ADULT SOCIAL CARE AND HEALTH CABINET COMMITTEE

Friday, 2nd May, 2014

10.00 am

Darent Room, Sessions House, County Hall, Maidstone

AGENDA

ADULT SOCIAL CARE AND HEALTH CABINET COMMITTEE

Friday, 2 May 2014 at 10.00 am
Darent Room, Sessions House, County Hall, Maidstone

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

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

Membership (13)

Conservative (8):	Mrs A D Allen, Mr A H T Bowles, Mr R E Brookbank, Mrs P T Cole, Mrs V J Dagger, Mr G Lymer, Mr P J Oakford and Mr C P Smith
UKIP (2)	Mr H Birkby and Mr A D Crowther
Labour (2)	Mrs P Brivio and Mr T A Maddison
Liberal Democrat (1):	Mr S J G Koowaree

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

A - Committee Business

1 Introduction/Webcast announcement

2 Apologies and Substitutes

To receive apologies for absence and notification of any substitutes present

3 Election of Chairman

4 Election of Vice-Chairman

5 Declarations of Interest by Members in items on the Agenda

To receive any declarations of interest made by Members in relation to any matter on the agenda. Members are reminded to specify the agenda item number to which it refers and the nature of the interest being declared

6 Minutes of the final meeting of the former Social Care and Public Health Cabinet Committee, held on 16 January 2014 (Pages 7 - 18)

To note the minutes. These will be signed off by the last Chairman of the Committee to which they relate.

7 Meeting dates for the remainder of 2014

To note the dates reserved for this Committee's meetings for the remainder of 2014, as follows:-

Friday 11 July
Friday 26 September
Thursday 4 December

All meetings will commence at 10.00 am at County Hall, Maidstone.

8 Verbal Updates by the Cabinet Member and Directors (Pages 19 - 20)

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

B - Key or Significant Cabinet/Cabinet Member Decision(s) for Recommendation or Endorsement

1 Outcome of formal consultation on the closure/variation of service of Dover Learning Disability Service (14/00010) (Pages 21 - 56)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director for Social Care, Health and Wellbeing and to consider and either endorse or make recommendations to the Cabinet Member.

2 Alcohol Strategy for Kent, 2014 - 2016 (13/00094) (Pages 57 - 94)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Acting Director of Public Health and to consider and either endorse or make recommendations to the Cabinet Member on the proposed decision to approve the Alcohol Strategy.

3 Adult Healthy Weight Review (14/00011) (Pages 95 - 104)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Acting Director of Public Health on a review of healthy weight services, and to agree to commission a universal (tier 1 and tier 2) adult healthy weight service for Kent. A further report will be made in December 2014, at which the Committee will have the opportunity to consider and either endorse or make recommendations to the Cabinet Member on the proposed decision to award a contract.

4 Tendering for Community Sexual Health Services (14/00048) (Pages 105 - 110)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Acting Director of Public Health and to consider and either endorse or make recommendations to the Cabinet Member on the proposed award of contract.

C - Other items for comment/recommendation to the Leader/Cabinet Member/Cabinet or officers

1 New Legal Framework for Adult Social Care (Pages 111 - 118)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director for Social Care, Health and Wellbeing on a

single, consolidated modern law, which marks the biggest change to care and support law in England since 1948.

2 Adult Social Care Transformation and Efficiency Partner update (Pages 119 - 122)

To receive an update report from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director for Social Care, Health and Wellbeing.

D - Monitoring of Performance

1 Draft 2014-15 Social Care, Health and Wellbeing Directorate Business Plan (Strategic Priority Statement) (Pages 123 - 160)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director for Social Care, Health and Wellbeing on the draft business plan for the new Social Care, Health and Wellbeing Directorate.

2 Adult Social Care Performance Dashboard for February 2014 (Pages 161 - 176)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director for Social Care, Health and Wellbeing outlining the performance against key indicators in February 2014.

3 Public Health Performance - Adults (Pages 177 - 186)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Acting Director of Public Health, giving an overview of the public health key performance indicators in 2013/2014 which relate to adults.

E - FOR INFORMATION ONLY - Key or significant Cabinet Member Decisions taken under the Urgency Procedures

Members are asked to note that the following decisions were taken under the urgency procedures as the decisions could not reasonably be deferred to the next scheduled meeting of the Adult Social Care and Health Cabinet Committee. The Chairman and group spokesmen of the Adult Social Care and Health Cabinet Committee and the Scrutiny Committee were consulted prior to the decision being made in accordance with the urgency procedures set out in paragraph 7.18 of Appendix 4 Part 7 of the Council's Constitution and any views expressed were taken into account by the Cabinet Member when making this decision.

E1 Reports of Decisions taken outside the Cabinet Committee meeting cycle, for Members' information: (Pages 187 - 204)

To note decisions which have been taken since the final meeting of the former Social Care and Public Health Cabinet Committee on 16 January 2014:

14/0009 – Home Care contract award
14/00025 – Contract Extension for Maidstone and Tunbridge Wells NHS Trust
14/00026 - Contract Extension for Kent Community Health Trust
14/00030 – Review of Rates Payable and Charges Levied for Adult Services
14/00031 – Thomas Place nomination agreement
14/00032 – Wylie Court nomination agreement
14/00033 – Swanley Learning Disability Day Service

Motion to Exclude the Press and Public for Exempt Items of Business

That, under Section 100A of the Local Government Act 1972, the press and public be excluded from the meeting for the following business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A of the Act.

EXEMPT ITEMS

EXEMPT ITEMS

F1 Tendering for Community Sexual Health Services (Appendix to item B4 - 14/00048) (Pages 205 - 208)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Acting Director of Public Health on the organisations which have passed an initial questionnaire stage and been invited to tender for the provision of community sexual health services.

Peter Sass
Head of Democratic Services
(01622) 694002

Thursday, 24 April 2014

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

KENT COUNTY COUNCIL

SOCIAL CARE AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Social Care and Public Health Cabinet Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Thursday, 16 January 2014.

PRESENT: Mr C P Smith (Chairman), Mr G Lymer (Vice-Chairman), Mrs A D Allen, Miss S J Carey (Substitute for Mr A H T Bowles), Mrs P T Cole, Ms C J Cribbon, Mrs V J Dagger, Mrs M Elenor, Mrs S Howes, Mr M J Northey (Substitute for Mr R E Brookbank) and Mr P J Oakford

ALSO PRESENT: Mr G K Gibbens and Mrs J Whittle

IN ATTENDANCE: Mr M Lobban (Director of Strategic Commissioning), Ms M Peachey (Kent Director Of Public Health), Ms M MacNeil (Director, Specialist Children's Services), Mr A Scott-Clark (Director of Public Health Improvement), Ms P Southern (Director of Learning Disability and Mental Health) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

63. Minutes of the Meeting of this Committee held on 5 December 2013
(Item A4)

RESOVED that the minutes of the meeting held on 5 December 2014 are correctly recorded and they be signed by the Chairman. There were no matters arising.

64. Minutes of the Meeting of the Corporate Parenting Panel held on 25 October 2013, for information
(Item A5)

RESOLVED that these be noted.

65. Oral Updates by Cabinet Member and Director
(Item B1)

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

Record of thanks to all Adult Social Care staff their help to vulnerable people during the recent floods, despite being flooded themselves – Mr Lobban would write to staff on behalf of Mr Gibbens and the Committee to express their thanks.

Attended All Our Futures - Delivering Integrated Health and Care South East Councils Workshop on 11 December - this addressed vital work which needed to be done to prepare for an ageing population.

Families and Social Care Briefing for Members taking place on 28 January at 2pm in Swale Rooms, Sessions House – invitations would be sent to all Members of this Committee.

Robert Brookbank is the new KCC Mental Health Champion

Attending 'Time to Change' Event on 6 February at Live it Well Centre, Tonbridge – the aim of 'Time to Change' campaign was to reduce stigma related to mental health conditions.

Update on Adult Social Care Transformation paper at Cabinet on 22 January 2014 *– a regular six-monthly report on Transformation would be presented to the May meeting of this Committee*.

2. Mr Lobban then gave an oral update on the following issues:-

Health Pioneer bid update/Better Care Fund (previously called the Integration Transformation Fund) – a pooled budget of £100million from existing funding sources had been set aside for this. Some would come direct to Adult Social Care and some via clinical commissioning groups. Rules had been set at a national level to govern how the money was spent. Expected outcomes were a move to 7-day services, better data sharing and care planning by an identified, accountable care professional, and shifting funding from the acute sector to the community. Reports on this issue would go to the Kent Health and Wellbeing Board in February and March and would include a 2-year plan. The Better Care plan would be required to be submitted to NHS England on 4 April for approval.

3. Mr Lobban responded to comments and questions from Members, as follows:-

a) plans for the spending of Better Care funding would need to be agreed countywide and at a federated level in each area. The main areas of focus would be on preventing hospital admissions and reducing delayed discharge;

b) better data sharing was a challenging long-term goal, due to the diverse and complex nature of the NHS and issues around the governance of information. The Kent Health and Wellbeing Board would lead on this issue; and

c) the accommodation solutions team in the Families and Social Care directorate makes all possible efforts to offer practical support to any care home experiencing problems such as a loss of power during the recent floods or severe weather, whether or not the home was run by the County Council.

4. The oral updates were noted.

66. 13/00074 - Outcome of the formal consultation on the closure of Doubleday Lodge registered care home, Sittingbourne
(Item B2)

Ms C Holden, Head of Strategic Commissioning (Accommodation), was in attendance for this item.

1. Mr Lobban and Ms Holden introduced the report and set out the rationale for the proposed closure (persistently low occupancy rate leading to a high unit cost, and the fact that better value for public money could be achieved by purchasing equivalent services from the independent sector) and the consultation process which had led to the current proposal. Most people who had responded to the consultation had expressed concern about the reduced availability of respite care in the area, if the closure of Doubleday Lodge were to go ahead. Ms Holden explained that there would be some respite care provision at a new extra care sheltered housing scheme in Milton Regis, due to open in September 2014, and that there were two other County Council care homes in the area potentially able to offer respite care places. Occupancy of Doubleday Lodge had fallen recently, which, in part could be because of the proposal and local belief that it had closed. She reassured Members that the staff affected by the closure, and their unions, had been fully briefed. If the closure were agreed, the closure process would start from February 2014 and the home would close finally in September 2014.

2. Mr Lobban and Ms Holden responded to comments and questions from Members and the following points were highlighted:-

a) each member of staff affected by the closure would have their future employment options individually assessed, so a decision could be made about where best to redeploy them, if possible, to make optimum use of their skills and minimise the number of posts lost; and

b) concern was expressed that County Council respite care places could be difficult to find, if a client's needs were not sufficiently acute for them to be admitted to hospital, and the loss of more places would surely only exacerbate this. Mr Lobban explained that Kent's short-term bed care provision was in the region of 700, above the national average, although the location and accessibility of these beds would need to be assessed so that optimal benefit can be gained from them. There were two types of respite care provision; 'emergency', for people being discharged from hospital, and 'planned', for example to allow a carer to take a holiday. The aim of the County Council's accommodation strategy was to look at new ways of commissioning all types of service, including respite and other short-term care.

3. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to close Doubleday Lodge care home in Sittingbourne, after taking into account the views expressed by the Cabinet Committee, be endorsed.

67. Oral Updates by Cabinet Member and Director
(Item C1)

1. Mrs Whittle gave an oral update on the following issues:-

The DfE's announcement of out of area placements for children in care – regulations would now prohibit any placement at a distance from a child's home where there was not a good reason for the distance (for example, a need for specialised care not available anywhere nearer), and would make the placing authority more accountable for where they place children. This announcement was

welcomed as the County Council had campaigned for some time to reduce distant placements. The new rules would take a little time to take effect as they would not alter existing placements, but would affect independent fostering agencies in Kent, which took many children from London Boroughs.

The new regulations also required more information to be made available to the public on the quality of homes in which children were placed. However, this raised safeguarding concerns about the locations of children's homes becoming more widely known, and by whom. The location of homes should be known only to those professionals who need the information, such as the Police.

Funding for Staying Put - £400million had been made available to support young people in care who wished to stay with their foster families beyond the age of 18. There would be changes in benefits eligibility and arrangements for the payment of these benefits would change.

