ADULT SOCIAL CARE AND PUBLIC HEALTH POLICY OVERVIEW AND SCRUTINY COMMITTEE

Thursday, 10th November, 2011

10.00 am

Council Chamber, Sessions House, County Hall, Maidstone

AGENDA

ADULT SOCIAL CARE AND PUBLIC HEALTH POLICY OVERVIEW AND SCRUTINY COMMITTEE

Thursday, 10 November 2011 at 10.00 am
Council Chamber, Sessions House, County Hall, Maidstone

Ask for: **Theresa Grayell**
Telephone **(01622) 694277**

Tea/Coffee will be available 30 minutes before the meeting

Membership (13)

Conservative (11):	Mr C J Capon (Chairman), Mrs V J Dagger (Vice-Chairman), Mr R E Brookbank, Mrs P T Cole, Mr N J Collor, Mr J M Cubitt, Mr C Hibberd, Mr M J Jarvis, Mr J E Scholes, Mr C P Smith and Mr C T Wells
Liberal Democrat (1):	Mr S J G Koowaree
Labour (1):	Mr L Christie

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UNRESTRICTED ITEMS

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

The Committee has the option of breaking for lunch and continuing its business afterwards, if the weight of business dictates. The timing of the meeting will be determined on the day by the Chairman.

The Chairman will assume that all Members will read the reports before attending the meeting.

Item No

A. COMMITTEE BUSINESS

A1 Introduction/Webcasting

A2 Substitutes

A3 Declarations of Members' Interest relating to items on today's agenda

A4 Minutes of the meeting held on 20 September 2011 (Pages 1 - 10)

A5 Chairman's Announcements

A6 Oral Updates by Cabinet Member, Corporate Director of Families and Social Care and Director of Public Health

B. PRESENTATION

C. ITEMS FOR SCRUTINY

C1 Kent and Medway Safeguarding Vulnerable Adults Annual Report April 2009 - March 2010 and April 2010 - March 2011 (Pages 11 - 76)

D. PUBLIC HEALTH ITEMS

D1 Presentation on 'What is Public Health?' (Pages 77 - 98)

D2 Update of Public Health Expenditure (Pages 99 - 110)

E. ITEMS FOR CONSIDERATION

E1 'Live it Well' - the Kent and Medway Mental Health Strategy for 2010 to 2015 - Update (Pages 111 - 114)

E2 Update on the Kent Health and Wellbeing Board (Pages 115 - 118)

E3 Select Committee: Dementia - a New Stage in Life (Pages 119 - 146)

E4 Adult Social Care Budget Forecast and Savings Report 2011/12 and Debt Position September 2011 (Pages 147 - 150)

E5 Revenue Budget 2012/13 and Medium Term Financial Plan 2012/13 to 2014/15 (Pages 151 - 160)

E6 Families and Social Care In-House Services - Adults (Pages 161 - 164)

E7 Outcome of Formal Consultation on a New Service Model for Learning Disability Day Services in the Thanet District (Pages 165 - 194)

F. ITEMS PLACED ON THE AGENDA BY MEMBERS

G. SELECT COMMITTEE WORK

G1 Update on Select Committee Work (Pages 195 - 196)

EXEMPT ITEMS

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

Peter Sass
Head of Democratic Services
(01622) 694002
Wednesday, 2 November 2011

Please note that any background documents referred to in the accompanying papers may be inspected by arrangement with the officer responsible for preparing the relevant report.

KENT COUNTY COUNCIL

ADULT SOCIAL CARE AND PUBLIC HEALTH POLICY OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Adult Social Care and Public Health Policy Overview and Scrutiny Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 20 September 2011.

PRESENT: Mr C J Capon (Chairman), Mrs V J Dagger (Vice-Chairman), Mr R E Brookbank, Mr L Christie, Mrs P T Cole, Mr N J Collor, Mr J M Cubitt, Mr C Hibberd, Mr M J Jarvis, Mr S J G Koowaree, Mr J E Scholes and Mr A T Willicombe (Substitute for Mr C P Smith)

ALSO PRESENT: Mr N J D Chard, Mr G K Gibbens, Mr D A Hirst, Mr P J Homewood, Mr P W A Lake, Mr R J Lees, Mr R F Manning and Mr L B Ridings, MBE

IN ATTENDANCE: Mrs M Howard (Assistant Director of Adult Social Services), Mr A Scott-Clark (Deputy Director of Public Health, NHS E & C Kent), Ms P Southern (Interim Director of Learning Disability and Mental Health), Mrs A Tidmarsh (Director of Older People and Physical Disability) and Miss T Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

36. Minutes

(Item A4)

RESOLVED that the Minutes of the meeting held on 7 July 2011 are correctly recorded and they be signed by the Chairman.

37. Declaration of Members' Interest in items on today's agenda

Mr A T Willicombe made a general declaration of interest as a Trustee of Canterbury Carers.

38. Meeting dates for 2012

(Item A5)

Members noted that the following dates have been reserved for the POSC's meetings in 2012:

Tuesday 10 January
Friday 30 March
Friday 6 July
Friday 14 September
Friday 9 November

All meetings will take place at County Hall and will commence at 10.00 am. They may run into the afternoon if the weight of business dictates.

39. Chairman's Announcements
(Item A6)

The Chairman welcomed Penny Southern to the meeting in her new role as Interim Director of Learning Disability and Mental Health.

40. Retirement of Mrs Margaret Howard
(Item A7)

1. The Chairman paid tribute to the work Mrs Howard had undertaken in her current and previous roles in the County Council, and her wealth of experience from previous social care posts in the UK and abroad. He thanked her for her loyal service and offered his very best wishes for her retirement.

2. Mr Christie remarked upon Mrs Howard's impressive career in social care and remarked that the dedication of public servants was often not appreciated by the public. He added his thanks and best wishes.

3. Mr Koowaree added that working with Mrs Howard had been a great pleasure and her very approachable style had been a great help to Members.

4. Mr Gibbens thanked Mrs Howard for her advice and support when he first took on the Cabinet portfolio of Adult Social Care and was learning about the subject. He thanked her for her massive contribution over many years.

5. Mrs Howard thanked Members for their comments and support and said she had found it a pleasure and a privilege to work in Kent, and to work with Members to make a real difference to social care provision for the people of Kent.

41. Oral Updates by Cabinet Member, Director of Public Health and Assistant Director of Adult Social Care
(Item A8)

1. Mr Gibbens gave an oral update on the following:-

- *Homes Closure Update* - Manorbrooke and Ladesfield closure, seeking partners for Bowles Lodge and Sampson Court, all going smoothly. Members were invited to speak to him directly about any concerns.
- *Attended Hadlow College Presentation Day* - Qualification certificates awarded to young adults with learning disabilities
- *Attended Local Government Association Summit for Adult Social Care Lead Members*
- *Ambition Board 2 Update*
- *Health and Wellbeing Board Update* - first Shadow HWB taking place on 28 September.
- *World Mental Health Day on 10 October 2011*- Members were asked to support events going on to mark this day.
- *FSC Local Member Briefings now set up* - first one taking place in October for Ashford and Shepway Members

2. Mrs Howard gave an oral update on the following:-

- *Director appointments* – Penny Southern (Interim Director of Learning Disability and Mental Health), Mark Lobban (Director of Strategic Commissioning), both now in post, and Andrew Ireland (new Director of Families and Social Care) to start in November.
- *NHS Learning Disability transfer*- this had been completed in March 2011, with responsibility for service delivery for a total of 441 people transferring from the NHS to the County Council.
- *Good Day Programme* – two new services had now opened in Ashford and Canterbury which will facilitate the closure of the old centres. An update on the Thanet Good Day consultation will be made to the POSC's November meeting.
- *National Social Care policy update*

3. Members commented on the extent of change in senior staff over the last year, and the level of expertise which had been lost to the Council with senior staff leaving. Mr Gibbens said he was very pleased with the staff which had covered and taken over new roles during the transition period, and had every confidence in the strong new team now in place.

4. Mr Scott-Clark gave an oral update on the following:-

- *Management of Public Health budgets this year*
- *Cluster PCT Public Health return to Department of Health ahead of local authority allocations* – this will cover all public health expenditure (to KCC, to Public Health England, etc). Local authorities' shadow public health budgets will be published in December.
- *Progress with public health transition* – the Memorandum of Understanding had been approved by Cabinet. Guidance on the new working arrangements will be published in late September or early October.
- *Progress with smoking quitters* – the NHS target is the largest of the health inequalities issues. Both PCTs met their targets last year.

5. RESOLVED that the information given be noted, and a report on the Thanet Good Day Programme consultation be made to the POSC's November meeting.

42. Charging Policy for Home Care and other Non-Residential Services (Domiciliary Charging Policy)
(Item C1)

All Members had been invited to attend for this item, and Mr N J D Chard, Mr D A Hirst, Mr P J Homewood, Mr R J Lees, Mr R F Manning and Mr L B Ridings were present.

Mr M Thomas-Sam, Head of Policy and Service Standards, was in attendance for this and item D1.

1. Mr Thomas-Sam presented a series of slides which set out the reasons for the proposed changes, the consultation process and the responses to it. He emphasised that the proposed changes were in line with Fairer Charging and the practices of

neighbouring local authorities. KCC has a legal obligation to consult service users on any proposed changes to charges.

2. Mr Gibbens reminded Members that no decision had yet been taken on the proposed changes. The proposals had been considered by the Cabinet on 19 September, and he reminded Members of the commitment he had made at the POSC's July meeting to listen to comments made by the Cabinet and the POSC (at its April and July meetings), and to consider both when making the decision. He set out the reasons for the consultation:- to help people to live independently for as long as possible, to make the best use of scarce resources, and to treat people as fairly as possible. He added that officers would also make sure benefits were maximised for all affected people. He emphasised that Kent was amongst only 22 local authorities in the UK which had retained 'Moderate' eligibility criteria, and although Kent had always sought to protect and keep to this level, this inevitably had a cost.

3. Mr Thomas-Sam and Mrs Howard responded to comments and questions from Members, and the following points were highlighted:-

a) all service recipients, existing and new, will have an updated individual financial assessment which will aim to maximise their take-up of benefits for which they are eligible and assess their ability to pay any increased charges. If someone believes that their assessment is incorrect they can challenge it and ask for it to be re-calculated;

b) for new clients who have not been financially assessed before, this assessment will be undertaken face to face, while for existing clients it will be undertaken using financial information already on record. Clients will be notified that a review has been done using financial data held on record when they are informed of the new charges;

c) a report on the affect of the changes will be made to the POSC so that Members can monitor the impact. It was suggested that this be made after one year, in autumn 2012;

d) although fewer clients than previously access services, those who do tend to receive higher-value care packages; and

e) the level of a client's income which is protected is set by the Government every year, like benefit levels, and takes account of inflation.

4. In debate, Members expressed the following concerns, to which Mrs Howard, Mr Thomas-Sam and Mr Gibbens responded *(responses are shown in italics)*:-

a) one of the stated aims of the consultation exercise was to help people understand how the proposed changes will affect them, but 20% of those submitting written comments had said either that the proposals were too complex for them to understand or that they felt the consultation process was a waste of time as they believed the decision had already been made. *One of the key points of the consultation had been to explain and help people to understand the proposed changes, and officers and social workers were available to help explain them.*

The negative responses to the consultation were expected and understood, as it had been expected that people would not welcome any change which could lead to increased costs for them;

b) the way in which consultation results are presented in the appendix attached to the report to the POSC appears unbalanced. *Officers had taken great care to ensure the clarity of the information presented;*

c) the 'case study' examples of the likely impact of the proposals all show an increase in care recipients' costs of 30 to 40%. This would add to other increasing domestic costs (eg fuel and food) for the most vulnerable in society. When the charges for Domiciliary Care were increased in 2007, a cap was applied so that no-one would be asked to bear more than a 10% increase in any one year. *The examples given are transparent and do not hide that fact that some people will need to pay more. People's ability to pay will be assessed using prescribed guidelines, and anyone can request an individual assessment. KCC has the power to use its discretion and can take account of individuals' circumstances. For this reason, a cap is not being recommended;*

Mr Gibbens stated his commitment to ensuring that the most vulnerable in society will be protected from being burdened with increases which cause genuine hardship. Mrs Howard added that care management reviews and KCC's links with partner organisations who visit clients' homes will be used to check that people understand and are managing with the increased charges; and

d) Members sought and received from Mr Gibbens an assurance that he would do all he could to ensure that all service users understand how changes will affect them before implementing the changes.

5. Mr L Christie proposed and Mr S J G Koowaree seconded that the recommendation on page 26 of the papers be amended to read "In view of the potential impact on the elderly and most vulnerable residents of Kent, this Scrutiny Committee recommends that the Cabinet Member for Adult Social Care and Public Health does not implement the suggested increases in non-residential charges. The Committee urges the Cabinet Member to seek to persuade the Cabinet that the relevant amount of money be found elsewhere and to look particularly at the £5 million Big Society Fund, none of which has yet been allocated".

Lost by 9 votes to 2

A record of the way all Members present had cast their votes was requested:-

Those voting against were Mr R E Brookbank, Mrs P T Cole, Mr N J Collor, Mr J M Cubitt, Mrs V J Dagger, Mr C Hibberd, Mr M J Jarvis, Mr J E Scholes and Mr A T Willicombe.

Those voting for were Mr L Christie and Mr S J G Koowaree

6. Mr L Christie then proposed and Mr S J G Koowaree seconded that the recommendation on page 26 of the papers be amended to read "In view of the potential impact on the elderly and most vulnerable residents of Kent, this Scrutiny

Committee recommends to the Cabinet Member for Adult Social Care and Public Health that, if he is determined to implement the increased charges, he does so with an annual limit to any increase of 5% or £10 per week, whichever is the smaller amount. Any shortfall of income to be met from elsewhere in the KCC Budget, with particular consideration being given to the £5 million Big Society Fund, none of which has yet been allocated".

7. In debating the motion, it was pointed out that Big Society funding would provide only a one-off payment when what is needed is an ongoing revenue source. Members would need to have full assurance that assessments would be very thorough and that all account had been taken of individuals' needs when charging them for services.

The motion in paragraph 6 above was then put to the vote.

Lost by 9 votes to 2

A record of the way all Members present had cast their votes was requested:-

Those voting against were Mr R E Brookbank, Mrs P T Cole, Mr N J Collor, Mr J M Cubitt, Mrs V J Dagger, Mr C Hibberd, Mr M J Jarvis, Mr J E Scholes and Mr A T Willicombe.

Those voting for were Mr L Christie and Mr S J G Koowaree.

8. RESOLVED that:-

a) the information set out in the report and presentation and given in response to Members' comments and questions be noted, with thanks;

b) Members' comments on the proposed changes to the policy, set out above, be taken into consideration by the Cabinet Member when taking the decision; and

c) a report be made to the POSC in autumn 2012 so Members can see the impact of the proposed changes, if ultimately made.

43. Kent County Council and Kent and Medway Partnership Trust (KMPT) Partnership for Delivery of Social Care to Adults of Working Age with Mental Health Needs
(Item C2)

Mr R Deans, Interim Chief Executive of the Kent and Medway NHS and Social Care Partnership Trust, was in attendance for this item.

1. Mrs Howard and Mr Deans introduced the report and responded to comments and questions from Members. The following points were highlighted:-

a) a copy of the new structure of and governance arrangements for the Partnership will be sent to all Members when available;

b) the POSC will have the opportunity of further briefings on the Partnership and will be able to monitor its performance; and

c) after assessment, any care package put in place will be reviewed within 4 – 6 weeks, and if it is found not to be the most suitable for the client it will be changed. A client's family or carer also has the scope to request a review of the care package if they feel it is not suitable.

2. RESOLVED that:-

a) the information set out in the report and given in response to Members' comments and questions be noted, with thanks;

b) a copy of the new structure of and governance arrangements for the Partnership be sent to all Members when available; and

c) a further report be made to the POSC in spring 2012.

44. Kent Annual Public Health Report
(Item D1)

The Chairman sought and received the Committee's agreement to consider item D1 as urgent business, as the papers had not been placed on public deposit with the required five clear days' notice.

RESOLVED that the information set out in the report be noted, with thanks.

45. The Commission on Funding of Care and Support Report
(Item D2)

Ms C Grosskopf, Policy Officer, was in attendance for this item, with Mr Thomas-Sam.

1. Mr Thomas-Sam and Ms Grosskopf presented a series of slides which set out the remit, recommendations and potential implications of the Dilnot Commission's report. They responded to comments and questions from Members and the following points were highlighted:-

a) in the new consultation, launched on 15 September, the KCC has the opportunity to contribute its views on what the priorities for reform should be and what is a realistic way forward;

b) some 37 – 45% of the current care market is used by people who arrange their own care, and this figure is a useful indication of the number of extra clients KCC might be required to assess for care packages in the future;

c) those who move back to the UK from retirement abroad are deemed to be 'ordinarily resident' in, and thus the responsibility of, the local authority in which they first re-enter the UK. Kent is likely to be this authority for many people, and KCC could express its concerns about the impact of this as part of this consultation;

d) although carers' assessments are now a statutory requirement, the provision of services to carers is still discretionary; and

e) Kent's response to the consultation will be shared with the POSC and the Cabinet Member before being submitted.

2. RESOLVED that:-

a) the information set out in the report and presentation and given in response to Members' comments and questions be noted, with thanks; and

b) Kent's response to the consultation be shared with the POSC and the Cabinet Member before being submitted.

46. Autistic Spectrum Disorder - 'Two Years On' report
(Item E1)

Mr S J G Koowaree declared an interest in this item as his Grandson has Autistic Spectrum Disorder.

RESOLVED that the information set out in the report be noted, with thanks.

47. Adult Services Budget Forecast Report 2011/12
(Item E2)

Miss M Goldsmith, Finance Business Partner, was in attendance for this item.

RESOLVED that the information set out in the report be noted, with thanks.

48. Families and Social Care - Adult Social Services Public Involvement and Consultations Report
(Item E3)

Mr N Sherlock, Head of Adult Safeguarding, was in attendance for this item.

1. Mr Sherlock introduced the report and responded to comments and questions from Members. The following points were highlighted:-

a) it is important to make clear to the public what is meant by the word 'consultation', as some people perceive it as an exercise to seek opinions when the outcome has already been decided. This view had been expressed amongst the public responses to the consultation on non-residential charging, covered earlier in this meeting. Mr Sherlock pointed out that, even if there is little choice about the action which can be taken, it is important to be upfront about changes and limitations and seek the public's views on how changes should be made; and

b) as part of the Communication and Community Engagement team, there are Consultation officers who will provide advice and guidance on proposed consultations across the whole KCC. This will ensure that a consistent and robust approach is used, although Adult Social Care will

always lead on consultations which concern its service delivery or policy issues. In this way, the consultation can make use of the approach which best suits the client group concerned.

2. RESOLVED that the information set out in the report and given in response to Members' comments and questions be noted, with thanks.

49. Annual Complaints and Compliments Report
(Item E4)

The Chairman sought and received the Committee's agreement to consider item E4 as urgent business, as the papers had not been placed on public deposit with the required five clear days' notice.

Mr M Dorman, Operational Support Unit Manager, was in attendance for this item.

1. Mr Dorman introduced the report and responded to comment and questions from Members. The following points were highlighted:-

a) complaints received had increased in both number and complexity, but the themes to which they relate had remained consistent;

b) Adult Social Care continue to use complaints as a useful indicator of shortcomings and will always use them as a learning tool to improve aspects of service delivery, staff training, etc;

c) the number of compliments received had also increased, by almost 20%; and

d) although the number of compliments received was listed in the report, these were not broken down and analysed in the same way as complaints. Members requested that future reports include more detail and analysis of compliments.

2. RESOLVED that:-

a) the information set out in the report and given in response to Members' comments and questions be noted, with thanks; and

b) future reports include more detail and analysis of compliments received.

50. Update on Select Committee Work
(Item G1)

1. Miss Grayell notified Members that the meeting of the Scrutiny Board listed in the report for 28 September had since been postponed, and the proposal for a Select Committee on Domestic Abuse would now be considered by the Board on 2 November.

2. RESOLVED that the information set out in the report be noted, with thanks.

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By:	Graham Gibbens - Cabinet Member for Adult Social Care and Public Health
	Andrew Ireland - Corporate Director, Families and Social Care
To:	Adult Social Care and Public Health Policy Overview and Scrutiny Committee – 10 November 2011
Subject:	**KENT AND MEDWAY SAFEGUARDING VULNERABLE ADULTS ANNUAL REPORT APRIL 2009 - MARCH 2010 AND APRIL 2010 - MARCH 2011**
Classification:	Unrestricted

Summary:	This report introduces the above report which describes how the multi-agency partnership managed safeguarding adult issues in 2009 - 2011. The report provides safeguarding activity information. The report also contains key statements from partner organisations on how they dealt with safeguarding issues in their respective agencies.

Introduction

1 (1) Safeguarding Adults continues to be a key responsibility of the Families and Social Care Directorate. In meeting this responsibility it is essential that it plays a key role in the workings of the Kent and Medway Safeguarding Vulnerable Adults Executive Board.

(2) The Kent and Medway Safeguarding Vulnerable Adults Executive Board directs the work of the Kent and Medway Safeguarding Vulnerable Adults Executive Team. The Board is comprised of Senior Officers from the key agencies in Kent and Medway involved in safeguarding including the Police, Health Service, Medway Council and KCC. The current chair of the Board is the Assistant Director of Adult Social Care, Medway Council.

(3) During 2010 the Kent and Medway Safeguarding Vulnerable Adults Executive Board made significant changes to its structure and it was in response to this that the Board decided to delay the Annual Report in 2010 and to produce a report at this time covering the period from 2009 – 2011.

Policy Context

2. (1) There has been a full review of the multi-agency safeguarding structure and governance following the appointment of a Safeguarding Adults Board Manager in September 2009. The outcome of the review was confirmation that safeguarding adults arrangements in Kent and Medway are managed through the Kent and

Medway Safeguarding Adults Executive Board, currently chaired by Medway's Assistant Director of Social Care. The Board and a newly formed Executive Team led by the Board Manager involve representatives from the commissioning agencies, which are Social Services, Health and the Police.

(2) The involvement and engagement of other agencies and providers of services are through two network meetings held each year. A recent network meeting held in October focussed on financial abuse. Other sub-groups of the Kent and Medway Safeguarding Vulnerable Adults Executive Board are: Training, Policy, Protocol and Guidance and Serious Case Review.

(3) The governance of safeguarding is now primarily through the Kent and Medway Safeguarding Vulnerable Adults Executive Board, with the Executive Team members taking a lead within their agencies to ensure that decisions taken by the Board are implemented. However, each agency and service are also responsible, through their own governance structures, to report on their safeguarding arrangements, focussing on the prevention of abuse and their compliance with the multi-agency policy, protocols and guidance.

(4) Additionally, within the Families & Social Care directorate in KCC, there is work being done internally on quality assuring the processes and outcomes of the safeguarding work. Information on this will be reported to the POSC in due course.

Key Areas of the Report

3. (1) The report contains a raft of valuable information from all the key agencies engaged in adult safeguarding across Kent and Medway. However there are specific areas of the report which Members might be interested in.

(2) **Sections 2** and **3** give more detail on the governance arrangements and the budget which supports this.

(3) **Section 4** summarises the nationally significant activity in regard to adult safeguarding.

(4) **Section 5** of the report outlines a key activity of the Kent and Medway Safeguarding Vulnerable Adults Executive Board which focuses on safeguarding multi-agency training. It outlines the activity and the proposals to continue to ensure that training remains a key priority in this ever changing environment which all agencies are operating in.

(5) **Section 7** summarises the work of each agency. This is a retrospective look back and therefore in regard to KCC describes some of the work undertaken by the previous Adult Social Services Directorate.

(6) **Section 8** outlines the activity data for adult safeguarding. This includes the referral data, the background data in regard to victims and the current trends in regard to adult safeguarding within Kent and Medway.

Recommendation

4. (1) Members are asked to NOTE and COMMENT on the contents of the attached report.

Nick Sherlock
Head of Adult Safeguarding, Families & Social Care
01622 696175 (7000 – 6175)
nick.sherlock@kent.gov.uk

Background documents: None

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Kent and Medway Safeguarding Vulnerable Adults Annual Report

April 2009 - March 2010 and
April 2010 - March 2011






September 2011

This Annual Report covers the period April 2009 - March 2010 and April 2010 - March 2011. Throughout the report reference is made to Kent Adult Social Services (KASS). In April 2011 the Families and Social Care Directorate was established in Kent County Council incorporating both Adult Social Services and Children's Social Services

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All others Fotolia

Contents

Foreword

As Chair of the Kent and Medway Safeguarding Vulnerable Adults (SVA) Executive Board I am pleased to introduce our Annual Report for 2009 - 2010 and 2010 - 2011. The report covers a two year period to prevent us from being a year behind when the report is published.

The work of the Kent and Medway Safeguarding Vulnerable Adults partnership is underpinned by a number of principles and values detailed in Appendix 1.

Statements from our partner agencies in this report illustrate the achievements and progress made in safeguarding vulnerable adults over the last two years. It is evident that the achievements set out in this report are the result of hard work and commitment by all the partners.

The report gives us an opportunity not only to celebrate the achievements of the last two years but also to consider the challenges we will face in the coming year.

I would like to take this opportunity and thank everybody for their contributions to the work of the Executive Board, Executive Team and various working groups and look forward to another busy year ahead.

David Quirke - Thornton
Assistant Director Adult Social Care, Medway Council
Chair of the Kent and Medway Safeguarding Vulnerable Adults Executive Board

Section 1: Introduction – What is abuse?

In 2000 the Government published 'No Secrets'. This required local authorities to set up a multi agency framework to ensure not only a coherent policy for the protection of vulnerable adults at risk of abuse but also a consistent and effective response to circumstances that gave grounds for concern. It gave local authorities a role in co-ordinating safeguarding activities.

'No Secrets' defines a vulnerable adult as:

- *A person aged 18 years "Who is or may be in need of community care services by reason of mental or other disability, age or illness: and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation",*

And abuse as:

- *"A violation of an individual's human or civil rights by any other person or persons".*

Both definitions have been adopted in the Kent and Medway Safeguarding Vulnerable Adult's Multi Agency Policy, Protocols and Guidance.

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable adult is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person. The main forms of abuse are outlined in Appendix 2.

Abuse can happen anywhere and take place in any context, for example, in someone's own home, in nursing, residential or day care settings, in hospital, in public places or in custodial situations.

Vulnerable adults may be abused by a range of people including relatives, neighbours, other service users, professional workers, friends and strangers.

Section 2: Kent and Medway Safeguarding Vulnerable Adults Structure

In December 2009 the Kent and Medway Safeguarding Vulnerable Adults Board commissioned a review of the multi agency safeguarding governance arrangements. The review consisted of a series of workshops with members from the various multi agency safeguarding groups as well as individual interviews with the Board members. Proposals for providing clarity to the governance arrangements as well as streamlining the number of working groups were taken to the Board for approval. As a result a number of changes were made to the multi agency structure.

The Kent and Medway Safeguarding Vulnerable Adults Executive Board takes a strategic lead on safeguarding matters and delegates pieces of work to the newly formed Executive Team. Until March 2011 the Executive Board was chaired by the Managing Director of Kent Adult Social Services (KASS). Following the restructuring in KCC the Assistant Director of Social Care in Medway Council will, from April 2011, chair the Executive Board.

Senior representatives from KCC, Medway Council, the three NHS trusts in West Kent, East Kent and Medway and Kent Police are members of the Executive Board. The Executive Board is commissioner led with the six agencies contributing to the multi agency budget.[1]

The aim of the Executive Board is to:

- safeguard vulnerable adults living in Kent and Medway through a multi agency approach ensuring their safety, independence and well being
- be accountable for the safeguarding vulnerable adults agenda in Kent and Medway, specifically at a strategic level for priorities, resources and performance
- provide a strategic direction to all partner agencies involved in safeguarding activities
- effectively co-ordinate the safeguarding activities of partner agencies.

The Executive Board is responsible for:

- approving the multi agency policy, procedures and guidance for the safeguarding of vulnerable adults
- approving a training strategy to ensure appropriate training courses are available and accessible to staff in partner agencies
- ensuring an effective communication strategy is in place for partner agencies, the general public, users and carers
- performance monitoring of the statutory agencies (Health, Police and Kent and Medway)
- holding partner agencies to account
- ensuring the objectives in the strategic plan meet the desired outcomes
- approving the multi agency safeguarding vulnerable adults budget
- publishing the Safeguarding Vulnerable Adults Annual Report
- providing a strategic direction for the safeguarding vulnerable adults agenda
- delegating pieces of work to the executive team and other working groups.

[1] The commissioning agencies are Kent County Council, Medway Council, Kent Police, NHS Medway, NHS West Kent and NHS Eastern and Coastal Kent

Membership of the Executive Team mirrors the Executive Board and is chaired by the Safeguarding Adults Board Manager. Again it is commissioner led.

The Executive Team is responsible for:

- providing direct support to the Executive Board
- scrutinising minutes and actions from group meetings and making recommendations to the Executive Board
- reviewing business progress
- planning the annual Kent and Medway Network conference
- developing the multi agency safeguarding Annual Report
- co-ordinating the Serious Case Review process, ensuring action plans contain clear objectives and outcomes
- responding to directions made by the Executive Board
- reporting regularly to the Executive Board.

To ensure that agencies and providers are fully engaged a Kent and Medway Network has been set up and will meet two times a year. Consideration is being given to setting up local community networks in Medway, East and West Kent. The involvement of service users and carers in safeguarding is closely linked to the public involvement work undertaken by each of the partner agencies. Other working groups include the Policy, Protocol and Guidance Review Group and the Training Group. A time limited Communications Group will meet in April 2011.

The revised governance structure chart is attached in Appendix 3.

Section 3: Kent and Medway multi agency budget

The Kent and Medway Safeguarding Vulnerable Adults Executive Board is funded by six partner agencies - Kent Adult Social Services (KASS), Medway Council, Kent Police, NHS West Kent, NHS Medway and NHS Eastern and Coastal Kent. The six agencies contribute the following:

- KASS - 33.2%
- Medway Council - 8.3%
- Kent Police - 22.5%.

The three health trusts pay a total of 36% with the following breakdown:

- NHS West Kent - 13.5%
- NHS Eastern and Coastal Kent - 16.8%
- NHS Medway - 5.7%.

The multi agency budget covers the salaries and expenses for the Safeguarding Board Manager, Training Consultant(s) and administration. It also covers the expenses for the various multi agency group meetings, Serious Case Reviews and the printing of leaflets.

The costs of training venues during 2009 - 2010 and 2010 - 2011 were funded by the Adult Learning and Resource Team in Kent Adult Social Services.

The table on page 10 sets out the budget contributions for 2009 - 2010, 2010 - 2011 and 2011 - 2012.

	2009/10 Contribution requested based on historic %'s (£000's)	2009/10 Actual contribution (£000's)	2009/10 Difference (£000's)	2010/2011 Contribution requested based on historic %'s (£000's)	2010/2011 Actual contribution (£000's)	2010/2011 Difference (£000's)	2011/12 Contribution requested based on historic %'s (£000's)	2011/12 Actual contribution (£000's)	2011/12 Difference (£000's)
KCC	83.0	83.0	0.0	83.0	83.0	0.0	57.9	57.9	0.0
Medway Council	20.8	20.8	0.0	20.2	20.2	0.0	14.9	14.9	0.0
NHS West Kent	33.6	33.6	0.0	32.8	24.1	-8.7*	24.3	24.3	0.0
NHS Medway	14.1	14.1	0.0	13.8	13.8	0.0	10.2	10.2	0.0
NHS Eastern and Coastal Kent	42.2	42.2	0.0	41.2	411.2	0.0	30.4	30.4	0.0
Kent Police	40.6	24.2	-16.4	27.3	23.0	-4.4**	26.0	23.0	-3.0
Total	234.3	217.9	-16.4	218.4	205.3	-13.1	165.5	162.5	-3.0

(*In 2010 – 2011 it became apparent that NHS West Kent staff were not accessing the training available, and as a consequence, NHS West Kent only funded six months of their total contribution)
(**In 2010 - 2011 Kent Police did not contribute to the Board Manager or the 2nd Training Consultant posts and in 2011 - 2012 will not contribute to the Board Manager post)

Section 4: National Context

A number of national developments influence and drive the safeguarding agenda in Kent and Medway. They include:

4.1 Mental Capacity Act 2005 (Deprivation of Liberty Safeguards)

The Mental Capacity Act (MCA) Deprivation of Liberty Safeguards (DoLS) came into force in England on 1 April 2009 and provides a legal framework to prevent unlawful deprivation of liberty occurring. They protect vulnerable people in hospitals or care homes who lack the capacity to consent to the arrangements made for their care and/or treatment but who need to be deprived of their liberty in their own best interest to protect them from harm.
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085476

4.2 The Safeguarding Vulnerable Groups Act 2006

The Safeguarding Vulnerable Groups Act 2006 was passed as a result of the Bichard Inquiry in 2004. The Inquiry questioned the way employers recruit people to work with vulnerable groups, and particularly the way background checks are carried out. Recommendation 19 of the Inquiry Report highlighted the need for a single agency to vet all individuals who want to work or volunteer with children or vulnerable adults and to bar unsuitable people from doing so. This resulted in the formation of the Independent Safeguarding Authority (ISA). The ISA's Vetting and Barring Scheme (from October 2009) provides that certain activities in relation to children and vulnerable adults are regulated. In June 2010 government ministers announced that the planned implementation of the Vetting and Barring Scheme was to be halted, pending a thorough review. The Safeguarding Vulnerable Groups Act 2006 sets out a framework for the scope and operation of the vetting and barring scheme. New primary legislation will amend this to scale back the scheme, in particular, through the abolition of the registration and monitoring requirements and the re-definition of the range of posts to which barring arrangements apply.
www.isa.homeoffice.gov.uk

4.3 Care Quality Commission (CQC)

In April 2009 the Commission for Social Care Inspection, Health Care Commission and Mental Health Commission merged to form the Care Quality Commission. The Commission is an independent regulator of health and social care in England and responsible for monitoring and regulating the standards of social and health care services. It has developed a single set of standards covering social care and health services. Outcome seven in "Essential standards of quality and compliance" (March 2010) focuses on safeguarding people who use services from abuse.
www.cqc.org.uk

4.4 The Review of No Secrets

Following the consultation on No Secrets between October 2008 and January 2009 the Department of Health published its response to the consultation in July 2009. Key messages from the consultation included:

- The importance of listening to victims of abuse
- The need for stronger national leadership

- The need for local safeguarding arrangements having a statutory basis
- The need to revise and update the No Secrets guidance.

http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_102764

In January 2010 Phil Hope, the Minister of State, Department of Health, in a written ministerial statement, announced the following government proposals:

- The establishment of an Inter-departmental Ministerial Group on Safeguarding Vulnerable Adults
- The introduction of new legislation to strengthen local governance by putting Safeguarding Adults Boards on a statutory footing
- The launch of a programme of work with various stakeholders to support effective policy and practice in safeguarding vulnerable adults.

The General Election in May 2010 led to a delay in the publication of the government's response which was expected by the end of 2010.
http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_102764

4.5 Law Commission Consultation Paper 192

This paper, published in February 2010, set out a number of proposals for reviewing adult social care. Part 12 of the Law Commission Paper focussed on safeguarding adults at risk and proposed the following:

- A duty on local authorities to make necessary enquiries when there is reasonable cause to suspect that a person appears to be an adult at risk and consider whether there is a need to provide services or take any action in order to safeguard a person from
- The term "vulnerable adult" is replaced by "adult at risk"
- That an "adult at risk" is defined as anyone with social care needs who is or may be at risk of significant harm.

The consultation period ended in July 2010 with recommendations expected in 2011.
http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_102764

4.6 Health and Social Care Bill 2011

The Health and Social Care Bill was introduced to Parliament in January 2011 taking forward the White Paper Equity and Excellence: Liberating the NHS. It contains provisions for covering five themes:

- Establishing a separate NHS Commissioning Board to allocate resources and provide commissioning guidance
- Giving new GP consortia the power to commission services on behalf of their patients
- Strengthening the role of the Care Quality Commission
- Developing the body that currently regulates NHS Foundation Trusts into an economic regulator to oversee aspects of access and competition in the NHS
- Reducing bureaucracy.

The consultation period was extended by three months in April 2011.
http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_102764

Section 5: Multi agency safeguarding training

The Association of Directors of Adult Social Services 'National Framework of Standards for Good Practice and Outcomes in Adult Protection Work' outlines suggested standards for adult protection training. The Kent and Medway multi agency training structure is cited as an example of good practice in the document. During 2009 - 2011 various levels of multi agency training continued to be delivered to staff in all partner agencies enabling them to meet the requirements in the multi agency policy and protocols.

The Training Group met quarterly to monitor and evaluate existing training provision and also plan future developments. The group consisted of representatives from a range of agencies and its terms of reference were 'to identify, develop and maintain adult protection training programmes for both the statutory and private and voluntary sector.' The group's membership and terms of reference are currently being reviewed.

