost of **£269,237**.

Brokerage Team

- 4.24 The Brokerage Team is responsible for purchasing placements and packages of care for adults in the community and patients being discharged from hospital. Currently there is insufficient workforce to handle the increase in demand.
- 4.25 It is proposed to increase the team from **9fte** to **14fte** at an additional cost of **£207,300**.

Quality Assurance Team

- 4.26 The Quality Assurance Team work with care providers, supporting them to meet regulations and CQC standards. The sector has been undergoing significant challenges for some time and the Local Authority is obliged to support the sector.
- 4.27 It is proposed to increase the team from **4fte** to **7fte** at an additional cost of **£98,310**.

Finance Operations

- 4.28 Debt officers are spending most of their time generating invoices and responding to queries from social care clients. Due to insufficient resource the debt is increasing as the team do not have sufficient resource to complete the debt cycle.

- 4.29 By increasing the capacity of the team we expect to reduce ASC debt and increase monthly income through payment of invoices within 56 days.
- 4.30 It is proposed to increase the team from **9fte** to **12fte** at an additional cost of **£118,461**.

Self-Directed Support

- 4.31 The self- directed supports team aids 514 ASC customers to manage their direct payment, they also support carers in receipt of a Direct Payment (DP). Their role involves supporting individuals to efficiently purchase support for best value. They generate cost avoidance and cost savings.
- 4.32 The team support DP recipients to become employers and recruit their own staff. For each hour of support provided by a personal assistant the council saves £4 in comparison to an hour of commissioned care delivered by a framework provide. With additional resources the team can focus on recruiting PA's and expand on the successful work carried out with the transforming care cohort, whereby a dedicated coordinator secures and supports a PA workforce to provide personalised support to our most complex clients, providing the right support at the right time to enable the person through transition and reduce support overtime.
- 4.33 It is proposed to increase the team from **13.2fte** to **15.6fte** at an additional cost of **£100,426**.

Shared Lives

- 4.34 Shared Lives offers people who require care and support the opportunity to live independently in the community and can be an alternative to living in a care home, housing with care or housing with support. The Shared Lives scheme matches people who need care and support with an approved carer. The Shared Lives service currently works with 41 carers, 29 of whom provide long term care. Research from Shared Lives Plus states on average a Shared lives placement saves up to £30K. The current staffing levels in Shared Lives, does not allow for a consolidated and sustained recruitment campaign. The additional investment in staff would be recouped through the recruitment of additional carers providing long term care.
- 4.35 It is proposed to increase the team from **5.03fte** to **8.03fte** at an additional cost of **£148,600**.

Client Financial Affairs

- 4.36 The Client Financial Affairs Team manage the finances of people supported by Adult Social Care, that do not have capacity to manage their own finances. The Office of the Public Guardian (OPG) expects officers to visit clients once a year and the 'visit' by the OPG considers this when determining how well

the LA acts as Corporate Deputy. Administrative support is required to enable the officers to carry out their duties.

- 4.37 It is proposed to increase administrative capacity within the team from **1.05fte** to **3.00fte** at an additional cost of **£57,653**.

Social Care Systems

- 4.38 The Social Care Systems Team develop and maintain the IT systems for Children and Adults Social Care, Education (SEN) and Youth Services. They also support the directorate by overseeing the Kent & Medway Care Record on behalf of Medway Council.
- 4.39 It is proposed to increase the team from **10.68fte** to **11fte** at an additional cost of **£80,291**.
- 4.40 There are smaller changes not included in the paper and in total the overall proposal results in an investment requirement of **£2,413,261** for the additional permanent staff required across the establishment and HR and Finance support (see **Appendix 1**). Whilst the total cost for new posts is £3,986,203, income of £995,398 and an assumed vacancy rate of 5% across Adult Social Care results in the required investment figure.
- 4.41 In addition to having the right numbers of staff in the right team, one of the other key actions will be to build a compelling workforce offer from which to attract, recruit and retain a skilled and experienced permanent workforce. There are currently a total of 44 locums within the service either covering vacant posts or over establishment. Investment in a targeted recruitment and retention campaign will be critical to help support the reduction of locum spend. It is anticipated that an investment of **£100,000** will be required to support a sustainable recruitment campaign for 2024/2025.
- 4.42 The anticipated impact of rightsizing and reorganising, will address the following aspects across Adult Social Care.
- Provide a good social care service to our residents
 - Increase chances of receiving a positive CQC Assurance outcome.
 - Create a resilient model to meet statutory duties.
 - Significantly reduce or remove risks to individuals.
 - Specialized teams to address specific client needs.
 - Significantly reduce or remove risk of reputational damage and financial loss for the council.
 - Clear career progression path for staff development.
 - Improve succession planning.
 - Increase our visibility as an employer of choice.
- 4.43 Furthermore, the impact of rightsizing and reorganising will enable us to move towards a named worker model.