The DfE's announcement of a further £50million investment in adopter recruitment – this was very welcome and supported the County Council's drive to increase its adopter recruitment and address adopters' skills, for example, to increase the number of adopters able to support children with special needs. Prospective adopters would be able to see a map indicating the adoption record of local authorities before they committed to become adopters. Mrs Whittle referred to the increase in successful adoptions since 2010 (from a total of 60 in 2010 to an expected130 in the first three months of 2014). She placed on record her thanks to Coram and the Adoption Support Team for all their work in improving the County Council's Adoption service.

2. Mrs Whittle responded to comments and questions from Members, as follows:-

   a) although the restriction on unnecessarily distant placements was welcomed, some young people needed to be placed away from their home area for their own safety or to escape disruptive and negative influences. A risk assessment would need to be undertaken by the placing authority before making a placement;

   b) concern was expressed about the location of children's homes in relation to rehabilitation centres housing ex-prisoners, and the difficulties of having no overview of the location of each. Mrs Whittle responded that no children's home would be opened near such a known a facility, but it was possible that a bail hostel might since have opened in the area. What would help was to specify that one facility would not be allowed to open within a specified distance of the other type of facility.

3. Mr Lobban then gave an oral update on the following issues:-

The Improvement Notice had been lifted on 12 December.

4. The oral updates were noted.

68. Transition from Children's to Adult Social Care Services
(Item C2)

Mr P Segurola, Assistant Area Director, Specialist Children's Services, and Mr A Mort, Quality/Policy Manager, Families and Social Care, were in attendance for this item, with Ms Southern.

1. Ms Southern introduced the report and a series of slides which featured the views of young people on transition issues. The aim of the slides was to illustrate the content of the written report. She explained that transition from children's to adults' services involved complex issues and many linked professionals. Good communication and forward planning were vital to ensure that young people with complex issues had as smooth a transition as possible. Mr Mort referred to changes in legislation which would be coming soon and for which the County Council would need to be prepared. These included the Children and Families Bill (2013), which would replace statements of special education needs with education, health and care assessments, and the Care Bill (2013/2014) which also had transition elements. Ms Southern added that the multi-disciplinary Transition Forum would provide a good platform from which to address the legislative changes. Issues around transition in mental health services would be covered in a separate report to a later meeting of this Committee. Ms Southern, Mr Segurola and Mr Mort responded to comments and questions from Members and the following points were highlighted:-

a) for young people with special educational needs, transition was often a last minute thought;

b) Connexions were involved in developing Transition protocols for young people with disabilities although their link in to this was via the Education, Learning and Skills rather than the Families and Social Care directorate. Young people wishing to access this service are signposted to it via their school. Mr Segurola added that Members would be most welcome to become involved in workshops looking at this issue; and

c) the arrangements for transition, which were developed from the viewpoint of the child, and would take young people up to the age of 25, were welcomed, but concern was expressed that some young people might not realise that they might not necessarily meet the criteria for adult services. Mr Segurola explained that Education, Learning and Skills directorate was developing a pathway to help and support young people who were not eligible and/or who were unsure of their eligibility.

2. Mr Gibbens said that the need to improve transition had been a concern for him since he had taken over the portfolio, and had also been regularly highlighted by South East Councils for Adult Social Care and at care conferences as an issue needing attention. More disabled young people were now living to adulthood and needed to take up adult services, which was welcomed but brought a challenge, and too many young people still fell through the net. He reminded Members that he co-chaired the Community Partnership Board for young people with learning disabilities, at which professionals and representatives from local authorities came together to address key issues. The message about young people's needs which came via this Group was that three key things were most important – young people with learning disabilities wanted to have a job and a home and to spend time with their friends, and sought to have the same opportunities as any other young people. He undertook to

ensure that the Cabinet and the Cabinet Committee would receive a report on the transition needs of vulnerable young people.

3. Mrs Whittle supported the points made by Mr Gibbens and added that, at meetings with young people and their parents which she had attended, she had experienced first-hand the fear and worry they faced about their future and the struggle they had to access services. The Children and Families Bill would provide the opportunity to ensure that the local offer would meet a child's needs, and to raise families' awareness of their entitlement to benefits and support. She placed on record her thanks to Sue Dunn in the Education, Learning and Skills directorate for her work in supporting a young man into an apprenticeship.

4. RESOLVED that:-

a) the content of the report be noted;

b) the planned action plan for the Transition Steering Group be agreed, in particular:-

i) research and analysis to explore the strengths and weaknesses of different configurations of transition services;

ii) further work regarding adult social care services providing the care leaver support to disabled care leavers who met eligibility criteria for adult social care services;

iii) monitoring and review of the progress of a pilot project to streamline Direct Payments for young people going through transition; and

iv) preparation for the expected changes in the Children and Families Bill (2013), and their implications for transition arrangements in Kent;

c) planned workshops relating to mental health services for young people, to address pathway plans and the commissioning of services, including transition arrangements, be noted; and

d) a further report be made to this Committee in 12 months' time to update progress on transition work.

69. Oral Updates by Cabinet Member and Director
(Item D1)

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

Annual Public Health Conference 2014 taking place on 4 February – this would be run by the Local Government Association and would take place in Birmingham. Any Member who wished to attend would be welcome.

2. Ms Peachey then gave an oral update on the following issues:-

Visit to School Nursing Service, Isle of Sheppey – this service was run by an excellent team from Medway Hospital. Height and weight checks were handled sensitively, with each child's details being recorded confidentially. Ms Peachey asked Members of the Committee to let her know of their experiences of the school nursing service in their local areas.

New policy guidance on pandemic flu planning – local authorities now have a new responsibility for this area and had new guidance from NHS England, a strategic plan and a detailed plan, which had been built on lessons learnt from previous pandemics. Public Health will work with Emergency Planning and other partners and the County Council would need to consider how the guidance could be applied in Kent.

Visit to Canterbury Academy to discuss physical activity – a productive discussion had taken place about how schools could help pupils maintain a healthy weight. The Early Years centre at the Academy offered parents support and advice, and multi-agency work would make the best of all partners' skills.

Release of child obesity statistics – the number of obese children in Kent had plateaued while the number in the UK had fallen, so work was needed to reduce the Kent figure.

3. The oral updates were noted.

70. Findings of the Review of School Nursing in Kent
(Item D2)

Ms J Tonkin, Public Health Specialist – Child Health, was in attendance for this item.

1. Ms Tonkin introduced the report and summarised the findings of the review. Key points were:-

- there were currently 56 school nursing staff in Kent, of which 27 were qualified school nurses
- the school nurse service offer was not consistent across Kent, due in part to historic differences in commissioning arrangements
- there was a link between the health visitor service and the school nursing service in primary schools but no such link between primary and secondary schools
- Head Teachers were often not aware of the school nursing service and what it could offer
- Many parents and pupils were not aware of the school nursing service and what it could offer

Ms Peachey added that the report set out initial findings only and there was much discussion still to be had about how to tackle the issues arising. The most urgent need was to establish a long-term plan of how the commissioning of the service could be improved in the future.

2. Ms Tonkin and Ms Peachey responded to comments and questions from Members and the following points were highlighted:-

a) parents needed help to identify their school nurse. In the USA, parents tended to know their school nurse and be happy to take advice from

them. There were so few school nurses that people did not know them, but once numbers increased, this awareness should improve. Ms Peachey explained that the number of school nurses in West Kent was being increased to bring it into line with East Kent. The suggestion was that each cluster of schools could have a school nurse, but it was difficult to attract recruits to the school nursing service;

b) school nursing was part of the preventative medicine agenda and had a vital role in identifying issues such as obesity, anorexia and domestic abuse; and

c) some schools had funded their own school nurse post as they did not realise that a central school nursing resource was available. Independently-employed school nurses were not part of the network via which they could access centrally-organised standard training and benefit from links with organisations such as the Kent Integrated Adolescent Support Service. The proportion of pupil grant money currently directed towards employing a school nurse could be used for something else.

3. The Cabinet Member, Mrs Whittle, added that she had visited special schools and witnessed that staff were sometimes expected to administer medication to children with life-limiting conditions. It was important to be clear about what staff were expected to deliver and what should properly be the role of a school nurse. Liability for administering medication should not be with staff, and the County Council should be proactive in influencing the change necessary to address this.

4. Mrs A D Allen proposed and Mr G Lymer seconded that the wording of paragraph 4.8 of the report, which set out the future actions which the Committee was being asked to endorse, be amended to read 'Work be undertaken with commissioners and Special School Head Teachers regarding the role of Community and Paediatric Nurses in the delivery of Public Health functions in Special Schools'. This met with general support and was

Agreed without a vote

5. RESOLVED that the findings of the review of school nursing in Kent and the short-term recommendations, namely:-
   - a School Nurse resource be immediately identified to support the health of young offenders;
   - work be undertaken with commissioners and special school Head Teachers regarding the role of Community and Paediatric Nurses in the delivery of Public Health functions in Special Schools; and
   - a new model for School Health, incorporating the School Nursing function and integrated with other children and young people's services, which would be universal but also provide more targeted delivery, be developed and consulted upon with a view to full implementation in 2014-2015

   be endorsed

71. Update on addressing Health Inequalities in Kent
(Item D3)

Mrs M Varshney, Consultant in Public Health, was in attendance for this item.

1. Mrs Varshney introduced the report and reminded Members that the action plan for addressing health inequalities followed on from a report to the Committee on 'Mind the Gap' in March 2013. Mrs Varshney, Mr Scott-Clark and Ms Peachey responded to comments and questions from Members and the following points were highlighted:-

a) the action plan's focus on outcomes was welcomed by Members;

b) the percentage reduction in the number of smokers would need to be increased and the rate of cessation speeded up, as only 9,000 out of a total of more than 246,000 smokers gave up last year. Mr Scott-Clark explained that there were two ways of measuring smoking cessation: the number of smokers and the prevalence of smoking. The 9,000 total quoted in the report referred to those who had given up as part of the County Council's smoking cessation campaign, but to this should be added the many people who stopped on their own. Measuring the prevalence of smoking would cover all those who had stopped smoking. The Public Health campaign was moving towards harm reduction and tobacco control through a long-term programme which encouraged smokers onto Nicotine Replacement Therapy as a step-down measure;

c) in response to a question, Mr Scott-Clark explained that, as e.cigarettes were unregulated, there was no reliable information on their safety and effectiveness. The e.cigarette market was growing rapidly, and the European Union and the Medicines Regulation Authority in the UK was currently seeking to licence them. The County Council could only support the use of licensed, recognised products as part of its smoking cessation campaign, so did not currently recognise e.cigarettes as a valid option;

d) the 'emerging themes' for most Kent districts included reducing obesity, but many families, especially those on low incomes, would experience problems in finding and affording healthy foods. What would help was more lobbying of supermarkets to persuade them to promote foods lower in sugar and fat. Ms Peachey explained that the National Institute of Clinical Excellence had produced good public guidance about identifying and choosing healthy foods and supplementing dietary changes with physical exercise. However, factors such as the loss of many school playing fields in recent years did not support increased physical exercise. Some London Boroughs had restricted takeaway outlets near school premises. Under the new national Public Health Responsibility Deal, Public Health authorities had scope to work with the food industry, as they had in the past with off-licences to address under-age sales of alcohol and cigarettes. Mrs Varshney added that the national Responsibility Deal was supplemented by local programmes with businesses wishing to encourage healthy weight among their staff. The Public Health directorate was also working with spatial planners to address aspects of town planning relating to the physical environment, such as the provision of open spaces, to encourage walking and physical activity;

e) in response to a question about trends around young people starting to smoke, and the contribution of recent immigrants to the number of smokers in Kent, Mr Scott-Clark said that the number of young men starting to smoke was falling while the number of young women starting to smoke was rising. The Public Health directorate was working with schools to dissuade young people from starting. Ms Peachey added that a survey of 45,000 school children by the National Foundation for Education Research, undertaken 3 years ago, had measured young people's attitudes to, and patterns of, smoking. It would be useful to repeat the survey to see if either of these had since changed;

f) resurrecting the teaching of domestic science in school would teach children about nutrition and how to budget for and prepare healthy meals. Mr Scott-Clark agreed that this would be useful and said this would be included, with the school nursing review, as part of improving the overall school care environment.