Agencies take responsibility for the delivery of adult protection awareness training (Appendix 4), mandatory in all statutory services, to staff in their organisations. Awareness training for staff in the private and voluntary sector can be accessed through Kent Adult Social Services Learning Resource Team's contract with a local care training provider and by the Medway College of Social Care. The training can also be accessed by a Train the Trainers course to enable the sector to take control for direct delivery of training to its own staff. All other training is provided by the multi agency funded training consultants in collaboration with specialist trainers within partner agencies and academics with a proven track record of research interest in this topic.

In 2009 Kent and Medway, in partnership with an e-learning provider, developed a customised adult protection awareness training package. Strategies for its implementation and use by partner agencies and commissioned services were debated by the Training Group. Initial monitoring of the monthly usage reports showed a disappointing level of uptake of the package (variations between 10 – 50 accesses per month) and a decision was taken to suspend further monthly reporting to enable agencies to consider their marketing and promotion of the e-learning opportunity.

In October 2010 a re-launch event was held in conjunction with colleagues from MCA training and with support from the e-learning provider. Data reports on usage show early indications of a significant increase in its use but this is still variable across the agencies. The most frequent users are Dartford and Gravesham NHS Trust, KASS, Kent Police, private and voluntary providers. More work is still needed to improve upon the level of usage to maximise cost efficiency of this product.

From September 2009 until November 2010 the Executive Board employed an additional Training Consultant to increase the capacity for training delivery.

The training programme is a core structure based on common tasks reflected in the multi agency policy, protocols and guidance which maximises its relevance and relates the training directly to the work staff undertake. It also ensures staff build on their existing knowledge and skills by adopting a sequential learning approach. It is designed to reflect core and complimentary knowledge and skills within the multi agency context of safeguarding work. The current training programme is differentiated into six levels and delivered to multi agency groups

(Appendix 4). These levels of training reflect the roles and responsibilities of staff under the multi agency policy, protocols and procedures (Appendix 5).

The table below outlines the level of multi agency course provision and attendance during the two years 2009 - 2010 and 2010 – 2011:

April 2009 - March 2010		
Level	**Number of Delegates Trained**	**Number of courses**
Level 2	443	28
Level 3	72	5
Level 4	18	1
Level 5	68	5
Level 6	26	2
Train the Trainer	102	6
Train the Trainer Recall day	39	3

April 2010 - March 2011		
Level	**Number of Delegates Trained**	**Number of courses**
Level 2	329	20
Level 3	150	9
Level 4	49	3
Level 5	64	3
Level 6	30	2
Train the Trainer	93	5
Train the Trainer Recall day	27	1

During 2009 - 2010 a one day update course aimed at delegates who had completed the existing Level 1 - 6 training structure was piloted. Additionally the multi agency Training Consultants responded to requests for bespoke single agency training as detailed below:

- 7 x Level 2 courses for Kent Adult Social Services
- 1 x Level 5 course for Kent Adult Social Services
- 1 x Level 2 course for Medway Community Healthcare
- 3 x half day awareness events for housing staff (with 81 attendees)
- 4 x 2 day level 2 courses for the P and V sector (with 75 attendees)
- 1 x multi agency fast track Levels 1 – 3, 5 day course.

Furthermore the Training Consultant was invited to contribute to the professional development programmes in safeguarding adults practice at two universities (Edinburgh and Canterbury Christ Church University). Other training delivery and advice have been commissioned from the Training Consultant by other local authorities including Surrey County Council, Kensington and Chelsea Borough Council, The Metropolitan Police Service, Jersey Health and Social Services Department and Neath Port Talbot County Borough Council.

Kent and Medway's multi agency safeguarding training programme is well recognised across the country and as a result the Training Consultant has been invited to present at national conferences including the Care Matters Partnership supported by Age UK Conference in October 2010 "Supporting older people – best practice in the prevention and management of elder abuse".

Work continues with Higher Education Institutes across Kent and Medway to encourage the inclusion of adult protection teaching within their pre - registration curriculum for health and social care professionals. Work is also ongoing to gain academic accreditation of the multi agency training programme by existing academic partners.

A final version of a multi agency competency framework for all practitioners with responsibilities for safeguarding vulnerable adults has been drafted. Each agency is considering how to use the framework in evaluating and evidencing the competence of its relevant workforce. KASS is piloting an assessment tool to be used in conjunction with the current competency framework document.

In June 2010 the Kent and Medway Executive Board agreed to a review of the multi agency safeguarding training. Demand for particular courses (Level 2) was high, courses were fully booked soon after being advertised and subsequently had long waiting lists and there was a need to identify the multi agency training priorities for 2010 - 2011 onwards. The review was carried out and recommendations were taken to the Executive Board for approval in March 2011. The key decisions arising from the review were:

- Agencies would undertake training needs analyses
- Consideration would be given to Level 2 courses being delivered single agency
- Course fees and non attendance fees would be introduced
- The training course content would be reviewed
- On line course feedback would be developed
- The terms of reference and membership of the Training Group would be reviewed.

The transition plan for implementing the agreed changes is being developed by the Training Consultant and Safeguarding Adults Board Manager.

Section 6: Review of 2009 - 2010

The Kent and Medway Safeguarding Vulnerable Adults Annual Report 2008 - 2009 identified a number of developments for 2009 - 2010. The following list briefly outlines the achievements made during the year, more detail can be found throughout this report as it covers 2009-2010 - 2010-2011.

- The Safeguarding Adults Board Manager was recruited in September 2009
- A second Training Consultant was recruited in September 2009
- More work was undertaken to develop the 3 year strategy and associated business plan. However it was recognised that with the fast changing landscape in health and social care a number of objectives/areas of work needed updating in the context of these changes. As a result the Kent and Medway Safeguarding Network met for the first time in January 2011 with the aim of identifying the key priorities in relation to safeguarding vulnerable adults for the next four years
- KASS developed an internal action plan in response to the Commission for Social Care (now the Care Quality Commission) inspection in 2009 along with a multi agency action plan with partners
- The General Election in May 2010 led to a delay in the publication of the government's response to the No Secret's Review. However in July 2010 a number of government proposals were announced to strengthen multi agency arrangements for safeguarding vulnerable adults. The Executive Board will respond to any requirements /recommendations when they are published
- A review of the Kent and Medway multi agency safeguarding governance arrangements was undertaken in 2010 with a revised structure being implemented to provide clarity to the governance arrangements as well as streamlining the number of working groups
- Safeguarding awareness was raised in a number of multi agency activities during Safeguarding Week in June 2010
- A final version of a multi agency competency framework has been developed and agencies are considering how to use the framework in evaluating and evidencing the competence of its relevant workforce
- Kent Police hosted a conference in March 2010 on behalf of the Kent and Medway Safeguarding Vulnerable Adults Executive Board, aiming to raise the profile of adult protection, whilst promoting good practice in Kent. Strategic managers, key safeguarding vulnerable adult practitioners, elected council members and representatives from the private and voluntary sector attended this event at the Kent Police College. The conference agenda included dementia awareness, financial abuse and a presentation by Devon and Cornwall Police surrounding the report from Gary Fitzgerald from Action on Elder Abuse on the future of safeguarding and a review of the Steven Hoskins case. The day was regarded as a success with delegates attending from across the county.

Section 7: The multi agency approach to safeguarding vulnerable adults in Kent and Medway

This section of the Annual Report provides partner updates on safeguarding activities during 2009 - 2010 and 2010 - 2011.

7.1 Kent County Council - KASS

CSCI / CQC Inspection

In March 2009, the Commission for Social Care Inspection, now CQC, carried out an Independence, Wellbeing and Choice Inspection of KCC in relation to Safeguarding Adults and Delivering Preventative Services. Preparation for the Inspection, as well as the Inspection itself, helped to raise the general awareness and understanding of the impact of the abuse of vulnerable adults within KCC and our partner agencies and services.

The outcome of the safeguarding aspect of the report was 'good' and four recommendations were made for safeguarding:

- Raising the awareness of the public about how to report abuse concerns
- Having a workforce development strategy that includes a safeguarding competency-based framework
- Analysis of data where the outcome of the case was inconclusive
- Review the need for and capacity of advocacy to support and empower people through safeguarding processes.

All of these recommendations have been the focus of internal and multi agency action plans.

During this period both internal and independent external audits of safeguarding adults work have taken place.

- A recent data quality audit undertaken by KCC internal audit reported a minimal risk within our safeguarding process. However this mainly focussed on processes rather than the quality of practice
- In January 2011 an independent external audit was commissioned to focus on the practice and quality of investigating safeguard alerts. All the cases looked at by the audit found people were safeguarded. However, the audit did identify gaps in practice particularly in the area of recording initial risk assessments. A programme of training has been put in place to address this and further audits are in place to monitor the impact of this training
- The audit also suggested that the safeguard investigation process needed refining to increase efficiency and effectiveness. A Review using the internationally recognised LEAN principles has begun and this is streamlining processes to improve standards.

Safeguarding has a very high profile with KASS and CQC. A recent development has been Risk Strategy meetings involving CQC and KASS managers to ensure that areas of concern are shared.

The last two years have seen major changes in the way in which KCC manages social care, including restructuring. These changes have been made in order that there is a focus on personalisation and efficiencies are delivered in line with the national expectations of Local Government:

- The direct outcome for safeguarding was an increase in the number of Safeguarding Adults' Co-ordinators, from seven to eleven. This included two additional co-ordinators for West Kent and two specialist co-ordinators for learning disability based in each area. The specialist co-ordinators for learning disability's main focus is on the care and support provided to people moving from NHS campus care into community settings. A post of Head of Adult Safeguarding has also been identified within KCC
- Some managers and practitioners who previously had a support role in addressing adult abuse concerns moved to positions where they are responsible for the management of safeguarding activity. Additional single agency training was set up for these managers and practitioners
- KASS Positive Risk Management Policy also supports safeguarding principles within the context of personalisation and choice. This policy was presented to Members in early 2009 and sets out guidance and support to the management of risk within the context of personalisation.

Safeguarding Week

In order to raise safeguarding awareness for the public KASS worked with partner agencies to hold the first Kent and Medway Safeguarding Awareness Week. This took place in June 2010 and the planning and activities during the week involved a wide range of partner agencies and services. As the focus of the activities was to raise awareness amongst members of the public, events were held in public places, such as shopping centres. 30 events took place and 10,000 pens, cards and leaflets were distributed. It was agreed that this should be an annual event in the future.

Safeguarding Adults Quality in Care Framework

There are two main aims of safeguarding adults work. The first is preventative work, which has focussed primarily on adult protection training, awareness raising and contracting with services that meet our quality standards. The second is protective work, which involves KASS staff co-ordinating responses to allegations of abuse. The need for this reactive response to what has often been devastating event(s) for victims and their families is also resource intensive for KASS and for our multi-agency partners. Initially, the engagement of multi-agency partners, including the regulatory authority in sharing information, could only be carried out under the auspices of the multi-agency adult protection arrangements. However, with the greater understanding of the impact of adult abuse and the development of a wider remit of safeguarding adults, it has been possible to take a more proactive approach to concerns about poor quality and practice with providers of services.

Quality in Care pilots were carried out in both East and West Kent and these have been successful in addressing quality and poor practice issues within services and preventing abuse to service users. This work has led to the development of a county wide Quality in Care Framework which will aim to work proactively with providers where concerns have been raised about their delivery of care. The framework requires the engagement of a virtual team of professionals from different agencies to support the provider to meet their improvement action plan. The framework will be submitted to the multi agency Kent and Medway Safeguarding Vulnerable Adults Executive Board with a recommendation that it is adopted as a safeguarding

multi-agency framework separate to the Kent and Medway Multi-agency Safeguarding Adults' Policy, Protocols and Guidance but complementary to the main documents.

Competency Framework

Training is considered to be a very significant aspect of practitioner development. It is, however, essential to ensure that the integration of safeguarding training and practice experiences post training are used to confirm that a practitioner is assessed as competent to carry out aspects of the adult protection process relevant to their role in the organisation. The Safeguarding Adults Competency Framework was approved by KASS and formally launched for all staff in February 2011 with safeguarding co-ordinators leading the implementation by discussing the use of the assessment tool. The assessment tool requires the recording of training and other developmental experiences to enable managers and specialist staff to confirm a practitioner or manager is competent to carry out aspects of safeguarding work.

Mental Capacity

This is often central to adult protection cases and all levels of safeguarding training include aspects of the MCA 2005 which are relevant to the course concerned. In addition, the DoLs, implemented in April 2009, considers possible abuse if a person is unlawfully deprived of their liberty. Staff have also attended MCA and DoLs specialist training and considerable work has been carried out to ensure that mental capacity issues are always considered when addressing allegations of abuse /neglect.

Feedback from the public who have been involved with safeguarding

We are developing two feedback questionnaires for people who have been victims of abuse and their relatives or advocates to ensure that they are able to tell us about their experiences within the safeguarding arrangements. This will enable us to update our arrangements and refine our practices where necessary. These questionnaires are currently being piloted to enable any problem areas to be rectified.

Training

Adult protection training has a high profile within KASS and has supported staff at all levels to address allegations of abuse reported through the multi agency policy and protocols. Training has helped to raise awareness, develop practitioner and managers skills and understanding of abuse and together with the competency framework being implemented from March 2011 will help to ensure there is continuous improvement in our adult protection / safeguarding work.

KASS funded South Kent College to deliver Adult Protection Awareness Level 1 courses for the private and voluntary sector.

Our challenges from April 2009 – March 2011

- Responding to the recommendations from the CSCI / CQC Inspection
- Developing a robust case audit process which leads to practice improvement especially in risk assessment
- Developing a more effective way of engaging and informing the public about how they can contribute to safeguarding vulnerable people from abuse
- Developing a way of addressing quality and poor practice in care services where there are risks of harm to service users if action is not taken

- Ensuring that advocacy services are available to support victims and vulnerable perpetrators when adult protection concerns are raised
- Development and implementation of a safeguarding adults competency framework
- Obtaining feedback from service users, families or carers following adult protection cases to enable improvements to be made to policy and practice
- Embedding the need to consider and record mental capacity in all adult protection cases
- Ensuring that the restructuring of KASS to support the personalisation agenda includes having staff trained and competent to address all aspects of adult protection work.

7.2 Medway Council

Medway Council's Health and Adult Social Care Overview and Scrutiny Committee decided on 3 June 2010 it was important that the matter of safeguarding vulnerable adults received challenge and scrutiny and that a themed meeting should be held on 19 August 2010. As a result the outcome was to instruct officers to commission an independent review into safeguarding services across Medway. The primary purpose of this review of safeguarding arrangements in Medway was to drive forward improvements in adult safeguarding services and to improve outcomes for service users. The secondary purpose was to assist with preparation for any future inspection of safeguarding by the CQC. The outcome of the review was reported to members on 15 March 2011. The overall picture is a positive one, with many strengths and achievements being clearly evidenced. In particular, the profile of adult safeguarding has clearly changed in recent years and is a major priority for the council and its partners. Safeguarding is everyone's responsibility, but the council has a leadership role and this has been taken seriously, backed by an investment of time, money, and other resources. This investment is paying off, with more adults at risk of abuse being protected than ever before. The report identified that the council:

- had strategies in place to promote equality and tackle discrimination including hate crime
- had successfully raised the profile of safeguarding adults
- had increased the identification of abuse and neglect
- supported people who buy or direct their own care to do so safely and with confidence
- in partnership with all sectors, were implementing robustly the provisions of the Mental Capacity Act. There were strong systems in place for supporting people who lacked mental capacity
- had information (in different formats) available to the public and professionals on safeguarding, domestic violence and 'whistle blowing'
- were balancing personalisation and safeguarding
- took action and responded promptly when receiving safeguarding referrals. Safeguarding case work was safe and service users were protected
- worked in partnership with other agencies when investigating allegations of abuse
- had effective arrangements for supporting service users to manage their money safely and for tackling financial abuse
- were commissioning safe and high quality services and worked in partnership with providers to promote continuous improvement
- had reliable systems in place to monitor the quality of services and contract compliance
- had strongly promoted self-directed support (SDS) which was delivering good outcomes for service users
- treated service users with respect and upheld their rights to privacy and confidentiality
- had helped more people to live in their own homes and to maintain their own living space to acceptable standards.

Five recommendations from the separate case file audit and a further six recommendations from the performance review were made to support improvement and secure greater

consistency. These have been translated into a development plan that has been agreed by senior management and will be reported back to Members in March 2012.

Achievements 2009 - 2011

- The '*How to protect yourself from abuse*' council website was launched in February 2010 and safeguarding vulnerable adults leaflets distributed to all libraries and contact points, along with a planned itinerary of a raising awareness campaign, using display boards, journeying around the libraries over the next two years
- A new internal webpage for staff was launched specifically for Safeguarding Adults/Adult Protection Referrals and information in February 2010
- A webpage on Medway College of Social Care pages was launched to promote awareness and increase the uptake of the Level 1 awareness and e-learning package in the private and voluntary sector
- A draft protocol for dovetailing Social Care Complaints Procedures and identification of Adult Protection referrals was produced
- A Vetting and Barring presentation was delivered at the Medway Older People's Partnership AGM by the safeguarding co-ordinator
- Public awareness events were held at Morrison's Supermarket (Strood) and Pentagon Shopping Centre (Chatham). The public were able to talk to staff from health (both primary and secondary), adult social care, the Police (public protection and hate crime units) and Police Community Support Officers about the ways in which each organisation can help reduce the risk of abuse in vulnerable adults and to highlight who they need to speak to if they had specific concerns. The Safeguarding Adults Co-ordinator at Medway Council coordinated this campaign in conjunction with statutory partners. Posters and lanyards have been widely distributed to hospital teams, health centres, libraries and will soon to be distributed to GP practices.
- A safeguarding adults awareness session was presented to Medway Deaf Forum
- A new standard safeguarding hard copy and electronic filing system that supports best practice was developed and implemented. It has been adopted by all adult social care teams within the local social services agencies and also within the acute health care organisation
- The Council had self-declared an increase in the overall rating for the CQC's Outcome 7, 'Maintaining personal dignity and respect' (People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life) from a rating of 'adequate' to 'well'. The confirmation of this rating was confirmed as 'well' in October 2010.

Our challenges for 2009 - 2011

Medway Council has agreed and is working on a development plan that will address the following challenges:

- Developing awareness raising strategies that target specific professional groups (such as GPs), businesses and communities of interest
- Developing an approach to auditing work under the Mental Capacity Act that focuses on quality and outcomes
- Ensuring that adult social care makes a more direct and visible contribution to the community safety agenda
- Ensure, through review, that all staff including front line staff receive safeguarding training that is geared to their specific role and responsibilities

- Ensuring that front line staff and their managers can share best practice and influence reviews of the safeguarding procedures and protocols
- Developing ways of hearing directly from service users who have been through the safeguarding process.

In addition Medway Council will be improving its safeguarding adults practice by the following methods:

- Local quality measures for adult protection cases have been discussed with senior management and will be incorporated into the overall adult social care quarterly performance reports
- Local workshops will take place for local police officers to raise awareness of adult protection, mental capacity and vulnerable adults
- Casework audit workshops will continue to improve practice
- We will be commissioning a customer consultation project to measure customer satisfaction within the safeguarding process
- We are planning to commence Family Group Conferencing for adult protection cases in 2011 - 2012.

Our training plan 2009 - 2011

Medway is committed to ensure that all social care staff across the sector are equipped with the knowledge and skills to protect people from abuse and support those people who are subject to abuse. The council provides awareness training in-house and for the private and voluntary sector via the Medway College of Social Care. Training has also being targeted to non-adult social care staff and to improve compliance with the adult protection process. Delivery of Integrated Team workshops have taken place in order to improve documentation recording of risk assessment, referrals and promote joint working across health and social care staff. This has been jointly developed and delivered with NHS Medway.

Master Class training days were delivered in 2010 to clarify and explore role of Designated Senior Officers, this was attended by 24 staff, including mental health staff.

We have commissioned domestic abuse awareness and use of a risk assessment tool training and child protection awareness and intermediate training specifically for adult social care staff.

Our training priority for 2011 is to support the Executive Board's training review and focus on increasing our support for our administration staff so they can accurately record our safeguarding meetings.

7.3 Kent and Medway health economy

7.3.1 Introduction

Kent and Medway health economy incorporates a diverse group of health organisations commissioned to provide health care to the registered population across the region. During 2009 - 2011, there were three health commissioning organisations, Primary Care Trusts (PCT's):

- NHS Eastern and Coastal Kent
- NHS West Kent
- NHS Medway.

Health care providers include:

- Four Acute Hospital Trusts
- Three Community Health providers
- One Mental Health Trust[2]
- One Ambulance Trust[3]
- Multiple independent contractors, including GPs, pharmacists, opticians and dentists - numbered in the hundreds across the region.
- Independent providers including private hospitals and hospices
- Voluntary and Community services.

Health organisations are represented on the Safeguarding Vulnerable Adults Executive Board either through representation on the Board and previous committee structures or through representation on the working groups. There has been some resistance to changes in the Executive Board/Executive Team structure in 2009 - 2010 with some providers feeling that they have now been excluded from the Board.

7.3.2 Assurance/Governance processes across Kent and Medway

All health care organisations across Kent and Medway have a responsibility to ensure that the people they provide care to are safeguarded. They all have mechanisms to report safeguarding progress, issues and concerns through their governance structures to Board level, although the detail and frequency of this reporting is variable. The executive responsibility and accountability for safeguarding generally rests with the chief nurse in each organisation, and they all have identified safeguarding leads and support staff to ensure that these responsibilities are met. However, it is true to say that safeguarding specialist support is a limited resource.

All health organisations have signed up to the Kent and Medway multi-agency policies and procedures and have been working on aligning their internal policies and procedures accordingly.

Individual staff have a responsibility towards vulnerable adults and safeguarding is everyone's business. This has been strengthened through recent NHS guidance published by the Department of Health. For professional staff, this is also reinforced through professional codes of conduct.

[2] NHS Medway commissioned the Mental Health Trust on behalf of the three PCTs
[3] NHS West Kent commissioned Ambulance Services on behalf of the three PCTs, the Ambulance Trust covers the South East Coast

7.3.3 NHS White paper: "Equity and Excellence: Liberating the NHS"

In July 2010 the newly elected conservative/liberal democrat coalition government introduced a new White Paper; Equity and Excellence: Liberating the NHS. This paper sets out the Government's overarching proposals for the NHS and maintaining a strong grip on current performance is central to the success of the transition process with a particular emphasis on quality, efficiency and finance.

The White Paper reforms are aimed at improving the quality of patient care and health outcomes by empowering patients with more choice, better information and more control over their care. There will be a focus on clinical outcomes based on results that are important to patients rather than process targets, with ownership and decision making placed in the hands of professionals and patients.

Liberating the NHS (2010) sets out the Government's overarching proposals for the NHS but the detail continues to be developed. Primary Care Trusts will be abolished from April 2013 when commissioning budgets and responsibilities will be transferred to GP consortia, local authorities or the National Commissioning Board.

i) Challenges

In order to deliver the objectives of the White Paper there is a need to achieve unprecedented efficiency gains with savings reinvested in front-line services to improve the quality of service delivery. This reinvestment will ensure that a strong financial position, from the outset, is maintained.

In addition, there is a fundamental need to maintain patient safety during a period of organisational change. These challenges must be met at a time when staff across the NHS face personal and professional uncertainty about their futures. There are clear indications in the White Paper and subsequent Department of Health consultation documents that safeguarding is a key priority.

ii) Kent and Medway PCT Cluster

The 2011 - 2012 Operating Framework describes the next stage in managing the challenges and the creation of the new NHS. Current PCT's will be retained as statutory bodies but there will be consolidation of management capacity, with single executive teams each managing a cluster of PCT's. These will be in place by June 2011 and sustainable until April 2013 and potentially beyond that date if the NHS Commissioning Board requires. These new clusters are not statutory bodies, nor are they permanent features of the landscape, but they are necessary to sustain PCT capability and enable the creation of the new system.

Although Safeguarding Adults and Children is currently placed within the Nursing and Quality Directorate in the Kent and Medway Cluster it is not known whether it will ultimately be devolved to GP consortia, the proposed Health and Wellbeing Board, the Local Authority, the NHS Commissioning Board or indeed any other structures that may develop. It is essential, however, that GPs in their role as commissioners are engaged and involved in future planning as they will ultimately control up to 80% of the NHS budget.

7.3.4 CQC registration: Essential Standards of Quality and Safety

In order to register and to legally operate, health and social care providers need to comply with guidance set out in the Essential Standards of Quality and Safety published by the Care Quality Commission (March 2010). The main focus for safeguarding is Outcome 7: Safeguarding people who use services from abuse. Regulation 11 of the Health and Social Care Act 2008 (Regulations 2010) further describes guidance to ensure service users are safeguarded against abuse with a requirement for registered managers to be able to identify abuse, prevent it before it occurs and respond appropriately to any allegation of abuse.

Several other outcomes within the standards have further links to safeguarding, for instance:

- Outcome 1 - respecting and involving people who use services
- Outcome 2 - consent to care and treatment
- Outcome 12 - requirements relating to workers.

This gives some confidence that health and social care providers have met minimum standards for safeguarding through registration.

All Health Trusts were required to register with the CQC in April 2010. Two organisations in Kent and Medway were initially registered with conditions relating to safeguarding processes and compliance with Outcome 7.

Kent and Medway Mental Health and Social Care Partnership Trust successfully challenged the conditions following the provision of further information and the conditions were removed. Medway Foundation Trust was registered with conditions relating to the provision of safeguarding training. They have since satisfied CQC that these conditions have been met and they have now been removed

7.3.5 Role of the Strategic Health Authority

The Strategic Health Authority (SHA) provides leadership, networking and assurance to the local NHS. Whilst it does not currently have a statutory adult safeguarding role, it is a priority area of work, led by the Director of Clinical Workforce and Development within the quality and patient safety agenda.

The SHA has worked collaboratively with local Adult Safeguarding leads, Department of Health (DH), other SHAs, South East Health and Social Care Partnership and the South East Social Care Leads Network to ensure opportunities are taken to share best practice across the local health system and to promote a culture of open and honest cooperation and learning.

A network was established for adult safeguarding leads across NHS South East Coast (SEC) in 2010, with regular communications, events, consultation, training and development. Six monthly Network meetings are interspersed with project work and liaison and include dedicated time for sharing from investigations and to share best practice.

In 2010, a review of governance arrangements for adult safeguarding across NHS SEC was undertaken. The review highlighted areas for improvement and support, informing and prioritising the following developments:

- Working collaboratively with the DH and other regions, a self assessment and assurance framework was developed and published by the DH in March 2011, together with guidance

for NHS Boards, commissioners and providers. A third of NHS SEC organisations participated as early adopters of the framework, providing valuable feedback for improvement.
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124882

- Development and re-launch of an e-learning module on adult safeguarding. This was a collaborative development between the NHS and Health and Social Care in South Central
- Launch of an on-line Community of Practice across the South East for both NHS and Health and Social Care services.

In addition, adult safeguarding issues and serious incidents are monitored closely by the SHA's Patient Safety Team. Concerns are followed up through PCT's and providers as appropriate and high risk cases are reviewed by the SHA's Clinical Risk Review Group and reported to the Clinical Quality and Patient Safety Committee.

The SHA will continue to support development and provide assurance that organisations throughout NHS SEC are discharging their adult safeguarding responsibilities. In particular, in readiness to respond to new legislation and policy changes during NHS transition.

7.3.6 Training data

All agencies are responsible for providing awareness training in-house, and this is delivered through a variety of routes including induction training, face-to-face training and e-learning.

In 2010 - 2011, a target was set for Acute Trusts for adult safeguarding at Level 2 (Practitioners Role) with an expected compliance rate of 90%. This resulted in a significant increase in requests to the current multi-agency training provision which could not be met. The Safeguarding Vulnerable Adults Executive Board will be reviewing the provision of Level 2 training.

A review of training provision across Kent and Medway is required, and this was reinforced in the Strategic Health Authority review of safeguarding governance across the South East Coast region completed in December 2010, which suggests that "…that the content, level and frequency of ASG (adult safeguarding) training should be reviewed and best practice applied across NHS SEC [region]"

7.3.7 Provider reports

All providers were asked to provide a brief description of safeguarding structure within their organisation, including key achievements and top challenges during the period.

a) Acute Hospital Trusts

i) Dartford and Gravesham NHS Trust (DGH)

The safeguarding adult leads attend the Safeguarding Children and Vulnerable Adults Committee quarterly and provide a quarterly report to the committee and produce a quarterly governance and risk report.

Once a member of staff has a concern they share that with the Adult Protection (AP) lead and if a decision is made to raise the alert the AP lead will explain the processes that will take place during the investigatory process, their part of the process and assurance is given that they have

made the right decision to go forward with an adult protection alert. Any worries or fears that the member of staff raising the alert has are discussed immediately. As a result in general staff have not required high levels of support once the adult protection alert has been raised.

The reporting of incidents that could be seen as abuse has increased since the appointment of an additional AP lead within Dartford and Gravesham NHS Trust in 2009. Staff are now more aware of the reporting process for adult protection allegations. They appear to feel much more 'safe' to report incidents because they now understand that when they have concerns they are supported throughout the process of investigation and that raising alert is not seen as a blame statement but rather a call for help to support patients at risk of harm.

Key Achievements between April 2009 and March 2010

- The appointment of a 2nd Adult Protection/Learning Disability Lead. The provision of additional support and the management of the Excel spreadsheet would not have happened without this appointment. This showed in increase in the numbers of cases reported and attendance at case conferences with a speedier submission of reports about the incidents to the relevant authority. The Police have said that other forces are envious of the relationship North Kent Police have with us. Having a Learning Disability lead also closes the loop between the various groups of vulnerable people using our services at Darent Valley Hospital
- The creation of an Excel reporting template has led to a very close monitoring of the progress of alerts and is essential in the process of governance reporting which had not been so closely monitored in the past
- The appointment of a named Social Care Liaison. The appointment of a dedicated KCC lead has improved the timeliness of the investigatory processes and closure of cases. The lead has embraced multiagency working and co-operation between all parties involved in investigating safeguarding alerts.

Top challenges between 2009 and 2011

- To receive notification when cases are closed which will close the loop for governance reporting
- To ensure the GP's are aware that their patient is subject to an adult protection investigation if raised by the Trust
- To train a further member of staff who would be involved in adult protection teaching at mandatory and core training.

Learning from audit

In addition an audit of the evaluation of adult protection alerts/process has been completed for all alerts raised in 2009. This showed that 92.3% of the alerts were completed on time and submitted to the relevant agencies according to the Kent and Medway Safeguarding Protocols and approximately 7.6 % did not meet the agreed protocol.

ii) East Kent Hospitals University NHS Foundation Trust (EKHUFT)

Board level assurance for safeguarding rests with the Director of Nursing. A Trust wide Safeguarding Governance Group meets on a monthly basis and is chaired by the Associate Director of Nursing and Quality.

To comply with the NHS Litigation Authority (NHSLA) level 3 requirements, a monthly monitoring report is presented to the Safeguarding Governance Group. A bi-annual Safeguarding Vulnerable Adults report is presented to the Risk Management and Governance Group. The CQC registration requirements are monitored at the monthly Standards Monitoring Group meeting.

Key Achievements between April 2009 and March 2010

- Creation of the Trust wide Safeguarding Group. By inviting medical staff to attend and participate as part of the group there is a greater understanding of the holistic needs of safeguarding
- Embedding the Mental Capacity Act to all clinical Staff by having mandatory consent training.
- Bi-annual Trust wide study days covering Mental Capacity Act, Safeguarding and Mental Health Act. Over a 120 people have already attended.

Top challenges between 2009 and 2011

- To embed the requirements of the Mental Capacity Act 2005
- Lack of funding for a full time Safeguarding Lead.
- Training of staff on the basic awareness of Safeguarding Vulnerable Adults, Mental Capacity Act and Deprivation of Liberties Safeguards.

iii) Medway NHS Foundation Trust (MFT)

The Chief Executive devolves the responsibility for compliance and monitoring to the Director of Nursing. The lead for safeguarding vulnerable adults lies with the Director of Nursing, who is then supported by the Safeguarding Vulnerable Adults Coordinator. The Coordinator is a nominated staff member who has received appropriate training, and is responsible for:

- coordinating the investigations into allegations of abuse, utilising the Kent and Medway Multi-Agency Safeguarding Vulnerable Adults, Adult Protection Policy, Protocols and Guidance
- completion of all relevant documentation and liaison with interagency members as required
- advising and guiding staff through the safeguarding process.
- for ensuring that staff are supported throughout the safeguarding process.

The Safeguarding Adults Coordinator supplies the Trust's Quality Committee with a quarterly report. This report details the safeguarding and protection work of the Coordinator for that time frame along with the outcomes of the investigations. The report details risks and threats to the safety of vulnerable adults and the service; it also makes recommendations on the management of those risks. The report details clinical staff's compliance with the safeguarding mandatory training covering Safeguarding of Vulnerable Adults, Mental Capacity Act / Deprivation of Liberty Safeguards and People with Learning Disability (PwLD). The Director of Nursing had the opportunity to take recommendations from this report to the Trust Board meetings.

Key Achievements between April 2009 and March 2010

- The introduction of a Learning Disability (LD) Liaison Nurse has been a major achievement for the Trust. The role is designed to support people with a learning disability and their family / carers in accessing the services offered by the Trust and to support Trust staff in delivering high quality, personalised care for a patient group with complex needs
- Embedding the Deprivation of Liberty Safeguards into clinical practice has also been a key achievement for MFT. The wards dealing with patients at the highest risk of being unable to decide where to reside for treatment and care have both shown outstanding management of the patients care plan with the aim of identifying the least restrictive options for care provision
- The implementation of the learning disability pathways since the inception of the pathways the Trust has been recognised as an area of good practice for the management and care of people with a learning disability.

Top challenges between 2009 and 2011

- Independent assessments of capacity. Many staff, both medical and nursing, are reluctant to under take capacity assessment and refer patients to the Safeguarding Coordinator for assessment, despite mandatory MCA training which covers functional assessment of capacity staff continue to doubt their skills
- Appropriate utilisation of the Independent Mental Capacity Advocacy (IMCA) service. Staff are not considering referrals to the IMCA service in cases of serious medical treatment
- Operational safeguarding group. The Coordinator is aware that the Trust's operational group has declined following reorganisation of Directorate structures.

Learning from adult protection alerts

- 2008 - 2009: development of the LD pathways for access and the implementation of the non verbal pain scoring tool and reviews for people with a learning disability
- 2009 - 2010: introduction of a Learning Disability Liaison post, review of the management structure of wards and the articulation and monitoring of standards of care by senior sisters. Utility of the MCA best interest decision to support treatment in those lacking capacity and refusing life preserving treatment
- 2010 - 2011: acknowledging the need to improve multi agency discharge planning in complex cases where liaison with services will enhance the outcomes for the patient. How to utilise the deprivation safeguards to support safeguarding where family will not engage in the best interest of the patient. Improved tissue viability knowledge related to accurate grading of pressure ulcers.

iv) Maidstone and Tunbridge Wells NHS Trust (MTW NHS Trust)

The Executive Lead for managing the Safeguarding Adults agenda for the MTW NHS Trust is the Director of Nursing (Chief Nurse). The Trust employs a Matron for Safeguarding Vulnerable Adults who takes a strategic lead across the hospitals for Safeguarding Adults, Mental Capacity Act and Deprivation of Liberty Safeguards and Learning Disabilities.

From May 2009 MTW NHS Trust set up a Multi-Agency Safeguarding Adults Committee which was originally convened monthly, and now meets bi-monthly. This committee reports up through the organisation via quarterly reports to the Quality and Safety Committee and yearly to the Trust Board. The main thrust of this committee is to prioritise the Safeguarding Agenda and work streams required to meet the National and Local Safeguarding agenda within MTW.

Key Achievements between April 2009 and March 2010

- Continuance of multi-agency working. The Maidstone and Tunbridge Wells Multi-agency Safeguarding Adults Committee meeting has good representation from within the local multi-agency arena. It is an effective meeting to review referral and investigative processes locally and for National Reports to be considered and responded to. However, in the absence of the Kent and Medway Multi-agency meetings in the first half of 2010 and lack of provider representation at Executive Board level, operational areas of concern have emerged with regards to working across agencies
- Policy and Procedures. The Trust policy for Safeguarding Vulnerable Adults has been updated and reviewed in 2009 and is currently undergoing further review and update this year. This policy has been written so that it is in line with the agreed Multi-Agency Safeguarding Policy and Procedure which MTW endorses. The Trust Mental Capacity Act Policy and Procedure has been rewritten to ensure that it reflects changes in legislation. The Trust has written a Restraint Policy and Procedure which has been published on the Trust Intranet
- Safeguarding Champions and Resources. The SVA Policy and Procedure has introduced the concept of having Safeguarding Champions in each clinical area and to date the SVA Matron has had 62 Safeguarding Champions nominated across a variety of work areas. The role of Safeguarding Champion is in its early developmental stage and they will be expected to complete additional training to equip them with skills and knowledge to enhance the role undertaken. They will become a point of expertise for each area in identifying Vulnerable Adults and in understanding where to seek help and advice from if issues of concerns are raised.