- 4.44 In 2018, the Social Care Institute of Excellence were part of a Department of Health and Social Care project looking at how people with learning disabilities, autism, or mental health needs - and their families - can be in control of decisions about their own future. In order to achieve this, it was important that people had access to a named social care worker. A named worker approach means providing dedicated caseworkers; main points of contact for people and their families and professional voices of challenge across the system.
- 4.45 This approach will:
- Enable people who draw on care to have a named worker they contact who understands their needs and strengths.
 - Reduce waits as people are no longer passed between social workers.
 - Increase staff satisfaction and sense of professional autonomy.
 - Increase focus on people's strengths and assets.
- 4.46 The 2018 project's evaluation found that, not only did this approach greatly improve outcomes for people, but it was also delivered cost effectively. Analysis of the economic impact of the pilot using a predictive financial return on investment (FROI) methodology generated an FROI of 5.14. This means that for every £1 invested in the model there was an anticipated return of £5.14. Of the savings, or costs-avoided the primary beneficiary was the local authorities, which attracted 89% of all financial benefits.

5. Options

- 5.1 Option 1 – Do nothing. The service will experience ever growing difficulties in retention and recruitment, placing additional strains on finances, consistency of advice and responding to client demand. This is not seen as a viable option.
- 5.2 Option 2 – Implement proposed restructure only. This will improve the service delivery model and improve career pathways, but the ongoing issues with capacity, staff morale and waiting lists will continue.
- 5.3 Option 3 – Implement additional capacity and proposed restructure. This will improve the service delivery model, improve career pathways, and importantly resolve the ongoing issues with capacity, improve staff morale and reduce waiting lists. It will also demonstrate to the CQC that we have plans to address the areas of concern identified. This is the recommended option.

6. Advice and analysis

- 6.1 Subject to the addition of funding to the Adult Social Care budget, it is proposed to introduce additional capacity and to restructure the service. This will support manageable caseloads, reduce risk, increase staff morale, and improve career progression. This alongside the improvement and innovation taking place in ASC will support recruitment and retention.

- 6.2 Whilst there is no guarantee that the proposed changes will be viewed favourably by the market to attract new colleagues, it is believed they will slow down the levels of attrition being experienced.
- 6.3 Medway ASC needs to create a workforce that is stable, permanent and of good quality. There is a need to reduce the current reliance on temporary and expensive agency staff and move to create a compelling recruitment and retention offer that can attract and keep the best staff and make Medway an employment of choice locally and regionally.
- 6.4 These developments, robustly managed and driven forward, will lead to an adult social care service that is both sustainable and affordable in the medium to long term and will create the necessary conditions for the service to receive a good rating in the future.
- 6.5 For the reasons set out above, Option 3 is the preferred option.
- 6.6 A Diversity Impact Assessment (DIA) is not required for the addition to revenue budget; however, a DIA will be completed as we undertake the proposed restructure. All recruitment and reorganisation decisions will be undertaken within the Council's employment policies.

7. Cabinet

- 7.1 The Cabinet considered the report on 13 February 2024 and its decisions are set out below:
- 7.2 The Cabinet recommended to Full Council the addition of £2,413,261 to the Adult Social Care revenue budget for 2024/25, as set out in paragraph 11.4 of the report.
- 7.3 The Cabinet noted that any ongoing requirements would need to be addressed through the Council's budget setting processes.

8. Risk management

- 8.1 Risk management is an integral part of good governance. The council has a responsibility to identify and manage threats and risks to achieve its strategic objectives and enhance the value of services it provides to the community.

Risk	Description	Action to avoid or mitigate risk	Risk rating
Failure to recruit and retain staff	Unable to attract to vacant posts and retain existing colleagues	Increased capacity will enable the introduction of manageable caseloads, improve practice, increase & enhance supervision all which will improve the reputation of Medway ASC as a good place	All