2. The Cabinet Member, Mr Gibbens, added that addressing health inequalities was the largest single area of activity for the Public Health directorate and something on which he, as Cabinet Member, would expect to be held to account by the Cabinet Committee. He said that health inequalities were widening as many people lived longer, and varied across Kent. Smoking cessation was particularly important as it affected other areas of health inequality. He proposed adding childhood obesity to the list of indicators in paragraph 7.2 of the report and this found general support from the Committee.

3. RESOLVED that:-

a) the delivery of the health inequalities (Mind the Gap) action plan across Kent, particularly in the areas of high mortality rates, be supported;

b) the principle of an increased pace when working with local schools to promote physical activity, promoting programmes to reduce harm from smoking and encouraging uptake of NHS Health Checks, be endorsed; and

c) a progress report be presented to this Committee in 12 months' time on the indicators mentioned under section 7.2 of the report, including the addition of a new indicator of childhood obesity, as agreed above.

72. Kent and Medway Safeguarding Vulnerable Adults Annual Report, April 2012 - March 2013
(Item E1)

Ms K Stephens, Senior Safeguarding Planning Officer, was in attendance for this item.

1. Mr Lobban introduced the report and reminded Members that the safeguarding of vulnerable people was everyone's business. He pointed out that an increase in safeguarding alerts nationally was an indicator of increased awareness and willingness to report concerns, and that media coverage of the issue had contributed to greater public awareness.

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

73. Kent County Council's Local Account for Adult Social Care for 2013 - 14
(Item E2)

Mrs S Abbott, Head of Performance and Information Management, was in attendance for this item.

1. Mrs Abbott introduced the report and set out the public consultation process which would guide the development of the Local Account document. A number of engagement events would be held and this Committee would have a chance to comment on the final draft before its publication in July.

2. RESOLVED that the progress in the development of the 2013/14 Local Account be noted and welcomed.

74. Budget Consultation and Provisional Local Government Finance Settlement
(Item F1)

1. Mr Shipton introduced the report. He said the Draft Budget had been published on 14 January and reminded the Committee that it was being asked to consider the consultation feedback and provisional Local Government finance settlement.

2. He said the consultation had been successful, with over 3,000 responses to the online '2 minutes, 2 questions' exercise and 487 responses to the online budget tool. He said this was the best ever response to a consultation on the budget. The responses to the three elements of the market research were consistent and were also consistent with the views of staff.

3. Most respondents had expressed a view that the County Council should look to savings that had to be made through efficiencies and transformation rather than cutting back on existing service provision. Over 70% of respondents also supported a small increase in Council Tax in order to offer some protection from savings on front-line services. The more detailed budget modelling tool identified that those services for the most vulnerable and those in which people had no choice other than to receive support from Council services were the most highly valued and should be protected.

4. He explained that the 2014/15 settlement had been broadly as expected, with technical changes which meant some funds which had previously been allocated during the year had been rolled into the Revenue Support Grant - for example, the amount top-sliced for the New Homes Bonus had been reduced, which increased the Revenue Support Grant but reduced the amount paid as an in-year adjustment.

5. It had been feared that the New Homes Bonus would be removed entirely and transferred into the single Local Growth Fund in 2015/16. However, this would not now be the case and New Homes Bonus would roll out as originally planned. The provisional settlement had also confirmed that the separate grants previously allocated to support Council Tax freezes would be rolled into the Revenue Support

Grant settlement and thus would be safeguarded from being removed in future settlements. The conclusion was that indicative settlements for 2015/16 and 2016/17 looked better than anticipated during the consultation.

6. In addition, the level of funding moving from the NHS to support social care in 2014/15 would be increased and may be in the region of £6 million, but the exact amount had yet to be confirmed.

7. RESOLVED that the provisional settlement and the feedback from consultation be noted.

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

Mr A Ireland, Corporate Director for Social Care, Health and Wellbeing

Mr A Scott-Clark, Acting Director of Public Health

To: Adult Social Care and Health Cabinet Committee – 2 May 2014

Subject: **Verbal Update by the Cabinet Member and Directors**

Classification: Unrestricted

The Committee is invited to note verbal updates on the following issues:-

Adult Social Care

Cabinet Member – Mr G K Gibbens

Key Decisions
1. Home Care Contract Award
2. Proposed revision of rates payable and charges levied for adult services in 2014/15
3. Swanley Learning Disability Day Service

Events
4. 6 February attended Time to Change event at Angel centre in Tonbridge ('Time to Change' pledge)
5. 17 February Kent Older People's Senior Forum at Sessions
6. 11 March attended LGA Health & Social Care Integration in the South East Conference in London

Director of Social Care, Health and Wellbeing – Mr A Ireland

1. Better Care Fund
2. Association of Directors Spring Seminar
3. Independent Living Fund
4. Integration Pioneer

Adult Public Health

Cabinet Member – Mr G K Gibbens

Key Decisions
1. Contract Extension for KCHT Sexual Health Services

2. Contract Extension for Maidstone and Tunbridge Wells NHS Trust Sexual Health Services

Events

1. 4 February attended Annual Public Health Conference in Birmingham
2. 7 February attended HOUSE on the move celebration event at Lenham Community Centre

Acting Director of Public Health – Mr A Scott-Clark

1. Award for Margate Taskforce
2. Antivirals for Influenza

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

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

To: **Adult Social Care & Health Cabinet Committee – 2 May 2014**

Decision No: **14/00010**

Subject: **Outcome of formal consultation on the closure/variation of Service of Dover Learning Disability Day Service**

Classification: **Unrestricted**

Past Pathway of Paper: **DMT on 9th April 2014**

Electoral Division: **Dover**

Summary:

A report on the outcome of formal consultation undertaken at Dover Learning Disability Day Service and seeking Cabinet Member approval to proceed with moving from the existing base at The Walmer Day Centre, Liverpool Road to a more accessible community based service model.

Recommendations:

Adult Social Care & Health Cabinet Committee is asked to:

1. NOTE that following a 14 week period of public consultation, the Cabinet Member for Adult Social Care and Public Health will be asked to give approval to proceed with moving the Dover Learning Disability Day Service from its existing base and to continue the service as a more inclusive, accessible community based service that operates from community hubs.

2. COMMENT on the report and either endorse or make recommendations to the Cabinet Member on the proposed decision.

1. Introduction

This report outlines the views expressed during a 14 week formal consultation regarding Walmer Day Centre where the current Dover District Learning Disability Service is based.

The Consultation focused on the proposal to move the Learning Disability Day Service from its current segregated site to a community based service offering community hub facilities.

The service has been in its current location since 1978 and is attended by a total of 78 service users with an average of 24 people attending on any one day.

The proposed model has already been implemented in other districts by The Good Day Programme and has afforded people with learning disabilities greater access to mainstream activities and enhanced community networks.

2. Financial Implications

2.1 Capital

The Good Day Programme has identified and secured £375K capital to enable the service to obtain dedicated spaces within community hub buildings.

The capital is being invested in a minimum of two multi-use hubs, one sensory multi-use space, one adult changing place, and enhanced accessible features in both community hubs; which will not only open up the service to those with additional physical needs but also enable existing Service Users greater community presence, together giving greater opportunities to the wider community.

It is important to note that Changing Place facilities in public buildings will also benefit other Dover District residents as well as visitors with disabilities.

2.2 Revenue

The 2012/2013 Property Subjective Outturn for the current Walmer Day Centre service building (as supplied by corporate landlord) totalled around £28.8k including rental and utility costs.

It is anticipated revenue costs will be suspended for the potential community hubs for a period of time. The Capital Grant investment will be off-set by a calculated free rental period together with additional benefits to the people attending the service. After the free rental period KCC Corporate Landlord will resume responsibility for the rent.

The facilities management and on-going maintenance of the community hubs will be the responsibility of the landlord. In addition, the landlords of the community hub premises will be able to increase their revenue by renting out the hub spaces to community groups outside of the Learning Disability Service usage.

3. Facing the Challenge: Whole Council Transformation

a) Facing the Challenge: Whole Council Transformation (formally Bold Steps for Kent)

Sets out KCC's response to the increasing financial pressures facing local authorities as public sector austerity continues beyond 2015. 'Facing the Challenge: Delivering Better Outcomes' is the first whole-council transformation plan for KCC and sets out three themes for KCC's transformation:

- putting customers at the heart of what we do, delivering what they need and value most
- bringing services together around customer groups and life stages
- taking a businesslike approach to what we do and the decisions we make with an absolute focus on outcomes
- putting in place a single, consistent and coordinated approach to delivering transformation.

Learning disability transformation is part of the wider Social Care, Health and Wellbeing transformation, the remodelling of Dover Learning Disability Day Service is in line with the overall strategy.

b) Valuing People - March 2001 / Valuing People Now 2009

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.

c) Think Local, Act Personal - Next Steps for Transforming Adult Social Care

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.

The two main focus of reform are:

• A community-based approach for everyone
• Personalisation

d) The Good Day Programme - KCC's strategy for improving days for people with learning disabilities, linking to the five key principles of the programme and the nine programme standards.

4. The Report

4.1 Background

Social Care, Health and Wellbeing Directorate are engaged in a process to modernise the way it carries out its responsibilities in order that the service outcomes for the people of Kent are improved. In 1999 and 2008, Members agreed to a Kent wide strategy (in line with national strategy) to move away from segregated centres for people with a learning disability to a range of services in the community. The Good Day Programme was devised in order to deliver this across Kent and its vision statement 'Better Days for People with Learning Disabilities in Kent' 2008 looks at how individuals can be supported to be part of their local communities and have the same opportunities as others, in employment, education and training, leisure etc.

In line with other districts, Dover Learning Disability Day Service has been working towards community inclusion for a number of years, partnering with a range of local organisations in order to promote opportunity and participation for people with learning disabilities in Dover, Deal and the surrounding area.

The day service is currently based on Liverpool Road, Walmer; a building which is owned by Kent County Council. The site is shared with the Meadowside Short Breaks Unit.
The Meadowside Service is part of a strategic review of all Short Break services.

4.2 Community Capacity

Prior to consultation, The Good Day Programme has already invested Capital in order to ensure new opportunities are accessible and sustainable for not only existing service users, but other members of the community;

- Deal Library - A contribution to a Changing Place
- Dover Leisure Centre – A mobile hoist, mobile changing bench and adaptations in order to provide more accessible changing facilities.
- Training for Leisure Centre staff has been funded in order to support sustainability

The Good Day Programme has already worked with a Focus Group to carryout an extensive programme of informal scoping over a period 11 months to review the programme needs for Dover District and identify community hub opportunities. Members of the group include people accessing the service, family/carers, and staff members.

4.3 Consultation Process and timetable

The purpose of the Dover day service consultation was to:

- Find out from service users and other interested groups what they valued about their existing service.
- Gain people's views on the proposed relocation of the service.
- Explore any suggested developments that might enhance the service.

a) The Variation of Service Procedure was invoked on 29th November 2013. A 14 week consultation period followed, ending on 7th March 2014.

b) Consultation has been extensive, with information and questionnaires cascaded to all relevant groups and individuals with a total of 531 consultation packs distributed. This included people accessing the service, Parent/Carers, Staff, Trade Unions, Advocacy Groups, Local Residents, Community Partners, Integrated Teams, Parish Councillors, Borough Councillors and KCC Members. All consultation information was published on the Kent County Council website.

4.4 Outcome of the Consultation and Issues raised during the Consultation

a) Advocacy services undertook thorough consultation with Service Users, working in a variety of ways; with individuals, as well as group workshops, ensuring that Service

Users not only understood the proposal but have had a very real opportunity to develop their own viewpoint and to express this.

b) Views have been collated in a variety of ways, including adapted questionnaires, flip charts, verbal feedback, communication boards, etc.

c) A Total of 19 completed questionnaires were received from stakeholders (excluding people who access the service)

d) Two information sessions were held at the Dover District Partnership Group

4.5 Service User Feedback

a) Advocacy for All were commissioned to provide independent support to those currently attending the Service. Two advocates worked with Service Users in group and 1:1 sessions to promote understanding and gather feedback.

b) Advocacy worked in an unbiased way, using photographs and drawings to ensure people understand what is being proposed and are able to give their views using a range of communication methods.

c) The people accessing the service told advocacy that they are on the whole feeling positive about the proposed service as long as they continued to take part in the activities they valued, have a place to go which is nearer to where they lived. At present approximately 90% of people access activities outside of the current day centre building.

d) The advocates held 65 1:1 meetings and three information events with people within the service.