Top challenges between 2009 and 2011

- Professionalism and consistency of approach. All professionals are being challenged to improve their approaches and decision making with regards to responses to Safeguarding Adults in their care. The appropriate use of the published policies and procedures and referral mechanisms in a timely manner will be emphasised at all given opportunities. This remains a challenge for the forthcoming year
- Embedding the role of the Safeguarding Champions. Although clearly the response for nominations of Safeguarding Champions is impressive it will be challenging this year to embed and develop their role and expertise to optimise the Safeguarding Agenda in all areas
- Consistent application of the MCA and DoLS. Basic awareness in the Mental Capacity Act training is continuing to be delivered by the Matron SVA. The Trust recognises its challenges with regards to embedding the application of the Mental Capacity Act in practice and the Matron SVA is looking at a number of creative ways in which this learning can be delivered across the Trust to a cross section of professionals.

Learning from adult protection alerts

- Awareness amongst staff with regards to referral and investigative processes has been raised
- Debrief Sessions are offered at the end of safeguarding processes when events are reported to have occurred in the hospital setting to inform staff and counsel staff in what have been difficult circumstances.
- Body checking and mapping as soon as possible upon admission of all adults.
- Improvements in documentation - staff have a heightened awareness of gaps in documentation
- Transfer of Care Form now reinstated for use for transfers to Community Hospitals, care homes and complex discharges.

b) Community Health Services

i) Eastern and Coastal Kent Community Services (ECKCS)

Eastern and Coastal Kent Community Services takes a proactive approach to safeguarding vulnerable adults. The executive lead is currently the Interim Director of Nursing with a nominated interim non executive lead that is also the chair of the Interim Quality Committee (a sub group of the Board). There is a Safeguarding Vulnerable Adult Team in place comprising of the Named Nurse for Adult Protection and two Safeguarding Vulnerable Adult Nurses.

The safeguarding governance group represents both children and adults. It provides assurance and reports to the Interim Quality Committee. The Intelligent Information and Investigation group is part of the governance structure who scrutinise incidents, complaints and patient experience data, identifying trends, themes, risks and safeguarding issues which are escalated to the safeguarding governance group.

The Safeguarding, planning, monitoring, and implementation group (a sub group of the safeguarding governance group) is responsible for monitoring action plans, identify lessons learnt and outcomes which are fed back to the safeguarding group and there are links back to the clinical governance groups within the organisation.

Key Achievements between April 2009 and March 2010

- The implementation of the Department of Health Guidance “Clinical Governance and Adult Safeguarding - An integrated process “(DH 2010) within the organisation has encouraged robust systems to ensure safeguarding is embedded. There are more robust processes now in place which have led to safeguarding being incorporated in the review of complaints, serious incidents and incidents via the Intelligent Information and Investigation group. The lessons learnt that relate to safeguarding are managed robustly through the governance structures
- The Adult Protection policy has been updated in response to local and national guidance and in addition a Safeguarding strategy and Safeguarding training strategy have been developed and implemented
- Adult safeguarding supervision has been embedded into the organisation. It provides support for staff and has highlighted lessons for the individual practitioner and the organisation.

Top challenges between 2009 and 2011

- The collation of accurate multi agency training data has been a challenge due to the way their data is presented, therefore a data trawl had to be undertaken to establish a baseline from all services to identify the workforce that had received level 2 and 3 multi agency training. This has now enabled us to provide accurate data to demonstrate compliance
- Organisational change has led to challenges with the separation between commissioners and providers and the role of the Designated Nurse for Adult Protection having moved into commissioning. Although this was a challenge an opportunity was created to re-establish the Safeguarding Team and focus the role of the service on provider assurance, support and specialist advice
- Safeguarding awareness has improved within services and reporting data evidences the increase in reporting however there still remains the on going challenge of staff understanding their responsibility of the safeguarding agenda, work continues to address this through the safeguarding nurse’s working alongside staff, providing supervision and supporting services.

Learning from adult protection alerts

- Outcomes from safeguarding concerns raised within the organisation have lead to the development of an Out of Hours protocol for staff offering advice and guidance in supporting the management of safeguarding issues in partnership with other agencies during these times
- The implementation of a dependency tool within the community hospitals, to assess the level of complexity and dependency of the vulnerable adult and serve as a safeguard highlighting appropriate resource and skill required to meet their needs
- A robust contract for independent hairdressers working in our organisation is being developed to provide quality assurance and act as a safeguard
- Policies and clinical protocols have been influenced by safeguarding lessons and tissue viability training incorporates a designated section on the correlation between safeguarding and neglect
- As a result of pressure ulcer reporting a weekly panel consisting of the patient safety clinician, tissue viability lead, safeguarding lead, serious incident management and a clinical services manager has been established to determine a decision whether identified grade 3 and 4 pressure ulcers are relating to patient safety, a serious incident and safeguarding. As a result the appropriate reporting and investigation routes are identified
- The pressure ulcer reporting and safeguarding cases have led to a pressure ulcer group being formed which analyses the lessons learnt from all incidents and takes action to ensure lessons are embedded to the improve patient safety and quality of care to minimise risks.

ii) Medway Community Healthcare (MCH)

Medway Community Healthcare is firmly committed to raising awareness of safeguarding adult issues and reducing adult abuse and therefore has a safeguarding team in place with executive representation at board level. In 2010 the team became part of Adult Services within MCH to ensure that safeguarding adults is embedded into the service.

Safeguarding adults is represented on MCH's Executive Board by the Associate Director of Clinical Standards and from 2011 a Head of Safeguarding is the professional lead for both adults and children.

The Safeguarding Adults Team has recently been revised in line with organisational changes within Medway Community Healthcare and is made up of a Mental Capacity Act Manager, a Safeguarding Adults Advisor and a Safeguarding Adults Practitioner. In September 2010 a Specialist Nurse (Domestic Abuse) was appointed to work across safeguarding children and adults.

Action plans from serious incidents and any lessons learned are quality assured by the Clinical Safety and Risk Management group which reports into the Quality Committee.

Key Achievements between April 2009 and March 2010

- Raising awareness of safeguarding adults to members of the public and staff within Medway during a dedicated week in 2010
- Supervision established and reporting on 100% compliance to NHS Medway
- A 61 % increase of all levels of health practitioners including GPs raising alerts and seeking advice from the team.

Top challenges between 2009 and 2011

- Embedding the Mental Capacity Act and safeguarding into services and to assist with improvement of documentation to reflect this
- Working towards clinical supervision for all staff who have been involved in a safeguarding adult/Mental Capacity Act investigation
- Raising awareness and facilitating training within General Practice those who work outside of normal office hours.

Learning from adult protection alerts

- Staff are more supported in raising safeguarding alerts
- Staff receive safeguarding clinical supervision individually when they have been involved in a safeguarding case and within their own team twice yearly
- Safeguarding adults training is a priority for Medway Community Healthcare, at these sessions' staff are reminded of their responsibilities regarding the Public Disclosure Act and informed of how they will be supported if/when necessary
- The safeguarding adults' team work closely with Governance, senior managers and Human Resources to support staff.

iii) West Kent Community Health (WKCH)

The information provided is from the provider arm of the PCT, formerly known as West Kent Community Health (WKCH) and not from the new organisation, Kent Community Health NHS Trust, which was created in April 2011.

The Executive Lead for Safeguarding was, until his retirement in March 2011 the Chief Nurse whose directorate was under the umbrella of Clinical Governance. SVA/MCA reports are written and submitted on a bi monthly basis to the Patient Safety and Quality Group which high lights areas of both poor and good practice and generally provide safeguarding information across the three localities. WKCH has reviewed its Safeguarding Vulnerable Adults Policy to incorporate national and local changes made to the safeguarding agenda, which includes the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Key Achievements between April 2009 and March 2010

- Training. WKCH has been committed to developing an ongoing SVA/MCA training programme that is `fit for purpose`. Both SVA and MCA is mandatory training for all clinical staff and all staff that come into contact with vulnerable adults, this equates to WKCH requiring 100% attendance figures. WKCH can report that all training is evaluated and has been well received from training sessions delivered
- Change in Care Home Culture. Due to the commitment, diligence and determination of a community nursing team based, in the north of the locality, the culture within one care home has changed dramatically for both the residents and staff. The Community Nursing Team (CNT) was visiting the home and through observation of the practice that was being delivered by the management of the home, the CNT recognised institutional abuse that they brought to the attention of both WKCH and Social Services. A lengthy intensive multi agency investigation was undertaken which now means that through changes to management and practice, residents now enjoy a better quality of life that is free from abuse and staff work in an environment that promotes good practice

- Protocol 19. This is now embedded within the safeguarding culture when investigating adult protection cases relating to causative factors of skin integrity damage. The achievement and success is due to the dedication of the Tissue Viability Nursing (TVN) Service that takes the lead for the investigation. Recommendations form part of the investigation report and these are reported back to WKCH Head of Service and Social Services for appropriate action.

Top challenges between 2009 and 2011

- Safeguarding Service. The biggest challenge during this period has been in providing a Safeguarding Service with one whole time equivalent member of staff in post, covering a large geographical area, over three localities. The limited resource Safeguarding Service has created a gap which has predominately affected the care home (nursing) sector when health investigations are required
- Working to criteria. The Chief Nurse recognised the limited Safeguarding Service that could be offered during this period and agreed criteria for when WKCH could be involved in alerts. Although the criteria were communicated to all partner agencies, it has caused frustration and confusion with some agencies, as to when WKCH will investigate
- Prioritising Alerts. Due to the limited resources available to the Safeguarding Service the prioritising of alerts has been a frustrating challenge, especially when Protocol 19 investigations have been required. Protocol 19 is part of the Multi Agency Policy but no time line has ever been agreed which again has caused frustration to our Commissioners and social services colleagues. The Protocol 19 investigations are a lengthy but valuable contribution to the adult protection process which have proved valuable in determining causative factors to skin integrity damage

c) Mental Health Trust

i) Kent and Medway Mental Health and Social Care Partnership Trust (KMPT)

The Executive Director of Nursing and Governance is the lead on the trust board for safeguarding. There is currently a Head of safeguarding who is supported by a Lead for Mental Capacity Act and DoLS. There is assurance reporting to the Board via the Governance and Risk Committee.

Key Achievements between April 2009 and March 2010

- Establishment of structure linking safeguarding of adults (including MCA/DoLS) and children and initial governance processes
- Policy defined the minimum training needs matrix for all levels of multi-agency training and assisted in increased actual training activity at awareness level across all Trust services
- Established central data collection of safeguarding alerts, training activity and allegations against staff (including reporting to ISA, professional and regulatory bodies).

Top challenges between 2009 and 2011

- Strengthening our safeguarding processes through the actions outlined in the Adult Safeguarding Improvement Plan
- Maintaining the focus on safeguarding in the light of the restructure of Access/Recovery teams
- Using the result of case file audits to address gaps in practice but also to share across the organisation examples of best practice

- Continue to build upon and enhance safeguarding data to inform decision making where safeguarding is concerned across the organisation and with partner agencies
- Appropriate use of data to provide assurances that safeguarding standards are being maintained
- Develop safeguarding champions across the organisation who will mentor and motivate staff in achieving best practice in safeguarding
- Recreate the Trust wide forum for discussion of safeguarding practice.
- Support staff and enhance knowledge and skills through training and development that is appropriate to their level of responsibility
- Develop Domestic Abuse Strategy and deliver training around this issue to all staff.

Learning from adult protection alerts

- A refocus by Designated Managers re timely progression and closure of safeguarding cases
- Refocus on training/awareness/questioning of practice (whistle-blowing policy) for staff on in-patient units
- Refocus on use and management/supervision of physical restraints for in-patient services
- Inclusion of assessed compatibility needs at admission/transfer planning/review stages in both in-patient and residential care settings
- Refocus on mentoring/strong value base and best practice leaders for/within staff teams
- Increased awareness/focus for Access and Recovery Teams of safeguarding issues within SDS implementation.

d) Ambulance Trust

i) South East Coast Ambulance NHS Foundation Trust (SECamb)

South East Coast Ambulance Service NHS Foundation Trust has a safeguarding lead, with responsibility for adult and child safeguarding, mental capacity and child death. Key safeguarding information is disseminated through the Trust through internal communications, team briefings and face to face contact.

The safeguarding lead reports to the Clinical Quality Manager (Clinical Audit and Safeguarding), and the senior manager is the Head of Medical Services. The executive lead with responsibility for safeguarding is the Medical Director.

Key Achievements between April 2009 and March 2010

- The two years from April 2009 to the end of March 2011 has seen a continued growth in the numbers of referrals being made across the whole Trust. Reports of concerns regarding adults in 2009 - 2010 saw an increase of 56.37% on the year before and the following year, 2010 - 2011 saw a further increment of 57.43%. This includes all adult concerns, not just safeguarding investigations
- We have developed a new database to enhance the data collection processes that were already in place and which will also allow differentiation between types of concerns being raised. This is vital for the continued development and targeting of training needs, awareness raising and learning for the Trust to ensure that referrals are appropriately being made to partner agencies
- SECAmb has been actively involved in the national safeguarding forum, a group that comprises safeguarding lead representation from all English ambulance Trusts and is working collaboratively on national agendas, such as training, competencies frameworks and CQC assurance.

Top challenges between 2009 and 2011

- Being a large, geographically widespread, organisation has unique challenges regarding staff engagement and standardisation. Having seven local authorities with differing priorities, aims and objectives within our boundaries also brings its own challenges
- Implementation of a suitable e-learning package for ambulance personnel has had to compete with other mandatory organisational learning needs, and as a result could not be made available to staff in 2010 - 2011 as hoped. In collaboration with other leads via the national safeguarding forum bespoke, ambulance specific training is under development to address the current gap with existing products available to us, however the currently chosen product will be launched on 1st June 2011
- As part of SECAmb's pro-active approach to safeguarding and the wider social engagement of vulnerable people living within our area, ensuring feedback for every case which is raised is key to the ongoing success of the reporting system, it will also allow greater analysis of the referrals being made with the new database in place. Improvements need to be made to improve accessibility to this information to ensure optimum use is made of it.

7.3.8 Challenges for 2011 - 2012

- Responding to increasing guidance and legislation such as the Department of Health guidance, Strategic Health Authority review and recommendations and further proposed guidance and possible legislation including publication of Law Commission report on the law on Adult Social Care; the report of the Independent Commission on the Funding of Care and Support; and the White Paper on social care reform December 2011
- Rationalising and standardising policy, procedure and training strategies across Kent and Medway and ensuring alignment and compliance with multi-agency policies and procedures
- Maintaining strong relationships with providers, particularly where they are undergoing significant change due to policy reform and/or stringent financial limitations. Ensure that providers feel effectively engaged and supported, particularly within the multi-agency arena
- Engaging GPs in safeguarding, both as providers of care to vulnerable adults and as developing commissioners within the NHS reforms
- Planning for the transition of current safeguarding structures and resources as SHAs and PCTs are abolished in 2012 and 2013 respectively, whilst maintaining strong leadership across the health economy
- Developing effective performance indicators and dashboards which give a clear picture of safeguarding practice across the region. Work with providers and our local authority partners to ensure that data is robust and timely.

7.4 Kent Police

Performance

The following table shows April 2010 – March 2011 Adult Abuse performance figures:

Crime/ Incident Breakdown	North Kent	West Kent	Mid Kent	Medway	East Kent	South Kent	Force
Total Reported Crimes	45	28	28	16	35	6	158
Total Secondary Incidents	313	569	524	436	976	350	3168
Total	358	597	552	452	1011	356	3326

The following table shows April 2009 – March 2010 Adult Abuse performance figures:

Crime/ Incident Breakdown	North Kent	West Kent	Mid Kent	Medway	East Kent	South Kent	Force
Total Reported Crimes	42	8	24	21	37	21	153
Total secondary incidents Secondary Incidents Secondary Incidents	243	469	530	329	553	325	2449
Total	285	477	554	350	590	346	2606

The above figures highlight an increase of crimes from 2009 - 2010 to 2010 - 2011 by 5 and 715 secondary incidents (720 total). The increase in total number of incidents (28%) reflects improved multi agency communication and police referral recording practices. The restructure of Kent Police will change the Public Protection Units to centralised ownership under the line management of the Head of Public Protection.

[4] Secondary incidents consist of referrals (alerts) received by Police from Adult Social Services and from Police to Adult Social Services, nearly all incidents are initially recorded as Secondary Incidents. Those that are criminal offences are upgraded as a result.

The following table shows the breakdown for April 2010 - March 2011 of the type(s) of abuse involved in the Crime/Incident:[5]

Crime Type Breakdown	North Kent	West Kent	Mid Kent	Medway	East Kent	South Kent	Force
Emotional	148	24	83	70	295	75	695
Financial	41	61	81	91	116	75	465
Neglect	47	84	62	86	119	18	416
Physical	76	77	119	119	148	83	622
Sexual	13	21	32	25	97	28	156

The following table shows the breakdown for April 2009 - March 2010 of the type(s) of abuse involved in the Crime/Incident:

Crime Type Breakdown	North Kent	West Kent	Mid Kent	Medway	East Kent	South Kent	Force
Emotional	124	31	33	75	286	121	670
Financial	34	82	45	98	98	85	442
Neglect	63	64	47	65	104	40	383
Physical	76	63	78	119	115	88	539
Sexual	14	11	25	23	28	33	134

Kent Police (Headquarters Public Protection Unit)

The Headquarters team lead on Policy and Compliance for Safeguarding and continue to monitor and audit the teams based around the County to ensure a consistent approach to investigations involving vulnerable adults. As such the unit is involved at all levels of the Kent and Medway Safeguarding work, from tactical delivery to Board level.

HQ Public Protection Unit quarterly focus groups enable both strategic and operational best practice to be identified and shared within each strand of public protection work (Adult Abuse, Child Abuse, Domestic Abuse, Rape and Serious Sexual Assault and Missing Persons).

The Kent Police external website, managed by the Adult Abuse Coordinator, offers advice and guidance to victims and multi agency partners to navigate the reporting process. In addition the HQ Public Protection Unit populate an internal website for staff with information and guidance surrounding Adult Abuse policy and safeguarding, including details of training with direct links to the Kent County Council and Medway Council Safeguarding web links. Adult Abuse Investigation training is now applied for on-line, making it both easier and more efficient for officers and staff.

On the 16 December 2010 the Chief Constable announced the force would receive a £53 million budget cut over the next four years (until financial year 2014 - 2015) with the majority of the budget cuts (around two thirds) occurring in the first two years. The Kent Police re-organisation includes the requirement to identify areas where efficiency can be improved in Public Protection while continuing to mitigate the risks of serious harm.

[5] It is important to note that it is possible for a crime to have more than one type; it is not the unique number of crimes.

In February 2011 Kent Police hosted a multi-agency Lean5 event to discuss the feasibility of a Central Referral Unit (CRU). The HQ Public Protection Unit working party has continued this work stream to scope a CRU model proposed for public protection in Kent. Local Adult Abuse Investigation Units (AAIU) will work alongside Child Abuse (CAIU) and Domestic Abuse (DAU) teams to form Safeguarding Teams. The benefit of utilising trained CAIU and DAU officers will provide more capacity and resilience to the response of Adult Abuse.

Consultation ACPO (2011) Guidance on Safeguarding and Investigating the Abuse of Vulnerable Adults

The draft of the inaugural ACPO (2011) Guidance on Safeguarding and Investigating the Abuse of Vulnerable Adults has been circulated for national consultation. The guidance is aimed at all police officers, police community support officers, police staff, special constables, in particular those who deal directly with the public. It is especially relevant to all members of Public Protection Units, Neighbourhood Teams and those involved in developing policy on the police response to safeguarding adults. The purpose is to spread awareness of the issue of adult abuse to ensure the workforce is able to identify concerns at the earliest opportunity to enable a robust intervention to take place.

The publication in 2010 of the National Policing Improvements Agency guide to dealing with people with Mental Health and Learning Disabilities provides officers with understanding around dealing with the public, in particular where there are issues such as mental health or other disabilities involved.

The Mental Capacity Act

The Mental Capacity Act of 2005 brought into existence the new legislation under section 44, the offence of ill-treatment or neglect of a person lacking capacity. Kent Police performance figures for April 2009 - March 2010 reveal a total of 383 neglect offences compared to 416 in April 2010 - March 2011. Within these totals there will be section 44 offences; it is not possible at this stage to indicate the exact number.

Joint working with Kent and Medway partner agencies continues as an essential part of the Local Implementation Network meeting to address training and problems arising from both this Act and that of the Mental Health Act. A Train the Trainer course has been agreed and established, in order to disseminate this training to officers and staff.

The HQ Public Protection Unit and the Crown Prosecution Service (CP) meet on a quarterly basis in line with the aforementioned focus groups, in order to facilitate feedback and clarification of National Guidance. A recent query by a reviewing lawyer over the charging remit of Section 44 was raised but was quickly dispelled and National guidance will be provided throughout the CPS to ensure clarity for all its prosecutors.

Kent Police, in liaison with Kent County Council and the South East Coast Ambulance Service, are currently producing joint protocols for dealing with people lacking capacity especially with regards to Best Interests decisions and the use of restraint where deemed necessary.

[6] LEAN is simply the method of looking at how we do business from the customer's point of view. By mapping out what we do, the areas of 'waste' or 'things' we do because we always have become apparent. The LEAN approach takes you through a method, which helps to make improvements that cut out this bureaucracy. The outcomes of this event included enhanced relationships and better understanding of each other's agencies and the work completed.

Training

Kent Police continues to host the joint working Level 4 training course in criminal investigation. Officers continue to receive a high level of training and some have accessed a distance-learning course on dementia awareness to improve the level of knowledge. Alongside the Adult Protection training, officers have also attended the training around the Mental Capacity Act and the Deprivation of Liberty Safeguards, delivered by consultant trainers from Kent County Council. A recent training review of current training is being conducted to establish multi agency contribution with a view to improving efficiency and cost effectiveness.

Kent and Medway Inaugural Conference

Kent Police hosted a conference in March 2010 on behalf of the Kent and Medway Safeguarding Vulnerable Adults Executive Board aiming to raise the profile of adult protection, whilst promoting good practice in Kent.

South East Regional Adult Safeguarding Group

Kent Police continue to attend and contribute to the South East Regional Adult Safeguarding Group, in order to share good practice and information across the local Forces. Kent Police also continue to attend and contribute to the South East region Strategic Heads of Public Protection Units and the Operational Adult Safeguarding Group. Forces represented include Surrey, Sussex, the Metropolitan Police, British Transport Police, Hampshire and the City of London. Given the increasing demands on the Police service nationally, this forum has seen greater co-operation between forces especially with issues around training and safeguarding practises.

Conclusion

Kent Police continues to promote and encourage multi agency engagement with colleagues from all agencies involved in the work of Safeguarding Vulnerable Adults.

It is clear that as public awareness around adult abuse increases due to government agenda and adverse reporting, that the exact picture of abuse is beginning to become apparent. Reports to Kent Police have dramatically increased in the period April 2010 - March 2011. This is in line with an ageing population and has been highlighted as a potential risk in the Threat and Risk Assessment undertaken by the Public Protection Unit.

Section 8: Safeguarding activity 2009 - 2010 and 2010 - 2011

8.1 Background to the data

The data for this report was extracted from SWIFT for Kent County Council, Medway's safeguarding database and from the PCT's own systems. In most cases the data covers two periods: April 2009 - March 2010 and April 2010 - March 2011.

8.2 Adult Protection Referrals

The following section summarises safeguarding referrals. This is where a concern has been raised which has invoked an adult protection investigation or assessment. In Kent and Medway all adult protection alerts are evaluated as a matter of priority. Those that are not considered to be adult abuse will be referred through a more appropriate route. This may include care management assessment, Quality in Care, or to another agency, e.g. District Councils' or Kent Police where domestic abuse is an issue and the victim is not considered a vulnerable adult under 'No Secrets'.

i) Rates of referrals - changes between 2008 - 2009, 2009 - 2010 and 2010 - 2011

During the 2008 -2009 period, there were 2,213 referrals, 2,411 for the period 2009 -2010 and 2,349 for the period 2010 - 2011. Across the whole of Kent and Medway, the number of referrals has remained relatively stable. In East and West Kent there has been a slight decrease between 2009 - 2010 and 2010 - 2011 (5.4% and 4.5% respectively). However, in Medway there has been an increase of 17%.

Area	2008 - 2009	2009 -2010	2010 - 2011	% of total in 2010-2011	% change between 2009-10 and 2010-11
East Kent Total	1278	1341	1268	54.0%	-5.4%
West Kent Total	690	793	757	32.2%	-4.5%
Medway	245	277	324	13.8%	17%
Total	2213	2411	2349	100%	-2.6%

Table 1: Safeguarding Referrals recorded in Kent and Medway between April 2008 and March 2011

In 2010-2011, East Kent had the highest volume of referrals in Kent, contributing to 54% of the total. Referrals from West Kent made up 32.2% and referrals from Medway made up 13.8%. Between April 2008 and March 2010 East and West Kent experienced a significant rise in referrals. It is therefore not surprising that between April 2010 and March 2011 the referrals have plateaued. Informal discussions with one other county council suggest that they have had a similar experience.

ii) Age of alleged victims

During the period April 2009 to March 2011 there were 4,760 referrals, the age groups of the alleged victims is shown in figure 1 below. There has been no significant variation in the percentages in each age band to the last Annual Report 2008 - 2009.

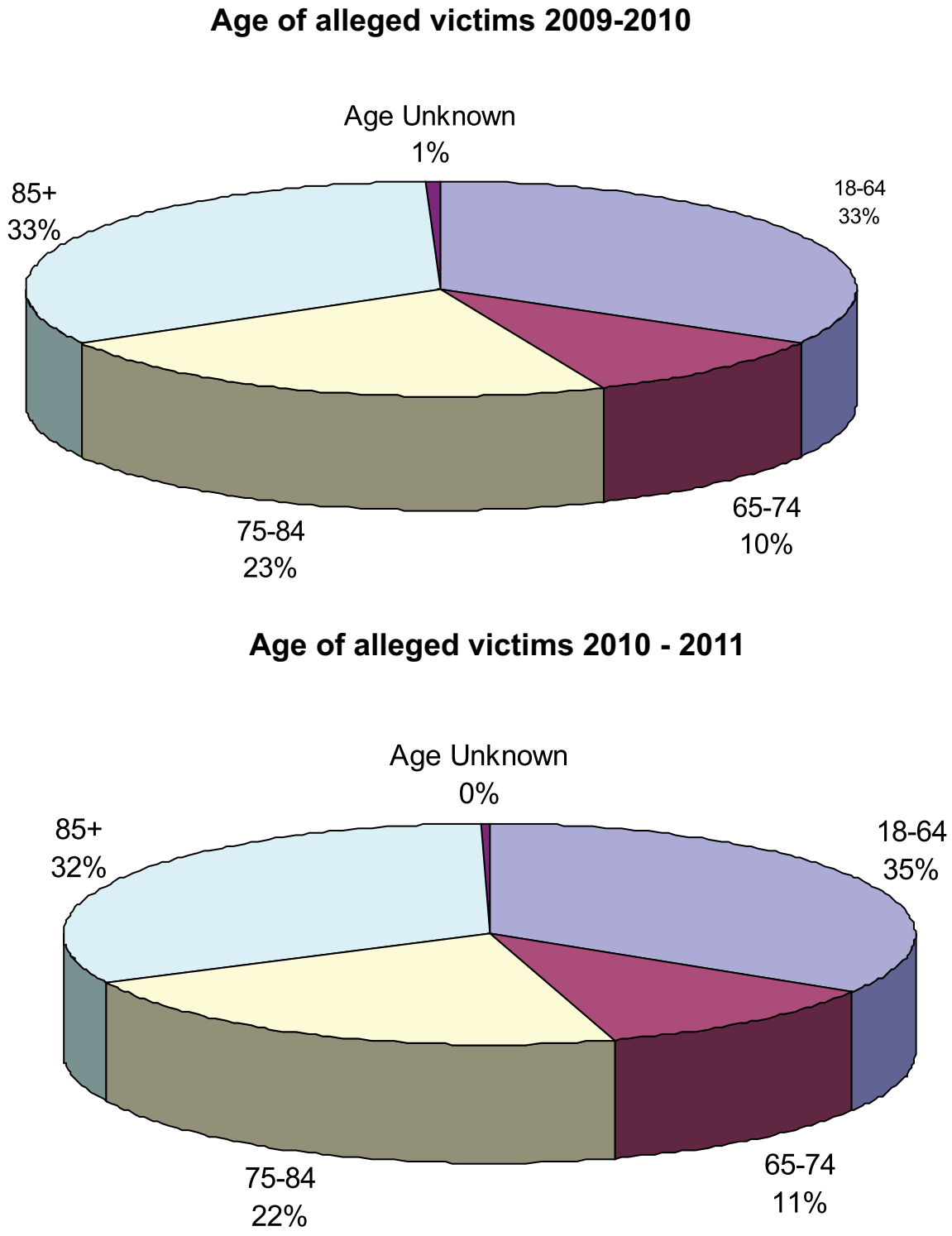


Figure 1: Safeguarding Referrals recorded in Kent and Medway between April 2009 and March 2011 - by age of alleged victim

These figures show that the majority of alleged victims are aged 65+.

iii) Gender of alleged victims

Of the 4,760 referrals during the period April 2009 to March 2011, 3,010 (63%) of the alleged victims were female and 1,749 (37%) male and 1 not recorded.

There was no significant variation in the proportions in this report compared to previous annual reports.

Figure 2: Safeguarding Referrals recorded in Kent and Medway between April 2009 and March 2011 - by gender

The gender proportion varies by age:

- In the age group 18 – 64, 48% of alleged victims are male and 52% are female.
- In the age group 65+, 31% of alleged victims are male and 69% are female.

iv) Ethnicity of alleged victims

The ethnicity of the alleged victims in Kent and Medway is broken down into the following categories:

	2008-2009	2009 - 2010	2010 - 2011	Total proportion 2010 2011
White	2038	2188	2137	90.97%
BME	45	76	52	2.21%
Not stated*	130	147	160	6.81%
	2213	2411	2349	

Table 2: Safeguarding Referrals recorded in Kent and Medway April 2008 and March 2011 - by ethnicity

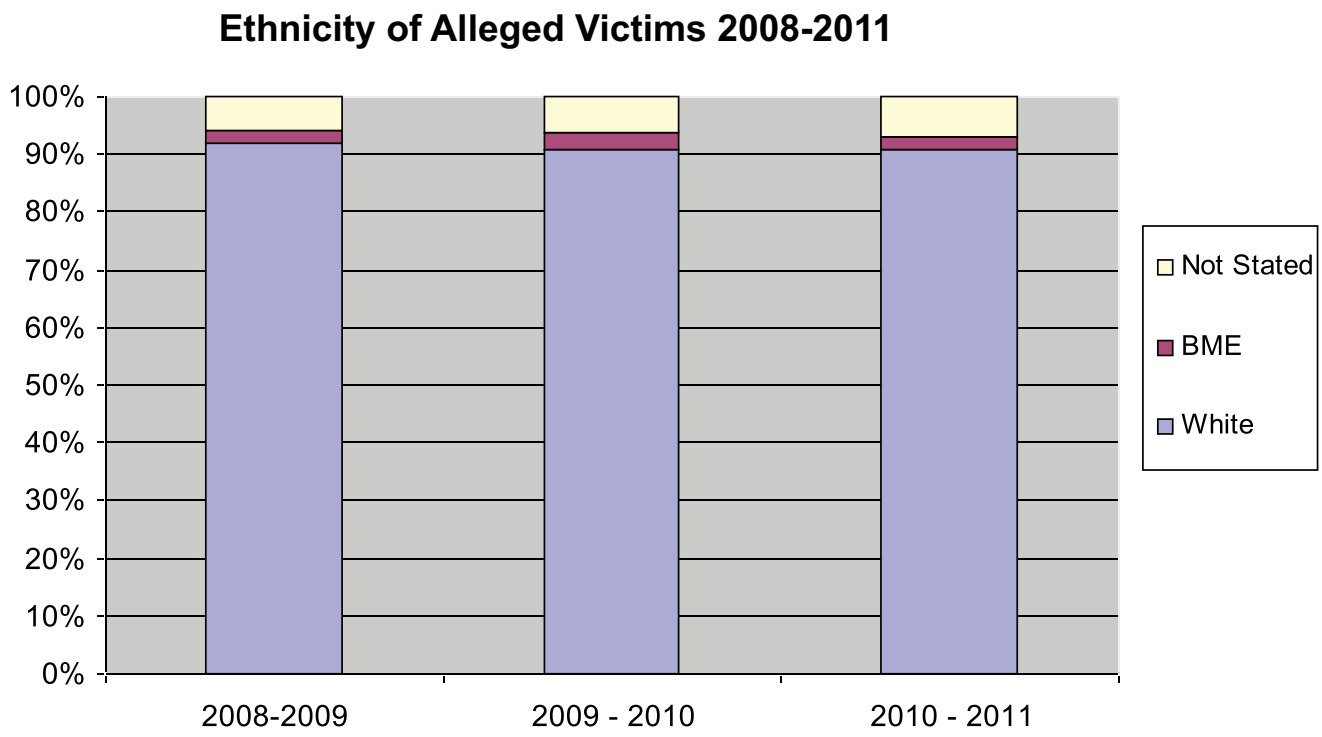


Figure 3: Safeguarding Referrals recorded in Kent and Medway between April 2008 and March 2011 - by ethnicity

Extensive effort has been made to improve access to safeguarding services for BME communities, however to date, this has not made an impact on the figures.

v) Client category of alleged victims

The client categories of the alleged victims of abuse in the period April 2009 to March 2011 are presented in Table 3. Of the alleged victims 65.9% of referrals recorded were 65+ years.

Overall 53% of safeguarding referrals have a client category of Physical Disability, 14% Mental Health and 19% Learning Disability.

	18 - 64	65+	Age unknown	Total	Total % proportion
Physical disability, frailty and sensory impairment	373	2137	3	2513	52.79%
Mental health	171	514	1	686	14.41%
Learning disability	817	67	3	887	18.63%
Substance misuse	4	2	0	6	0.13%
Other vulnerable people	173	246	8	427	8.97%
Not recorded	67	170	4	241	5.06%
Total	1605	3136	19	4760	

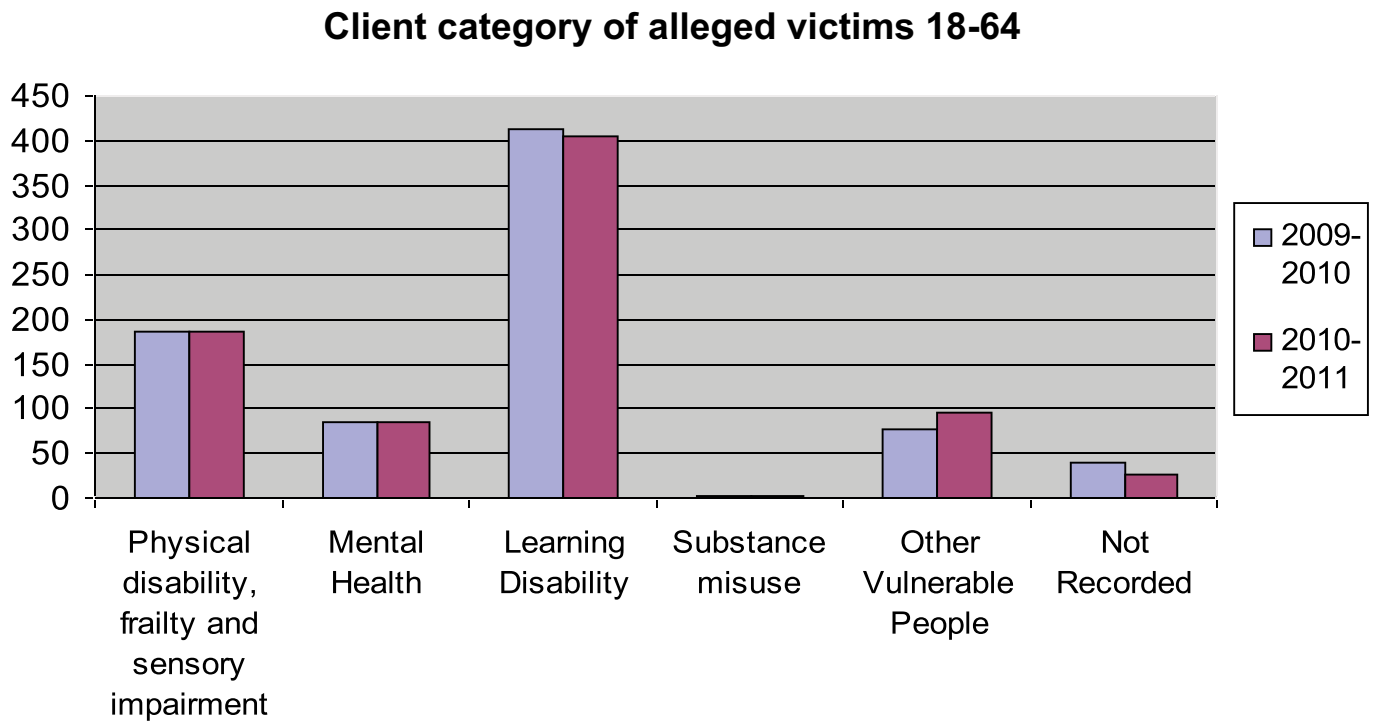
Table 3: Safeguarding Referrals recorded in Kent and Medway between April 2009 and March 2011 - by client category

The table below shows the proportions for each year of each client category:

	2009 - 2010		2010 - 2011	
	18-64	65+	18-64	65+
Physical disability, frailty and sensory impairment	7.76%	44.10%	7.98%	46.08%
Mental health	3.59%	10.64%	3.63%	11.05%
Learning disability	17.23%	1.13%	17.24%	1.71%
Substance misuse	0.08%	0.08%	0.09%	0.00%
Other vulnerable people	3.25%	5.76%	4.05%	4.61%
Not recorded	1.71%	4.67%	1.11%	2.47%

Table 4: Safeguarding Referrals recorded in Kent and Medway April 2009 and March 2011 - proportions of client category

The information in Table 4 can be further broken down into age categories and the bar charts below illustrate this. In total 51% of 18 - 64 year old clients with a safeguarding referral have a client category of Learning Disability and 68% of 65 + year old clients with a safeguarding referral in the period have a client category of Physical Disability.