Risk	Description	Action to avoid or mitigate risk	Risk rating
		<p>to work and support staff retention.</p> <p>An investment in a sustained recruitment campaign will help raise the awareness of roles across Adults Social Care.</p> <p>Implement outcomes of MedPay review to reduce gap between current reward offer and market expectations and support retention.</p> <p>The proposed structure will improve career pathways aligning with MedPay.</p>	
Ongoing and increasing waiting lists	<p>The longer people wait for an assessment the higher the risk that their condition will deteriorate, they will become mentally or physically unwell, they will suffer a fall, or continue to suffer unreported or concealed abuse or neglect. This will in turn, lead to hospital admissions.</p> <p>As needs increase, the cost of care provided by the Council will increase.</p>	Increased staffing capacity will steadily reduce the number of people on the waiting list, ensuring the appropriate level of care is in place, thereby reducing cost.	All
Overspend	Revised structure may not resolve resourcing issues and the service may continue to overspend	<p>Robust performance and management arrangements.</p> <p>The service will work closely with HR on attraction campaigns and encourage</p>	BII

Risk	Description	Action to avoid or mitigate risk	Risk rating
		locums to convert to permanent roles.	
CQC Assurance of ASC	Limited capacity impacts on SW practice and this, along with waiting lists may lead to an unfavourable CQC outcome.	Increased capacity will enable the introduction of manageable caseloads, improve practice, increase & enhance supervision We can demonstrate to CQC we know ourselves and the areas we need to improve	BII

For risk rating, please refer to the following table:

Likelihood	Impact:
A Very likely B Likely C Unlikely D Rare	I Catastrophic II Major III Moderate IV Minor

9. Consultation

- 9.1 Consultation for the proposed structure will be carried out in line with the Council's HR policies and procedures.
- 9.2 The current structure is heavily reliant on locums and a new workforce strategy will be required in order to change this practice. LGA and ADASS are Partners in Care and Health (PCH). PCH has agreed to support Adult Social Care to develop a new workforce strategy.
- 9.3 There is no legal requirement to involve locums in engagement or consultation processes, a pro-active approach will be undertaken by the service to involve them in engagement meetings as the change proposals will have a direct impact on the number of locums in the future. These meetings provide an opportunity for individuals to consider whether they would wish to apply for permanent roles.

10. Climate change implications

- 10.1 [The Council declared a climate change emergency in April 2019](#) - item 1038D refers and has set a target for Medway to become carbon neutral by 2050.
- 10.2 There are no direct implications arising from this report.

11. Financial implications

- 11.1 The 2023/24 staffing budget for Adult Social Care is £11,922,346.
- 11.2 The latest budget monitoring is forecasting expenditure of £13,625,603, an overspend of more £947,467; this is due to the number of locums in the division.
- 11.3 The proposed staffing budget is based on a full complement of permanent workers. The service has a number of vacancies occupied by agency staff. The new establishment would support the transition of agency positions into permanent staff roles over time.
- 11.4 This report sets out changes to staffing levels across Adult Social Care that would require £2,413,261 (full year effect) to be added to the budget.
- 11.5 Following the agreement of Cabinet to recommend the budget addition to Council, the matter is due to be considered by Full Council at the meeting on 29 February 2024. It is anticipated that the changes would be implemented with effect from 1 April 2024. The full year effect of the restructure would need to be incorporated into the development of the budget for 2024/25.
- 11.6 A reduction in the budget pressure is expected by having the appropriate level of resource and by introducing the named worker model. This has been demonstrated in pilot areas who introduced the named worker model. However, as ASC performance has been declining for several years, we will need to embed change and improve practice in the first year to 18 months and are not likely to see significant savings as a result of this addition, until year 2 and 3.

12. Legal implications

- 12.1 The Care Act 2014 sets out local authorities' duties when assessing people's care and support needs. Local authorities must undertake an assessment for any adult with an appearance of need for care and support, regardless of whether or not the local authority thinks the individual has eligible needs or of their financial situation. Where an individual provides or intends to provide care for another adult and it appears that the carer may have any level of needs for support, local authorities must carry out a carer's assessment.
- 12.2 The Deprivation of Liberty Safeguards (DoLS), which apply only in England and Wales, are an amendment to the Mental Capacity Act 2005. The DoLS under the MCA allows restraint and restrictions that amount to a deprivation of liberty to be used in hospitals and care homes – but only if they are in a person's best interests. To deprive a person of their liberty, care homes and hospitals must request standard authorisation from a local authority.
- 12.3 The Mental Capacity Act 2005 is an Act of Parliament of the United Kingdom applying to England and Wales. Its primary purpose is to provide a legal

framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

- 12.4 The Council has a duty to meet its statutory requirements, the number of people waiting for an assessment, DoLS or review, leaves both the individual and the council at risk.

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Appendices

Appendix 1 Right Sizing and Restructure – Budget and FTE summary

Appendix 2 Proposed Structure

Background papers

None