Comments included:

". . . lots of places more in the community. It will be good. . ."

"I love being here' 'we might have another place to go' ' I might be alright actually' 'carry on with what we've being doing now' 'don't mind where we go"

"My friends' are important to me rather than the building"

"I have been to Walmer DOS for 37 years' 'I'll be upset when Walmer shuts, I've been here since it opened' Hubs: 'it will be strange at first, will I get used to it? I think I'll like it, will I share the hub with my friends and staff"

"alright' would be happy doing craft and cooking elsewhere. Know Dover Sports Centre, would be happy there"

There are 16 people with complex needs within the Dover Day Service; some of their comments are supported by advocacy with the following:

It would appear to be important to X to have the same staff supporting the activities and meeting friends wherever the service may be. The advocacy worker supported this by mentioning staff names when certain activities were mentioned.

X Needs a changing area, needs full support with all mobility. Position of the hubs would increase his ability to take part in more activities. He has no verbal communication and communicates through behaviour and vocalizations. In Person Centred Plan 'I hope to have a support worker to enable me to access the community more'

Detailed summary of all service user feedback can be found in the Advocacy for All report about Dover Day Services **Appendix 1**

4.6 Family Carers Feedback

a) Of the 51 Parent/Carers invited to take part in the consultation three requested 1:1 meetings.

b) 10 returned completed questionnaires. One parent/family carer submitted a DVD which detailed 'A Day in the Life' of her son.

c) The parent/family carers who requested a meeting, they felt that the move was a good idea in the long term and being in a more central location is a positive step. They also felt transition was very important and must be completed slowly.

d) Mostly the feedback (whether verbal or written) has been positive and constructive, two parent/carers said the Walmer Day Centre should stay open for older people within the service.

The following comments were made:

"I was very impressed with the facilities at this hub and it would be nice to see something similar in Dover. Change is going to happen and we have to be realistic" [Following a visit to the Folkestone Sports Centre where Shepway Learning Disability Day Service has a community hub]

". . . services which was once provided that enhanced health and fitness was yoga and gardening. . . they have been much missed."

"this is amazing, if you can created this in Dover, this would be wonderful" [Following the visit to the Folkestone Sports Centre]

"more outside interests and hobbies of their choice."

". . . if you deliver everything you have said you will and friendships will not be lost and there will be more time for activities it seems sensible."

4.7 Staff Feedback

The staff team have expressed the fact that they see relocation as a positive move and have shown a strong desire to support the people in the service through any future changes. Two staff members have been particularly proactive in identifying community hubs or satellite venues with people in the service.

Staff wanted to ensure the service provides positive outcomes for people with complex needs, and ensuring the hubs had sufficient space to enable these people to get out of their wheelchairs. Also, staff were committed to ensuring activities were reflective of people's person centred plans.

4.8 Wider Feedback

a) Five stakeholder workshops were held to talk through the proposals and support the completion of consultation questionnaires and collating feedback. 22 people attended across the five workshops.

b) Two additional stakeholder workshops were held at Folkestone Sports Centre to support the understanding of the community hub model and to give an opportunity for parent/family carers and other stakeholders to look at an example of a successful community hub. Giving the opportunity to speak to staff and people using the service about the change process and the everyday pattern of the day service within the hub. 15 people attended these visits.

c) Nine local residents attended the workshops, with six returning completed questionnaires. They expressed concerns about the future of the building if the Walmer Centre was closed. They gave extensive details about concerns with drainage in the area.

d) An individual meeting was held with a Dover District Councillor as she had been approached by one parent/family carer. She felt reassured and was impressed with the future proposals for the day service.

5. Legal Implications

a) 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"

b) 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.

6. Equality Impact Assessments

The Equality Impact Assessment (EqIA) for Dover Learning Disability Day Service is in addition to the overarching Good Day Programme EqIA.

a) 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.

b) In line with equality duty and KCC's Equality Impact Assessment Policy, an assessment was carried out for SDS Service Users during the formation stage of the new service model. This impact assessment will be revised again at each stage of the remodelling to ensure it addresses the range of need.

c) Full Adult Changing Facilities will be placed in the new hub to increase accessibility for individuals with a learning disability and the wider community. Designated space will be available to provide an area to maintain privacy and dignity for those requiring additional support.

d) 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. Risk and Business Continuity Management

The majority of the service user's time is spent accessing community activities with the Walmer Centre providing a meeting place. In the event that any of the future community hubs become inaccessible, it is anticipated that service users will be able to continue to access their chosen activities and contingencies will be identified in the Business Continuity Plan.

8. Sustainability and rural proofing implications

a) The new model for future services is based on personalisation, with everyone having choice and control over the shape of their support. Capital investment across the area (in a range of hubs and partnerships) will also provide sustainability for the future. Sharing facilities will ensure better use of the existing revenue, value for money and more personalised support.

b) It is important to note, evidence from "Valuing People Now" and learning disability groups, highlights that a lot of young people leaving school do not want to go to traditional style building based services. In addition we also know that those coming through transition have additional physical disabilities and cannot currently access the Dover day service building.

c) The service already supports individuals from across the Dover and Deal areas and this will continue, with the new service model anticipated to offer greater capacity to those individuals with additional needs.

9. Conclusions

(1) The 14 week consultation has proved beneficial in that it has meant that people with an interest in Dover Learning Disability Day Service have been afforded a sufficient period in which to understand what is being proposed, gather their views and comment through meetings, questionnaires, website and email.

(2) Over this period the service has had the opportunity to address some of the practical issues raised and to make considered plans for the future. Throughout this, individuals have continued to be encouraged to speak up and inform future opportunities.

(3) The number of written responses from carers and other stakeholders has been low but the majority of those that have taken time to feedback have been very positive about the proposal.

(4) Whilst capital is required to make existing and new facilities fit for purpose, this is seen as a worth while longer term investment, as it will;

- Make Dover and Deal town centres accessible to a wider range of individuals
- Future proof Learning Disability Services by providing town centre enhanced facilities and greater choice and opportunity across a wide range of need.

10. Recommendations:

Adult Social Care & Health Cabinet Committee is asked to:

1. NOTE that following a 14 week period of public consultation, the Cabinet Member for Adult Social Care and Public Health will be asked to give approval to proceed with moving the Dover Learning Disability Day Service from its existing base and to continue the service as a more inclusive, accessible community based service that operates from community hubs.

2. COMMENT on the report and either endorse or make recommendations to the Cabinet Member on the proposed decision.

11. Background documents

Appendices: 1 – Easy Read Advocacy Report

2 – Proposed Record of Decision

12. Contact details

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Good Day Programme
Advocacy for All

report about
Dover Day Services

contents

Advocacy for All

Advocacy is when one person helps another person talk about their needs and wishes.

Advocacy for All helps people in **Kent** when they need an **advocate**.

An **advocate** is someone who helps you **speak up** for yourself. They make sure other people **listen** to what you say and respect your **rights**.

Good Day Programme

The **Good Day Programme** is run by **Kent County Council**.

It works with people to help them

- **choose** what to do during the day
- be part of their **community**

Dover Day Service

Dover Day Service offers **activities** for people in **Dover** during the day.

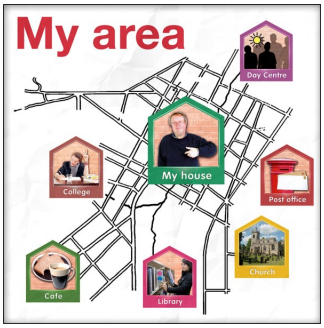
It is based at the **Walmer Day Centre**.

76 people use the service at the moment.

The **Good Day Programme** think it would be good to **close** the **Walmer Day Centre**.

They want to **move Dover Day Service** into **smaller places** in the **community**.

This will mean



- people will **not** need to **travel** so far
- people will be more **part** of their local **community**
- people will have **more choice** about things to do in their **local area**

the consultation

A consultation is when you find out what someone thinks about something.

The **Good Day Programme** wanted to find out what people think about

- closing Walmer Day Centre

- moving Dover Day Service into **smaller places** in the **community**.

They asked **Emma** and **John** from **Advocacy for All** to help.

what happened in the consultation

1. the council had a **meeting** for people who use **Dover Day Service**.
   They gave a **talk** about the **plans**.
   Emma and **John** went to the meeting and **met** some **people** who **use Dover Day Service**

2. **Emma** and **John** ran **workshops** for **people** who **use** the **day service**.
   People **talked** about the **plans** and said what they **think**

3. **Emma** and **John** went to **information events** for **parents** and **carers**.
   Parents and carers **talked** about the **plans** and said what they **think**

4. **Emma** and **John met** people on their own.
   They **talked** more about the **plans**.
   They filled in a **form** saying what they **think**

1st meeting

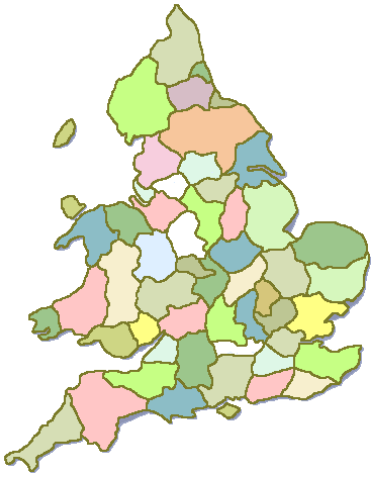
There was a **big meeting** on Thursday 7 November 2013 at **Astor Community Theatre**.

Different people went to the meeting

- members of **Parliament**
- people from **Kent County Council**
- **people** who **use Dover Day Service**
- **parents** and **carers**
- **support workers** and **staff**
- people from **workers' unions**

Councillor Gibbons from Kent County Council talked about the **plans** for **Dover Day Service**.

He said that **Walmer Day Centre** would stay **open** until **all** the **people** were using **new places**.



He said that the **same** sort of **changes** are happening to **day services** all over the **country**.

what people said

There was a chance for people to ask **questions**.

people asked

- what will happen to the **buses**?

- what will happen to the **Walmer Centre building**?

- what will happen to **Meadowside respite**?

- will **people** at **Meadowside** still be able to **use Dover Day Service**?

Emma and **John** arranged to **come back** in December to do **workshops** and **meet** people **on their own**.

8

visit to Walmer Day Centre

Emma and **John** visited **Walmer Day Centre** on **Monday 2 December**.

They **chatted** to the **people** who **use** the **centre** and talked about the **workshops** and **meetings**.

Many people only use the **Walmer Centre** as a **base**. Their **activities** are out in the **community**. People **talked** about the **other places** they go for **activities**.

People were **worried** about the **centre closing**. They **worried** that the **service** would be **ending** too.

what people said

what about cooking? we go to Meadowside kitchen

I like doing art with Becky

are you coming to drop-in?

we do art at the Well. It is very nice there

workshops

Emma and **John** ran **workshops** at **Walmer Day Centre** and **Deal Ability**.

Most people went to **workshops**.

The workshops were in **small groups**, between **6** and **8 people**.

At the workshops people could

- **talk** about the **plans**
- ask **questions** and **find out** more
- get their own **voice** across

Most people **understood** about the **plans**. They were **happy** that their **activities** would **carry on**.

Most people said it would be **good** to have a **place** to go **nearer** to where they **live**. They want to go to **places** that are **new**.

Some people were **still upset** about the **Walmer Centre closing**. They have been going there for a **long time**.

People talked about the **activities** they do.

They said what **places** they go to and what they **like doing**.

Most people do **activities outside** the day centre. They said there is a **good range** of things to do.

Lots of people **like** the **staff** who help with the activities. They are **worried** that **staff** might **change**.

what people said

lots of places more in the community. it will be good.

it is really sad

I would like to give it a go there [Dover Sports Centre]

I'm not sure how I feel about it

I don't want the Centre to close

Like mixing with everyone here at the Centre

Yeah, that would be all right. I'd try that

[moving to the community]

Be okay. What about here? [Deal Ability] Can play pool

information events

John went to **3 information workshops** that were for **everyone**.

He talked to some **parents** and **carers** about the **consultation**.

John and **Emma** went to **2 information events** at **Shepway Sports Centre**.

The events showed people how the **local day service** already **use** a **community building**.