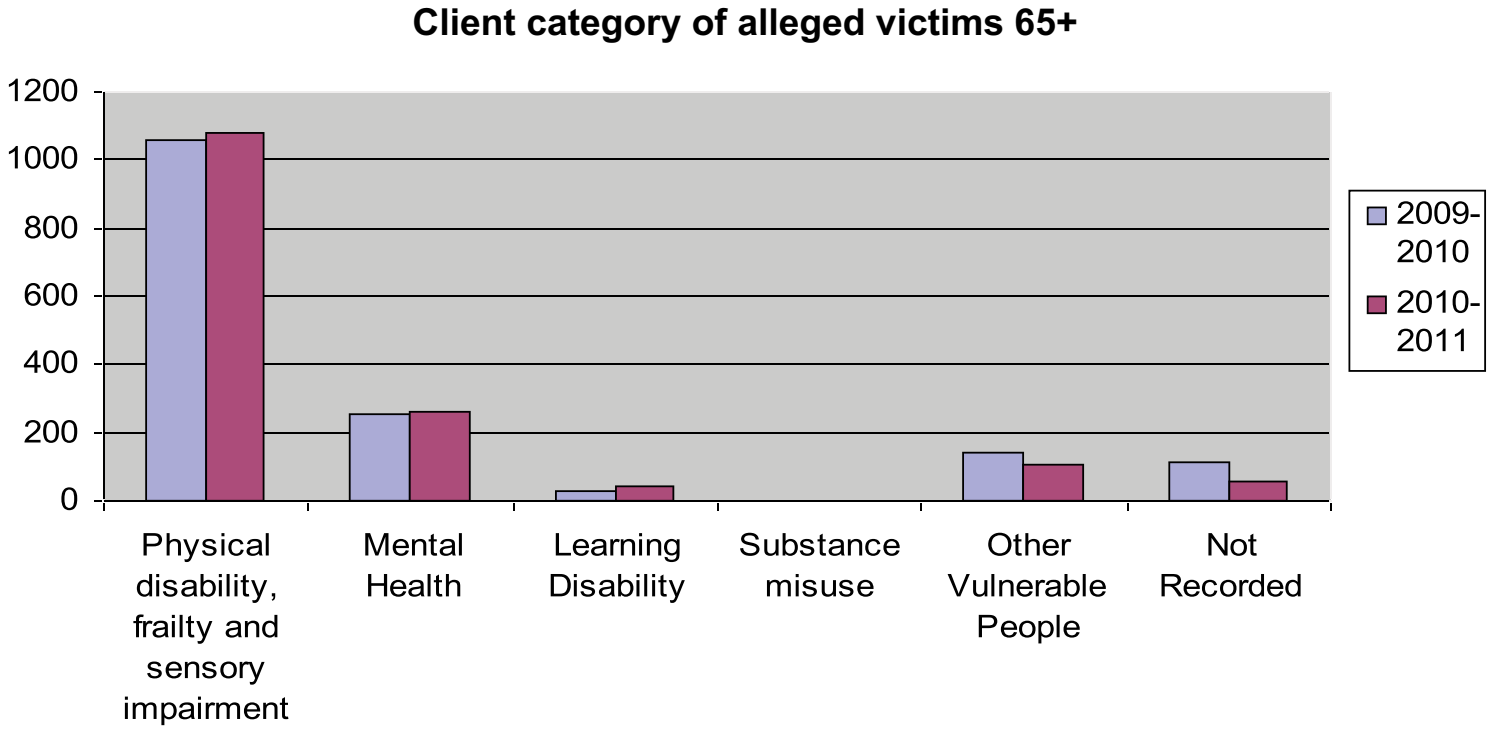


Figure 4: Safeguarding Referrals recorded in Kent and Medway between April 2009 and March 2011 - by client category and age

The tables show that the categories in both groups are of similar proportions when comparing the 2 years. The Other Vulnerable People category tends to refer to those people who in normal circumstances would not be eligible for adult care services.

vi) Source of Safeguarding Referrals

The sources of safeguarding referrals for April 2008 to March 2011 are shown in Table 5 below. The 'Other' category includes Carer, Independent Non Statutory/Voluntary Agencies, Anonymous, Legal (Including Solicitors), Other Local Authority, Probation and Stranger.

Table 5 shows that the largest source of referrals in the period is Social Care Staff contributing to 36.72% of all referrals. The proportions in each period have stayed relatively similar as shown by the last column. There have been small but significant increases in referrals from Police and family members. The largest change was a 4% increase in health staff. We believe these increases are a response to increased public awareness and increased training opportunities for staff.

Source of referral	April 2008 to March 2009	April 2009 to March 2010	April 2010 to March 2011	2009-10 and 2010-11 Total %	Proportion change between 2009-10 and 2010 - 2011
Social care staff (statutory and independent)	936	883	865	**36.72%**	0.20%
Health staff	382	457	539	**20.92%**	3.99%
Self referral	56	91	88	**3.76%**	-0.03%
Family member	202	201	236	**9.18%**	1.71%
Friend/neighbour	43	77	56	**2.79%**	-0.81%
Other service user	0	4	2	**0.13%**	-0.08%
Care Quality Commission	40	56	23	**1.66%**	-1.34%
Housing	31	69	46	**2.42%**	-0.90%
Education/training/workplace establishment	8	12	12	**0.50%**	0.01%
Police	124	109	145	**5.34%**	1.65%
Other	226	373	302	**14.18%**	-2.61%
Unknown	165	79	35	**2.39%**	-1.79%
Overall total	**2213**	**2411**	**2349**		

Table 5: Safeguarding Referrals recorded in Kent and Medway between April 2008 and March 2011 by the source

vii) Location of abuse

During the period April 2009 to March 2011 there were 4,760 safeguarding referrals recorded in Kent and Medway. The last column in the table shows the proportion change between the two periods.

The table below uses location categories as determined by the Department of Health. This is not exactly comparable with the location table from previous annual reports and so a direct comparison cannot be made.

In 2008 - 2009 43% of incidents of abuse happened in a care home setting (including nursing) compared with 44.13% in 2009 - 2010 and 38.83% in 2010 - 2011.

In 2008 - 2009 37% of incidents of abuse happened in the alleged victims own home, compared with 37.49% in 2009 - 2010 and 41.42% in 2010 - 2011. This increase is not surprising given that the priorities of adult social care have been promoting independence and personalisation which has enabled more people to remain in their own homes.

Location alleged abuse took place	2009 - 2010	2010 - 2011	2009-2010 and 2010-2011 Total %	Proportion change
Own home	904	973	**39.4%**	3.93%
Care home - permanent	667	505	**24.6%**	-6.17%
Care home with nursing - permanent	301	234	**11.2%**	-2.52%
Care home - temporary	95	171	**5.6%**	3.34%
Care home with nursing - temporary	1	2	**0.1%**	0.04%
Alleged perpetrators home	22	38	**1.3%**	0.71%
Mental health inpatient setting	2	1	**0.1%**	-0.04%
Acute hospital	37	43	**1.7%**	0.30%
Community hospital	19	25	**0.9%**	0.28%
Other health setting	21	11	**0.7%**	-0.40%
Supported accommodation	113	82	**4.1%**	-1.20%
Day centre/service	24	42	**1.4%**	0.79%
Public place	42	47	**1.9%**	0.26%
Education/training/workplace establishment	13	9	**0.5%**	-0.16%
Other	93	61	**3.2%**	-1.26%
Not known	57	105	**3.4%**	2.11%
Total	**2411**	**2349**		

Table 6: Safeguarding Referrals recorded in Kent and Medway between April 2009 to March 2011 by location of alleged abuse

viii) Location - Alleged care home incidents by district

The table below shows the number and proportion of referrals where the alleged incident took place in a care home setting.

2009 - 2010 Area	Alleged incidents in a care home	Total number of alleged incidents	% proportion
East Kent total	636	1341	47.43%
West Kent total	349	793	44.01%
Medway	79	277	28.52%
Total	**1064**	**2411**	**44.13%**

2010 - 2011 Area	Alleged incidents in a care home	Total number of alleged incidents	% proportion
East Kent total	547	1268	43.14%
West Kent total	267	757	35.27%
Medway	98	324	30.25%
Total	**912**	**2349**	**38.83%**

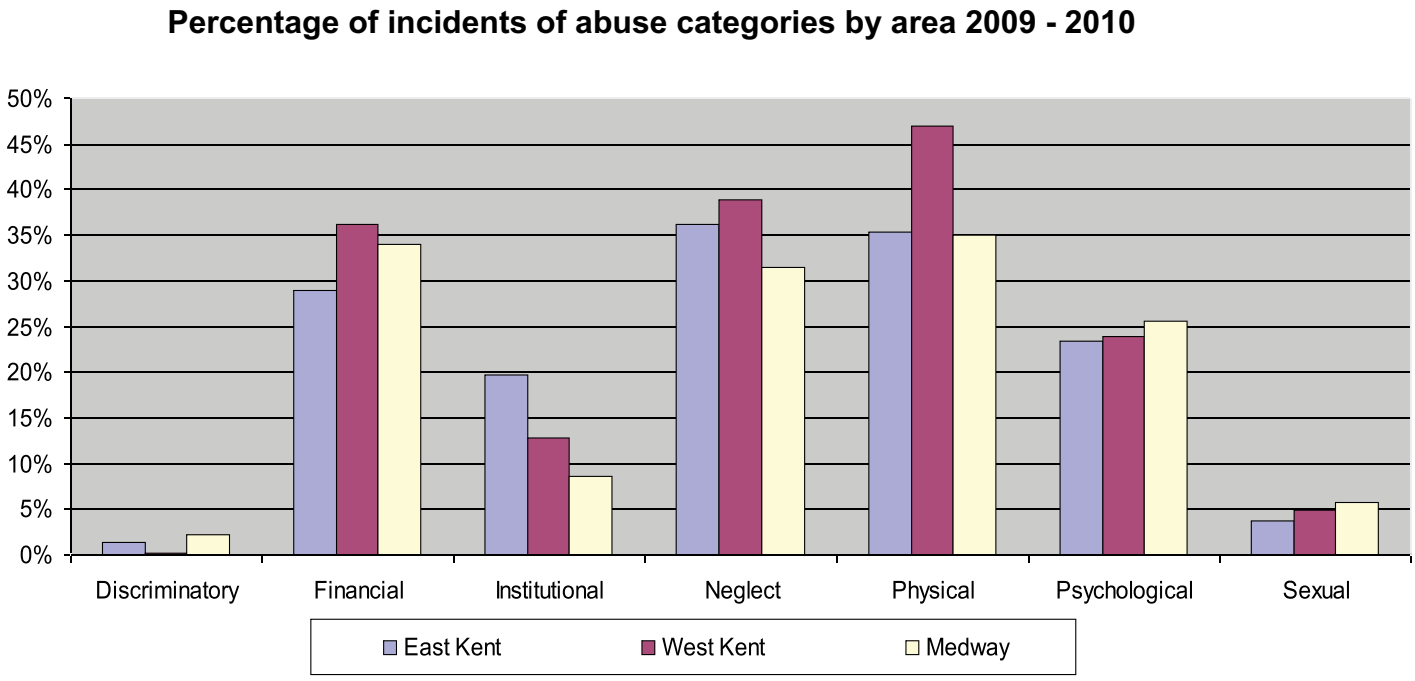
Table 7: Safeguarding Referrals recorded in Kent and Medway between April 2009 to March 2011 Alleged care home incidents by Area

Alleged incidents in care homes continue to be a significant part of our work. East Kent has a larger concentration of care homes. Currently KCC is implementing a Quality in Care framework which will have a downward impact on figures. The Risk Meetings with CQC will be a further avenue to take this agenda forward.

Medway has a slight increase in percentage proportion of care home allegations comparing 2009 - 2010 and 2010 - 2011. This continues to demonstrate Medway's commitment to improving awareness and practice in care home provider services.

ix) Categories of abuse

For each referral multiple types of abuse may be identified. Figure 5 below shows the percentage of referrals where each type of abuse is apparent for 2009 - 2010 and 2010 - 2011.



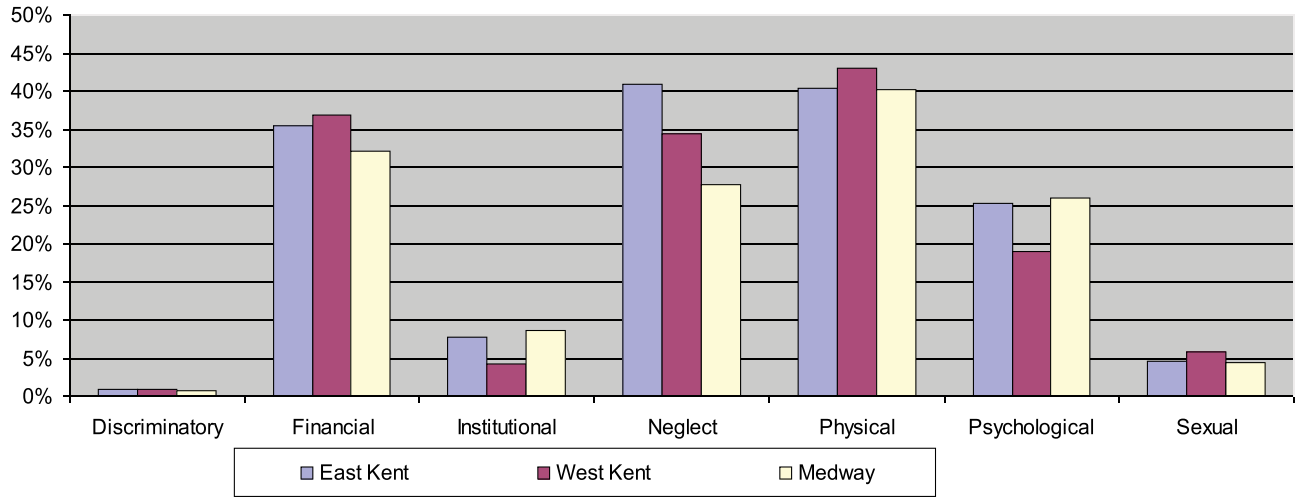
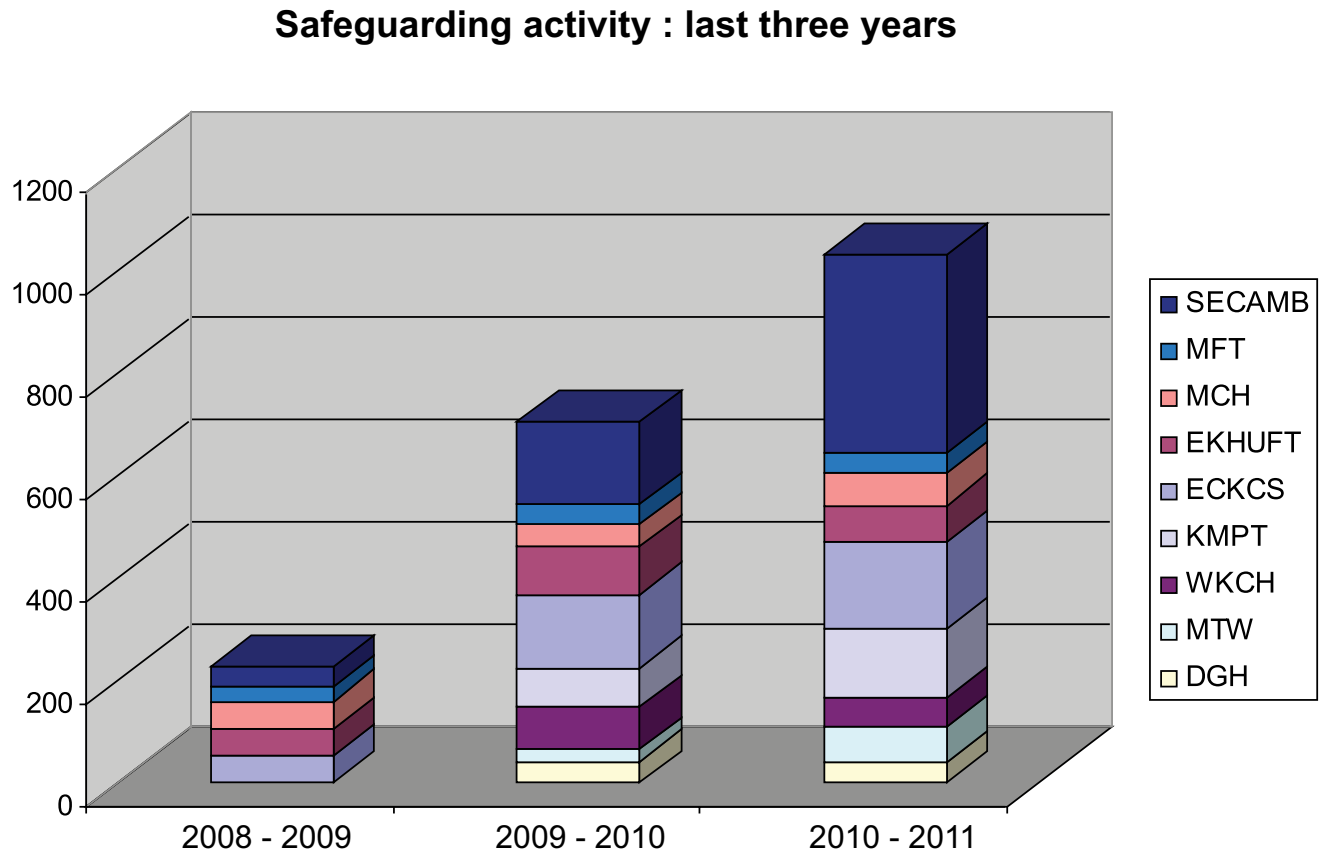


Figure 5: Safeguarding referrals recorded in Kent and Medway - Percentage of incidents of abuse categories by area 2009/10 and 2010/2011

The biggest decrease in category is that of institutional abuse. This is a result of different practices in coding the category of abuse. In Kent, adult protection alerts that may have previously been addressed through the adult protection protocols may be addressed through the Quality in Care framework which focuses on poor practice and quality issues in institutional settings.

8.3 Health data



Key:

- ECKCS – Eastern and Coastal Kent Community Services, now the eastern region of Kent Community Health NHS Trust
- EKHUFT – East Kent Hospitals University NHS Foundation Trust
- DGH – Dartford and Gravesham NHS Trust
- MTW – Maidstone and Tunbridge Wells NHS Trust
- WKCH – West Kent Community Health, now the western region of Kent Community Health NHS Trust
- MCH – Medway Community Healthcare
- MFT – Medway NHS Foundation Trust
- KMPT – Kent and Medway Mental Health and Social Care Partnership NHS Trust
- SECAmb – South East Coast Ambulance NHS Foundation Trust.

The main increases have been in Eastern and Coastal Kent Community Services and South East Coast Ambulance NHS Foundation Trust as a result of training, staff awareness and better systems for recording.

The table confirms that health activity is increasing as noted in (vi) above. All the incidents are investigated with the majority coordinated by the local authorities.

8.4 Closed alerts

i) Breakdown of decisions

Of the cases that closed during the period April 2009 to March 2011 the decisions are shown in the table below. The percentages of cases confirmed are East Kent 38%, West Kent 29% and Medway 24%. The actual figures are shown in the table below.

	Substantiated / Confirmed	Partly Substantiated/ Partly Confirmed	Unsubstantiated/ Discounted	Not Determined / Inconclusive	Evaluated - Not Adult Abuse	Total
Ashford & Shepway	165	55	181	147	58	**606**
Canterbury & Swale	370	94	213	264	79	**1020**
Thanet & Dover	375	50	153	157	18	**753**
East Kent L D	77	16	62	91	21	**267**
East Kent Total	**987**	**215**	**609**	**659**	**176**	**2646**
Proportion	37.3%	8.1%	23.0%	24.9%	6.7%	
Dartford, Gravesham & Swanley	70	30	105	103	66	**374**
Maidstone & Malling	110	17	67	106	16	**316**
South West Kent	77	25	116	80	37	**335**
West Kent L D	**92**	**20**	**68**	**48**	**34**	**262**
West Kent Total	349	92	356	337	153	**1287**
Proportion	27.1%	7.2%	27.7%	26.2%	11.9%	
Medway	82	26	156	44	33	**341**
Proportion	24.0%	7.6%	45.7%	12.9%	9.7%	
Total	**1418**	**333**	**1121**	**1040**	**362**	**4274**
Total Proportion	33.2%	7.8%	26.2%	24.3%	8.5%	

Table 8: Safeguarding Referrals recorded in Kent and Medway - Outcomes recorded between April 2009 and March 2011

The number of cases categorised as inconclusive have been looked at through audits in Kent and Medway. The audits revealed that the majority were being miss-recorded. Work continues to address this.

Section 9: Development Plan 2011 – 2012

A number of key priorities will direct our work during 2011 - 2012 including:

- Further developing the Kent and Medway Safeguarding Vulnerable Adults Executive Board's Action Plan following the identification of key objectives at the Kent and Medway Network Conference in January 2011
- Implementing the Training Review Transition Plan
- Reviewing the multi agency safeguarding governance arrangements
- Developing a communication strategy and reviewing our information to the public
- Raising public awareness of safeguarding vulnerable adults particularly targeting BME communities
- Reviewing our multi agency policy and protocols
- Developing local community networks across Kent and Medway
- Reviewing the Serious Case Review Procedure
- Responding to national safeguarding developments e.g. government legislation
- Meeting the challenges of current changes in health and social care to ensure safeguarding vulnerable adults services are delivered effectively through periods of organisational change and uncertainty

Appendices

Appendix 1

Kent and Medway Safeguarding Vulnerable Adults - principles and values

The Kent and Medway Safeguarding Vulnerable Adults partnership is underpinned by the following principles and values:

- It is every adult's right to live free from abuse in accordance with the principles of respect, dignity, autonomy, privacy and equity
- All agencies and services should ensure that their own policies and procedures make it clear that they have a zero tolerance of abuse
- Priority will be given to the prevention of abuse by raising the awareness of adult protection issues and by fostering a culture of good practice through support and care provision, commissioning and contracting
- Vulnerable adults who are susceptible or subjected to abuse or mistreatment will receive the highest priority for assessment and support services. All agencies will respond to adult protection concerns with prompt, timely and appropriate action in line with agreed protocols
- These principles are applicable to all adults whether living in a domestic setting, care home, social services or health setting or any community setting
- Protection of vulnerable adults is a multi-agency responsibility and all agencies and services should actively work together to address the abuse of vulnerable adults
- Interventions should be based on the concept of empowerment and participation of the vulnerable individual
- These principles should constitute an integral part of the philosophy and working practices of all agencies involved with vulnerable adults and should not be seen in isolation
- It is the responsibility of all agencies to take steps to ensure that vulnerable adults are discharged from their care to a safe and appropriate setting
- The need to provide support for the carers must be taken into account when planning services for vulnerable adults and a carer's assessment should be offered
- These principles are based upon a commitment to equal opportunities and practice in respect of race, culture, religion, disability, gender, age or sexual orientation.

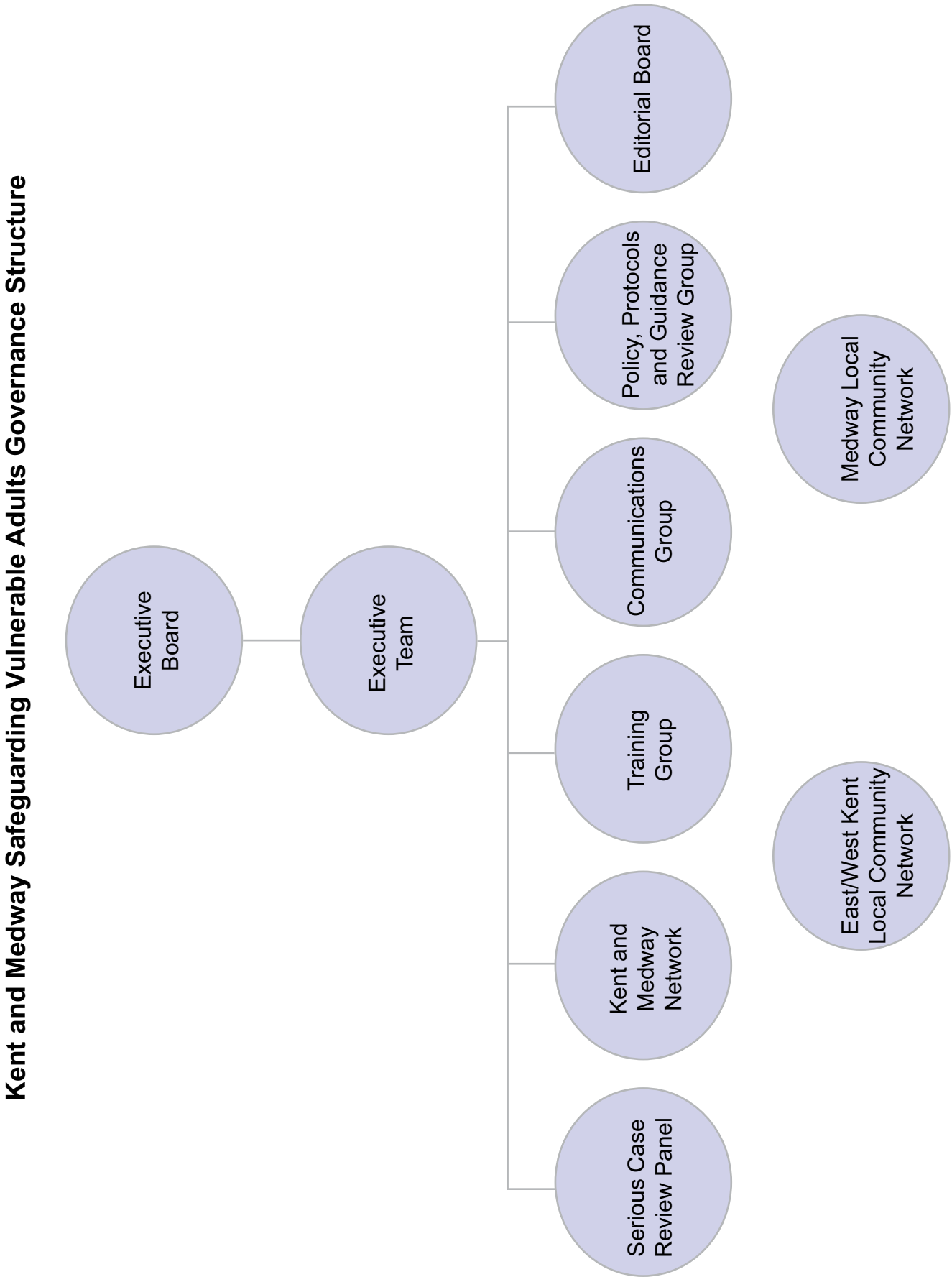
Appendix 2

The main forms of abuse

The main forms of abuse are:

- Physical abuse including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions
- Sexual abuse including rape and sexual assault or acts to which the vulnerable adult has not consented, or could not consent or was pressurised into consenting
- Psychological abuse, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks
- Financial or material abuse, including theft, fraud, exploitation, pressure in connection with wills property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits
- Neglect or acts of omission, including medical or physical care needs, failure to provide access to appropriate health, social care of educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
- Discriminatory abuse, including racist, sexist, that is based on a person's disability, and other forms of harassment, slurs or similar treatment.

Appendix 3


Kent and Medway Safeguarding Vulnerable Adults Governance Structure
Executive Board
Executive Team
Editorial Board
Policy, Protocols and Guidance Review Group
Communications Group
Training Group
Kent and Medway Network
Serious Case Review Panel
Medway Local Community Network
East/West Kent Local Community Network

Appendix 4

Kent and Medway Safeguarding Vulnerable Adults
Adult Protection Training Course Structure

Level 1:
Awareness
Developing a shared understanding about what constitutes abuse and the definition of what is a vulnerable adult? An understanding of the signs and symptoms of abuse. Also what to do if you witness abuse or are told about it.

Level 2:
The Practitioners Role
Dealing with disclosures for those who need to complete the alert form as part of their professional role. Determining risk, vulnerability and seriousness. Examining the implications of the three 'C's - capacity, consent and confidentiality.

Level 3:
The Investigators Guide
Knowledge and skills required in planning and undertaking a protective and/or detective investigation either within a single agency or jointly with colleagues from other agencies. Examining elements of good practice in gathering evidence.

Level 4:
Joint Working in Criminal Investigations
Developing mutual understanding of the complimentary and supportive roles of the police, social services and other agencies when a potential crime has been committed. This will include an overview of the 'Achieving Best Evidence' model of interviewing.

Level 5:
Decision Making and Accountability
This course is directed at those who will be involved in the conclusion decision making processes (such as care conferences and planning meetings) and have responsibility for these under the current policy and procedures. Evaluating the evidence and implementing protection planning.

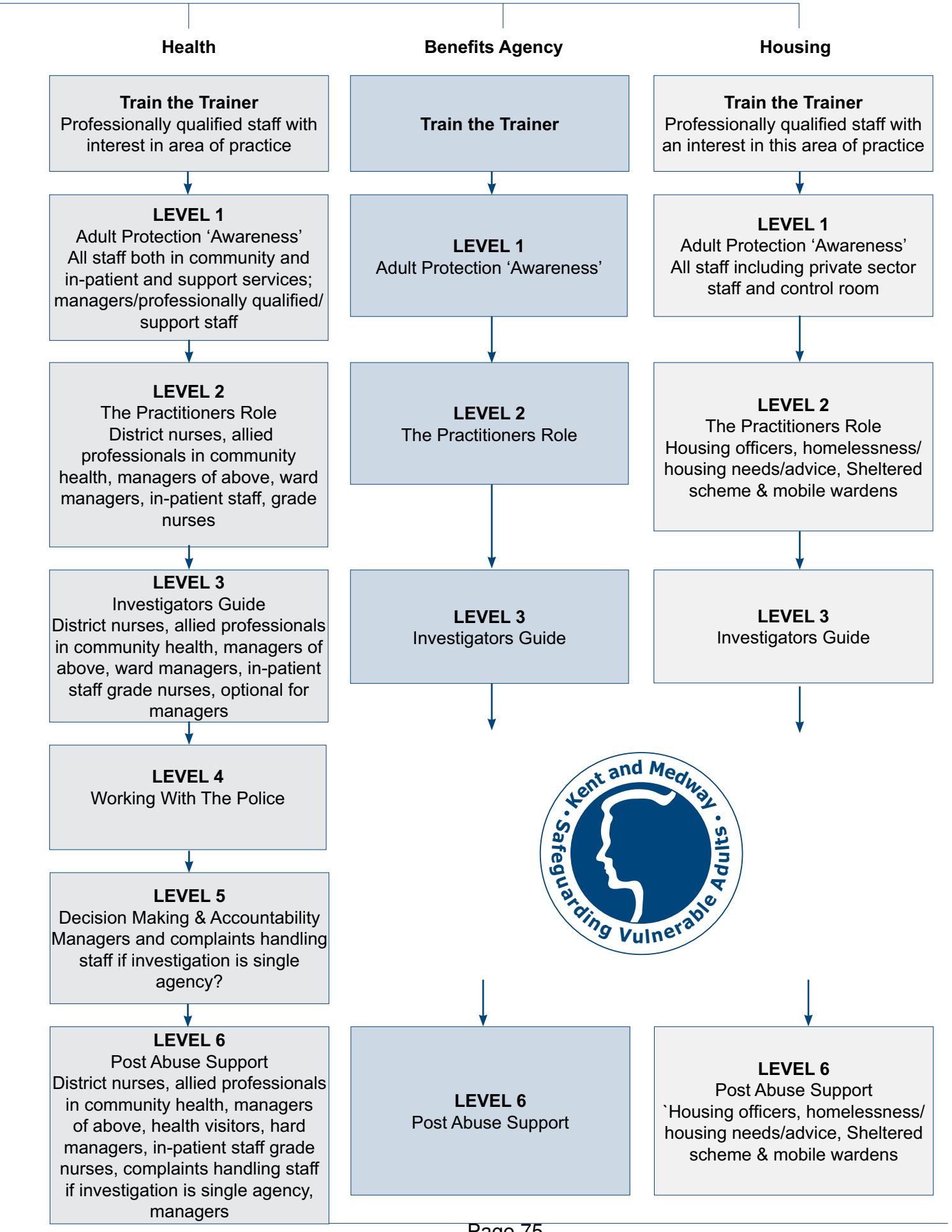
Level 6:
Post Abuse
Who are the stakeholders in protection planning? Providing for the post-abuse support needs of the vulnerable adult and their support networks – a strengths and needs model. It is recommended that the adult protection training programme be approached in a systematic manner.

Appendix 5

Adult Protection Training Target Group

Multi-agency Adult Protection Committee and Training Consultant

Private and Voluntary sector	Police	Social Services
Train the Trainer Unit managers, senior staff in residential and domiciliary services, home owners	**Train the Trainer** Training school staff Area Training Officers	**Train the Trainer** Experienced or Senior Practitioners in Adults & Specialist Services
LEVEL 1 Adult Protection 'Awareness' All staff especially for NVQ in care and support staff i.e. office/admin, domestics, cooks, gardeners	**LEVEL 1** Adult Protection 'Awareness' All Police constables, rural wardens, N.W.L.O, call centre staff	**LEVEL 1** Adult Protection 'Awareness' OPSDU, LDAF, ASPU, Mental Health community support workers
LEVEL 2 The Practitioners Role Senior Community Support Worker (domiciliary), unit managers (residential)	**LEVEL 2** The Practitioners Role Patrol sergeants, Public Protection Unit (PPU) officers	**LEVEL 2** The Practitioners Role Care managers, care manager assistants, social workers, senior practitioners, team leaders, district managers, professionally qualified staff from health integrated teams/ partnership trusts
LEVEL 3 Investigators Guide Senior Community Support Worker (domiciliary), unit managers (residential)	**LEVEL 3** Investigators Guide PPU	**LEVEL 3** Investigators Guide Care managers, social workers, senior practitioners, professionally qualified staff from health integrated teams/partnership trusts
	LEVEL 4 Working With The Police PPU officers	**LEVEL 4** Working With The Police Care managers, social workers, senior practitioners
		LEVEL 5 Decision Making & Accountability District managers, team leaders, senior practitioners, managers of staff in integrated teams (MH/LD)
LEVEL 6 Post Abuse Support Senior Community Support Worker (domiciliary), unit managers (residential) and train with registered managers in SSD provision and senior staff in community services	**LEVEL 6** Post Abuse Support Patrol sergeants, PPU officers, PPU and supervisory staff of above.	**LEVEL 6** Post Abuse Support Care managers, care manager assistants, social workers, senior practitioners, team leaders, district managers, professionally qualified staff from health integrated teams/ partnership trusts, managers of OPDSU, LDAF, ASPU and P&V


Health
Benefits Agency
Housing
Train the Trainer
Professionally qualified staff with interest in area of practice
Train the Trainer
Train the Trainer
Professionally qualified staff with an interest in this area of practice
LEVEL 1
Adult Protection 'Awareness'
All staff both in community and in-patient and support services; managers/professionally qualified/ support staff
LEVEL 1
Adult Protection 'Awareness'
LEVEL 1
Adult Protection 'Awareness'
All staff including private sector staff and control room
LEVEL 2
The Practitioners Role
District nurses, allied professionals in community health, managers of above, ward managers, in-patient staff, grade nurses
LEVEL 2
The Practitioners Role
LEVEL 2
The Practitioners Role
Housing officers, homelessness/ housing needs/advice, Sheltered scheme & mobile wardens
LEVEL 3
Investigators Guide
District nurses, allied professionals in community health, managers of above, ward managers, in-patient staff grade nurses, optional for managers
LEVEL 3
Investigators Guide
LEVEL 3
Investigators Guide
LEVEL 4
Working With The Police
Kent and Medway Safeguarding Vulnerable Adults
LEVEL 5
Decision Making & Accountability
Managers and complaints handling staff if investigation is single agency?
LEVEL 6
Post Abuse Support
District nurses, allied professionals in community health, managers of above, health visitors, hard managers, in-patient staff grade nurses, complaints handling staff if investigation is single agency, managers
LEVEL 6
Post Abuse Support
LEVEL 6
Post Abuse Support
`Housing officers, homelessness/ housing needs/advice, Sheltered scheme & mobile wardens

This publication is available in other formats and languages, call 08458 247 100 for more information.

By: Director of Health Improvement (Public Health KCC and NHS)

Meradin Peachey, Director of Public Health

To: Adult Social Care and Public Health Policy Overview and Scrutiny Committee - 10 November 2011

Subject: **Presentation on "What is Public Health?"**

Classification: Unrestricted

Summary: This presentation provides an overview of Public Health, the history, clinical professional status and competencies and then describes what health is, looks at the determinants of health and current thinking about health inequalities, describes impacts on premature mortality and key recent public health programmes and finishes with a brief outline of responsibilities transferring from the National Health Service to upper tier Local Authorities, subject to the Health and Social Care Bill passing through parliament) on 1st April 2013.

Recommendation:-

4. Members are asked to note the presentation.

Andrew Scott-Clark
Director of Health Improvement (Public Health KCC and NHS Kent and Medway)

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Background Information: *Nil*

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What is Public Health?

NHS
Kent and Medway

Definition of Public Health

- ***Public Health is defined by the Faculty of Public Health as:***

  "The science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society"

Public Health – the background

- **Milestones in British Public health**
- **1752** Pringle advocated good ventilation of barrack-rooms and good sanitation, described 'gaol fever' (typhus).
- **1796** Voluntary Board of Health in 1796 which recommended sanitation regulation
- **British population** – **1701** c 5.5 m - **1810** c 9 m - **1851** c 18 m
- **1831/32** first cholera epidemic
- **1837** Birth, Marriage and Death Certificates introduced E&W
- **1841** Population - 45% < 20, less than 7% over 60
- **1842** *An Inquiry into the Sanitary Conditions of the Labouring Population of Great Britain* - Chadwick
- **1847/8** another major cholera epidemic
- **1848** The first Public Health Act in Britain -set up a General Board of Health, made corporate boroughs responsible for drainage, water supply and removal of nuisances
- **1854** Soho cholera epidemic stemmed by Dr. John Snow

The background continued

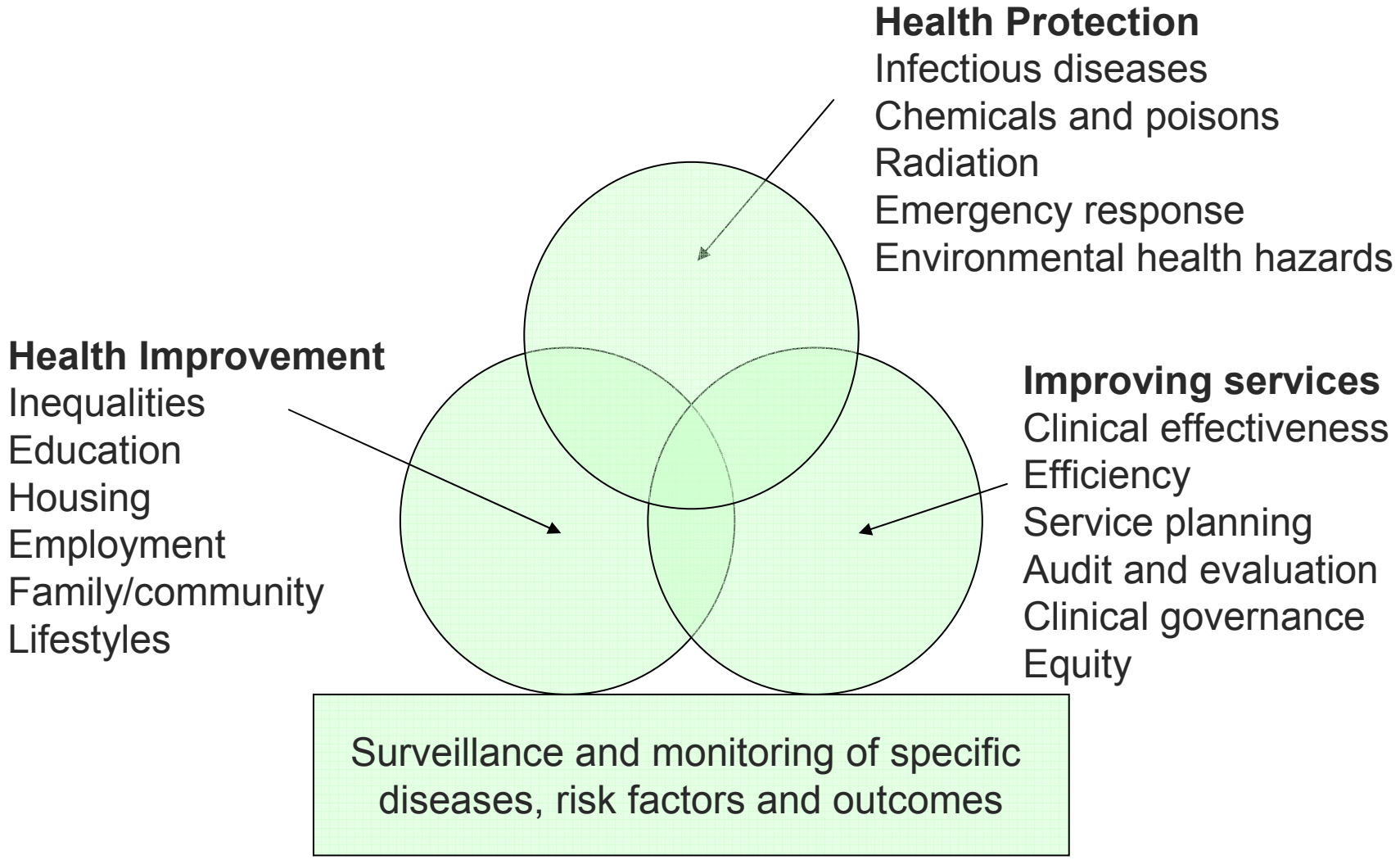
- **1866** The Sanitary Act - compulsion for local authorities to set up health boards.
- **1875** Public Health Act - compulsory appointment of MOH every sanitary district - dealt with food adulteration, sewers, drainage and epidemics.
- **1890** Housing of the Working Class Act was passed in 1890.
- **1906 S**chool medical services and advice for mothers on the nutrition of infants.
- **1909** The first Council housing outside London
- **1912** National Health Insurance
- **1919** The Ministry of Health formed
- **1938** Variation in the incidence of tonsillectomy among British school districts- Dr. J Alison Glover.
- **1946** National Health Service Act

Public Health Practice

Public Health is a clinical practice that:

- works with populations rather than individual patients
- emphasises collective responsibility for health, its protection and disease prevention
- recognises the key role of the state, linked to a concern for the underlying socio-economic and wider determinants of health, as well as disease
- emphasises partnerships with all those who contribute to the health of the population.

Public Health Practice



Key Competency areas of Public Health professionals

The nine key areas are:

- Surveillance and assessment of the population's health and wellbeing
- Assessing the evidence of effectiveness of health and healthcare interventions, programmes and services
- Policy and strategy development and implementation
- Strategic leadership and collaborative working for health
- Health Improvement
- Health Protection
- Health and Social Service Quality
- Public Health Intelligence, Research and Evaluation
- Academic Public Health


Yards
50 0 50 100 150 200
Pump
Deaths from cholera
OXFORD STREET
REGENT STREET
BROAD STREET
GOLDEN SQUARE
CONDUIT STREET
NEW BOND STREET
REGENTS QUADRANT
PICCADILLY

The Practice of Public Health is:

- Consultant lead
  - Consultants must be
    - Either on the General Medical Council Specialist register or
    - On the UK Public Health register
    - Have been through a formal interview process with Faculty of PH assessors as members of the interview panel (AAC process)

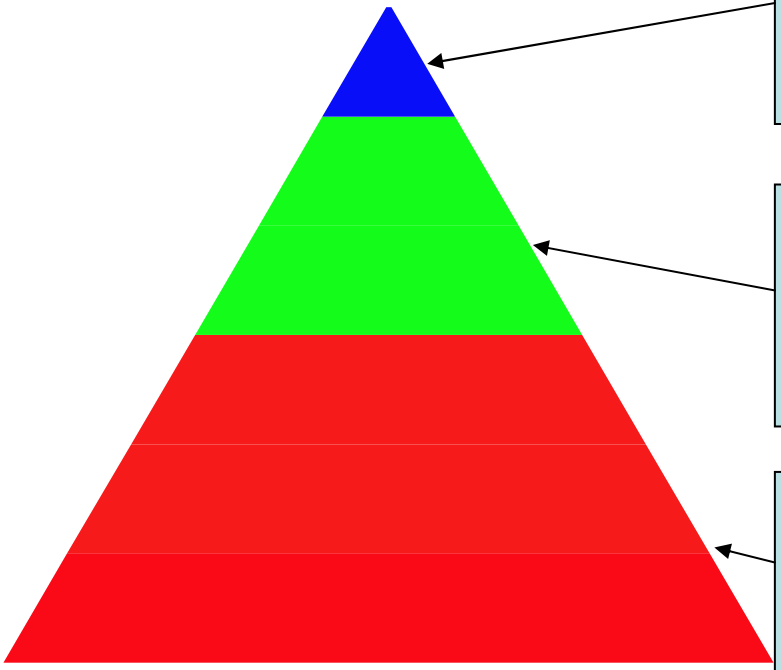
General Medical Council

Regulating doctors
Ensuring good medical practice

UKPHR

Public Health Register

The Public Health Workforce



Public Health Specialists
e.g. Consultants, PH Specialists,
PH analysts and support staff

Public Health Practitioners
e.g. Environmental Health Offices,
Health promotion specialists,
General Practitioners

The wider workforce
e.g. School Teachers, Youth Workers,
Health and Safety,
community development workers

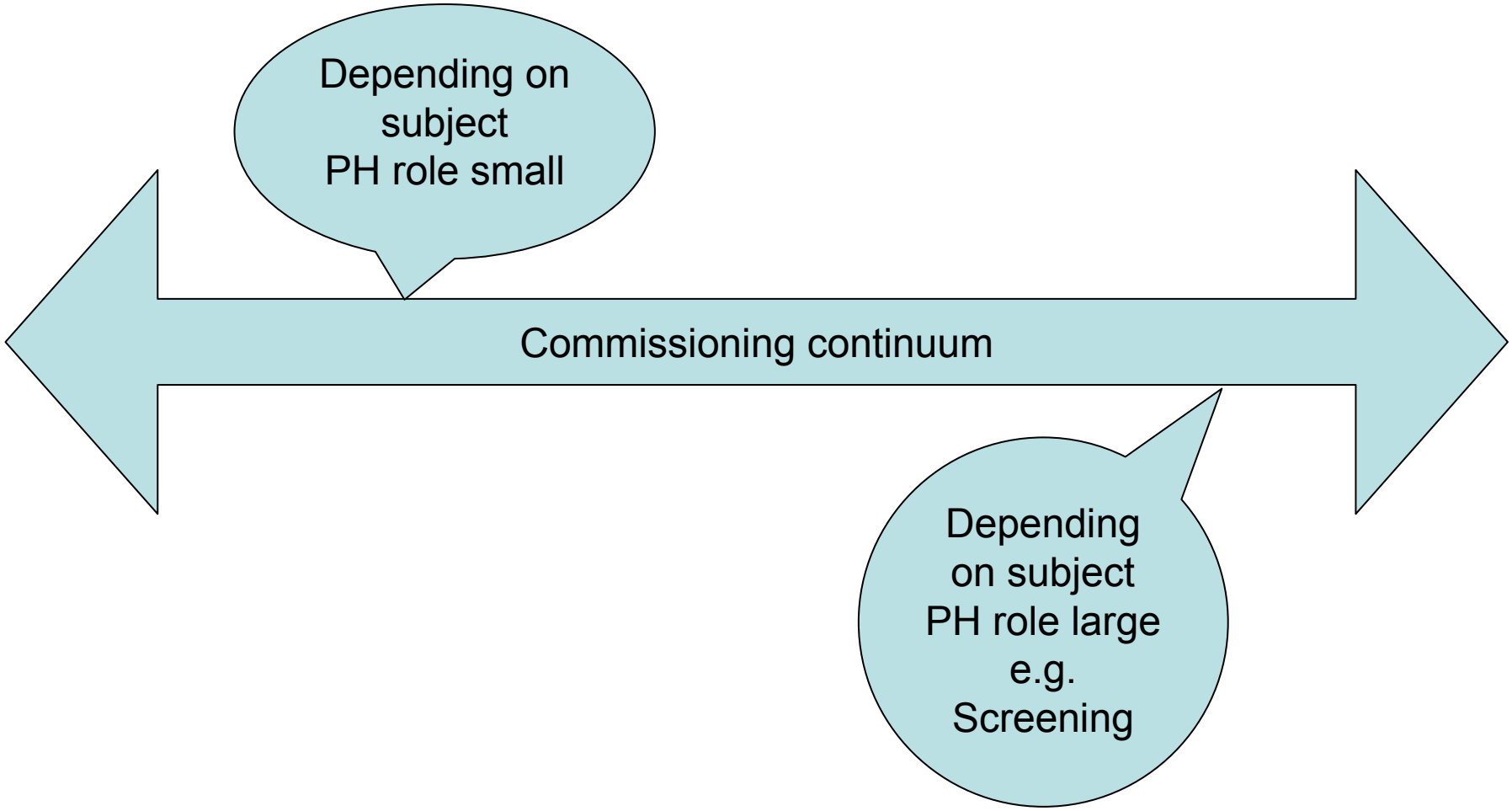
Growing the workforce in Kent

- Kent, and Medway along with the Kent Health Protection Unit support the training of Public Health Specialists and undergraduate medics (F1 and F2s) to gain exposure to Public Health
- Kent and Medway have also invested in training the practitioner/wider workforce e.g. Public Health Champions course (32 people from LAs in Kent by 2013)

Public Health and Commissioning

- Needs Assessment
- What is the evidence
- What are the risk factors
- Population size and implications of changing demographics
- Specifications
- Monitoring
- Health Equity Audit
- Equality impact assessment
- Working with communitites

Public Health and Commissioning



Public Health

Public Health can be thought of:

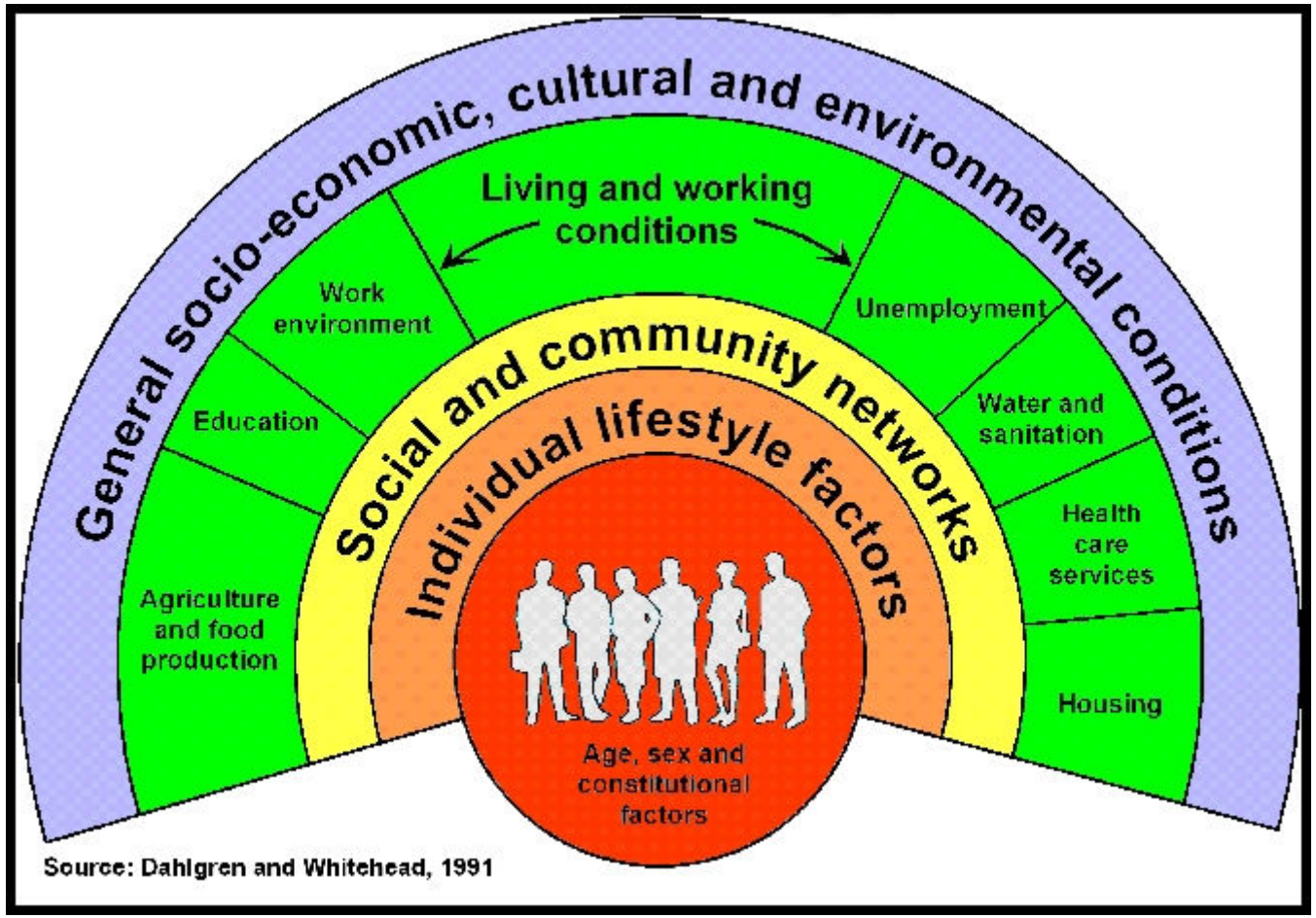
- The professional group of people that deliver the public health function or
- the health of the population

- Be clear in what context “public health” is being used.

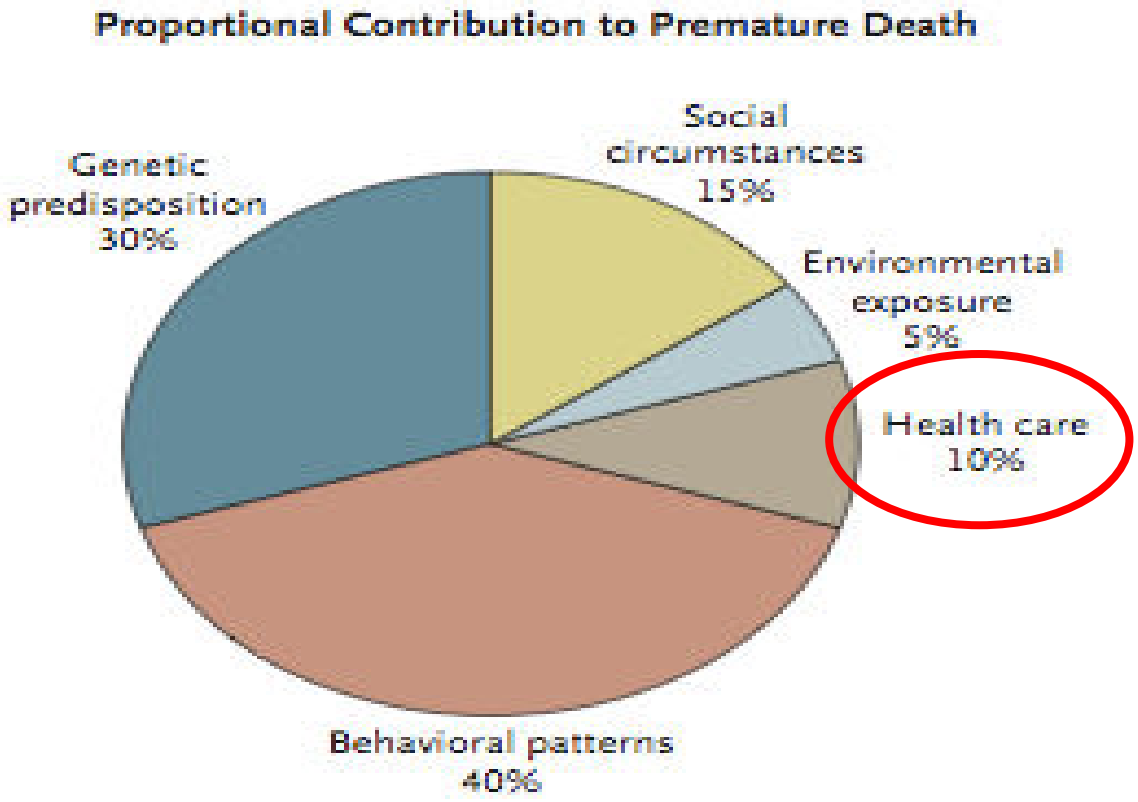
What is Health?: WHO definition

- Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

Social Determinants of Health

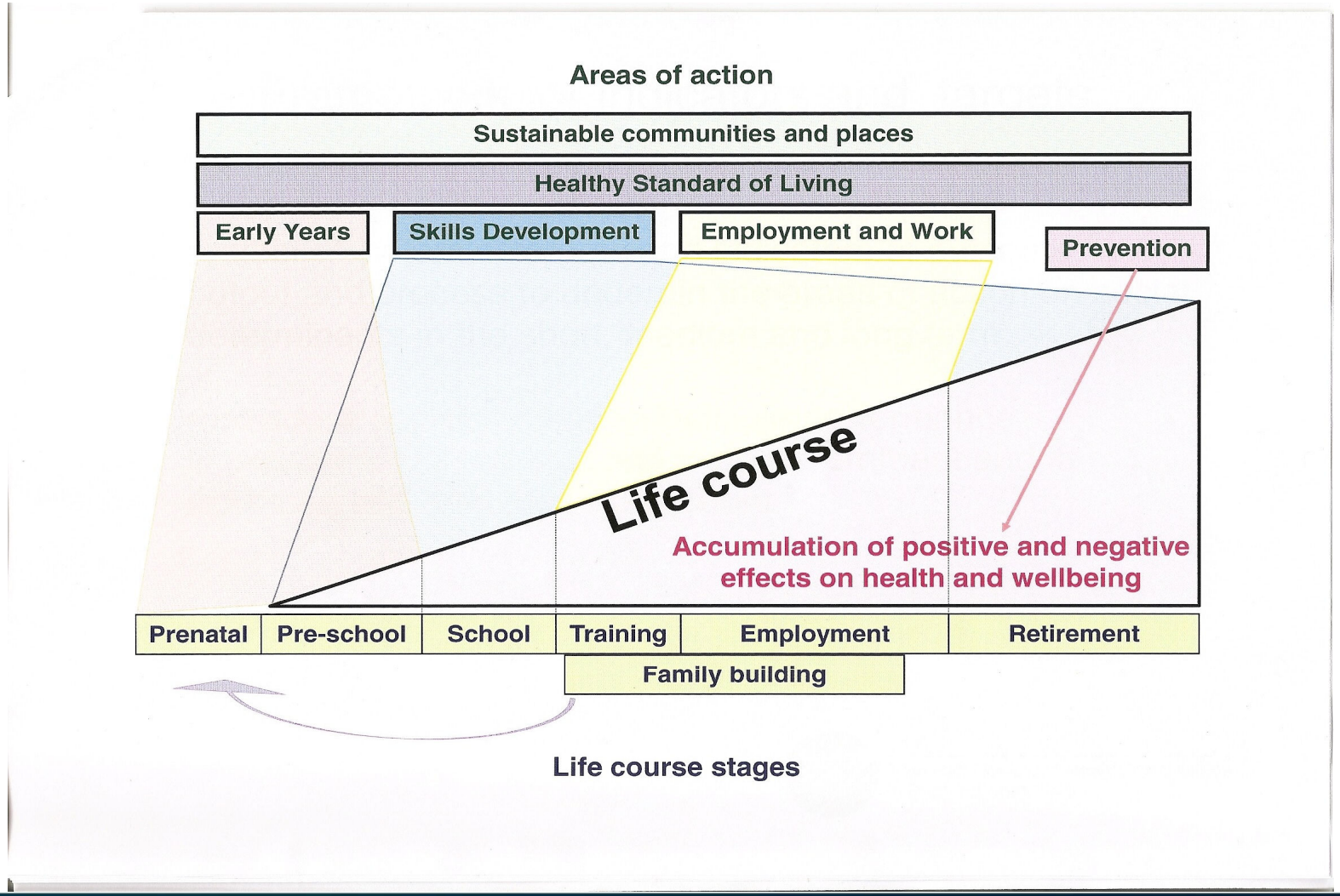


Proportional Contribution on premature death



Steven A. Schroeder, M.D. We Can Do Better NEJM 357;12

But also think about life course



Likely Upper Tier LA responsibilities

- Commissioning some health improvement programmes such as:
  - Stop smoking
  - Healthy weight
  - Health trainers
  - Some sexual health services
  - Healthy schools
- Leadership and Management of Health and Well-Being Boards
- Production and Implementation of Joint Strategic Needs Assessments and Health and Well-being strategies
- Public Health advice and support to the NHS and Clinical Commissioning Boards
- Reducing Health Inequalities

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

Meradin Peachey, Director of Public Health

To: Adult Social Care and Public Health Policy Overview and Scrutiny Committee - 10 November 2011

Subject: **Update of Public Health Expenditure**

Classification: Unrestricted

Summary: This report provides members of the Adult Social Care and Public Health Overview and Scrutiny Committee a flavour of how the NHS health improvement budget is being commissioned currently across Kent.

Introduction

Part of the NHS reforms is the move of Public Health to the local upper tier Local Authority, and the move to the Local Authority of a ring fenced budget for health improvement.

In July 2011, the full Kent County Council approved the Memorandum of Understanding between the County and NHS Eastern and Coastal Kent and West Kent Primary Care Trusts for a change in leadership for Public Health and Health Improvement to the County. The MOU also highlighted the health improvement budget of some £17m, which, subject to national confirmation, is likely to move to KCC in April 2013.

This paper describes in more detail the current expenditure of the £17m including:

- The rationale for the expenditure.
- Current targets.
- Evidence base for the service and
- Current performance.

There is invariably a national Department of Health requirement, through NHS Operating Plans to deliver these services, with many underpinned by the National Institute for Health and Clinical Excellence (NICE) published public health and clinical evidence.

Comments

1. Performance Management

Performance management was carried out through the NHS performance

management system and reported to respective NHS boards and more latterly the Cluster Board. We are now working with KCC performance management system to ensure performance is also included.

2. Differences in Eastern and Coastal Kent and West Kent Health Improvement Commissioning

Now that the two Public Health Directorates of Eastern and Coastal Kent and West Kent are beginning to operate as one, we are reviewing all our health improvement service level agreements for consistency with aim to have one consistent contract per service across Kent where possible.

3. Future Commissioning

Further thought is now being given to how we use the health improvement budgets in the future, how they can be aligned with existing expenditure and how they could be used on a locality basis to deliver local health improvement services.

Recommendation:-

4. Members are asked to note the health improvement expenditure.

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Background Information: *Nil*

Commissioning Public Health Services

Introduction

This report summarises the current Commissioning of Public Health Services in Kent.

The analysis provides a rationale for the service, provides an indication of targets, current performance and the evidence base upon which services are commissioned. Performance management continues to be carried out through the NHS performance management system and reported to respective NHS boards and more recently the Kent and Medway PCT Cluster Board.

We are now working with KCC performance management system to ensure performance is also included.

Where our main provider is the Kent Community Health Trust we are working over the current year to understand the differences between East and West contracts and to bring them to one standard in the future, as the service is beginning to plan to bring services together.

Summary of the Current Public Health Commissioning Investment per Provider is as follows:

Kent Community Health Trust		
Smoking Cessation*		£2.61m
Sexual Health**		£9.60m
Health Trainers		£0.76m
Healthy Schools		£0.49m
Health Checks*		£0.73m
Healthy Weight		£0.94
Total		**£15.13m**
District Councils		**£1.0m**
Dartford **Gravesham** **Maidstone** **Sevenoaks** **Tonbridge and Malling** **Tunbridge Wells**	**£185K** **£212K** **£203K** **£131K** **£132K** **£137K**	
Other Providers		**£0.60m**

Notes on table above:

* The service is also provided through GP Practices, Community Pharmacies and alongside other local service providers.

** There are currently operating two different models of GUM provision between East and West Kent.

A summary of each service follows:

Smoking Cessation

Investment: £2.61m

Smoking is the single greatest underlying cause of health inequalities and the differences in life expectancy between communities.

For the last twenty years or so the National Health Service has required Primary Care Trusts to set and achieve targets around successful smoking quitters as measured by four week quitters. The service currently is delivered via a model of one to one advisers, group sessions, structured sessions at specific venues (e.g. Children's play groups to work with provide support to parents quitting) and through structured referral from community and hospital staff. Group sessions are shown to be more effective overall in helping people to quit; however a mixture of services are provided to meet all preferences.

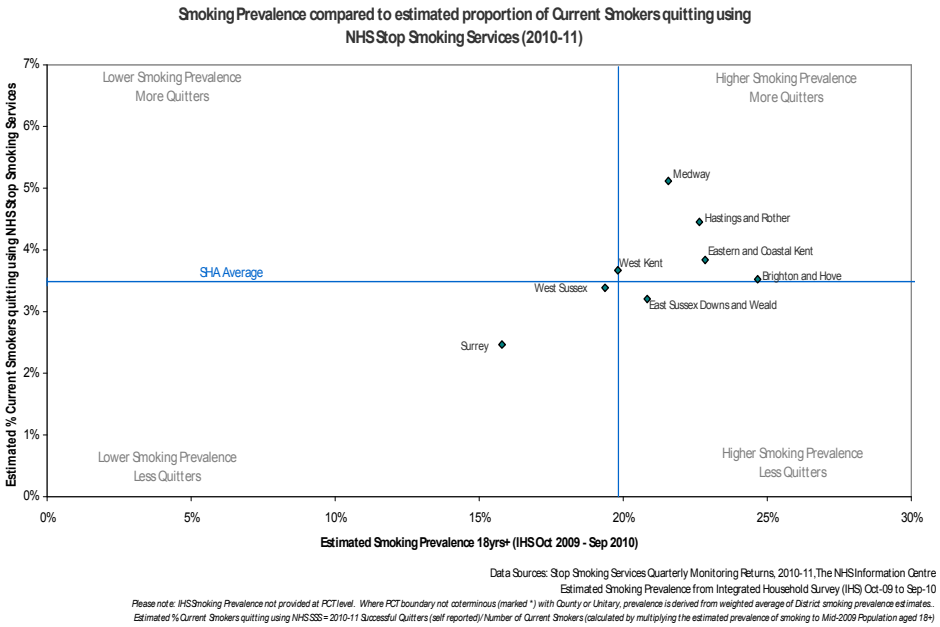
Research has shown that smoking cessation is extremely cost effective, indeed 40-50 times more effective than the cut off used by NICE when assessing interventions for the National Health Service. It is also suggested that for every pound spent in the NHS on Smoking Cessation services, it generates eleven pounds savings elsewhere in the health service.

Healthy lives, healthy people: a tobacco control plan for England published in 2011 sets out national ambitions:

- To reduce adult (aged 18 or over) smoking prevalence in England to 18.5 per cent or less by the end of 2015 (from 21.2 per cent), meaning around 210,000 fewer smokers a year.
- To reduce rates of regular smoking among 15 year olds in England to 12 per cent or less (from 15 per cent) by the end of 2015.
- To reduce rates of smoking throughout pregnancy to 11 per cent or less (from 14 per cent) by the end of 2015 (measured at time of giving birth).

The chart over the page shows the effectiveness of local services compared with the estimated prevalence of smokers in the over 18 age groups.

The graph shows both Eastern and Coastal Kent and West Kent above the line in terms of high prevalence and high quitters.



Data Sources: Stop Smoking Services Quarterly Monitoring Returns, 2010-11, The NHS Information Centre
Estimated Smoking Prevalence from Integrated Household Survey (IHS) Oct-09 to Sep-10

*Please note: IHS Smoking Prevalence not provided at PCT level. Where PCT boundary not coterminous (marked *) with County or Unitary, prevalence is derived from weighted average of District smoking prevalence estimates..*
Estimated % Current Smokers quitting using NHS SSS = 2010-11 Successful Quitters (self reported) / Number of Current Smokers (calculated by multiplying the estimated prevalence of smoking to Mid-2009 Population aged 18+)

Targets	Evidence Base	Progress to date
Target in East Kent = 5197 Target in West Kent = 4220 Smoking is an addiction and not everybody that attempts to quit will indeed quit. Evidence shows that current services achieve a rate of around 50% success. Thus in Kent, the services will need to work with almost 38,000 smokers to achieve the target	NICE has produced a wealth of appraisals and guidance on the evidence base for smoking cessation inc pharmaceutical intervention, together with Public Health guidance on specific services: Included are PH 1, PH 5, PH 10, PH 14, PH 25 and TA 123	Based on a trajectory that takes into account previous years and out-turn both services in East and West are projected to meet their respective targets

Sexual Health Services

Investment £9.6m

Sexual Health remains a priority for pubic health with the rise in HIV cases in the 80s and the continuing prevalence of sexually transmitted disease including chlamydia, and the ongoing relatively high rates of teenage conceptions when compared with our European neighbours.

Targets include maintaining 48 hr access to Genito-urinary Medicine (GUM) clinics, improving coverage of the national chlamydia screening programme, ensuring accessible and young people friendly sexual health services, providing access to abortion services and reducing teenage conception rates.

Sexual Health services are a mix of health improvement and clinical service provision such as contraceptive services, GUM and HIV.

There are currently national discussions about taking HIV element out of sexual health service commissioning

Targets	Evidence Base	Progress
To meet national targets indicators for access to GUM, Chlamydia testing, Teenage Pregnancy and access to Contraceptive services	NICE has produced a number of Public Health guidance covering elements of sexual health services including: PH3: Prevention of sexually transmitted infections and under 18 conceptions PH 33 and 34 aimed at improving the uptake of HIV testing in particular target groups Evidence base for the treatment of sexually transmitted also provided by the Health Protection Agency	Current targets are being met for GUM appointments being offered but we are below target for appointments being seen. Target for Chlamydia screening coverage is 35% which has been really challenging for most of the country. Aim is to also retain positivity rates otherwise we will reduce the value for money. Teenage Pregnancy remains a challenging rate particularly in Maidstone, Swale, Thanet and Shepway.

Health Trainers

Investment £758K

The Health trainer's service is commissioned in both Eastern and Coastal and West Kent to help local people to develop healthier behaviour and lifestyles. Health Trainers offer practical individualised support to change behaviour to achieve their own choices and goals including:

- Emotional wellbeing
- Healthy eating
- Exercise

- Losing weight
- Sexual health concerns
- Stopping smoking
- Drug and alcohol issues
- Accessing local services

The ability to motivate people is therefore a key part of the work of a health trainer.

Health trainers are drawn from more deprived areas of Kent, and need to be able to work with existing community groups and to be involved in supporting new groups. This involves networking with other agencies and organisations (For example Kent Probation where Health Trainers worked with community based offenders)

Target	Evidence Base	Progress
The Health Trainer service contributes to a national data set. Coverage is required in of our most deprived communities with the target set in East Kent for 900 new contacts to be established	NICE PH guidance 6 Health Trainers were introduced by the previous government through Choosing Health. A national evaluation is expected to be published imminently.	By the end of Quarter One; the service had made 266 new contacts which is in line with the annual target.

Healthy Schools

Investment £486K

The **National Healthy Schools Programme** (NHSP) is a joint Department of Health and Department for Children, Schools and Families project intended to improve health, raise pupil achievement, improve social inclusion and encourage closer working between health and education providers.
It has four themes, each with its own criteria:-

- Personal, Social and Health Education including sex and relationships and drugs education
- Healthy Eating
- Physical Activity
- Emotional Health and Well-being, including bullying.

The Government had set a target for all schools to work towards achieving National Healthy Schools Status, more than 97% are participating in the scheme and 75% achieved this by December 2009.
A number of schools that have achieved National Healthy School Status are now working towards broadening and deepening the Healthy Schools themes

within school and creating other opportunities to promote health throughout the school day.