The **first event** was for **professionals**.

The **second event** was for **parents** and **carers**.

Some **parents** and **carers** gave **John** and **Emma** extra **information** about the **people** who **use Dover Day Service**.

1 to 1 meetings

John and **Emma** had **1 to 1 meetings** with **65 people** who **use Dover Day Service**.

John and **Emma talked** to people about the **changes** and found out what they **think**.

Some people had **complex needs**. This means that they had different **disabilities** and **health problems**.

John and **Emma** worked with day centre **staff** and used things like **DVDs** and **person centred plans**.

This **helped** them **communicate** with people with **complex needs**.

They **helped** people fill in the **form**.

There is a **big sheet** with everybody's **answers** on it.

Some of their **answers** are on **pages 14 to 21**.

questions and answers

1. what do you like about Dover Day Service?
What do you not like about it?

Most people **like** the **activities** they do. Some people are waiting to **try out new activities**.

Favourite activities are:

- **cooking** at Meadowside
- **art**
- the **White Mill gardening** project
- **Riverside** Age Concern drop-in
- **Deal Ability** drop-in
- **Monkton** nature reserve
- going for **lunch** or **tea**
- other **activities** in the **community**

Like coming here, socialising

I love it here

I like it

Prefer to be on my own, in my own room

2. What do you like about services in Dover?
What do you not like about them?

Most people like **community activities**, like **art group** and **healthy lifestyles** group at the **Well**.

Lots of people said there are **lots** of things **to do**.

They said they feel **part** of the **community**.

They use **community services** like the **bus** for getting to the **library**.

They like activities like the **nature group** and **litter picking**. This is doing something for the **community**.

Like reading books

Best day is Wednesday [Deal Ability and the pub]

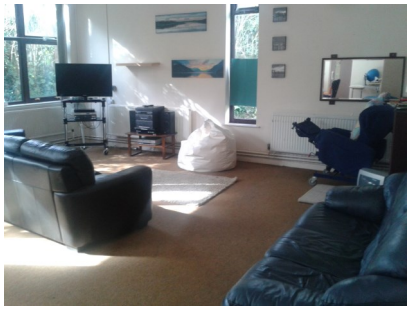
Like looking round at shops

Bowling fun with my friends

3. Will the changes make a difference to you?

Most people said they feel **all right** about having the **day service** in the **community**.

Some people said they will find the **change sad** and **difficult**.



1 person said she **likes** it when **other people go out** and the **Walmer Centre** is **quiet**.

She said she would **miss karaoke** at the **Walmer Centre**.

I was here when it first opened. I'd be really upset

All right when move to the new place in Dover

I'm always out - that's all right

I have been to Walmer for 37 years. It will be strange at first, will I get used to it?

4. are you worried about the changes?

Only a **few people** are **worried** about the changes.

People are **worried** about **missing friends** or **staff**.

Friends and **staff** might end up going to **different local places** in the **community** if they do **not live near** each other.

Some people are **worried** because they do **not know when** the **Walmer Centre** will **close**.

One person is **worried** about using a **wheelchair** in the new community places.

do you know when it will shut? I like being with my friends

will we eventually have to get public transport to get to the hubs? Because I would find that a job

Happy to see how things go

I'll miss my friends

we'll all still have the same staff just a different building

5. what would make you feel happy about the changes?

There were lots of **different answers** to this question.
Some people did **not answer** it at all.

People said **these things** would make them **feel better**

- carrying on seeing **old friends**
- seeing what has happened in **other areas**
- the **staff** staying the **same**

Some people and **some parents** and **carers** said they would **feel better** if they could **visit** the new **community places** and be **involved** in the **changes**.

I wouldn't be worried then. I'd be happy [if staff stay the same]

I didn't know Dover Sports Centre was going to be like that with the same staff

I would like to know if I can try at the Sports Centre things like hockey, football, keep fit, trampolining, swimming. I do these already with Jenny and Jo here

6. what activities do you like?

Most of the **activities** people **like** are in the **community**.

People also like **cooking** and **art**.
These are at the **Walmer Centre**.

You can see **all the answers** on the **big sheet**.

7. Is there anything else you think is important?

People talked about **keeping things** the **same** as much as possible.

I would like it to change, but I like it here too

Like seeing my friends

I really like the Centre. The singing is fun. Sad that is closing

Having loads of friends coming in here

I am quite happy

Like socialising at break times, playing pool

I like the staff and seeing my friends. I would like to come here more

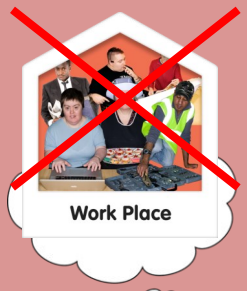
8. Would you like to work?

Some of the people who use Dover Day Service **already** have a **job**.
Some would **like** to have a **job**.

You can see **all the answers** on the **big sheet**.

I do not want to work

31 people



I want to work

15 people

9. Do you get a Direct Payment? Would you like to get a Direct Payment?

Most people did **not know** if they get a **Direct Payment** or not.

10. Do you have any other ideas for Dover Day Service?

Most people said they have **everything** they **want**.
A **few** people said what their **ideas** are.

Meeting up with my friends is really important

Deal swimming pool as a hub?

I like food. I would like to go out for food more

Would be good if the allotments started up again

main points

People who use **Dover Day Service** have **said** what they **think** about the **day service** and the **changes**.

They have had their say

- in **workshops**

  The **workshops** helped people **talk** about the **changes together**.

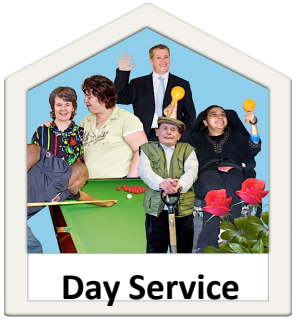
- in **1 to 1 meetings** with **Emma** and **John**

  People **carried on talking** about the **changes** in the **1 to 1 meetings**.

Emma and **John** worked in the **same way** with **everybody**.

When someone needed **more support** to **have** their **say**, **Emma** and **John** worked with their **supporter** to **help** them do this.

The **staff** at the day **service** helped **Emma** and **John** a lot.



Most people who **use Dover Day Service like** it.

They are **happy** about the service **moving** to **new community places**.

They want to know

- **when** the service will move

- **where** the service will move to

- what the **new community places** will be like

They want to get **support** all through the changes.

They want to **know** that they will have the **same service** and **activities** and be able to **carry on seeing** their **friends**.

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TAKEN BY	DECISION NO.
Graham Gibbens, Cabinet Member for Adult Social Care and Public Health	14/00010

If decision is likely to disclose exempt information please specify the relevant paragraph(s) of Part 1 of Schedule 12A of the Local Government Act 1972

Subject: : Dover Learning Disability Day Services

Decision:

As Cabinet Member for Adult Social Care and Public Health, I AGREE:

(A) To change adult learning disability service for Dover district from the current day centre model based at the Walmer Day Centre to a community hub based model as outlined in the attached report.

Any Interest Declared when the Decision was Taken None

Reason(s) for decision, including alternatives considered and any additional information

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" White Paper (January 2009) and KCC's "Active Lives". This is being underpinned by the "The Good Day Programme – Better Days for People with Learning Disabilities across Kent", which will ensure people have a wider range of choice, more control and equality of opportunity so that they may lead a full and meaningful person centred life.

The move to a community hub model will enable individuals to have greater access to their local communities and provide greater choice and opportunity for people with a wide range of needs.

Background Documents:
Better Days for people with learning disabilities in Kent

Cabinet Committee recommendations and other consultation:

Formal consultation with service users, carers and staff took place from 29 Nov 2013 to 7 March 2014 and local members and opposition groups were briefed during this.

The outcome of the consultation and the proposed decision were discussed at the 2 May 2014 Adult Social Care & Health Cabinet Committee. The Committee's recommendations were… *(to be inserted after 2 May)*

Any alternatives considered:

The only alternative is to maintain the current day centre model.

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

None

....

signed date

FOR LEGAL AND DEMOCRATIC SERVICES USE ONLY

Decision Referred to Cabinet Scrutiny			
YES		NO	

Cabinet Scrutiny Decision to Refer Back for Reconsideration			
YES		NO	

Reconsideration Record Sheet Issued			
YES		NO	

Reconsideration of Decision Published

By:	Graham Gibbens Cabinet Member, Adult Social Care and Public Health Andrew Scott-Clark, Acting Director of Public Health
To:	Adult Social Care and Health Cabinet Committee
Date:	2nd May 2014
Subject:	Alcohol Strategy for Kent 2014-2016
Classification:	Unrestricted

Summary

Although the majority of Kent residents drink alcohol responsibly, there are a large proportion of people for whom alcohol misuse is a problem. Liver disease is on the increase and alcohol misuse can also lead to violence and family disruption. The National Alcohol Strategy makes key recommendations on enforcement and disorder that are echoed in the Kent Strategy.

The Kent Strategy for 2014-16 goes further by pledging action to improve the current prevention and treatment arrangements in Kent. Currently there is evidence that not enough people are being referred for Alcohol Treatment and that too few people are aware of the harm that alcohol misuse is causing them. There are also a number of vulnerable groups, whose needs must be addressed.

This Alcohol Strategy has six pledges for action to reduce alcohol-related harm and six evidence-based steps that we will take. Once this strategy is endorsed by this Committee a detailed plan of action will be drawn up with partners.

Recommendations

The Adult Social Care and Health Cabinet Committee is asked to comment and either endorse or make a recommendation to the Cabinet Member for Adult Social Care & Public Health on the proposed decision to approve the Alcohol Strategy.

1. Purpose

1.1 To inform the Adult Social Care and Health Cabinet Committee about the proposed Kent Alcohol Strategy 2014-2016.

2. Background

2.1 Although the majority of people in Kent and the UK consume alcohol responsibly,

excessive consumption of alcohol is a growing problem in Kent and across the country and contributes to health issues such as liver disease and obesity. Alcohol also contributes to crime and disorder, is linked to domestic violence, mental distress and family disruption.

2.2 Liver disease is almost wholly attributed to alcohol misuse and is the fifth largest cause of death in England. Liver disease is the only chronic condition that is increasing rapidly in the UK, with a five-fold increase in the development of cirrhosis in 35-55 year olds over the last 10 years. The average age of death from liver disease is 59 years, compared to 82-84 years for heart and lung disease or stroke.

2.3 Local needs assessments show that there are an estimated **209,260** adults in Kent who are drinking at 'increasing risk' levels (22-50 units a week for men and 15-35 units for women). There are **49,843** who drink at 'high risk' levels, showing evidence of harm to their own physical and mental health, and **30,423** people have a level of alcohol addiction (dependency). This compares to around 3,000 – 5,000 people requiring drug treatment. There are, on average, **300** alcohol-specific deaths per year across Kent. However, alcohol also contributes to a greater number of deaths as misuse can increase risks of hypertension, coronary heart disease, cancers, traffic accidents and suicide. It is therefore essential that Kent has an alcohol strategy in place in order to reduce the harm associated with alcohol misuse.

3. Kent Alcohol Strategy 2014-2016

The Government's new Alcohol Strategy was written in March 2012 and prioritised reducing the:

- 1 million alcohol-related crimes
- 1.2 million alcohol-related hospital admissions nationally (Home Office, 2012).
- Stark figures on alcohol harm and the costs associated with that harm
- Costs to the economy, NHS, crime and lives.

The National Alcohol Strategy focuses on the importance of preventing and reducing the impact of alcohol on crime and disorder across the UK. It makes reference to the fact that the government has consulted on introducing a minimum price per unit, with the aim of legislating so that alcohol will not be allowed to be sold below a defined price of 45p per unit of alcohol. However, it is unlikely at the moment that this will be implemented.

The New Kent Alcohol Strategy builds on the previous Alcohol Strategy for Kent 2010-2013. It also reflects the National Strategy but puts a greater emphasis on health outcomes – reflecting the new relationship and powers of Public Health in the County Council, its links with the Health and Wellbeing Board and Kent Drug and Alcohol Team (KDAAT). Reducing alcohol-related deaths is also a key Public Health Outcome in the Public Health Outcome Framework and contributes to reducing the premature mortality rates in Kent.