Target	Evidence Base	Progress
Achievement of National Healthy Schools status Coverage of schools working on the Enhanced National Healthy schools scheme and maintaining Healthy Schools status.	Again NICE has published a couple of Public Health guidance related to the social and emotional wellbeing of children attending primary and secondary schools.	At October 2011:West 96% achieved healthy School Status 30% have completed whole school review to maintain HSS universal provision (those schools at end of 3 year term) 26% schools moved on to engage with Healthy School Enhancement model- with priorities of Healthy Weight (Primary Schools) and Risk taking Behaviours –U18 Conception/Drug and Alcohol misuse (Secondary Schools).

Health Checks

Investment £728K

Vascular disease affects the lives of more than four million people and kills 170,000 every year and includes:

- Heart disease
- Stroke
- Diabetes
- Kidney disease

A comprehensive cardiovascular risk assessment and management programme was recommended by the National Screening Committee in 2008, and some early adopter areas of England have delivered NHS Health Checks since 2009.

The NHS Operating Framework asks PCT's to progress the implementation of health checks ensuring that they look at ways to reduce health inequalities, considering in particular the findings of a pilot of health checks for carers that will be published in 2011/12.
Implementation of the NHS Health Check programme has been delayed across Kent.

Target	Evidence Base	Progress

The South East Coast Strategic Health Authority has agreed a target of 4.6% (rather than 18%) of the eligible population to receive an NHS Health Check for 2011/12 which equates to 51,230 individuals. The expectation is that full roll out will be achieved during 2012/13. At full roll-out 93,144 checks will be delivered annually.	Reducing risk with people with vascular disease and finding people with vascular disease and getting these people into treatment has been determined to be clinically and cost effective. Relevant NICE clinical guidance supports this approach, for example NICE guidance on hypertension.	This programme is in it implementation phase and thus the coverage of offering and acceptance of the health checks is currently lagging behind predictions.

Weight Management Services

Investment £1.94m

This includes investment of NHS West Kent into local council schemes as follows:

Dartford	**£185K**
Gravesham	**£212K**
Maidstone	**£203K**
Sevenoaks	**£131K**
Tonbridge and Malling	**£132K**
Tunbridge Wells	**£137K**

It is estimated that approximately 28 % of the Kent population is obese (354,022) and over 60% are overweight.
Intervention at a primary prevention will help to reduce the number of people that fall into the next BMI category.
Improving the population's diet and physical exercise is addressed using both a clinical approach and a health improvement approach. These services are currently commissioned through both Kent Community Services in East Kent and through District Councils in West Kent
The Health Improvement Team also provides additional programmes listed below which support behaviour change with respect to increasing activity and improving diets including:

- The Exercise Referral Scheme
- The Weight Management Scheme
- ·Mind, Exercise, Nutrition… Do IT! MEND 7-13
- Mind, Exercise, Nutrition… Do IT! MEND 2-4
- Health Walks
- Bitesize Nutrition Training

- Food Champion Training
- National Childhood Measurement Programme (NCMP)

Target	Evidence Base	Progress
NCMP. Data for the school year just completed is not available yet, although returns to the DoH have been completed. National target is to achieve a coverage rate of 91%	Again NICE have produced a number of Public Health guidelines related to the management of healthy weight including: • PH2: Four commonly used methods in increase physical activity • PH8: Physical activity and the environment • PH17: Promoting Physical activity for children and young people	For the years 2009/10 East Kent: Yr R 95.6% Yr 6 91.5% West Kent Yr R 97% Yr 6 95.6%

Sundry Programmes

Investment £458K

A number of additional sundry programmes are commissioned either across Kent or are based on historic arrangements with legacy PCTs to the current configuration.

Services include:

- Promotion of breast feeding uptake
- Community development alongside Healthy Living Centres
- Specific district based programmes such as Get Active, Feel Alive in Canterbury City Council area.
- House
- House on the move
- Youth Bytes

Target	Evidence Base	Progress

Breast feeding uptake: The current target measures continuation of breast feeding for six to eight weeks with the national target to have a coverage rate of over 95% (this is the rate where we know about the outcome of 95% of births).	Nice has published Public Health guidance as follows: PH11: Maternal and child nutrition	For Q1 of 2011/12 East Kent 87.2% West Kent 88.8% The ongoing issue being addressed is getting the data from every GP practice in Kent

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By:	Graham Gibbens - Cabinet Member for Adult Social Care and Public Health Andrew Ireland - Corporate Director, Families and Social Care
To:	Adult Social Care and Public Health Policy Overview and Scrutiny Committee – 10 November 2011
Subject:	**"LIVE IT WELL" – THE KENT AND MEDWAY MENTAL HEALTH STRATEGY FOR 2010 TO 2015 - UPDATE**
Classification:	Unrestricted

Summary:	To provide an update on progress for Members following the first year of the 2010 – 2015 five year strategy: to report on the successful launch of a revised website to support the strategy: and to invite comments.

Introduction

1. (1) The draft "Live it Well" strategy was presented to Members at the Adult Social Services Policy Overview and Scrutiny Committee of 30 March 2010. It set out the strategy for delivering Kent's mental health services for the next 5 years. The aim of the strategy is to promote good mental health and wellbeing in the community, reduce the number of people who get common mental health problems, and lessen the stigma and discrimination associated with mental ill-health.

(2) "Live it Well" targets prevention at those at higher risk; but also wants to make sure the right services are there when people need them. Services will be personalised, will involve service users and their families in equal partnership, will aid recovery and will help people reintegrate into their communities. They will promote the best care and promote accessible, supportive and empowering relationships. Wherever possible, services will be community-based and close to where people live.

(3) These attributes were decided following consultation with service users and carers. They said they wanted services that were local, personalised, timely and non-stigmatising. The "Live it Well" strategy fits well with the latest National policy "No Health without Mental Health" and with KCC's "Bold Steps": in particular helping people take responsibility for their mental health care through extending choice and control, and reducing disadvantage and dependency.

(4) The strategy was finalised in 2010 and a public launch was held by Medway PCT, who take the lead for mental health commissioning for Kent and Medway. This was arranged to coincide with World Mental Health Day on 10 October 2010. This is an update following the first year of the Strategy.

Live it Well

2. (1) The strategy is based on 10 commitments, to be delivered during the lifetime of the 5 year strategy.

(2) These 10 commitments are:

- Public services, the voluntary sector, and the independent sector will work together to improve mental health and wellbeing.
- We will lessen the stigma, discrimination and unhelpful labelling attached to mental ill health and those using mental health services.
- We will reduce the occurrence and severity of common mental health problems by improving wellbeing for more people at higher risk.
- We will improve the life expectancy and the physical health of those with severe mental illness, and improve the recognition of mental health needs in the treatment of all those with physical conditions and disabilities.
- We will reduce the number of suicides.
- We will ensure that all people with a significant mental health concern, or their carers, can access a local crisis response service at any time and an urgent response within 24 hours.
- We will ensure that all people using services are offered a service personal to them, giving them more choice and control.
- We will deliver better recovery outcomes for more people using services with care at home as the norm.
- We will ensure that more people with both mental health needs and drug and/or alcohol dependency (dual diagnosis) are receiving an effective service.
- We will deliver more effective mental health services for offenders and those anywhere in the criminal justice system.

Progress since October 2010

3. (1) After one year, there has already been substantial progress with a number of these commitments. KCC has made a contribution, either in a leading role or in supporting Health colleagues, in many initiatives designed to deliver on these commitments. These include:

(2) A revised "Live it Well" website was launched on 10 October 2011 (World Mental Health day). This website is a collaboration between KCC, the PCTs and Sevenoaks Area MIND and supports the establishment of the "Live it Well" strategy. It provides easy access to extensive information about local mental health and wellbeing services, reducing the stigma that can be attached to mental health and connecting people to resources that can reduce the occurrence and severity of common mental health problems. The website is found at www.liveitwell.org.uk

(3) It has been made a requirement of our statutory providers of mental health services to ensure that all people who have severe and enduring mental health problems have regular physical health checks. This has been built in to performance management targets.

(4) The new Suicide Prevention Strategy for Kent has been published. This was developed by the Kent and Medway PCTs together with the Kent Director for Public Health, and in liaison with Kent County Council. The strategy is based on five priorities to reduce risk of suicide in key high risk groups in Kent and Medway.

(5) Live it Well is promoting personalisation, giving more choice and control to service users, with links to brokers accredited by Signpost UK: an independent organisation that provides assurance that brokers will always act with probity and in service users' interests.

(6) KCC has contributed to the development of a new protocol for services for those people with both mental health needs and substance misuse, to ensure services work together and people receive effective services. This will be backed up with promotion and training activities across all involved organisations in the statutory and independent sectors.

(7) Projects have been designed and delivered to address mental health issues in prisons by the Mental Health Community Development Worker programme which is funded by the PCTs, with support from KCC. Further work is being done to develop modernised pathways for people leaving secure placements, to improve mental health services for ex-offenders living in the community.

(8) In addition to progress on the 10 commitments, further work has taken place following the pilot "Live it Well" resource in Ashford, which provides a single point of accommodation for a number of voluntary sector providers of mental health services. This gives people quick access to mental health resources and promotes joint working in line with the principles of "Total Place". In particular, this approach is assisting links to developing psychological therapies in primary care.

(9) Further "Live it Well" resources have now been established in Maidstone and in Dartford, and plans have been made for Canterbury and Tonbridge areas in the coming year.

Recommendations

4. (1) Members are asked to NOTE the continuing progress of the "Live it Well" strategy and the associated website; and the development of local resources to support it.

Lead Officer:

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Social Care Commissioner for Mental Health
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Background documents:

Live it Well: the strategy for improving the mental health and wellbeing of people in Kent and Medway 2010 – 2015.

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

Meradin Peachey, Director of Public Health

To: Adult Social Care and Public Health Policy Overview & Scrutiny Committee

Subject: **Update on the Kent Health & Wellbeing Board**

Classification: Unrestricted

Summary: Following the approval by Selection and Members Services Committee on the 7th June and Full County Council on the 21st July, the Shadow Health and Wellbeing Board was established as a statutory committee of Kent County Council. This paper explains the progress that has been made to date and gives a bit of background on groups that will feed into the Board.

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1. Background

1.1 There have been two (H&WBB) workshops, one held in March and one in July 2011. Following on from the Full County Council in July 2011, the first Shadow H&WBB met on the 28th September 2011.

1.2 It was agreed Cllr Roger Gough be Chairman of the Shadow Health and Wellbeing Board.

1.3 As an early implementer, KCC is working very closely with John Wilderspin, National Director Health and Wellbeing Board Implementation.

1.4 This committee will meet every two months with the next meeting scheduled to take place on the 23rd November.

2. Clarifying roles

2.1 The Health and Social Care Bill outlines a new role for local authorities for the co-ordination, commissioning and oversight (including scrutiny) of health, social care (both adults and children's), public health and health improvements. Following the enactment of the Bill, Kent County Council (KCC), as the upper tier authority, will have the following key duties:

- Creation of a Health and Wellbeing Board
- Transfer of Public Health and health improvement functions from the PCT, including a ring fenced budget

- Expansion of the health and social care scrutiny functions
- Establishment of the local HealthWatch

2.2 The Health & Wellbeing Board (H&WBB) as clearly identified statutory members who are listed below:

- At least one councillor of the local authority – Leader of the Council and/or their nominee
- Representative of each relevant CCG (one person may represent more than one CCG with the agreement of the H&WBB)
- Director or Adult Social Services
- Director of Children's Services
- Director of Public Health
- Representative of the local HealthWatch/LINk organisation
- Such other persons or representatives as the local authority thinks appropriate (this was specifically added to the Bill in recognition of the role and contribution of district councils and other partners to the health and wellbeing agenda)
- NHS Commissioning Board (for JSNA, H&WB Strategy and matters relating to the commissioning functions of the NHS Commissioning Board)

2.3 The draft Health and Social Care Bill proposes that groups of clinicians take on the responsibility for commissioning. Working alongside local authorities, particularly the Health and Wellbeing Boards, commissioners will need to deliver a sustainable, patient-focused system.

2.4 Clinical Commissioning Groups (called "commissioning consortia" in the Bill as it stands) are to organise services for their local populations, supported by a national NHS Commissioning Board. CCG's, as groups of practices, will have responsibility for bringing together a range of health and care professionals, together with patients and the public. The requirement to have a nurse, a hospital doctor and lay people on the CCG governing body will ensure that there is a broader perspective on health and care issues to underpin the work of the CCGs.

2.5 GPs and other frontline professionals already make the clinical decisions that determine how most NHS resources are used. Putting them in charge of shaping services will enable NHS funding to be spent more effectively to provide high quality care. Better commissioning can improve quality and save money at the same time, for example by helping people to manage their condition at home and reducing the need to go to hospital.

2.6 The Government proposes establishing an NHS commissioning Board whose role will include supporting, developing and holding to account an effective and comprehensive system of CCGs. The Board will be part of a comprehensive commissioning system for healthcare services. The

Board will have a dual role in that it will both deliver its own commissioning functions and ensures that the whole of the architecture is cohesive, co-ordinated and efficient.

> *"The purpose of the Board will be to use the £80bn commissioning budget to secure the best possible outcomes for patients."*

3.0 The first Shadow H&WBB

3.1 There was active participation from many representatives at the first meeting. The key agenda items were:

- detailed presentation on the "Needs of the Population driving change in Commissioning"
- A discussion took place on the "Vision and role of the H&WBB"
- a presentation on the "Clinical Commissioning Group Authorisation process"

3.2 it was agreed that the Committee would sign off the outline of the H&WBB Strategy and the Joint Strategic Needs Assessment before moving into final shadow form in April 2012.

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

To: Adult Social Care and Public Health Policy Overview and Scrutiny Committee - 10 November 2011

Subject: **Select Committee: Dementia – a New Stage in Life**

Summary: To note the report of the Select Committee on Dementia

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1. Introduction

The Adult Social Services (now the Adult Social Care and Public Health) Policy Overview and Scrutiny Committee proposed the establishment of a Select Committee to look at issues around services and support for people living with dementia in Kent. This was agreed by the Policy Overview Co-ordinating Committee (now the Scrutiny Board) at its meeting on 16 October 2009 following publication of a National Dementia Strategy in February of that year. On 28 September 2010 the Coalition Government published its own implementation plan for the Strategy: Quality outcomes for people with dementia: Building on the work of the National Dementia Strategy. The Select committee was established shortly before Christmas 2010 and determined from the outset to keep as a central focus of the work, the views and concerns of people with dementia and their family carers.

2. Select Committee

2.1 Membership

The Chairman of the Select Committee was Mrs Trudy Dean, other members being Mrs Ann Allen, Mr David Brazier, Mr Alan Chell, Mr John Kirby, Mr Steve Manion, Mr Ken Pugh, Mr Avtar Sandu. In addition, Mr Leslie Christie was co-opted onto the Committee.

2.2 Terms of Reference

The Select Committee agreed draft Terms of Reference in December 2010 and determined that the scope would remain flexible until a number of key issues had been identified by people with dementia and carers taking part in the review. Final terms of reference were:

To examine issues around the '9 Steps' of 'Quality Outcomes' for people with dementia and their carers in Kent[1].

[1] Department of Health (2010)

The 9 Steps Draft synthesis of outcomes desired by people with dementia and their carers: By 2014, all people living with dementia in England should be able to say:

- I was diagnosed early
- I understand, so I make good decisions and provide for future decision making
- I get the treatment and support which are best for my dementia, and my life
- Those around me and looking after me are well supported
- I am treated with dignity and respect
- I know what I can do to help myself and who else can help me
- I can enjoy life
- I feel part of a community and I'm inspired to give something back
- I am confident my end of life wishes will be respected. I can expect a good death.

To identify good practice and innovation in Kent and elsewhere, that could contribute to achievement of the '9 steps'.

To identify factors militating against achievement of the '9 steps' and make recommendations for improvements.

2.3 Evidence

The Committee obtained information from a variety of sources to inform the review and began its work in January with an informal training and briefing session hosted by the Alzheimer's Society, followed by visits to a number of sites including care homes, peer support groups and memory cafes. Oral and written evidence was gathered from stakeholders including people with dementia and family carers. An invitation was extended to carer and client groups to comment and two consultation events were held for people living with dementia, carers and supporters; one in East Kent and one in West Kent. This was organised in collaboration with the Patient Advice and Liaison Service (PALS), KMPT East Kent. The views of people living with dementia and family carers remained central throughout the review process. A focus group comprising professionals involved in different aspects of dementia health and social care met twice during the review to inform the Terms of Reference and later to contribute to Members' discussion of recommendations. A list of the witnesses who attended Select Committee hearings is attached at Appendix 1 and a list of contributors who submitted written and supplementary evidence is attached at Appendix 2.

2.4 Timescale

Having begun its work with a training/briefing session in January 2011, the Select Committee conducted a programme of visits during February and formal hearings during March and April. Following a break in May, there was then a period of written evidence gathering and consultations. The Select Committee met with the Cabinet Member and Directors on 22 July 2011 to receive and discuss draft recommendations following which a report was

compiled during the summer. A draft report was sent for comment to a number of people living with dementia, carers and the professionals' focus group. The report was finalised after a further meeting of stakeholders in October. The report will be on the Cabinet agenda on 5th December and will be considered by a meeting of Full Council on 15th December 2011.

3. The Report

3.1 The Select Committee report covers a number of aspects of this important topic and is supportive of work already under way in Kent to develop a dementia care pathway that will provide more seamless support to people living with dementia. This work will also be supported by the Social Innovation Lab Kent (SILK) which will seek to involve people with dementia and family carers in taking forward some of the recommendations.

3.2 Key themes of the report's 17 recommendations are:

- Improving and streamlining support for people with dementia and their carers within their communities
- Improving the rates of (early) diagnosis in Kent
- Extending the reach of the Admiral Nursing service
- Raising public awareness and understanding of dementia, including minimising the risk of developing vascular and other dementias
- Ensuring that children and young people know about dementia and encouraging intergenerational support
- Acknowledging and supporting the vital role of family carers
- More consistent and appropriate domiciliary and respite care
- Raising awareness about the Lasting Powers of Attorney (and possibly providing a service)
- Ensuring people have the information they need about dementia and dementia services
- Improving the level of dementia awareness and training for enablement workers and ensuring through contractual arrangement that homecare provider organisations can meet the needs of memory impaired clients
- Integrated working on dementia and pooling of budgets between health and social care
- Identifying current resources for dementia and modelling future spending
- Raising GPs' awareness of dementia
- Improving support for people with younger onset dementia
- Ensuring people with dementia and family carers are central to service development

3.3 A final draft version of the Executive Summary of the report is attached at Appendix 3. To obtain a copy of the full report, please contact the report author, whose details are listed at the end of this report..

4. Conclusion

The Select Committee would welcome the support of the POSC in taking forward its report to Cabinet and Council in December.

5. Recommendations

Members are asked:

5,1 to note and welcome the content of the final draft Executive Summary of the Select Committee's Report;

5.2 to thank witnesses and officers who contributed to the review;

5.3 to support and commend the Select Committee's work and report to Cabinet and County Council in December.

Background Information:

Department of Health (2010) Quality outcomes for people with dementia: Building on the work of the National Dementia Strategy. [Online]. London: DH Available from: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_119828.pdf [Accessed September 2011]

Select Committee Research Officer:

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01622 694993

Appendix One: Witnesses attending formal hearings:

9th March 2011

Panel Discussion: (Carers and former carers)

- Jack Gibbons
- Susan Long
- Geoff Grabham
- Doreen Cornelius
- Denise Lintern
- Judy Ayris, Dementia Outreach Service for Carers, Age UK Canterbury
- Barbara Hagan, Manager, Maidstone & Malling Carers Project

Panel Discussion: (Carers and former carers)

- Gill Bell
- Jeanne B
- Belinda Merritt
- Sally-Ann Clarke
- David Russell
- Jo Williamson

Interview:

- Ian Bainbridge - Deputy Director for Social Care & Local Partnerships, Department of Health South East (Deputy Regional Director of Transforming Adult Social Care Programme Board)

16th March 2011

Interview:

- Naomi Hill, Team Leader – Deafblind (current post)

Panel Discussion:

- Irene Jeffrey, Chief Executive, Crossroads West Kent
- Kate Gollop, Manager, Volcare
- Tanya Stephens, Carer Support worker, West Kent NHS Carers Support Project

Interview:

- Oliver Mills, Managing Director, Kent Adult Social Services (KCC)

23rd March 2011

Interviews:

- Pat Brown, Admiral Nurse Clinical Lead (East Kent) and Fiona Martin, Admiral Nurse Clinical Lead (West Kent)
- Edith Megbele, Community Mental Health Nurse
- Dr John Ribchester, Senior Partner, Whitstable Medical Practice

29th March 2011

Interviews:

- Michael O'Dell, Carer's Watch
- Simon Bannister, Neighbourhood Development Co-ordinator, Ashford Borough Council, and Chairman of Ashford and Shepway Dementia Working Group

Panel Discussion (Equalities theme):

- Simon Bannister, Neighbourhood Development Co-ordinator, Ashford Borough Council, and Chairman of Ashford and Shepway Dementia Working Group
- Shaminder Bedi, MBE - Guru Nanak & Milan Day Centres
- Christine Locke, Diversity House
- Roger Newman MBE, Co-Founder, East Kent Independent Dementia Support (EKIDS)
- Viniti Seabrooke, Project Manager – Early Intervention, Alzheimer's and Dementia Support Services (ADSS)
- Rock Sturt, BME Service Development Officer, Alzheimer's and Dementia Support Services (ADSS)

5th April 2011

Interviews:

- Sandie Crouch, Assessment and Enablement Worker, Anna Ramsay, Senior Practitioner, Maidstone and Malling Assessment & Enablement Team and Richard Munn, Assessment and Enablement Manager
- Penny Hibberd, Admiral Nurse and Director of Dementia Services Development Centre South East based at Canterbury Christ Church University

Appendix 2: Written and supplementary evidence

External:		
Name	**Designation**	**Organisation (if applicable)**
Ansell, Roy		Dementia for Carers Friendship Group
Ayris, Judy	Dementia Outreach Service	Age UK, Canterbury
Bannister, Simon	Former Carer	
Baynard, Maria	Mental Health worker and Former Carer	
Beckinsale, Rev. Pam	Chaplain	KMPT
Bernard, Maurice	Former Carer	
Bettini, Dr Ciao	GP	
Bishop, Jacqueline	Carer	
Bishop, Mr J	Carer	
Bostock, Chris	Chair, Dementia Spirituality Interest Group	DSDC (Volunteer)
Bourne, Rita	Carer	
Britt, Janet	Former Carer	Uniting Carers at Dementia UK (& EKIDS)
Burden, Kay	Training Facilitator and former carer	
Carr, Sue	Professional Standards Officer	Dover District Council
Chandler, Bob	Person with younger onset dementia	
Clay, Lesley	Joint Planning Manager	Canterbury City Council
Cliffe, Sue	Chief Officer	Age Concern, Herne Bay
Connelly, Rosemary		Alzheimer's Society
Cook Adam	Specialist Information Analyst	NHS SE Coast
Cook, Frances	Community Support Worker	KMPT
Donaldson, Tim	Trust Chief Pharmacist, Associate Director of Medicines Management	Tyne & Wear NHS Foundation Trust
Edwards, Jacqueline	Carer	
Edwards, Joan	Carer	
Godfrey, Fiona	Co-ordinator	Caring Altogether in Romney Marsh
Green, Valerie	Carer	

Guss, Reinhard	Consultant Clinical Psychologist	Mental Health Services for Older People, Clinical Lead *for YOD, KMPT*
Hagan, Barbara		Maidstone & Malling Carers Project
Hankey, Jo		NW Kent Carer Support Service
Harman, Charles	Carer	
Hodges, Linda	Carer	
Horstead, Henry	Carer	
Ingerson, David	Director	Find-me Technologies Pty Ltd
Jarvis, Mrs J	Carer	
Jones, Gillian	Former Carer	
Kanagasooriam, Dr David	GP	
Luck, Maggie		Sunlight Trust
Marion	Former Carer	
Maxted, John	Former Carer	
McArdle, Dawne	Carer	
McBean Priscilla	Training Facilitator and former carer	
Miles, Marie	Consultant	Skills for Care
Newman, Roger	Joint Founder of EKIDS and Former Carer	EKIDS
O'Dell, Michael		Carer's Watch
Oliver, Keith	Person with younger onset dementia	
Oxley, Elayne	Carer Support Worker	NHS Project 'Better NHS Support for Carers', Maidstone & Malling Carers Project
Parlby, Geri	Chairman	REPOD (Rotarians easing the problems of dementia)
Parsonage, Sally	Carer	
Pilgrim, Elizabeth	Dementia Information Service Co-ordinator	Guideposts Trust
Potier, Ellie	Peer Support Group Facilitator	Alzheimer's Society
Read, Tessa	Chairman	EKIDS
Reynolds, Pat and John	Person with dementia and wife/carer	
Roberts, Dr. Samantha	Clinical Psychologist	Home Treatment Service/Older People's Psychological Services CMHTOP
Rosam, Camilla		Carers First
Salfiti-Hoult, Linda	Carer	

Scanlan, Sue	Director	Invicta Advocacy Services
Sergeant, Kate	Support Services Manager	Alzheimer's Society Kent and Medway
Silk, Christie	Assistant Policy Officer	Citizens Advice Bureaux
Singh-Murchelle, Argun		British Banking Association
Stewart, Dr Robert	Medical Director	Kent and Medway PCT Cluster
Stirling, Tina	Manager, West Kent	Alzheimer's Society
Turner, Pauline	Carer	
Wharrad, Jacqui	Dementia Pioneer	Dementia UK
Williams, Sonya	Administration Facilitator	Gravesham Access Group
Internal (KCC):		
Buckingham, Sharon	Head of Adult Learning Resource Team	
Cacafranca, Demetria	Projects Officer - SILK	
Cloake, David	Head of Emergency Planning	
Critchley, Uta	Emergency Planning Officer	
Davis, Caroline	Policy Manager	
Fincher, Tricia	Service Development Librarian	
Fordham, Sue	Open Access Manager	
Grant, Janice	Senior Policy Manager	
Hunt, Clare	Administration Officer – Planning and Public Involvement Team	
Kearl, Daren	Community Development Librarian	
Ireland, Susanna	Partnership Development Manager, Community and Social Interest	
Jackson, Lydia	Lydia Jackson Senior Planning Assistant Business Strategy - Adult Social Care Policy	
Munn, Richard	Assessment and Enablement Manager	

Palmer, Beryl	Kent Sensory Services Manager	
Peachey, Meradin	Director of Public Health	
Smith, Sally	Policy Officer	
Vines, Laura	Assistant Policy Officer	
Walton, Georgina	Project Manager - Personal Health Budgets Project	
White, Christine	Admin Officer - Adult Services Learning Resource Team	
Williams, Sue	Research Manager	
Wyncoll, Keith	Equalities Manager	
Focus Group Members[2]		
Ayris, Judy (1)		Dementia Outreach Service for Carers, Age UK, Canterbury
Hanson, Emma (1)	Joint Commissioning Manager (Dementia)	Kent County Council
Henderson, Dr Catherine (1&2)	Research Officer	London School of Economics and PSSRU University of Kent
Kanagasooriam, Dr David (1)	GP	Whitstable Medical Practice
Locke, Christine (1&2)		Diversity House
Savitch, Nada (1&2)	Director	Innovations in Dementia CIC
Seabrooke, Dr Viniti (2)	Project Manager	Early Intervention Project, ADSS
Vella-Burrows, Trish (1)	Director	Sidney de Haan Research Centre, Canterbury Christ Church University
Wharrad, Jacqui (1&2)	Dementia Pioneer	Dementia UK

[2] Focus Group members attended either one or two meetings. Meeting 1 – Input into TOR, Meeting 2 – Input into recommendations.

DEMENTIA - A NEW STAGE IN LIFE

SELECT COMMITTEE REPORT

EXECUTIVE SUMMARY

September 2011

Kent County Council
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county.hall@kent.gov
Select Committee Officer: Sue Frampton

Contents

Chairman's Foreword

In a recent national survey, people said they feared the onset of dementia more than anything else including cancer. Yet the Select Committee found that few people understood dementia and its causes and even fewer people were aware that we can all take steps to help prevent it and delay its progress.

This lack of understanding in the general population, and more surprisingly amongst professionals, is making life for both sufferers and carers more difficult, stressful, costly and emotionally and physically draining than it needs to be. Many people said to us "No one listened to me. I was left alone to cope."

We have also heard stories where knowledgeable and skilled workers, volunteers and communities have been able to have a transformational effect, helping people to live well with dementia.

During our work, dementia has become a high profile subject nationally and many other bodies have begun working on improving their dementia services. We hope this report is a workmanlike addition to their knowledge and will help focus attention on the practical improvement which will make a difference.

We have heard many moving stories of carers who have looked after a relative with dementia at quite extraordinary personal cost; they have in many cases given up their right to a private life, career and home, and done so willingly and with love. They deserve our thanks and support

The Select Committee would like to thank all those organisations and individuals who helped us by giving evidence. In particular we would like to thank those who shared their very personal memories.

Trudy Dean

Trudy Dean
Chairman, Dementia Select Committee

I EXECUTIVE SUMMARY

1.1 Committee membership

The Select Committee comprised nine Members of the County Council; seven Conservative, one Labour (co-opted Member) and one Liberal Democrat.

Kent County Council Members (County Councillors):

Ann Allen (Cons)

David Brazier (Cons)

Alan Chell (Cons)

Leslie Christie (Lab)

Trudy Dean (Lib Dem)

John Kirby (Cons)

Steve Manion (Cons)

Ken Pugh (Cons)

Avtar Sandhu (Cons)

1.2 Establishment of the Select Committee

1.2.1 The Select Committee was established by the Adult Social Services Policy Overview and Scrutiny Committee[1] at the end of 2010 as a result of a proposal submitted originally in 2007 by Members Mrs Trudy Dean and Mr George Koowaree.

1.2.2 In the intervening period a National Dementia Strategy was established and Members wished to scrutinise local progress on its implementation, particularly in light of the impact of demographic changes in Kent, concerns expressed by constituents and increased media interest.

1.3 Definitions of Dementia

1.3.1 *"The term 'dementia' is used to describe the symptoms that occur when the brain is affected by specific diseases and conditions. Symptoms of dementia include loss of memory, confusion and problems with speech and understanding"*[2]*.*

1.3.2 The National Dementia Strategy: Living Well with Dementia defines it thus:

"Dementia is used to describe a syndrome which may be caused by a number of illnesses in which there is progressive decline in multiple areas of function, including decline in memory, reasoning, communication skills and the ability to carry out daily activities. Alongside this decline, individuals may develop behavioural and psychological symptoms such as depression, psychosis, aggression and wandering, which cause problems in themselves, which complicate care, and which can occur at any stage of the illness".

1.3.3 Defined by a former carer: "*Dementia is a change to a new stage in life. It is not the end of life*."

1.3.4 The most common causes of dementia are given on page 15.

1.3.5 Though the presentation and course of different types of dementia varies, the common characteristics noted above become more pronounced over time and the condition is degenerative.

1.3.6 Current care approaches focus on extending the period during which people can live well with dementia, supported within their communities or in residential care settings.

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[1] now succeeded by the Adult Social Care and Public Health Policy Overview and Scrutiny Committee.

[2] Alzheimer's Society Online at:
http://alzheimers.org.uk/site/scripts/documents_info.php?documentID=161

1.4 Terms of Reference

1.4.1 To examine issues around the '9 Steps' of 'Quality Outcomes' for people with dementia and their carers in Kent[3].

The 9 Steps Draft synthesis of outcomes desired by people with dementia and their carers: By 2014, all people living with dementia in England should be able to say:

- I was diagnosed early
- I understand, so I make good decisions and provide for future decision making
- I get the treatment and support which are best for my dementia, and my life
- Those around me and looking after me are well supported
- I am treated with dignity and respect
- I know what I can do to help myself and who else can help me
- I can enjoy life
- I feel part of a community and I'm inspired to give something back
- I am confident my end of life wishes will be respected. I can expect a good death.

1.4.2 To identify good practice and innovation in Kent and elsewhere, that could contribute to achievement of the '9 steps'.

1.4.3 To identify factors militating against achievement of the '9 steps' and make recommendations for improvements.

1.5 Scope of the review

1.5.1 The original draft scope included aspects noted on the next page and those considered to be of most concern to people living with dementia and carers who participated in the review were given greater focus, and hence feature more prominently in this report.

[3] Department of Health (2010)

- Stigma
- Awareness-raising among professionals
- Inclusiveness of training, care and support
- Early diagnosis
- Post-diagnosis support
- Carers
- Technology
- Information, advice and signposting
- Decision-making
- Personalisation
- Person-centred care

1.6 Exclusions

1.6.1 It was decided at the outset to exclude End of Life Care from the scope, other than from the perspective of decision-making since this aspect of care is not exclusive to dementia and could benefit from investigation by a separate, full and focused select committee review.

1.7 Evidence gathering

1.7.1 A list of the witnesses who submitted written evidence is given at Appendix 2 along with the names of professionals who attended one or in some cases two Focus Group meetings to assist the Select Committee prior to decisions about Terms of Reference and Recommendations. A list of witnesses attending hearings is at Appendix 3; details of training and visits carried out as part of the review are given at Appendix 4 and feedback summaries from consultation events on 11th and 15th April are given at Appendix 5.

1.8 Key findings

1.8.1 Early diagnosis of dementia is important for a number of reasons. Importantly, it enables the person who is affected to make sense of cognitive or other difficulties they have been experiencing; it enables them to obtain treatment if appropriate for their type of dementia and it is often the means by which they are able to link in to vital sources of local information and support. Being diagnosed early on also buys time for people to discuss and make clear their wishes about the future and to make arrangements for living their life well.

"It makes such a difference if people make their wishes known when they are able to do so and not when they are in a crisis situation."

1.8.2 Dementia is a condition which is more common in older people and relatively few people under 65 are affected. However, people with learning disabilities (and in particular Down's Syndrome) are living longer and in their 50s and 60s are more likely to develop a dementia than other people of the same age. Due to the relative rarity of younger onset dementia, suitable services and support have been slow to develop in Kent, with the exception of some voluntary sector provision, and as a result the needs of this group are not currently being met.

"If twelve months ago someone had asked me what thoughts came to mind when dementia or Alzheimer's were mentioned I would have described an elderly person who was either being cared for in their own home by a devoted family member or in a residential or nursing home. Since then I have experienced first-hand how mis-informed this view is."

1.8.3 The assessment and diagnosis of people with dementia at Memory Clinics (as directed by NICE guidelines) may not always be the most supportive option e.g. for frail elderly people. There are also gaps in support post diagnosis due to poor communication and a lack of formal shared care arrangements between GPs and specialists. People with dementia who go into hospital may have their medication discontinued because it is not on GP lists. Assessment and diagnosis closer to home could contribute to reduced stigma; improve the rates of diagnosis overall and improve outcomes for more people with dementia and their carers.

"Mum had a fall and fractured her hip. She went into the William Harvey Hospital. The staff ignored me when I tried to speak to them about her dementia medication. Her GP hadn't recorded it so the hospital thought that she wasn't on any medication. We found it hard to get information when she was in hospital."

1.8.4 The stigma associated with dementia is steadily reducing as people become more aware of the condition. It is important to keep up the momentum that has built up in awareness-raising. Reducing stigma will ensure that people with dementia are treated with dignity and respect in their communities. It will also mean they are less afraid to seek support and help. Some Black and Minority Ethnic (BME) communities need a different approach to ensure that stigma is addressed and families are not left isolated and unsupported. Ensuring that young people have a good understanding of dementia could reduce the level of stigma people will experience in the future; help to build compassion in communities and contribute to a more caring and empathetic workforce in the future.

"Image is everything. Minority Groups need to be confident that when they raise issues they will be heard."

1.8.5 Public health messages have an important role to play in persuading people to adopt healthier lifestyles that could reduce the chances of their developing a dementia in the future. The national programme of Health Checks, as it is established in Kent, could reinforce messages about healthy lifestyles and help to identify people at risk of a dementia in future. It could also help to identify people at the early stages of dementia and link them to appropriate treatment and support earlier than is currently achieved in Kent.

"We are at the tipping point of public awareness".

1.8.6 Voluntary Sector organisations provide invaluable specialised support for people with dementia and their carers and this will become increasingly important as fewer in-house (council provided services) are available. There is currently an uneven distribution of services across the county and commissioners of health and social care services for dementia will have an important role in ensuring everyone in Kent who has a dementia can access support locally.

"We are looking at the possibilities of new groups as some have become so popular that they are outgrowing their venues. At our newest group for those with Younger Onset Dementia last evening we had nine couples including three new couples . . ."

1.8.7 Home care support is not currently set up in a way that acknowledges the particular problems and challenges faced by people with dementia, whether or not they have a diagnosis. The level of dementia awareness and training of the care workforce needs to be raised overall and in order to achieve this, the Select Committee proposes that KCC assessment and enablement workers should have a higher level of dementia training. Furthermore, dementia training should be a requirement in contractual arrangements with providers. The Select Committee believes that provision of specialist as opposed to generic services is not, in itself, a solution but an increase in the availability of highly specialised voluntary sector dementia support in Kent will ensure that more people purchasing services can choose the level of support that they need. It could also enable different models of homecare provision (e.g. combining personal budgets at local level) to be tested.