3.1 The Key aims of the Alcohol Strategy for Kent 2014-2016 are to:

a) Reduce alcohol-related and specific deaths from the 2013 baseline (which is currently being calculated).The 2007 baseline is 300 deaths.
b) Continue to reduce alcohol-related disorder and violence year on year
c) Raise awareness of alcohol-related harm in the population
d) Increase pro-active identification and brief advice at primary care
e) Increase numbers referred into treatment providers from 2013 baseline (being calculated) – according to need.

3.2 The new strategy has been developed together with a wide array of partners including the police, trading standards and NHS Clinical Commissioning Groups (CCGs.) It has been revised after its public consultation via the Kent County Council website. The draft strategy has been discussed by the Kent Crime Partnership Board, KDAAT Board and is now being presented to this Committee for approval.

3.3 The new strategy will strengthen many of the positive actions of the 2010-13 strategy: namely in the area of trading standards and local alcohol partnerships. The Kent Community Action Partnerships (KCAP) were identified nationally as best practice and showed how local action between police, trading standards, industry and the community could have good results in tackling under-age sales, town centre disruption and irresponsible licence holding. The new 2014-16 strategy will expand on this by enabling more KCAP sites across Kent.

3.4 The 2014-16 Kent Alcohol Strategy goes further than the previous strategy in a number of areas, notably the health prevention and treatment pathways. Currently there is capacity in the existing Alcohol Treatment Services which is not being utilised fully. The improvements across the prevention-to-treatment 'pathway' will address this gap.

3.5 A section has been developed for each key area which explores current action, the planned activity for the future and how we will know it has been successful (Table 1).

Table 1

Alcohol Strategy Priority Areas	**Actions to Address Priority**
Prevention and Identification	Identification and Brief Advice – in Primary Care, Training, Social Marketing, Targeted promotion.
Treatment	Improve liaison at A&E, Pro-active care into and away from hospital, Creating a liaison team and after-care packages, better signposting. Better joint working and pathways into primary care.
Enforcement and responsibility:	Tackling night-time economy, reduction of violence, use of crime & community partnerships, spot checks on traders, working with industry.
Local Action:	Continue good practice using KCAP model and expand into areas where there is no KCAP. Improve data and needs assessment. Widen the partnerships. Support local schemes like street pastors and Alcohol Zones
Vulnerable groups and	Prioritise dual diagnosis by improving the links between mental health workers and substance misuse treatment

inequalities:	providers, domestic violence awareness campaigns and working with perpetrators. Work with the military covenant groups to increase awareness in ex-military/ veteran population.
Children and Young People:	Continue with Risk kit, lead a Kent-wide campaign, co-ordinate hidden harm strategy linked to KIASS, systematic screening in A&E.

3.6 The development of the Alcohol Strategy for Kent 2014-16 commenced in 2013, and took account of good practice being developed, and therefore many of the actions identified within the strategy are already underway.

- Alcohol Liaison Nurses are in place in Thanet
- An improved 'in reach' system from the community treatment provider into the A&E in Maidstone and Tunbridge Wells Hospitals is in place.
- Agreement has been reached with many Kent Clinical Commissioning Groups (CCGs) to provide improved access to 'Identification & Brief Advice' , where GPs are incentivised to pro-actively screen patients for alcohol misuse and then provide advice and/ or referral to treatment providers.

4. Implementation

4.1 A strategy implementation group will monitor progress on the strategy. This group will meet on a quarterly basis to monitor progress and will review the strategy on an annual basis.

The implementation group will include a range of partners from:

- Kent County Council Public Health Department
- Kent County Council – Kent Drug and Alcohol Commissioners
- Kent Police
- Kent County Council Trading Standards
- A representative from the District Councils
- A representative from primary care

4.2 The group will develop a detailed action plan with a timeline and agreed responsibilities to ensure that actions developed will be focussed on achieving the outcomes within the strategy. They will have the role of ensuring delivery plans and individual actions are robust and enacted (refreshing them on a periodic basis), and that partners undertake their assigned responsibilities.

The strategy implementation group will have the role of making sure that delivery plans and individual actions are robust and acted upon (refreshing them on a periodic basis), and that partners undertake their assigned responsibilities. They will provide the reports to the KDAAT Board, and other relevant committees, and make the case for commissioning services as appropriate.

The Acting Director of Public Health would like to return to this committee in six months with an interim report on the progress of the Alcohol Treatment Pathways across the Health and Social Care system, and again in May 2015 with annual performance update on the strategy and its plan.

5. Recommendations:

The Adult Social Care and Health Cabinet Committee is asked to comment and either endorse or make a recommendation to the Cabinet Member for Adult Social Care & Public Health on the proposed decision to approve the Alcohol Strategy.

6. Background Documents

Appendix 1 –Kent Alcohol Strategy

Figure 1 Kent Alcohol Strategy draft

7. Contact details

- **Report Author:**

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Relevant Director:

- Andrew Scott-Clark: Acting Director of Public Health
- 0300 333 5176
- Andrew.scott-clark@kent.gov.uk

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Cabinet Member for Adult Social Care & Public Health	13/00094

For publication

Subject: Kent Alcohol Strategy 2014-2016

Decision:

As Cabinet Member for Adult Social Care and Public Health, I approve the Kent alcohol Strategy for 2014-16

Reason(s) for decision:
Amendment to a strategy

Cabinet Committee recommendations and other consultation:
The proposed strategy will be discussed by the Adult Social Care and Health Cabinet Committee at its meeting of 2nd May.

Other consultation:
This strategy has been produced in partnership with the many stakeholders from across Kent and organisations directly involved with addressing the effects of alcohol across the County, including Public Health Kent, Kent Police, Trading Standards and the Kent Drug and Alcohol Action Team (KDAAT).

An earlier draft of the strategy was open for formal consultation via the Kent County Council website from early December 2013 until mid- January 2014. A number of updates to the strategy have been made following feedback received.

Any alternatives considered:
The strategy has been adjusted to take account of comments received during the consultation

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:
None

....
signed date

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Kent
Alcohol Strategy
2014-2016

Version: 1 April 2014

Kent County Council
kent.gov.uk

Contents

Foreword

A safe and sociable Kent

Since the development of the last Kent Alcohol Strategy (2010-2013), the county has made good progress on addressing the impact of alcohol on individuals, families and communities. It is particularly pleasing to see that there is a reduction in the number of young people admitted to hospital due to alcohol misuse.

The vast majority of people in Kent enjoy using alcohol sensibly and drink within recommended guidelines. Kent is generally a safe place to go out socialising and many towns have a vibrant night time economy. However, some indicators relating to alcohol harm have increased, such as higher numbers of liver deaths and hospital admissions related to alcohol. It is paramount that we take action to reverse the trend in such instances because alcohol-related harm is largely preventable. The social, economic and health impacts of alcohol are often identified with disadvantaged communities, but this can overlook the fact that alcohol harm affects all aspects of our population regardless of age, income, gender or ethnicity.

A healthy challenge

This is an exciting and changing time to make progress on alcohol-related harm because there have been recent structural changes that offer new commissioning opportunities. These changes include a large shift of public health professionals transferring over from the NHS to local authorities and The National Treatment Agency (NTA) becoming a part of Public Health England, a new organisation responsible for the provision of public health services including drug and alcohol prevention and treatment. Clinical Commissioning Groups (CCGs) and Health and Wellbeing Boards have recently been established and it is essential that there are close partnerships to make sure there is effective identification of people at risk and closer integration of the treatment process. The Public Health Outcomes Framework has been in operation since April 2013 and focuses on the performance of high-level outcomes to be achieved by local authorities across the public health system. The framework includes a number of outcomes that relate to alcohol misuse, either directly or indirectly: these include reducing the under-75 mortality rate from preventable liver disease, reducing the under-18 conception rate, increasing the successful completion rate of drug treatment and reducing the violent crime rate.

This strategy has been produced in partnership with the many stakeholders from across Kent and organisations directly involved with addressing the effects of alcohol across the county, including Kent County Council Public Health, Kent Police, Trading Standards and the Kent Drug and Alcohol Action Team (KDAAT). We hope that you find this strategy informative and focused on the right priorities to deliver results, and we look forward to working with you to reduce the impact of alcohol harm in Kent.

Andrew Scott-Clark, Acting Director of Public Health, Kent County Council

Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing, Kent County Council, Chair of KDAAT

Graham Gibbens, Cabinet Member for Adult Social Care and Public Health, Kent County Council

Acknowledgements

This strategy has been prepared by Colin Thompson, Public Health Specialist, and Jess Mookherjee, Consultant in Public Health at Kent County Council
colin.thompson@kent.gov.uk Jessica.mookherjee@kent.gov.uk

The following people are acknowledged for their valuable input:

Liz Osbourne, Commissioning Officer, Kent Drug and Alcohol Action Team, Kent County Council

Jim Parris, Community Safety Manager, Kent County Council

Gaby Price, Commissioning Officer, Kent Drug and Alcohol Action Team, Kent County Council

Jason Reilly, Principal Trading Standards Officer, Kent County Council

Sarah Robson, Community Partnerships Manager, Maidstone Borough Council

Inspector Ian Sandwell, Kent Police

Richard Strawson, Trading Standards Manager, Kent County Council

Di Wright, Head of Commissioned Services, Kent County Council

We would also like to acknowledge people attending the alcohol strategy consultation event earlier this year for their input, particularly Angela Slaven and Stuart Beaumont.

An earlier draft of the strategy was open for formal consultation via the Kent County Council website from early December 2013 until mid- January 2014. A number of updates to the strategy have been made following feedback received.

2014-16 Alcohol Strategy: vision and aims

The overarching vision of this strategy is to reduce alcohol-related harm to individuals, families and communities in Kent. This document outlines how partners and stakeholders will work together towards the following aims:

We will work towards a culture of responsible drinking, where individuals make informed choices about their alcohol use, drink less and less often, by promoting and supporting change in attitudes and behaviours.

All sections of the alcohol retail industry will contribute to reducing alcohol-related harm through commitment and action on responsible retailing.

We will improve individuals' health and wellbeing through access to effective early interventions and recovery-focused treatment and care services for those who need them, including older people and pregnant women.

We will protect children, young people and families from alcohol-related harm and support them to achieve better outcomes through early identification and intervention, access to support and treatment, whole-family approaches, and safeguarding vulnerable children.

We will work with local communities to reduce alcohol-related crime, disorder and antisocial behaviour by tackling alcohol-related offending by individuals, and challenging irresponsible alcohol retailing.

Introduction

Safe, social and responsible

The majority of people in Kent and the UK consume alcohol responsibly. In moderation, alcohol consumption can have a positive impact on adults' wellbeing especially where this encourages sociability. Well-run community pubs and other businesses form a key part of the fabric of neighbourhoods, providing employment and social venues in local communities. The alcohol industry also contributes to the economy (Home Office, 2012).

However, excessive consumption of alcohol is a growing problem in Kent and across the Country. Liver disease is the 5th largest cause of death in England. The average age of death from liver disease is 59 years, compared to 82-84 years for heart & lung disease or stroke, with a 5-fold increase in the development of cirrhosis in 35-55 year olds over the last ten years (Moriarty, 2010).

New government strategy

The government's alcohol strategy written in March 2012, identifies 1million alcohol-related crimes and 1.2million alcohol-related hospital admissions nationally (Home Office, 2012). National and local alcohol strategies seek to reduce this figure. The strategy also highlights some stark national figures relating to alcohol harm and the costs associated with that harm:

The cost of alcohol misuse to the NHS in England is £3.5billion per annum (2009 to 2010).

The cost of alcohol-related crime in England is £11billion per annum (2010 to 2011).

The cost of lost productivity in the UK is £7.3billion per annum (2009 to 2010).

The strategy primarily focuses on the importance on preventing and reducing the impact of alcohol on crime and disorder across the UK. The government acknowledges that cheap alcohol is too readily available and that this has contributed to the increase in alcohol-related harm.

The government strategy states that; "Over the past 40 years, alcohol consumption in the UK has doubled, with a significant increase in drinking at home. Sales from supermarkets and off licences now account for nearly half the amount of alcohol sold in the UK." It makes reference to the fact that the government has consulted on introducing a minimum price per unit, with the aim of legislating so that alcohol will not be allowed to be sold below a defined price of 45p per unit of alcohol. However, it is unlikely at the moment that this will be implemented.

Impact of alcohol harm in Kent

Kent, like many regions in the UK experiences the widespread impact of alcohol misuse. Excessive drinking is a major cause of disease, accounting for 9.2% of disability-adjusted life years (DALYs) worldwide with only tobacco smoking and high blood pressure as higher risk factors.

The Kent Joint Strategic Needs Assessment chapter on alcohol (2012) identified alcohol misuse as a significant area of need, requiring urgent attention. Synthetic estimates are calculated by the North West Public Health Observatory which suggest that 209,260 adults in Kent are drinking at 'increasing risk' levels (22-50 units a week for men and 15-35 units for women). 49,843 drink at 'high risk' levels, showing evidence of harm to their own physical and mental health, and 30,423 people have a level of alcohol addiction (dependency).

In 2010-11, there were 27,760 hospital stays for people in Kent for alcohol-related harm (15.43 per 1,000 population age standardised rate). These figures reflect not only admission for alcohol specific conditions (e.g. alcoholic mental or behavioural problems and alcoholic liver disease) but also the significant contribution of alcohol misuse to increased cardiovascular, gastroenterological and cancer admissions: also admissions due to accidents on the road, in the workplace and in the home (including falls).

Estimates from the North West Public Health Observatory show in the 2012 Health profile for Kent that there are 23.1% of the population over 16 years old that are estimated to be either increasing or higher risk of drinking across Kent, this is higher than the England average of 22.3% and equates to 272,258 people, given the population above 16 years old is 1.18million.

Alcohol-related hospital admissions have risen sharply over the last few years. To help reduce the rate of this, the Department of Health (2009) released seven 'High Impact Changes' designed to highlight practical measures that can be implemented at a local level.

Our Six Point Pledge and Seven Steps for Reducing Alcohol Harm in Kent

This document sets the context in which agencies across Kent will work to address the problems associated with alcohol use across the county. The strategy encourages partnership and joint working to create a healthier and safer population by reducing the level of individual and community harm related to alcohol misuse.

Our pledge and strategy are ongoing - and this plan takes us up to 2016 when we will review our achievements.

Six point pledge for reducing alcohol-related harm in Kent

We Will:

1. Improve Prevention and Identification
2. Improve the Quality of Treatment
3. Co-ordinate Enforcement and Responsibility
4. Tailor the plan to the local community
5. Target Vulnerable groups and Tackle Health Inequalities
6. Protect Children and Young People

Seven evidence-based high impact steps that we will take to help us tackle harm from alcohol in Kent

1. Work in partnership: enhance, strengthen and support each other – not duplicate
2. Develop activities to control the impact of alcohol misuse in the community
3. Influence change through advocacy and leadership
4. Improve the effectiveness, quality and capacity of specialist treatment services
5. Have specialist workers in key locations – like accident and emergency (A & E) departments
6. Provide more help to encourage people to drink less through identification and brief advice
7. Amplify national social marketing by local action and publicity

Going Further

The first Kent Alcohol Strategy (2010-2013) focused on six key areas of work:

- Communication
- Adult treatment
- Community safety
- Licensing
- Children and young people
- Hidden harm

The strategy outlined a number of commitments to tackle alcohol misuse. During the lifetime of the strategy considerable progress has been made in some areas of work and less progress in other areas.

The main achievements from 2010 – 2014 have been;

- The establishment of an integrated substance misuse service for adults in both west and east Kent. This has improved aftercare, including wraparound services such as employment and training support.
- The establishment of a new integrated substance misuse service for young people across Kent.
- Effective promotion, awareness and understanding of Alcohol Treatment Requirements (ATR) with treatment providers exceeding ATR targets across the county.
- Increasing the number of Kent Community Alcohol Partnerships (KCAPs) beyond the pilot area to other parts of the county. A KCAP toolkit has been developed and utilised so that any community group with an identified alcohol-related problem can launch their own scheme with support from Trading Standards.
- Implementation of a criminal justice diversion scheme.
- Multi-agency commitment to Multi-Agency Risk Assessment Conference (MARAC) for domestic abuse.
- The delivery of school-based interventions for children and young people who have been identified as vulnerable using a life skills approach.
- Training of Kent neighbourhood police officers to engage with adolescents exposed to alcohol consumption.
- Production of an updated alcohol needs assessment for Kent. This was addressed within the new integrated substance misuse needs assessment for Kent produced in summer 2012.

These are the areas where we need to do better from 2014-2016

- Introduce screening and brief interventions for hazardous and harmful drinkers in non-alcohol-specialist settings e.g. primary care, A & E and criminal justice settings.
- Better communication and public awareness
- Identify the additional needs of adults and young people presenting at A & E who are misusing alcohol
- Ensuring the social care and education system are equipped to identify cases where parental misuse is affecting the quality of family life and making sure that there are clearer protocols in place to help them co-ordinate support.

Pledge 1: We will improve prevention and identification of alcohol harm

This section details current and planned work on preventing alcohol-related harm for adults. Prevention for young people is covered in the section on protecting children and young people.

What we know

National research and evaluation has shown that opportunistic screening and brief interventions for adults will contribute to reducing alcohol-related harm and alcohol-related hospital admissions. By targeting the screening and brief interventions to the right people at the right time, and in the best setting, will reduce alcohol consumption for those drinking at hazardous and harmful levels by making people more aware and pointing them in the right direction.

This method will also increase the rates of referral to specialist treatment for those suffering from significant alcohol dependence and harmful drinkers who have not responded to brief interventions. This means that that more people who need help will get help.

What is Identification and Brief Advice? (IBA)

Identification and Brief Advice is a simple method of finding people with an increasing or higher risk of alcohol use (Identification) followed by simple alcohol advice (Brief Advice).

The evidence shows that it can be an effective method when delivered to those who drink at 'increasing' and 'higher' risk levels (Moyer et al. 2002).

The objective of IBAs is to motivate and encourage behaviour change related to alcohol use. The National Alcohol Strategy stated that early intervention, if consistently implemented across the UK, would result in 250,000 men and 67,500 women reducing their drinking from increasing or higher risk to low risk each year.

Scale, pace and population

The scale of the problem in a county the size of Kent is considerable. The chart on page 10 shows that there is a large degree of variation within Kent districts in alcohol specific deaths for men. This variation is seen for many alcohol misuse indicators. This is why a 'population' based programme is nationally recognised to be the best way to tackle the problem.

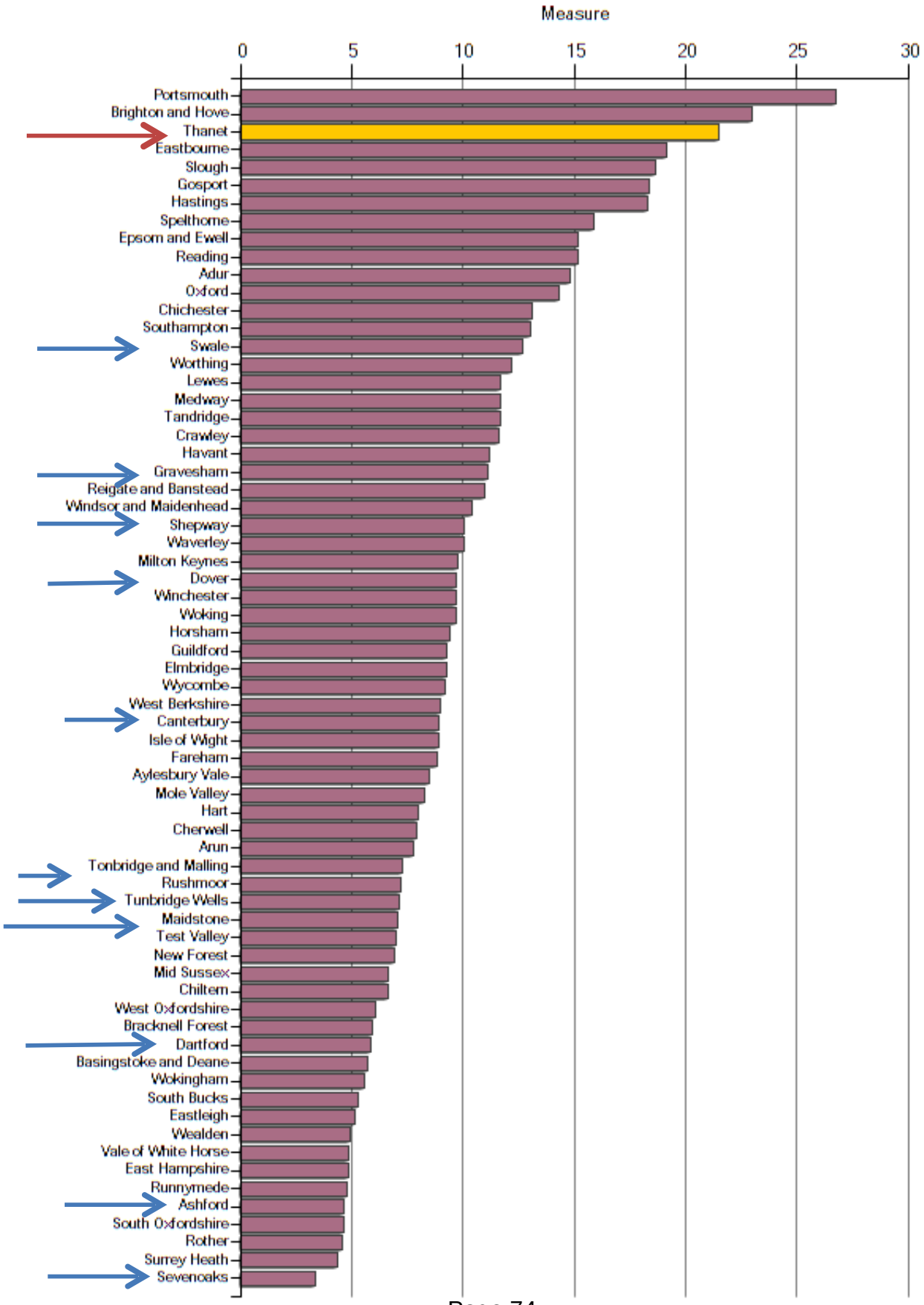
The research evidence shows that the number of people we 'need to treat' (NNT) i.e. offer screening and brief interventions to, is **eight to one.** This means that for every eight people 'treated' or offered screening, one will change their behaviour (Moyers et al. 2002).

This is considerably better than for smoking cessation, which has an NNT of around 35 or higher (Stead et al. 2008), and means that the potential impact that screening and brief interventions can have is huge.

To meet the England average figures for increasing or higher risk drinkers, Kent needs to achieve an alcohol misuse reduction of **9,118.** Using the NNT ratio, this means we need to offer at least **72,944** IBAs across Kent.

Alcohol IBA and referral to treatment services is currently not routinely undertaken by all health care professionals as part of the diagnosis and referral process. This is especially important for the treatment of conditions such as cancer, gastro and cardiovascular disease services (notably hypertension and stroke), because alcohol misuse can contribute to the cause the conditions and make them worse.

This Chart Shows the Alcohol Specific Mortality Rate for Men across all district councils in the South East per 100,000 people 2008-10. The Regional average is 10.1 and this Chart shows that Kent districts have a wide range. Thanet has the worst (highest) death rates and Sevenoaks has the lowest.



Source: LAPE Profiles 2013

Working with the experts

The National Institute for Health and Care Excellence guidance (NICE 2010) states that it is important to work with clinical experts and partner agencies to identify potential settings where opportunistic screening, brief advice and extended brief intervention services could be offered. Targeted settings will typically be frequented by groups who may be at an increased risk of alcohol-related harm. These may be outside of health or social care settings such as criminal justice, housing and education.

Make the health of older people a priority

Drugscope (2014) produced a report which demonstrated that alcohol-related hospital admissions for men and women over 65 rose by 136% and 132% respectively in the eight years to 2010. So although most admissions for alcohol harm are for people under 65 – we must make sure that we also tackle the health of older people.

What we are doing now

- Intervention and Brief Advice (IBA) services are currently offered at some GP practices across the county as part of a Directed Enhanced Service (DES). This is only offered to newly registered patients. IBAs are also included as a component of the health check that is given to people at specific ages but as yet, we are not systematically monitoring this.
- Kent currently only provides approximately 3% of the recommended IBA coverage for increasing risk and higher risk drinkers and we are sure demand is likely to increase.