"We often find carers deciding it is easier to struggle on coping alone rather than put up with different and often poorly trained workers coming into the home."

1.8.8 Residential care services, whether specialised to dementia or generic can improve the lives of people with dementia, firstly, if the living environment incorporates physical design features in line with current best practice and secondly if well-trained staff can ensure there are meaningful activities and positive interactions for people, helping to retain skills and pursue interests, faiths and important relationships.

1.8.9 Carers for people with dementia play an important role which needs to be better recognised and acknowledged. If people with dementia are expected to live well and safely at home, carers too must be well supported. Carers for people with dementia need respite appropriate to their needs; and ready access to the information they need to help them in their caring role. The important relationship between the carer and cared for person must be protected and supported. Carers must also be able to enjoy their own lives. Carer support organisations would welcome a '9 Steps for Carers' which acknowledges the crucial role that carers play in supporting people living with dementia. Carers across the county are now able to access comprehensive 'Confidently Caring' training to support them in their role.

"What happens when a carer gets ill – carers neglect themselves and miss even flu jabs as they have no-one to help."

1.8.10 The dementia care pathway in the future should be one which acknowledges the high level of social care needs that the condition demands. The particular health needs of people with dementia must be met in whichever setting they are living. The available funding should be identified and directed towards preventative (early intervention) services so that people with dementia and their carers can access a range of support to improve health and wellbeing. This should include positive and educational activities; social support, including memory cafes and peer support; advocacy services; crisis and emergency support and planned respite.

"It is only because we can see his house, coupled with the technology we now use, that he is able to remain in the home he has lived in for 55 years."

"The Dementia Advocacy team were a godsend. To have an independent person to represent D's needs and rights was a huge relief, and made me feel less of a lone (and emotionally involved) voice."

1.8.11 Professionals in health and social care fields must be made more aware of dementia, its effects on people with the condition and their carers and the support that is available. Professionals must ensure they integrate their planning and their records as well as their day to day working so that people with dementia and carers are better supported. The Health and Wellbeing Board can play an important role, ensuring that this integrated working takes place at all levels. A range of professionals from different sectors including Kent Police can also contribute to better safeguarding for people with dementia and their carers.

"None of the services are not doing their job but what they are not doing is doing it together."

1.8.12 People with dementia, their carers and former carers can play a vital role in directing the development of services and support including through Local HealthWatch and potentially through membership of any dementia advisory group set up in relation to the Health and Wellbeing Board.

'Co-production is an idea whose time has come. The idea, put simply, is that people's needs are better met when they are involved in an equal and reciprocal relationship with professionals and others, working together to get things done.'

1.8.13 There is an increasing body of research and knowledge about dementia. Dementia service commissioners and providers have the opportunity to work with academic colleagues to develop new services and test models of service provision developed with and by people with dementia and their carers. This will ensure that future services and support are better tailored to meet their needs.

1.9 RECOMMENDATIONS[4]

DEMENTIA IN KENT

R1
That a business case is developed in Kent for shared care prescribing arrangements for dementia medication and that GPs are encouraged to be more proactive in reviewing all people diagnosed with dementia, regardless of whether dementia medication is indicated. (p50)

R2
That in disposing of KCC buildings, the options for Community Asset Transfer are proactively explored to maximise the opportunity for voluntary sector dementia respite and day services. (p54)

R3
That KCC seeks to work with Dementia UK and relevant health organisations including GP practices in Kent to explore ways of widening access to the Admiral Nursing Service in Kent so that more people with dementia and their carers have access to a named, specialist contact. (p57)

SUPPORTING EARLY DIAGNOSIS BY RAISING AWARENESS AND REDUCING STIGMA

R4
That, to improve the rates of early diagnosis of dementia in Kent, KCC:

- works with colleagues in Public Health, the Voluntary Sector, community and faith groups to raise awareness (and dispel stigma) about dementia in the general population and among particular cultural groups, encouraging the use of positive and inclusive language and images in communications about dementia.
- works with the Alzheimer's Society to develop a '10 signs of dementia' poster (which distinguishes between signs of concern and normal signs of ageing).
- considers whether media/publicity could help to raise awareness about dementia, such as:

[4] Page numbers refer to main report

Memory problems that interfere with daily life?
Inability to plan and solve problems?
New problems with speaking or writing?
Difficulty completing familiar tasks?
See your doctor and discuss ways to get advice, information and support

- presses for the inclusion of an appropriate dementia screening tool in the NHS Health Checks programme in Kent (and adherence to relevant NICE guidance). (p79)

R5
That, to ensure young people have a good understanding of dementia, KCC:

- ensures libraries in Kent have books which explain dementia to children of different ages and encourages schools to do so

- seeks to fund a youth project to create a DVD, raising awareness about dementia and encouraging inter-generational support, which could be shown in Kent schools. (p82)

SUPPORTING CARERS AND CARING RELATIONSHIPS

R6
That KCC acknowledges and highlights the perspective of carers (and former carers) for people with dementia in a '9 steps for dementia carers' for inclusion in the next Kent Carers' Annual Report. (p85)

R7
That KCC encourages the commissioning of a variety of early intervention measures in order to reduce avoidable, inappropriate and expensive hospital admissions for people with dementia, to improve the quality of life and outcomes for a greater number of people with dementia and carers and that commissioning should include:

- Implementation of a pilot Shared Lives scheme for people with dementia, in co-operation with PSSRU Kent University, which develops the current Adult Placement Scheme and explores whether the management of personal budgets by voluntary sector service providers could help to provide more person-centred respite, for example, for people in rural areas, using the Shared Lives Model.

- Independent advocacy services for people with dementia in East and West Kent.

R8
That KCC seeks to promote greater awareness of Lasting Powers of Attorney (LPA) and considers whether a service could be offered by KCC Legal Services in this regard and that KCC supports the work of the British Banking Association to improve training for staff on LPA in order to minimise stress experienced by carers for people with dementia in organising finances. (p97)

R9
That KCC works with Kent Police and relevant health organisations in order to ensure that there is proactive support for and appropriate responses to carers who may be experiencing domestic violence as a result of dementia-related aggression in a loved one. (p101)

R10
That KCC extends the successful Telecare pilot work by evaluating how different types of assistive technology can support people with dementia to live safely and securely at home and in particular to assist with 'safer walking'. (p104)

INFORMATION AND SIGNPOSTING

R11
That KCC ensures that people living with dementia and their carers have access to good quality, well maintained information on local services and support in Kent and in their local area and that:

- printable, district level information is made available through links on DementiaWeb.

- KCC works with relevant health organisations and partners in the voluntary sector to ensure that this standard information 'set' is known to/made available through local authority offices, Gateways, Citizens Advice Bureaux, dementia and carer support organisations and in particular GP surgeries.

- as well as signposting to local groups offering dementia support, DementiaWeb should provide information about Adult Education opportunities and details of the Health Referral Scheme (50% discount on courses), and Library services for people with dementia.

- there is a consistent approach to the provision of information and signposting by KCC in response to enquiries regarding people with dementia who are self-funded, ensuring that all enquirers are made aware of DementiaWeb and the local information guides. (p111)

R12
That KCC and Health Commissioners should ensure that every Kent district or borough has at least one memory cafe as well as peer support for people with dementia. That KCC should promote the grass roots development of a network of memory cafes and peer support by engaging local groups such as Rotary, U3A, Older Person's forums, Carer Support Groups and Neighbourhood Watch; encouraging them to apply for funding through Members' Community Grants. (p115)

DEMENTIA CARE PATHWAY – FUTURE STRATEGY FOR KENT

R13
That in establishing and developing the 'core offer' of services and support for people with dementia and their carers, KCC and NHS Dementia Service Commissioners build on existing links with the academic sector (particularly the Dementia Services Development Centre at Canterbury Christ Church University and PSSRU at the University of Kent) to maximise research opportunities and ensure that the development of the dementia care pathway in Kent is informed by evidence and best practice. (p120)

R14
That, given the high proportion of undiagnosed dementia in Kent, '2nd level' training in dementia should be compulsory for all KCC assessment and enablement workers; basic dementia awareness training should be strongly encouraged for other KCC staff engaged in dementia support work and a requirement for an appropriate level of dementia training should be reflected in contractual arrangements with providers. (p121)

R15
That KCC (through the Health and Wellbeing Board, where appropriate):

- encourages GP practices to invite voluntary sector dementia support organisations to protected learning sessions to raise awareness among clinical and non-clinical staff about dementia and the local support available for people with memory problems.
- focuses on maximising KCC's role in the training and development of the social care workforce to ensure that safety and quality of care for people living with dementia are given the highest priority.
- encourages the commissioning of joint education and training for health and social care professionals including General Practitioners, on dementia, to support integrated working in the future.

- encourages greater awareness among hospital staff in Kent about when to engage with liaison nurses to minimise admissions, reduce lengths of stay, ensure dignified care and speed up discharges to appropriate locations for people with dementia in order minimise distress and contribute to cost savings.
- encourages relevant health organisations, including GP practices and partners in the voluntary sector to identify opportunities for pooled health and social care funding of community based care co-ordinators (see recommendation 2) and that personalised multi-agency care plans can be readily accessed by professionals providing care and support to people with dementia at home and during transitions of care.
- Identifies as a matter of urgency the approximate current spend on dementia by all agencies and models the change in spend between providers as diagnosis rates improve, the social care model is implemented and there is a change in use of acute services. This will provide a benchmark for the development of services and a context for assessing the value both in cost and quality of provision of pooled budgets and preventative services. (p128/9)

R16
That KCC considers whether a separate Kent & Medway strategy for Younger Onset Dementia is required to ensure that the needs of this group are met and that any future dementia strategy or plan:

- takes account of the particular circumstances experienced by a younger age-group and the development of appropriate services and support based on evidence and best practice
- includes an assessment of the likely impact of increased numbers of people with learning disabilities having dementia in the future
- is proactive in mapping where support and services will be needed. (p130)

R17
That people living with dementia and their carers are enabled to play a central role in encouraging integrated services and deciding how best to support people with dementia and their carers in Kent including through HealthWatch and its links to the Health and Wellbeing Board and the GP commissioning bodies. (p132)

"… by taking part in things like this to raise awareness, it gives me a purpose in life. It makes me feel like I am doing something worthwhile and helping others in my situation while I still can. Thank you for listening."

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By:	Graham Gibbens - Cabinet Member for Adult Social Care and Public Health
	Andrew Ireland - Corporate Director, Families and Social Care
To:	Adult Social Care and Public Health Policy Overview and Scrutiny Committee – 10 November 2011
Subject:	**ADULT SOCIAL CARE BUDGET FORECAST & SAVINGS REPORT 2011/12 AND DEBT POSITION SEPTEMBER 2011**
Classification:	Unrestricted

Summary: A report on the updated quarter 1 forecast outturn against the budget for Kent Adult Social Care to include savings and an update on the current position of the social care and accounts receivables debt as at September 2011.

Introduction

1. (1) This is the third report for 2011-12 to this Committee on the forecast outturn against budget for Adult Social Care. This report also includes an update on debt & savings.

Background

2. (1) Policy Overview and Scrutiny Committees consider the draft Medium Term Financial Plan at their November and January meetings. To enable a more informed discussion, three reports will be presented to the Committee on a regular basis:

a) **Budget Monitoring reports**
A detailed quarterly budget monitoring report is presented to Cabinet, usually in September, December and March, and a draft final outturn report in June. A report for each directorate is annexed to the summary report, and the annex for the Adult Social Services Directorate will be presented to this Committee at the meetings following those Cabinet meetings. This will help inform this POSC about current trends, pressures and management actions in advance of the next year's budget setting

b) **Performance data**
This will be reported at least half-yearly to this Committee.

c) **Outturn report**
Effectively an amalgam of the above two, the outturn report will summarise both the financial and performance information for the whole of the preceding year

(2) Informed by these reports, the POSCs will be in a stronger position to question and comment on the future budget and medium term proposals, as they will be asked to do at the November and January meetings.

(3) A Budget IMG was held during September 2011 to discuss and consider future Budget and MTP proposals prior to the Cabinet meeting held also held in September.

First Quarter Updated Monitoring report

3. (1) The revenue monitoring exception report for Adult Social Services was presented to Cabinet in October; this indicated an overall revenue under spend of £0.560m, which is an increase in under spend of £0.365m in the forecast submitted in the first quarter's full monitoring of £0.195m.

(2) The £0.560m under spend breaks down as follows:

-£2.967m Older People
+£0.587m Learning Disability
+£1.727m Physical Disability
-£0.785m All Adults Assessment & Related
+£0.528m Mental Health
+£0.350m Management & Support

-£0.560m Total

(3) The movements over £0.100m this month are:

- -£0.199m Strategic Management (incl Commissioning & Safeguarding) – a reduction in the pressure from £0.353m to £0.154m, which mainly reflects the continual management of vacancies and further savings against non-pay costs.

- -£0.318m Older People Direct Payments – an increase in the underspend from £0.444m to £0.762m as a result of a reduction in the growth assumed in the previous forecast, since the trend has remained static so far this year.

- -£0.359m Physical Disability Direct Payments – a reduction in the pressure from £0.546m to £0.187m as a result of a reduction in the growth assumed in the previous forecast, since the trend has remained static so far this year.

- +£0.391m Older People Nursing Care – an increase in the position from an underspend of £0.372m to a small pressure of £0.019m as a result of an increase in placements due to an increase of 47 clients creating a £0.613m pressure. This is slightly offset by both the release of unrealised creditors and an increase in income, totalling £0.222m.

- +£0.177m Older People Residential Care – a reduction in the underspend from £0.830m to £0.653m representing an increase of 23 clients, which has increased gross costs by £0.215m which is offset by an over recovery of income of £0.074m. The remaining £0.036m movement reflects a forecast reduction in income collected for in house residential care.

- +£0.303m Learning Disability Supported Accommodation – a reduction in the underspend from £1.096m to £0.793m as a result of a net movement of nine clients contributing a £0.246m pressure, coupled with a reduction in income contributions of £0.057m as a result of a client who changed from full funding to nominal funding, backdated to the beginning of the year.

- +£0.147m Learning Disability Day Care – a reduction in the underspend from £0.221m to £0.074m as a result of an ongoing review of commissioned services (+£0.069m), an increase in client numbers (+£0.037m) and the remaining £0.041m is due to updated spend trend information.

- -£0.513m Other Adult Services – a reduction in the pressure from £0.599m to £0.086m, which is mainly due to:
    1. -£0.157m to reflect the current trend within the Occupational Therapy equipment service, where the growth is currently below the level reflected in the budget;
    2. -£0.225m due to non renewal of contracts within Learning Disability Other Services;
    3. -£0.097m net effect of the cost/volume reduction through the provision of meals contract;
    4. -£0.025m anticipated additional health monies for the good health group.

(4) This position assumes that all but £1.696m savings identified within the Medium Term Plan will be achieved.

	£'m
LD/PD Procurement	1.153
Slippage of Enhanced Domiciliary	0.100
Slippage of Jointly Owned Properties	0.040
Non residential charging Delay in implementing -NDI/DREA	0.403
Total	**1.696**

The achievement of savings are pivotal to the delivery of an efficiently managed budget. Robust monitoring arrangements are in place on a monthly basis to ensure that forecasts and expenditure are closely monitored and where necessary challenged.
Our monitoring process includes ensuring all high cost placements and support packages are reviewed, plus a continued analysis and scrutiny of all requests for waiving of third party top ups to the cost of placements, and rigorous on-going panel arrangements.

(5) The capital monitoring exception report for Adult Social Services was also presented to Cabinet in October; this indicated an overall movement of -£2.515m, broken down as follows.

- Learning Disability Good Day Programme (-£2.442m, re-phasing): a prudent view had been taken pending clarity around the releasing of further funds to support the delivery of the programme.
- Broadmeadow Extension (-£0.058m, real variance): a real variance of £0.274m was reported in last months monitoring return which was requested to be transferred and used as part of the Older Persons Strategy – Integrated Specialist Services. A further £0.058m underspend has been declared and is also requested to be transferred to Older Persons Strategy.

Overall this leaves a residual balance of -£0.015m on a number of minor projects

(6) The outstanding due debt as at September was £18.331m compared with July's figure of £18.830m (reported to Cabinet in September) excluding any amounts not yet due for payment (as they are still within the 28 day payment term allowed). Within this figure is £4.526m of sundry debt compared to £4.859m in July. Also within the outstanding debt is £13.805m relating to Social Care (client) debt which is a decrease of £0.165m from the last reported position to Cabinet in September.

Recommendations

4. (1) Members of the Adults Social Care & Public Health Policy Overview and Scrutiny Committee are asked to:

(a) **NOTE** the latest monitoring position for revenue, capital and savings.

(b) **NOTE** and **COMMENT** on the latest debt position.

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Background documents: Cabinet Exception Report 17 October 2011

By: Graham Gibbens – Cabinet Member for Adult Social Care and Public Health

Andrew Ireland - Corporate Director, Families and Social Care

To: Adult Social Care and Public Health Policy Overview and Scrutiny Committee – 10 November 2011

Subject: **REVENUE BUDGET 2012/13 AND MEDIUM TERM FINANCIAL PLAN 2012/13 TO 2014/15**

Classification: Unrestricted

Summary: This report identifies the latest forecasts for next year's budget and the financial plans for the following years. This includes an analysis of the overall financial outlook for the whole council, appraisal of the existing plans for 2012/13, an update on the budget pressures facing the Adult Social Care and Public Health portfolio and recommendations from the Informal Member Group on areas for budget savings.

Recommendation: Members are asked to review and comment on the pressures outlined for the Adult Social Care and Public Health portfolio and to identify their priorities for savings in light of the overall financial outlook for the next three years.

FOR COMMENT

Introduction

1. (1) The Autumn Budget Statement is due to be presented to Cabinet on 5th December 2011 and will set out the County Council's proposed budget strategy following the Chancellor of the Exchequer's statement to Parliament on 29th November. The Chancellor's statement will include the latest economic forecasts from the Office for Budget Responsibility (OBR). All the indications are that these forecasts will show the economy has not recovered from recession as quickly as earlier predictions on which the 2011 Budget announced on 23rd March 2011 were based.

(2) The Spending Review 2010 (SR 2010) set out the Government's four year plans to reduce the budget deficit. This showed an anticipated 21.9% reduction in the Formula Grant for local government over the four year period[1]. The Local Government Finance settlement for 2011/12 was published on 13th December 2010 and included provisional grant figures for 2012/13 but did not provide any provisional figures for 2013/14 or 2014/15.

[1] The overall reduction in resources from the department for Communities and Local Government (CLG) was 19.6% over the four years after taking account of new money for Council Tax Freeze, New Homes Bonus and Transitional Protection.

The 2012/13 provisional grant showed a £26.9m reduction in Formula Grant on 2011/12 (8.5%) for KCC.

(3) Our overall planning assumption for the next medium term financial plan (MTFP) remains that we will need to make a £340m reduction in spend in real terms between 2011/12 to 2014/15.

Background

2. (1) The MTFP for 2011/12 to 2012/13 was approved by the County Council on 17th February 2011. The approved MTFP for the Adult Social Care and Public Health portfolio is included as appendix 1. At the time the plan was approved we had £15m set aside for unforeseen "emerging" budget pressures and £28m of savings still to be identified in order to balance the budget for 2012/13 against the anticipated level of resources (CLG grants and Council Tax).

(2) Monitoring reports during 2011/12 have identified a number of additional budget pressures arising during the year which will have a full year impact in 2012/13 and some changes in the planned savings. The overall position for the County Council is that we are preparing for £25m of additional pressures in 2012/13.

(3) In addition to the changes already identified from in-year budget monitoring we will need to review the indicative pressures included in the plan for 2012/13 in light of the latest activity information and identify any new pressures likely to arise in 2012/13 to 2014/15. The current assumptions for the Adult Social Care and Public Health portfolio are set out in table 1 below.

TABLE 1

Existing Approved MTP	**2012-13 £'000**	**2013-14 £'000**	**2014-15 £'000**	**Total £'000**
Base	**317,434**			**317,434**
Base Budget Adjs	-1			**-1**
Revised Base Budget	317,433			**317,433**
Pressures	9,732			**9,732**
Grant Increases	-726			**-726**
Savings & income	-12,561			**-12,561**
Total Existing MTP	313,878	349,382	357,273	**313,878**
New Base Budget Adjs	34,443	0	0	34,443
Changes to Pressures (Exc pressures funded from NHS Supp For Social Care Grant)	-1,502	12,797	12,907	24,202
New Forecast Pressures (Inc prices on social care)	2,803	0	0	2,803
Changes to savings & Income (Exc NHS Support for Social Care)	-240	-4,906	-4,371	-9,517
New Proposed Savings				
Proposed Budget	**349,382**	**357,273**	**365,809**	**365,809**

(4) There have been some changes in the likely grant settlements since the budget and MTFP were agreed by County Council on 17th February which improve the position slightly. In particular the Chancellor announced in October 2011 that a further one-off grant would be available in 2012/13 where councils agree to a continued freeze on Council Tax, and a number of grants which were unclear have now been included in an un-ringfenced Local Service Support Grant.

(5) The overall planning assumption in light of these changes is that some savings still need to be identified to balance the 2012/13 budget and that over the following two years substantial savings (estimated £110m) will be needed. In a break from previous convention we are not planning to set individual portfolio cash limit targets for the next three years. Cash limit targets were an appropriate mechanism in times of relative growth but are not an appropriate mechanism to determine spending priorities at a time of budget cuts.

(6) For 2012/13 Policy Overview and Scrutiny Committees (POSCs) are asked to consider what savings would be feasible or acceptable within the Adult Social Care and Public Health portfolio in order to close the estimated overall £32m gap (3.5% of net spend) arising from the combination of additional pressures and the unidentified savings in the existing plan partially offset by the additional grant that will be available. For the medium term POSCs are asked to consider what strategies should be considered for the Adult Social Care and Public Health portfolio if overall the council needs to make 15% saving over the next two years.

Latest Developments: National Context

3. (1) The Government has launched a consultation about re-localising business rates. If the proposals are implemented they would mean that in effect existing Formula Grant allocations would form a set base for the future (adjusted to the overall spending totals within the Spending Review) and any increase (or reduction) in overall resources available to the council would be determined according to changes in the business rate tax base.

(2) Local authorities would also still be able to set the level of council tax and would also receive any resources from changes in the Council Tax base (as now). The effect of these changes mean that any increase in funding can only come from increase in the local business rate base or Council Tax and local authorities would no longer be reliant on Government grants.

(3) At this stage we have no announcements on decisions following the consultation which is due to be implemented from 2013/14. We have factored in our best estimates into the planning assumptions for 2013/14 and 2014/15 but POSC members need to be aware that the overall funding available is likely to be heavily reliant on local factors in future rather than Government decisions on the allocation of grants.

Revenue Budget Strategy

4. (1) The council's overall strategy will be set out in the Autumn Budget Statement setting out how the authority plans to deal with reducing funding and continuing additional spending pressures. The POSC is invited to comment on the strategy proposed within the Adult Social Care and Public Health portfolio.

(2) The Council has successfully contained the demand for older people's services through the development of intermediate care services and the modernisation of services. We will need to continue this successful strategy in future years to meet the demographic pressures presented by the growth in the number of older people in the population and increased levels of dependency.

The Current Budget for the Adult Social Care and Public Health Portfolio

5. (1) POSC members should be well informed on the current budget through the regular monitoring reports and should refer to these as part of their discussions. The current budget for the Adult Social Care and Public Health portfolio(s) under the oversight of this POSC is summarised in table 2 below:

Table 2	Gross Exp £'000	Service Income £'000	Net Exp £'000
Portfolio controllable	451,050	-133,544	317,506

(2) More details on the 2011/12 budget are included in appendix 1. In very brief summary this budget provides for the following outcomes, outputs and/or service improvements:

- Approximately 160,852 weeks of permanent residential care for Older People (excluding preserved rights) within the independent sector
- 77,405 weeks of permanent nursing care for Older People within the independent sector
- 2,448,994 hours of domiciliary care for Older People provided through the independent sector
- Approximately 38,485 weeks of residential care for people with a Learning Disability (excluding Preserved Rights) within the independent sector
- About 12,131 weeks of permanent residential care for people with a Physical Disability within the independent sector
- 3,057 people of all client groups with an on-going direct payment
- 245 Mental Health clients in residential care as at June 2011

Informal Member Group

6. (1) Members of this POSC have had informal member group meetings (IMG) meetings throughout the summer/autumn. IMGs have found these meetings useful to gain a more detailed insight into budgets controlled by the Adult Social Care and Public Health portfolio. The IMGs main recommendations were as follows:

> When discussing further at this POSC that the fullest background information is available to help with its work, but currently did not feel prepared or able to identify potential savings without further information around both the treatment of the Health monies and what share of additional savings Adults Social Care will be asked to take a share of.

Recommendation

7. (1) Members are asked to

(i) note the latest forecasts for 2012/13 and the next two years
(ii) comment on the full year impact of additional spending pressures for the Adult Social Care and Public Health portfolio outlined in paragraph 2.2 and the outline 3 year plan in table 1
(iii) comment on the IMG recommendations and identify priorities for delivering the 3.5% saving requirement for 2012/13 and 15% for the following two years

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Background documents: None

Appendix 1 – Existing 2011/13 Medium Term Plan and 2011/12 Revenue Budget

Medium Term Plan

Adult Social Services Portfolio Revenue Budget				
		2011-12 £'000	2012-13 £'000	Total £'000
Base budget		**344,452**	**335,320**	
Base Budget Adjustments - Internal		-6,801	-1	-6,802
Base Budget Adjustments- External		3,006		3,006
Total Base Adjustments		**-3,795**	**-1**	**-3,796**
Revised Base Budget		**340,657**	**335,319**	
UNAVOIDABLE PRESSURES FUNDED IN INDICATIVE CASH LIMITS:				
Pay:		**0**	**0**	**0**
Prices:				
All	Transport	114	118	232
All	Social Care Provision	502	0	502
All	Gas & Electricity	111	207	318
All	Other	99	120	219
		826	**445**	**1,271**
Unavoidable Government/Legislative Pressures:				
All	CRB - Additional enhanced checks	100	38	138
All	Employers NI 1% increase	221	0	221
All	Learning Disability Transfer and Health Reform Grant - increase in expenditure	6,377	826	7,203
		6,698	**864**	**7,562**
Demand/Demographic Led:				
All	Demographic Pressure	8,730	8,730	17,460
		8,730	**8,730**	**17,460**
LOSS OF INCOME (NOT GRANTS)				
All	Replacement of Section 256 Health income by the Learning Disability Transfer and Health Reform Grant	28,391		28,391
		28,391	**0**	**28,391**
Total Pressures		**44,645**	**10,039**	**54,684**

SAVINGS AND INCOME:				
Grant Increases:				
All	Learning Disability Transfer and Health Reform Grant	-34,768	-826	-35,594
		-34,768	**-826**	**-35,594**
Income Generation:				
All	Income increase in-line with Benefits Uplift	-1,891	-1,571	-3,462
All	Increase Charging - residential - Jointly Owned Properties	-250		-250
All	Increase Charging - non residential	-1,477	-1,477	-2,954
		-3,618	**-3,048**	**-6,666**
Savings and Mitigations:				
Efficiency Savings:				
Staffing				
All	Area and Headquarters Support	-287	-1,011	-1,298
All	Management Structures	-504	-277	-781
All	Access and Assessment	-645	-175	-820
All	Changes to HR policies	-125		-125
All	Further management savings from reorganisation	-264		-264
All	Review of Terms & Conditions of employment	-620		-620
Procurement & Contracts				
All	Review of Domiciliary Procurement	-900	-2,132	-3,032
Other				
	Fall out of early Retirement Costs	-23	-26	-49
All	Releasing of uncommitted contingency	-1,230		-1,230
All	Publicity	-30	-10	-40
All	Staff Travel	-178	-25	-203
All	Agency Staff	-132	-132	-264
All	Reduction in pension contribution	-1,214		-1,214
		-6,152	**-3,788**	**-9,940**
De-prioritisation savings:				
Staffing				
Procurement & Contracts				
LD&PD	Review of Learning Disability/Physical Disability Residential and supported Accommodation procurement	-3,714	-3,393	-7,107
OP	Older Persons Strategy	-1,000	-1,200	-2,200
OP/LD/PD	Review of In-House services	-230	-725	-955
All	Review of client transport		-290	-290
Other				
All	Application of Good Practice Guidelines	-500	-500	-1,000
OP	Delaying Former Self Funders by commissioning financial advice.		-250	-250
		-5,444	**-6,358**	**-11,802**
Total Savings and Mitigations		**-11,596**	**-10,146**	**-21,742**
Total Savings and Income		**-49,982**	**-14,020**	**-64,002**
Budget controlled by this portfolio		**335,320**	**331,338**	

Portfolio Service Revenue Budget

Budget Book Heading	cash limit		
	G	I	N
Adult Social Care & Public Health portfolio			
Strategic Management & Directorate Support Budgets	9,922	-755	9,167
Adults & Older People:			
- Direct Payments			
- Learning Disability	10,837	-736	10,101
- Mental Health	732	0	732
- Older People	6,359	-665	5,694
- Physical Disability	8,248	-353	7,895
Total Direct Payments	26,176	-1,754	24,422
- Domiciliary Care			
- Learning Disability	7,603	-1,454	6,149
- Mental Health	898	0	898
- Older People	47,704	-11,925	35,779
- Physical Disability	7,684	-539	7,145
Total Domiciliary Care	63,889	-13,918	49,971
- Nursing & Residential Care			
- Learning Disability	75,502	-23,389	52,113
- Mental Health	6,737	-846	5,891
- Older People - Nursing	45,547	-22,070	23,477
- Older People - Residential	88,679	-36,594	52,085
- Physical Disability	12,305	-1,786	10,519
Total Nursing & Residential Care	228,770	-84,685	144,085
- Supported Accommodation			
- Learning Disability	31,227	-18,857	12,370
- Physical Disability/Mental Health	1,313	-255	1,058
Total Supported Accomm	32,540	-19,112	13,428
- Other Services for Adults & Older People			
- Contributions to Vol Orgs	14,912	-902	14,010
- Day Care			
- Learning Disability	13,197	-284	12,913
- Older People	4,086	-157	3,929
- Physical Disability/Mental Health	1,302	-1	1,301
Total Day Care	18,585	-442	18,143
- Other Adult Services	14,139	-8,185	5,954
Total Other Services for A&OP	47,636	-9,529	38,107
- Intermediate Services			
- Assessment of Vulnerable Adults & Older People	42,117	-3,791	38,326
Total ASC&PH portfolio	**451,050**	**-133,544**	**317,506**

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By: Graham Gibbens - Cabinet Member for Adult Social Care and Public Health

Andrew Ireland - Corporate Director, Families and Social Care

To: Adult Social Care and Public Health Policy Overview and Scrutiny Committee - 10 November 2011

Subject: **FAMILIES AND SOCIAL CARE IN-HOUSE SERVICES - ADULTS**

Classification: Unrestricted

Summary: To provide a comparison of the utilisation, staffing, costs and quality of in-house services for adults from 2009 to 2011

Introduction

1. (1) Kent County Council manages a number of services in-house for adults including older people, people with physical disabilities, learning disabilities and mental health problems.

(2) These services include residential, respite, recuperative/enablement, day care and home care. The services are available to all eligible individuals, regardless of their means.

(3) Kent County Council has, in recent years, been in a programme of modernisation and as a result has reviewed the services delivered in-house to ensure that they meet the changing needs and expectations of individuals, offer value for money and are sustainable given the challenges facing local government. This programme is not yet complete.

(4) The challenges include:

- People are living longer
- People are presenting with more complex disabilities and/or mental health issues
- People are wishing to remain in their own homes with dignity and expect high quality care
- Residential care should be in high quality buildings
- Good quality care can be commissioned for less money in the independent sector

(5) The considerations include:

- The range of alternative local services for the client group
- The opportunity for developments with partners in the local area

- The condition of the buildings and likely capital expenditure required to maintain services and standards
- The appropriateness of the design of the buildings for the services to be delivered
- The need to release money that is tied in to services that could be used to deliver equivalent services to more people

Context

2. (1) Families and Social Care (FSC) supports over 16,000 individuals in a range of settings to meet their needs, not including those in receipt of direct payments:

	All	In-house
Client Category	**2011**	**2011**
Older People domiciliary	5554	326
Older People day care	1289	343
Older People residential, specialist and nursing care	4459	566
Older People extra care **Note 1**	275	-
Physical Disability residential	238	-
Physical Disability domiciliary	1009	-
Mental Health residential	254	-
Mental Health community support services	634	458
Mental Health supported accommodation	66	-
Learning Disability day care	724	772
Learning Disability residential care	1316	58
Learning Disability supported accommodation	602	375
Total **Note 2**	**16420**	**2126** **Note 3**

Note 1 – People in extra care receive a domiciliary care service so would also be included within that data
Note 2 – Data does not include Direct Payments
Note 3 – The data shown is maximum capacity – occupancy for all schemes is approx 75%

(2) The overall position for 2011/12 as published in the budget book shows spend for direct payments, domiciliary, residential, nursing, supported accommodation, voluntary organisations and day care as **£265.8m** net (including government grants). In-house services represent **14.6%** of FSC's overall spend. For 2009/10 as published in the budget book, the comparison is **£261.5m** net and in-house represents **15.4%**.
The data in the table above shows that in-house represents 13% of the number of clients but the table does not include those in receipt of direct payments who are unable to purchase their care from KCC.

(3) Families and Social Care contracts for 4536 beds for older people (over 65) in 367 homes in Kent. For domiciliary care only (excluding in-house, community support and supported living), FSC contracts with 104 separate agencies (or 81 as some belong to a larger group).

Service Modernisation

3. (1) All in-house services are being reviewed to look for efficiencies and to ensure that value for money is offered. Bold Steps for Kent, the Medium Term Plan, identifies that KCC should become a commissioner of services and this is incorporated into the strategic plans for Families and Social Care.

(2) The direction of travel for Families and Social Care is to look at personalisation of services moving away from large old buildings, integrating people more with their local community to ensure better outcomes for people and putting them more in control.

(3) Two of the biggest programmes of change in FSC include the Good Day Programme which looks at day care for people with learning disabilities ensuring that there are more locally based, integrated services for people with complex disabilities and the Older Persons Modernisation programme which addresses peoples increasing needs and expectations for services.

Quality

4. (1) The Care Quality Commission (CQC) regulate, inspect and review all adult social care services in the public, private and voluntary sectors in England. They have the same regime for KCC's services as they do for the independent sector. The CQC do not regulate day care services. In 2010, the CQC changed the way that they record compliance against their framework. Prior to October 2010, they recorded Excellent, Good, Adequate or Poor ratings against services but in future they will grade 'compliant' or 'non-compliant'. All regulated in-house services were rated as either Good or Excellent at their last inspection.

Findings

5. (1) Below is a summary of information collated from Personnel and Finance for 2009/10 and 2011/12.

	August 2009		August 2011		2009/10 Outturn	2011/12 Forecast
	Headcount	FTE	Headcount	FTE	Net '000	Net '000
Kent Enablement at Home Totals	317	181.60	287	185.79	5840.7	6233.4
Physical Disability Totals	4	2.54	5	3.54	78.9	86.3
LD Day Care Totals	430	255	389	231.63	8673.7	7244.9
LD Independent Living Totals	330	189.92	315	174.44	5223.4	5271.4
Older Persons Provision Totals	1004	548.44	856	460.94	22758.0	18666.9
Mental Health Totals	86	61.99	63	48.05	1125.8	1196.4
	2171	1239.5	1915	1104.4	43700.6	38699.3

(2) Staffing comparisons show an overall reduction of 256 staff (headcount) in the reporting period across all services and an increase of 135.1 fte. The biggest difference was in the older person's provision which includes the residential care homes set for closure with a reduction of 148 staff.

(3) The biggest difference between the 2009/10 outturn figures and the 2011/12 forecast relates to the Older Persons homes with a reduction of approximately £4m. This does not show the reinvestment required into day services and respite care along with the ongoing placements of the individuals in the independent sector. The Older Persons Modernisation Programme is due to achieve £1m in 2011/12 and a further £1.2m in 2012/13.

(4) Additional resources have been invested into Kent Enablement at Home services, Mental Health community support services and Learning Disability Independent Living (which includes ILS schemes and supported accommodation).

Modernisation Review:

6. (1) All in-house services will be reviewed to identify efficiencies. With the fierce financial climate and programme of budget reduction, FSC has to ensure that services are reviewed and are commissioned in the most cost effective way.

(2) In addition to the responsibility to ensure value for money, KCC's vision through 'Bold Steps for Kent' is to become a commissioning authority and as such will need to ensure steps are taken to move away from direct provision.

Recommendation

7. (1) The Adult Social Care and Public Health Policy Overview and Scrutiny Committee is asked to NOTE the contents of this report.

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Background documents: None

By: Graham Gibbens - Cabinet Member, Adult Social Care & Public Health

Andrew Ireland - Corporate Director, Families and Social Care

To: Adult Social Care and Public Health Policy Overview and Scrutiny Committee – 10 November 2011

Subject: **OUTCOME OF FORMAL CONSULTATION ON A NEW SERVICE MODEL FOR LEARNING DISABILITY DAY SERVICES IN THE THANET DISTRICT**

Classification: Unrestricted

Summary: Following a consultation programme in 2008 of "What Makes a Good Day" - a plan to improve days for people with learning disabilities. A decision was made to refresh previous strategies with a new strategy; to improve services for people with learning disabilities during the day, evening and weekends.

The Good Day Programme (GDP) was set up to implement the new strategy by providing a countywide framework and support for the local programme of change to improve services for people with learning disabilities.

On the 18 April 2011 the Cabinet Member for Adult Social Care and Public Health granted approval to the GDP to consult on a proposed New Service Model for Learning Disability Day Services in Thanet.

The Council is required to undertake a consultation with Service Users and other relevant stakeholders on the impact of a change or variation to a service and consider the findings of the consultation before coming to a final view. Consultation on the New Service Model for Learning Disability Day Services in Thanet was undertaken between 7 June 2011 and 27 September 2011.

This report presents the results of that consultation, considers its outcomes and any impact in inequalities.

FOR DECISION Adult Social Care and Public Health Policy Overview and Scrutiny Committee (ASCPHOSC) is asked to agree that the Cabinet Member for Adult Social Care and Public Health should take the final decision to implement the New Service Model for Learning Disability Day Services in Thanet, after taking into account the views expressed in this report and any further views put forward by ASCPHOSC at its meeting on 10 November 2011.

Introduction

1. (1) Kent County Council's (KCC) modernisation of Day Services for Adults with Learning Disabilities is an integral part of the transformation towards more personalised services reflecting the vision and strategy contained within "Valuing People Now" and KCC's "Active Lives". In 2008 following consultation of "What Makes a Good Day" - a plan to improve days for people with learning disabilities, a decision was made to refresh previous strategies with a new strategy; to improve services for people with learning disabilities during the day, evening and weekends. The Good Day Programme (GDP) was set up to implement the new strategy by providing a countywide framework and support for the local programme of change to improve services for people with learning disabilities.

(2) With the implementation of 'Bold Steps' KCC is keen to see the development of sustainable community resources in partnership with the private, voluntary sector and social enterprise; and aims to evolve fully into a commissioner of community care services rather than a facilitator or provider of them. The Good Day Programme has incorporated these aims and objectives in the planning of proposed future service models, assisting in fulfilling these desired outcomes.

(3) On the 18 April 2011 the Cabinet Member for Adult Social Care and Public Health granted approval to the GDP to consult on a proposed New Service Model for Learning Disability Day Services in Thanet.

(4) In line with "Valuing People Now" and KCC's "Active Lives" and "Bold Steps" the New Service Model for future services will be based on personalisation, with everyone having choice and control over the shape of their support through the use of direct payments and personal budgets. This person centred approach will uphold the principles and standards of the Good Day Programme.

The principles for the new service model are to develop services which will enable people to:

- Choose what they do during days, evenings and weekends
- Have the right flexible support
- Be equal citizens in their community
- Have opportunities to lead a full and meaningful life.

The new service model will offer people a range of facilities, activities and opportunities in their local community within inclusive settings.

Full details of the proposed New Service Model for Learning Disabilities in Thanet are detailed in Appendix 1.

(5) The Council is required to undertake a consultation with Service Users and other relevant stakeholders on the impact of a change or variation to a service and consider the findings of the consultation before coming to a final view. The purpose of this report is to provide ASCPHPOSC the results and outcomes of the consultation. It also considers if there is any impact in inequalities within the new service model.

(6) Consultation on the New Service Model for Learning Disability Day Services in Thanet was undertaken between 7 June 2011 and 27 September 2011.

The decision in relation to this new service model was included in the Forward Plan on 17 June 2011, covering the period 1 July 2011 to 31 December 2011.

(7) The consultation was carried out to:

(i) Inform people about the details of the proposed New Service Model for Thanet Learning Disability Day Services.

(ii) To invite the views and comments of Service Users, their Family/ Carers and other relevant stakeholders who have an interest in the service.

(8) Consultation has been extensive, this included Service Users, Family/ Carers, Staff, Trade Unions, Advocacy, Residents, District Partnership Groups, Community Partners, Integrated teams, Parish Councillors and KCC Members in a series of consultation meetings and events.

The consultation was completed so that KCC could better understand the impact of the proposed changes and to ensure views and comments were taken into account when reaching its final decision

Policy Context

2. (1) Valuing People - March 2001 / Valuing People Now 2007
Valuing People is the government's plan for making the lives of people with learning disabilities, their families and carers better. It was written in 2001 and it was the first White Paper for people with learning disabilities for 30 years.

It is based on people having:

- their rights as citizens
- inclusion in local communities
- choice in daily life
- real chances to be independent

The modernisation of day services for people with learning disabilities is seen as a major part of the implementation of Valuing People

(2) <u>Think Local, Act Personal Next Steps for Transforming Adult Social Care</u>

This is a proposed sector wide partnership agreement moving further towards personalisation and community based support. This document sets down the thinking of policy direction in adult social care.

The priority for adult social care is to ensure efficient, effective and integrated partnerships and services that support individuals, families and the community.

It requires commissioners to reduce duplication across the system, improve outcomes, engage in targeted joint prevention interventions and provide information and advice for people using the services to make the most appropriate choices to meet their outcomes. Commissioners should draw upon voluntary and community action and facilitate an environment where various models of commissioning and purchasing can emerge to support people to make more personalised choices.

The two main focus of reform are:

- A community-based approach for everyone
- Personalisation

(3) The Good Day Programme KCC's strategy for improving days for people with learning disabilities.

(4) Bold Steps for Kent – The Medium Term Plan to 2014/15

This sets out three clear aims for Kent County Council over the medium term:

- To help the Kent economy
- To put the citizen in control
- To tackle disadvantage

Overview of the current Thanet Learning Disability Day Service

3. (1) Thanet Day Opportunities Service (Thanet DOS) is an In House day service providing day activities for adults with learning disabilities who have varying levels of abilities. The activities include: Art & Craft, Rambling, Cycling, Daily Living Skills, Wood and Leather Craft, Sports Activities, Gardening Allotment, Sensory Activities, St Luke's Project, G.O.L.D Club (Growing Old with a Learning Disability). These activities are based on the choices of individuals who access the services and the skills of the staff team. Thanet DOS has in recent months focused on community participation with approximately 60% of activities taking place within the local community.

There are currently two community based projects being piloted by Thanet DOS:

(2) People who access the Thanet DOS service undertake Art & Craft sessions five days a week at The Pharmacy Gallery instead of at the day centre. The Pharmacy Gallery is an independent art gallery open to the general public and provides art and media related workshops along with the facility to publicly display artwork.

St Luke's project – where a small group of Thanet DOS Service Users use a local church facility as a meeting up place. This is closer to where they live than the day centre and from here they access activities and resources within their local community.

(3) Out of 557 people known to the Thanet Integrated learning Disability Team, 92 people access Thanet DOS. These are an aging group of users with a higher than average 50+ client group and with this comes a natural unwillingness to change.

(4) Thanet DOS has a Service level Agreement (SLA) of 100 places per day, reduced from a previous SLA of 130 places. Of the 92 people accessing the day service each week there is currently an average attendance of 56 people per day.

(5) There is an active and thriving Private & Voluntary Sector (see table below) within the Thanet district, offering a wide and developing range of services and potential future partnerships. Many of these are accessed using Direct Payments.

Private & Voluntary Sector LD Service providers operating in the Thanet district
Cleveland House
East Kent Mencap
Garden Gate Project
Guardian Day services
Mount Ephraim
Skillnet Group Thanet
New Horizons

Consultation and Communication

4. (1) The consultation undertaken by KCC followed the 'Procedure for Consultation on the Modernisation / Variation or Closure of Establishments and Services provided and managed by Families and Social Care. In order to maximise stakeholder involvement the consultation was undertaken over a 16 week period from 7 June 2011 to 27 September 2011.

(2) 352 consultation packs were distributed to all stakeholders. The consultation pack contained:

- The proposal for the New Service Model
- A Consultation Questionnaire
- Copy of the presentation delivered at the consultation meetings.
- Timetable of consultation meetings and events.
- Better Days leaflet - setting out the principles and aims of the Good Day Programme

The consultation pack was also published on the kent.gov.uk website along with an on line version of the questionnaire.

(3) An independent Advocacy service was involved throughout the consultation period for all Service Users at Thanet DOS: offering a range of workshops, group meetings and individual 1:1 meetings. They supported Service Users to understand the proposals and to develop and express their viewpoint. Advocacy support was also available to family carers throughout the consultation; this was provided through a local charity.

Outcome of the consultation and issued raised.

(4) Of the 352 questionnaire distributed 115 questionnaires (33%) were returned from the following stakeholder groups:

Person with a learning disability	94 (79 through advocacy) (15 independently or with Carer support)
Family/Carer	17
Staff	2
Blank	1

In addition to feedback through the consultation questionnaire, further written comments were received from three Thanet DOS staff members and one other person from the local community.

(5) People have expressed mixed views to the consultation. Service Users were generally more positive towards the new service model. A summary of the main findings from Service Users and carers are shown below.

Service Users

- Many Service Users said they have positive experience of the community based projects, and see the change as a positive in their lives.
- People with a learning disability value their friendships, relationships and the support they receive from staff.
- They said they liked going out and about, meeting new people and going to different places
- Some individual comments were about the lack of sessions at the Day Centre, size of groups and being bored.
- There is comfort and safety in the familiarity and the environment of the day centre and there is a sense of loss associated with the thought of it closing.

Family carers

- Some carers have had a long association with Thanet DOS and understandably value the security and safety of the building.
- Carers thought that the proposal to move away from the Thanet DOS building may be based around the desire to make financial savings rather than improve the existing service.
- There is a sense that people accessing the service and family carers would rather ‘things stay the same’ as they are unsure of ‘what the changes will look like’ and ‘what’s going to be on offer’.

- There is a sense by some that the changes are being forced upon people rather than it being a collaborative process. In particular, some felt the decision had already been made and that they were powerless to stop it.

- Would transport still be available as part of the new service model.

- Family / carers highlighted the importance of the respite that day services provides for them and of having a base where people can meet together with their friends when they are not taking part in other activities.

Comprehensive details of the outcome of the consultation are attached in Appendix 2.

Financial Implications

Capital

5. (1) Capital funding of £400K for the new service model in Thanet will be provided through the GDP Capital Plan allocation as approved by Project Approval Group (PAG) and set out in the current KCC Medium Term Plan.

Revenue

(2) There is a commitment set out in the GDP strategy approved by Members to recycle the current revenue associated with Thanet DOS into the new service model. This will be incrementally transferred over time as in line with the phased implementation plan.

Legal Implications

6. (1) The public sector equality duty created by section 1 of the Equality Act 2000 came into force on 5 April 2011. The section provides that:

"An authority to which this section applies [which includes county councils] must, when making decisions of a strategic nature about how to exercise its functions, have due regard to the desirability of exercising them in a way that is designed to reduce the inequalities of outcome which result from socio-economic disadvantage"

(2) Section 149 of the Act provides that:

A public authority must, in the exercise of its functions, have due regard to the need to

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

(3) ASCPHPOSC attention is drawn to the equality duties. The county council may have formed a provisional view, but it is essential that the possibility that the consultation process may affect that view is acknowledged. The decision, when it is taken, should pay due regard to the equality impact assessment, and must relate whatever decision is made to that assessment and, if it is not following it, or if it is choosing not to accept the views of those consulted, it must record the reasons for doing so. A proper assessment of alternative proposals or of actions that could be taken to mitigate the effect of the new service model must be considered.

Equality Impact Assessments

7. (1) There is a requirement on all public bodies to comply with the 'due regard' duties. To take account of the impact of the decision to implement the new service model and consider practical measures that might lessen the impact on existing and new service users**.** The consideration of equality issues must inform the decisions reached. The impact assessment can assist in ensuring that the decision-maker comes to a decision with reference to 'due regard' and is able to do so in a considered and informed manner.

(2) In line with equality duty and KCC's Equality Impact Assessment Policy, an assessment was carried out during the formation stage of the new service model. The impact assessment was later revised when the consultation closed and following the analysis of the consultation response to address issues that arose during the formal consultation process. The Equality Impact Assessment (EIA) for Thanet Learning Disability Day Services is in addition to the overarching Good Day Programme EIA.

(3) It is recognised within the equality impact assessment that we will need to make sure accessibility of all new venues has been assessed and new facilities developed through GDP capital funding meet the requirements of the Disability Discrimination Act and inclusive Access.

(4) That full Adult Changing Facilities are placed in a variety of buildings to increase accessibility for individuals with a learning disability and the wider community. Designated rooms are also available within identified community buildings to provide an area to maintain privacy and dignity for those requiring additional support.

(5) In addition to this a comprehensive specification detailing all requirements will be adhered to when identifying all potential community buildings. The specification was drawn up with a variety of stakeholders, including people with a learning disability.

(6) It is considered that other specific groups with protected characteristics (based on gender, ethnicity, religion or belief and sexual orientation) will not be disadvantaged by the changes.

(7) The equality impact assessment will be included within the implementation plan with further screening taking place and the assessment updated as appropriate throughout the project.

Sustainability Implications

8. (1) The new model for future services is based on personalisation, with everyone having choice and control over the shape of their support. This person centred approach by providing people with what they want; people will choose to continue to be supported through the new model. From the results of the consultation there is a strong sense of valuing the staff team therefore also ensuring long term sustainability of the service.

(2) The GDP capital investment in the development of sustainable community resources in partnership with the private, voluntary sector and social enterprise will also provide sustainability for the future. Along with making better use of the existing revenue by redirecting the revenue spent on the current building into personalised support and increased direct payments.

(3) It is important to note, evidence from "Valuing People Now" and other learning disability groups highlights that a lot of young people leaving school do not want to go to large traditional style building based services. This has meant that there are now fewer new people wanting Thanet Day Opportunities as their chosen service. As a result the number of people using the current service continues to fall. Therefore in its current form the service is not sustainable long term.

Alternatives and Options

Proposal from East Kent Mencap

9. (1) During the consultation period a suggested 3 Year Business Proposal was submitted from East Kent Mencap (EK Mencap) - a collaboration between EK Mencap and a selection of family carer representatives who are members of the Thanet DOS Carers Forum. The proposal put forward for consideration was to take over the running of the Day Service site based at Tivoli Road, Margate, Kent CT9 5SE (the Thanet DOS site).

(2) ***The EK Mencap proposal***

EK Mencap would seek to work with parents/carers and current and future partners and organisations, to develop a community resource that encompasses inclusion and best value with what people want and need.
The aim will be to provide a welcoming meeting place for all groups where person centred support is offered to individuals to offer a menu of community based activities, and build a community facility that will provide a centre that will develop strong partnerships and sustainable community networks that will:-

- *Provide a neutral/safe environment for people and their families to share views, concerns and experiences.*
- *Develop an Information Sharing Forum for organisations and support providers to come together to share information and good practise. Encouraging them to meet local needs. This would be an integrated resource serving the wider community*

- *Support people with learning disabilities to deliver training to raise awareness of needs of people with learning disabilities and how they would like to be treated e.g. to leisure centres, local police, mainstream schools, transport providers. Seek external funding to deliver these programs at a discounted price with the aim of developing future training sustainability.*
- *To offer shared space to other organisations*
- *The TDOS building offers excellent office facilities that would be desirable for businesses and organisations. We would seek to generate income to minimise running costs and improve value for money. This will also contribute to commissioning services to run to make the facility more sustainable.*

(3) It is not recommended to Members that the council proceed with the EK Mencap proposal for the following reasons:

- The EK Mencap Business proposal does not offer value for money.. The proposal is that approximately two thirds of the current Thanet DOS revenue budget (60% of the staff budget and the whole of the non-staff budget) be paid as direct payments with which people will pay to access the service.

- The EK Mencap business proposal does not include TUPE arrangements for the existing Thanet DOS staff team. Therefore it is likely some redundancy cost would be incurred by KCC.

- The proposal is based on the service being accessed by 50 people (54% of the current service users) and using EK Mencap's community support model: 1:5 support ration (1 member of staff to 5 Service users).

  A service would still need to be provided for the remaining 46% of current service users with around a third of the existing revenue budget.

  Taking into account the EK Mencap staff/service user ratio it is reasonable to assume a greater percentage of the remaining Service Users will be those with higher dependency needs, requiring a staff/Service User ratio of 1:3 or 1:1, and provided at a higher service cost. This would result in the remaining service not being met within the exiting budget and therefore incurring a substantial increase in revenue cost to deliver a service to the same number of people. As such the current proposal is not a comparable offer in terms of service provision, staff to service user ratio or value for money.

Response to the consultation

10. (1) Every Service User accessing Thanet DOS has provided some form of feedback on the proposal during the consultation process. As detailed earlier in section 4 of this report outcomes of the consultation questions have highlighted that Service Users are uncertain about changes and seek reassurance. At the same time they value the current range of activities available in the community and wish to increase community based activities for the future.

(2) Of the 352 stakeholders who received a consultation pack in total 33% gave their views. Only 15% (17) of Carer's gave their views and comments on the proposals during the consultation period. Some of these carers expressed anxieties about the loss of the Thanet DOS building. With 85% of Carer's not responding it is difficult to make an overall assessment. However some carers and Service Users have continuingly spoken of the value of the building.

(3) Financially, staff and carers have been reassured by the fact that cost saving is not the driver behind the proposal. Initial indications are that the revised community model is affordable within the existing revenue allocation. Set up costs in terms of equipping new venues will be incurred and further capital will need to be invested in order to secure appropriate community facilities. The model is financially viable and crucially it enables KCC to redirect resources away from outdated buildings towards the front line.

(4) The overall main concern by far for people with a learning disability and their carers is that they value their friendships. As a result of this we will ensure that this is given priority within individual support plans so that friendships are maintained and developed. The new service model will incorporate the scheduling of regular social events. In addition a "Pick & Mix" approach to activities will be considered so that long term friendships can be maintained and flexibility promoted.

(5) People were concerned that transport may not be available as part of the new service model. Therefore we will work with individuals, offer travel training and the opportunity to use public transport or even walk to their activity, valuing the flexibility and independence this offers. However, some have said they do not wish to use public transport and value the convenience afforded by the Thanet DOS transport. In line with current and future KCC transport policy, transport will be provided within the new service model to those people who are eligible. We will also reconsider the suitability of the vehicles to maximise flexibility of transport within the new service model.

(6) The Thanet DOS building has been a key feature in responses throughout the consultation. It is important that we consider options for the building as a result of this. In terms of it's location the building is situated well in relation to the town centre, but it as its stands the building is very outdated, providing a segregated service and therefore not suitable for future needs. However, there is a possibility with its location to the town centre that the building it could be part of the new service model as one of the selection of local community hubs available. With this in mind the commissioning of a feasibility study to ascertain the viability of this in both capital and revenue would be appropriate in terms of identifying options for future use of the building.

In summary:

(7) Kent County Council's (KCC) modernisation of Day Services for Adults with Learning Disabilities is an integral part of the transformation towards more personalised services reflecting the vision and strategy contained within "Valuing People Now"

(8) Where we have implemented community based services in other parts of the county people with a learning disability have valued the new opportunities, embraced the range of choices and felt part of their local communities.

(9) The advocacy input to all Service Users about the new service model has enabled KCC to be satisfied that increasing the range of community activities is something that all Service Users have requested. However they have also made it clear that change and the need for reassurance is crucial when implementing the new model. A high percentage of individuals have attended Thanet DOS for many years and have expressed concerns about the changes. It is therefore crucial that the new service model will be implemented on a phased basis. The re configured service will be planned carefully with some parallel running of both new and old.

(10) The EK Mencap proposal is not recommended as a way forward as outlined in this report.

(11) The future of the Thanet DOS building has been raised in all of the consultation feedback and because of this we must consider the residual use of the building as a potential Community Hub.

Recommendations

12. (1) Members of the Adult Social Care and Public Health Policy Overview and Scrutiny Committee are asked to:

a) CONSIDER the feedback gained during consultation noting that the revised new service model will be introduced on a phased basis.

b) NOTE that the Cabinet Member for Social Care and Public Health will be asked to APPROVE:

(i) the development of new resources within Thanet to be known as Community Hubs, which when fully developed and used to the satisfaction of service users will eventually lead to the closure of the segregated service currently run in the Thanet DOS building.

(ii) the implementation of the new service model for learning disability day services within the Thanet District, as outlined in this report.

(iii) the commissioning of a feasibility study on the Thanet DOS building and site to ascertain the viability of both capital and revenue investment in terms of using the building as part of the future new service model.

Appendices:

Appendix 1: Thanet Learning Disabilities Day Services – New Service Model
Appendix 2: Detailed responses received throughout the consultation

Background Documents:

- Better Days for people with learning disabilities in Kent.
- Thanet LD Day Services New Service Model Equality Impact Assessment

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Learning Disability Services
New Service Model

Thanet Day Services Consultation
June 2011

Kent County Council

Consultation for changes to Thanet Day Services

1. Why are we consulting?

In 2001, the Government produced a White Paper called 'Valuing People'. Its aim was to improve the lives of people with a learning disability.

In January 2009 "Valuing People Now" was produced. This was a review of the original strategy. It acknowledged the progress that had been achieved but it also stated that what is needed through this new strategy is the transformation of the lives of people with learning disabilities and family carers.

It asked for stronger leadership from local authorities and set out four top priorities:

- Personalisation
- Health
- Daytime/employment
- Housing.

In 2010 Kent County Council (KCC) launched 'Bold Steps for Kent', medium term plan to 2014/15. This sets out Kent's aims to evolve into commissioners of community care services rather than as providers of them. KCC is keen to see the development of sustainable community resources in partnership with the private, voluntary sector and social enterprise. The proposed new service model will assist in fulfilling this desired outcome.

As part of Kent's response to 'Valuing People Now' we set up The Good Day Programme so that we could co-ordinate changes in the way day services are delivered to people with learning disabilities and enable people to lead a more full and meaningful life.

The site where the Thanet Day Opportunities Service is currently based has hosted learning disability day services since 1979.

We know that some people have been going to this service for a long time and many feel comfortable and happy with it.

The building no longer meets the current and future requirements for people with learning disabilities. So we propose that Thanet Day Opportunities Service move off the site altogether and transfer with the existing staff team to community locations instead.

For some time now the Thanet Day Opportunities Service has been working hard with service users to help them become more involved in the community and to offer people the chance to get involved in a wider range of community based activities.

We are starting a consultation programme and want to know what you think of this proposal.

We would like to hear from:

- everybody who uses any of the existing services
- parents and carers
- people who might want to use any of the services in the future
- other service colleagues, health, education and housing
- staff and union representatives
- the general public.

2. Why does the Thanet Day Opportunities Service need to change?

- Since 'Valuing People' and 'Valuing People Now', the staff and service users have been using and getting to know a variety of community groups and activities. This has meant that more and more activities have been taking place in different community locations and people have had a chance to take part in a wider range of things

- A lot of younger people leaving school and their parents want something different and are put off by the style and position of the building. They are choosing other independent day services and supported employment.

This has meant that there are now fewer new people wanting Thanet DOS as their chosen day service. As a result, the number of people using the service has fallen and the building is now too big and empty

- The service relies upon mini buses to get to and from the building, and this makes accessing community activities more difficult. Also it can mean that some people are on the vehicles for over 2 ½ hours a day whilst they travel across the district picking up and dropping off individuals. More suitable transport arrangements are needed for the future to access local services

- The design of the building is old fashioned and despite money being spent on it over the years, there are still lots of it things that need updating and replacing. Given that we want more community based activities and greater flexibility, we do not think that we should spend large amounts of money on the building, as it is no longer what is needed.

3. What will the new service look like?

Outlined below is the proposed new service model. Below this is a summary explaining each element.

Offer people a range of facilities, activities and opportunities in their local community within inclusive settings.

This will be achieved by:

- increasing opportunities to make Direct Payments more available to enable people to design and purchase a personalised service
- identifying through Person Centred Planning any elements of the current service provided by Thanet DOS that has the potential to become a Social Enterprise
- investing in community hubs in order to stimulate the external market to deliver opportunities within the local community
- providing skilled staff to support people to access services within the local community
- negotiating with residential care providers to deliver or purchase a day service as described in the agreed support plan
- moving away from large congregate and segregate building based services.

Increasing opportunities to make Direct Payments more available to enable people to design and purchase a personalised service.

People currently attending the Thanet DOS service will receive a day care review. They will be consulted for their views which will identify, what and how new day services are to be delivered. These services could be purchased from existing and new service providers through personal budgets and individual contracts. Work will need to be undertaken with commissioners and contracting colleagues to commission what people want.

Identifying through Person Centred Planning any elements of the current service provided by Thanet DOS that has the potential to become a social enterprise.

From the outcomes of Person Centred Planning where it has been identified that people want to retain elements of the current service, these will be considered for their potential in becoming a social enterprise. Those assessed to be feasible for social enterprise specifications will be drawn up and the appropriate service provider appointed through competitive tender.

Supported employment will be key in ensuring that, where appropriate, people have support to move into paid employment both within social enterprises and in the mainstream business market. This is essential to ensure a purpose for individuals, therefore offering greater choice and fulfilment. Additional investment in supported employment to accomplish this will be taken into account through the remodelling of the existing in house learning disability staff group.

Investing in community hubs in order to stimulate the external market to deliver opportunities within the local community.

A number of 'community hub' type facilities will be available close to where people live offering shared space for people with a learning disability and a place to meet up during the day. Funding will be provided to enhance or provide accessible shared space within these community buildings and to provide equipment and facilities to meet people's needs, including adult changing facilities.

Providing skilled staff to support people to access services within the local community.

Suitably skilled staff to support people to access services within their local community will be provided through the remodelling of the existing in house learning disability day services staff group. This remodelled staff group will be restructured to reflect the changes required to deliver community based support in place of building based support. The proposed process of identifying and tendering for potential social enterprises and independent sector day care will result in some appropriately skilled staff transferring to an alternative service provider. The remaining staff group roles will be remodelled to provide a community based support type function. Once this is complete the new model of a community support service will be put forward to the external provider market through a second phase of competitive tender.

Negotiating with residential care providers to deliver/ provide or purchase a day service as described in the agreed support plan.

There are a relatively high percentage of people currently accessing Thanet DOS who live in residential care, 38%. Negotiations will take place with individual people and their residential care providers to identify where it is more beneficial for the person to have their residential care provider deliver or purchase day care opportunities as an alternative choice to Thanet DOS.

Moving away from large congregate and segregate building based services.

A number of 'community hub' type facilities will be available close to where people live offering shared space for people with a learning disability and a place to meet up and take part in inclusive activities. Capital funding will be provided through the Good Day Programme Capital Strategy Plan to enhance or provide accessible shared space within these community buildings and to provide equipment and facilities to meet people's needs, including: sensory and therapeutic equipment and adult changing facilities. With these improved modern facilities in place there will no longer be a need for the existing out dated large segregated building currently occupied by Thanet DOS.

We recognise the importance to people of maintaining and developing existing and new friendships. Particular attention will be given to ensure people continue to meet their friends and have opportunities to make new friends.

Some of the community based services will include:

- sport and leisure centres
- colleges and adult education
- community resource centres
- supported employment
- local community groups
- private and voluntary service providers
- social enterprise opportunities.

What it might look like for John:

Hartsdown Leisure Centre

Trinity Community Resource Centre

St Luke's

Thanet College

Meeting with friends

Personal Interests

Private and voluntary service providers

Work opportunities

4. What happens next?

We have planned that this consultation will take four months, as we want to make sure that as many people as possible are included.

There will be a range of ways for people to get involved and tell us what they think, including:

- individual meetings
- information road shows
- a questionnaire that will be available online and at these meetings

This means that your views will be gathered by 27 September 2011 and we will bring all these different responses together in a report that we will be published in November 2011.

5. Questions and answers

Here are some questions we thought you might ask:

Will I still get the same level of service?

- Yes.
  The changes will affect where activities take place and if anything open up more opportunities- we do not aim to reduce the service people receive, instead we aim to make it much more person centred.

Where will the new service be?

- We know where people live and using this information we will look at places that are central, accessible and affordable
- The will also be a central office base.

How will this new service be better?

- Planning the service around your views will ensure that what is provided is wanted and working with you and local community groups will make the service more inclusive

- A new community based service will be more flexible and person centred, as it will make accessing wider opportunities easier and open up more choices.

What will this mean for the staff?

- The service will continue to be provided by the existing staff team, ensuring a good level of service
- The whole team will have access to an office and management support and will continue to have access to a full training programme.

How will the new service promote safety?

- For some time now we have been accessing a variety of community facilities and so have worked in partnership to put successful systems in place, raise awareness and encourage good practice
- Contract and monitoring performance
- Care Management reviews
- Safeguarding vulnerable adults policy and procedures.

How will transport needs be met?

- It is our aim to develop a service that is more accessible and personalised. Your Care Manager will discuss any needs on an individual basis.
- Through Care Management review.

Are these changes being made to save money?

- No
  We aim to use the current budget differently, which means that the budget will be used to support people more flexibly instead of spending it on buildings.
  If any efficiency is achieved through the new service model than this will save money.

If you have further questions or comments there will be opportunities to share these in the following ways:

- consultation meetings and events
- completing the questionnaire
- logging on to the website www.kent.gov.uk/learningdisability
- emailing: GoodDayProgramme@kent.gov.uk

This questionnaire is available in alternative formats and can be provided in a range of languages.

Please contact us on 08458 247 100

Appendix 2 - Detailed responses received through the consultation questionnaire

Question 1

Please tell us what Like and don't like about about the service provided at the Thanet Day Opportunities Service.

Comments	Like	Dislike
Meeting friends	21	
Support from Staff	6	
Everything under one roof	1	
Going out`	1	
Feeling safe	3	
Going out on trips	1	
Reliability	1	
Computer lessons	1	
Budget cuts		1
The Building	23	1
Large groups		1
Noisy crowds		1
Not many things to do		1
Changes	14	10
The activities		

Question 2

Please tell us what you like and don't like about the services provided in the community.

Comments	Like	Dislike
The gallery	9	
Meeting friends	18	
Integrated hubs	1	
Having a laugh	1	
Meeting new people	1	
Swimming	2	
Hartsdown LC	6	4
Staff support	1	
It's all good	1	
Confusing		1
Allotments	25	6
Change		1
Missing friends		3
Safety issues		2
Lack of choice		2
Not suitable		1
Transport issues		1
St Lukes	15	6
Being out and about	11	

Question 3

Please tell us how you think the proposals for a community based service may affect you?

Comments	Number of responses
Don't like the changes	11
Worried about transport	5
Are people going to be safe	4
They are good	1
Will not see friends	3
Less choice	1
Not enough to do	2
Changes are not suitable	1
Uncertainty/confused	7
As long as there is transport all should be fine	1
They will effect me In a good way	10
They make me feel sad	6

Question 4

What worries you about the changes?

Comments	Number of responses
The change	16
It will not work	1
Making new friends	2
Less activities	7
Lack of support	5
Transport	7
Missing friends	4
No enough facilities for people with complex needs	1
May lead to closures	1
Unsuitable venues	1
No worries	15
Being sad	15

Question 5
What could be done to make you feel better about the changes?

Comments	Number of responses
Provide transport	1
Stay at the day centre	8
Variety/try new places	2
More information on the changes	5
Introduce changes slowly	3
Stay with friends	1
Reassurance	50
Hub in centre of town	2
Keep the same staff	1
Different sessions available	3
Alternative services up and running before closing the centre	2

Question 6
Please tick the boxes you are most interested in?

Activities already participated in	Number of responses
Cookery	36
Literacy	19
Sport	30
Horse riding	6
Woodcraft	30
Gardening/Allotment	50
Art/Craft	41
Drama	10
Wellbeing	15
DPG	3
Leathercraft	19
Travel Training	11
Friends	79
Library/Museum	50
Support Groups	9
Qualifications	7
Sensory	12
Advice	3
Work	1
Cycling	22
GOLD	6
Daily Living Skills	28
Rambling	29

Wish list of activities for the future	Number of responses
Cookery	42
Literacy	40
Sport	44
Horse riding	26
Woodcraft	40
Gardening/Allotment	53
Art/Craft	48
Drama	37
Wellbeing	28
DPG	17
Leathercraft	31
Travel Training	19
Friends	79
Library/Museum	58
Support Groups	22
Qualifications	24
Sensory	32
Advice	8
Work	4
Cycling	38
GOLD	6
Daily Living Skills	30
Rambling	42

Question 7

Please tell us if there is anything else you would like to do or you feel is important.
A few people identified:

Golf, cricket, football, going to Age Concern, getting a job, dancing, bowling, shopping, going on holiday.

Question 8

The new modernised service could assist people in getting ready for work.
Please tick the boxes that apply to you.

	Yes	No
Would you like to work	28	41
Would you like to do voluntary work	19	30
Would you be interested in hearing more about supported employment and work	13	37

Question 9 – Direct Payments

Direct Payments	Yes	No
I already have a direct payment	9	22
I would be interested in hearing more about direct payments	13	19

Question 10

If you would like to say anything else or make additional comments about Thanet Day Opportunities Service please write here

'I like doing all the activities I attend'

'Big mistake to close the centre'

'People will not be stimulated and meet their friends'

'There are other ways of saving money'

'I like going to Thanet DOS. I have made friends and enjoy working at the allotment'

.

'It is a lovely place to go'

'Thanet DOS gives me the chance to work while my son gets great support from the staff'

Overall comments seem to echo earlier concerns about the centre closing, concerns around change and changes in staff

By: Head of Democratic Services

To: Adult Social Care and Public Health Policy Overview and Scrutiny Committee – 10 November 2011

Subject: **UPDATE ON SELECT COMMITTEE WORK**

Classification: Unrestricted

Summary: This report updates Members on current and future Select Committee work and invites suggestions for future Select Committee Topic Reviews.

Current Select Committee Review Work

1. The following reviews are underway:-

Dementia - The Select Committee on Dementia, under the Chairmanship of Mrs T Dean, received its first draft report in September. A full report about the work of the Select Committee is presented earlier in the papers for this meeting.

The contacts in Democratic Services for this Select Committee are: Research Officer Sue Frampton (01622 694993) and Democratic Services Officer Christine Singh (01622 694334).

Educational Attainment at Key Stage 2 - The Select Committee, under the Chairmanship of Mr C T Wells, is looking at the reasons for variations in Key Stage 2 performance within Kent Schools, with a focus on schools in areas of deprivation.

During June and July, the Select Committee had briefing sessions from Heads of Service and with officers from those Districts from which schools had been selected for the focus group. Visits to seven Schools were undertaken during October and early November. Work is also being carried out to gather insights from pupils and parents and this is being facilitated by colleagues in the Directorates.

The Committee will meet on 9 November 2011 to discuss feedback from the visits, and will hold final hearings and consider areas for recommendation in late November and early December 2011. It is expected that the report will go to Cabinet in April 2012 and will then be submitted to the next available County Council.
The contacts in Democratic Services for this Select Committee are: Research Officer Pippa Cracknell (01622 694178) and Assistant Democratic Services Manager Denise Fitch (01622 694269).

The Student Journey - The Select Committee, under the Chairmanship of Mr K Smith, has now completed its evidence gathering sessions with key stakeholders,

including representatives from business and education, and from young people. A number of visits were undertaken.

The Committee met on 1 September 2011 to identify areas for possible recommendation. The potential recommendations were met with widespread agreement by the key KCC officers who will be responsible for the implementation of most of them. The Committee will meet on 24 November to formulate its final recommendations before the report is written. It is intended that the Select Committee will submit its final report to the Cabinet in April 2012 and to County Council in May 2012.

The contacts in Democratic Services for this Select Committee are: Research Officer Gaetano Romagnuolo (01622 694292) and Democratic Services Officer Theresa Grayell (01622 694277).

Suggestions for future Select Committee work

2. A review on Domestic Abuse has been suggested by the Customer and Communities POSC (meeting as the Crime and Disorder Committee, in July 2011). This review cuts across several portfolios; adult services and public health, communities and specialist children's services. A formal proposal was welcomed and approved by the Scrutiny Board on 2 November. The review will commence in the New Year.

3. If Members have any suggestions of topics they would like to put forward for consideration for inclusion in the future topic review work programme, they should contact the Democratic Services Officer for this POSC.

Recommendation:-

4. Members are asked to note the review work currently coming to fruition, and future work soon to commence, and advise the Democratic Services Officer of any topics which they would like to put forward for consideration for inclusion in the future Select Committee Topic Review Work Programme.

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Background Information: *Nil*