What we aim to improve and how

- Firstly – we will work with the experts and contract them properly to provide the IBA, then we can monitor how many are being done. We will then identify a greater number of people across the county and ensure they are offered appropriate support. We will do this by developing a **Local Enhanced Service** (LES) for IBAs in primary care. We will also make sure there is access to them from outside healthcare settings too, because we know many people do not regularly see their GP. These settings will include hospital departments, health and social care staff, housing professionals, health trainers and pharmacies.
- We will ensure that training is offered to staff across a number of agencies to carry out IBA. The training will help professionals in identifying individuals whose drinking might be impacting on their health by delivering simple, structured advice.
- We will produce a marketing action plan that will ensure that campaigns will be consistent with pan-Kent branding and use and clear, accurate and focussed messages. Campaigns will be evidence-led social marketing campaigns to foster a responsible drinking culture. This could utilise information from the segmentation tool developed by the Department of Health to direct the social marketing work. We will have a focus on specific population groups (i.e. older people, students, the military and pregnant women.)
- We will maximise on marketing activity that is already trusted by using existing branding to include responsible alcohol promotion (Change 4 Life campaign and Healthy Passport Scheme).

How will we know we have achieved our aims?

- Once we know how many people we are screening we will then set increasing targets to increase in the number of people screened for alcohol misuse in various settings- aiming for 9% coverage (from our estimated current position of 3%).
- There will be an increase in the number of brief advice and brief intervention sessions delivered both in primary care, hospital and non-health settings year on year.
- We will see an increase in the number of referrals to specialist assessment in community-based alcohol treatment services.
- We aim to have more people taking up treatment in community-based alcohol treatment services following referral and also making a recovery.

- There will be a reduction in alcohol-related hospital admissions and mortality. This will include a contribution to a reduction in chronic liver mortality. We are realistic however- this aim will take time – but we hope to make in-roads so we can continue to make gains and improvements from 2016 onwards.
- There will be a range of effective campaigns that will be targeted and specific in raising awareness in specific population groups. We will evaluate how effective these campaigns are.

Pledge 2: Improve the quality of treatment

What we know

Data from the National Alcohol Treatment Monitoring System (NATMS) in 2009/10 show that only 1 in 10 harmful or dependent drinkers aged 18 years and over is currently receiving specialist alcohol treatment.

This may be due to the delay between developing alcohol dependence and seeking treatment, the limited availability of alcohol treatment services in some parts of England and under-identification by health and social care professionals (NICE 2011)

We know that close liaison with hospitals can be effective at identifying patients who need support and increasing better treatment access.

A programme of intensive care management and discharge planning delivered by an Alcohol Liaison Nurse in the Royal Liverpool Hospital was shown to prevent 258 admissions or re-admissions resulting in about 15 admissions per month saved.

Economic analysis of these types of posts in a general hospital suggested that it was highly cost effective with the potential of saving ten times more in reducing repeat admission than the cost of the programme (Department of Health 2009).

Brief interventions which can be conducted in general health care settings can help patients reduce at risk. Brief interventions are generally restricted to four or fewer sessions, each session lasting from a few minutes to one hour, and are designed to be conducted by health professionals who do not specialise in addiction treatment. The evidence base suggests (National Treatment Agency 2006) that brief interventions are effective for increasing risk and higher risk drinkers. NICE guidance states that brief interventions can help people to reduce the amount they drink to lower-risk levels and reduce risk-taking behaviour as a result of drinking alcohol or to consider abstinence (NICE 2010).

What are we doing now?

We have commissioned specialised treatment services that are available across Kent in a wide range of settings. A variety of interventions can be accessed by those in need of help for their own, or for someone else's alcohol use.

The term of the approach the services in Kent are taking is 'Recovery'. There are two providers delivering the recovery services for adults, Crime Reduction Initiative (CRI) in west Kent and Turning Point in east Kent. KCA are the provider across Kent for young people. They provide a range of interventions including; advice and information, structured psychosocial interventions, medication, harm reduction, family therapy, group therapy, peer-led activities, ambulatory & community detoxification, and assessment & referral to inpatient detoxification and residential Rehabilitation Units. All treatment may be accessed via hub sites or outreach venues. These services are for both drugs and alcohol and this is a recent development. Over the course of time we are seeing more people with alcohol addiction in treatment services.

What we aim to do and how

- We will continue to contribute to reducing the number of deaths related to liver disease. We will do this by working with hospital gastroenterologists as well as with treatment providers to improve access to these treatments.
- We will contribute to the reduction of the number of alcohol-specific hospital admissions. We will do this by making preventative treatments more accessible so that fewer people bypass these services and end up in hospital.
- We will:
    - Establish hospital Alcohol and Drug Liaison Community Teams across Kent to undertake in-reach to hospital departments and wards and will include liaison with psychiatric services

- Create Hospital Alcohol and Drug Liaison Nurse posts within hospitals that will have the remit of reducing the risk and harm of higher risk and possible dependent drinking and will work closely with hospital alcohol and drug liaison community teams
- Develop aftercare packages prior to hospital discharge
- Provide substance misuse training to acute hospital staff
- Improve signposting from hospital staff to substance misuse recovery services.

- We will improve data collection from hospital accident and emergency (A&E) departments in order to get better data quality which will allow us to more accurately assess and analyse the scale of the alcohol and drug problem in hospital settings and ultimately reduce the costs associated with A&E attendances.
- We will increase referrals from statutory and non-statutory agencies across Kent into the adult treatment and recovery services for those individuals who are in need of treatment. This will be achieved through the development of 'referral pathways' (i.e. agreed ways for clinical working) and raising awareness of treatment/ recovery services and what is offered to a variety of organisations including- housing related support, hospital trusts, primary care etc.
- We will increase the settings in which interventions can be effective, for example utilisation of outreach via roving recovery vehicles in east Kent.
- We will utilise learning and good practice in relation to treatment, such as areas where pathways have worked effectively and where there have been strong links between treatment services and hospital trusts. We will learn lessons from other parts of the country as well as sharing our successes.
- We will create more seamless services across Clinical Commissioning Groups (CCGs) and agencies providing treatment. This will allow for better understanding of people's treatment needs, screening, referral and advice services and passing relevant information.
- We will reposition the Alcohol Diversion Scheme into treatment and recovery services across Kent with a view to increasing the treatment uptake of offenders who misuse alcohol.
- We will promote good partnership working with Alcoholics Anonymous and other agencies to ensure that pathways are designed to enable the most chronic alcohol users are able to receive the most appropriate support for their individual needs.

How will we know we have achieved our aims?

- There will be a reduction in liver disease deaths from 2014 onwards – although we recognise that this will take time.
- There will be a reduction in the rate of hospital admissions wholly attributed to alcohol and we will monitor the scale of the reduction year on year.
- There will be a strong working relationship between hospitals and treatment providers in Kent that will result in better identification of people needing support for their alcohol misuse from a range of hospital departments.
- There will be effective collection of A & E data that will inform the scale of the alcohol problem in hospital settings, reduce costs and potentially be utilised to inform licensing decisions for Public Health.
- There will be enhanced access to treatment services via referrals being made from a wider range of sources including use of outreach.
- There will be improved integration with Clinical Commissioning Groups across the county in relation to the whole system process including alcohol screening, brief advice and referral for treatment.
- There will be increased access of offenders to treatment services

Pledge 3: Co-ordinate enforcement and responsibility

What we know

Kent has a vibrant night time economy that contributes to the county's prosperity as well as its cultural and social life. There are established partnerships that work closely together in ensuring there is responsible practice towards a sensible drinking culture. This is in line with NICE guidance that recommends that it is important to work in partnership with the appropriate authorities to identify and take action against premises that regularly sell alcohol to people who are underage, intoxicated or making illegal purchases for others (proxy sales).

Kent Police developed a Night Time Economy (NTE) strategy in the spring of 2013. It has a number of key aims that include;

- Creating town, city and rural environments where residents, workers and visitors are safe and feel safe.
- Actively seek to reduce alcohol-related violence in our town and city centres, and rural areas.
- Promoting a responsible attitude towards alcohol through the Kent mulit-agency alcohol strategies.

Kent County Council Trading Standards have an alcohol strategy with the principal aim of protecting young people from the adverse effects of alcohol. This is done via means of providing effective advice and proactive under age sales enforcement.

What are Kent Community Alcohol Partnerships (KCAPS)?

Community Alcohol Partnerships form a key strategy of both the police and trading standards which aim to change attitudes to drinking by:

- Informing and advising young people on sensible drinking
- Supporting retailers to reduce sales of alcohol to underage drinkers
- Promoting responsible socialising
- Empowering local communities to tackle alcohol-related issues.

Kent Community Alcohol Partnerships (KCAPS)

KCAPS are unique in partnering with communities and business as well as relevant agencies. Their aim is to maximise opportunities for dealing with local concerns on alcohol-related issues that need to be addressed.

Partnership pilots ran in three areas of Kent in 2009. The key findings showed a reduction in residents' worries about antisocial behaviour and concerns about personal safety. Furthermore criminal damage in the pilot areas fell during the pilots by 28% overall. The Kent Community Alcohol Partnerships are recognised nationally as being of particularly good practice.

A KCAP Toolkit was launched in June 2012 to enable any community group or organisation to establish a KCAP scheme with the support and encouragement of agencies such as Trading Standards. As a result of the toolkit, additional KCAP have been formed to address issues raised by the community in relation to alcohol. Early indications show that these issues are being addressed.

The government's Public Health Responsibility Deal was launched in March 2011. The aim of this voluntary partnership is for businesses and

influential organisations to work collaboratively to improve public health by creating the right environment for people to make informed choices that lead to healthier lives.

Alcohol is one of the components of the **responsibility deal** and consists of a range of collective pledges that we can work in partnership with industry in order to promote a culture of responsible drinking. The pledges include;

- Working with industry to ensure that the majority of products on the shelf will have labels with clear unit content, NHS guidelines and a warning about drinking when pregnant.
- Providing simple and consistent information to both the off-trade(supermarkets and off-licences) and on-trade (e.g. pubs and clubs), to raise awareness of the unit content of alcoholic drinks, calorie content of alcoholic drinks, NHS drinking guidelines, and the health harms associated with exceeding guidelines.
- Working with industry to ensure effective action is taken to reduce and prevent under-age sales of alcohol.
- Working with communities to develop and support appropriate local schemes designed to address public health issues using a multi-agency framework. The Community Alcohol Partnerships are a good example of relevant work already underway.

What we are doing now

Kent Police are involved in a range of activity on the alcohol and community safety agenda in relation to enforcement. This involves work on preventing, reducing and detecting crime and disorder. This includes working with partners to conduct targeted and specified operations to address identified issues in licensed premises, supporting Trading Standards with test purchasing operations and supporting other licensing initiatives.

Kent County Council's Trading Standards Service carry out intelligence led test purchasing operations where there are continuing problems of young people having access to alcohol. These can be concluded by the use of a licence review, penalty notices for disorder (PNDs) or prosecution. The number of test purchases has reduced recently because of a reduction in intelligence received concerning underage sales. However, the Service continues to offer proactive help and advice to businesses to ensure that sales do not take place.

The Trading Standards Service also assist local businesses by running targeted 'Challenge 25' operations (testing businesses application of the nationally agreed policy of challenging individuals for suitable identification if they appear under 25). These are supported by advice and training for any business that fails to take the correct action in asking for proof of age to ensure their systems of preventing sales to those underage are robust.

Kent Community Alcohol Partnerships (KCAPs) have been established across the county and a KCAP Toolkit has been launched. This is a web based product which provides local communities with the opportunity to establish community alcohol partnerships in their own neighbourhoods. The Trading Standards Service will continue to support the developments of these partnerships and plans are currently being made for the launch of another KCAP in the Ashford area.

What we aim to do and how

- We will work with Kent Police who will continue to provide a robust police presence in the NTE in response to demand.
- We will tackle underage alcohol sales by ensuring that a range of partners are contributing to intelligence that can be shared and acted on by trading standards.
- We will ensure that any amendments to the Licensing Act is understood and implemented following government consultation and ensure that the Licensing Act enables the delivery of an effective framework for the enjoyment of alcohol within Kent's communities. We will be actively engaged in any future consultations.

- We will investigate examples of good practice around the country, considering the feasibility of introducing them in Kent with the aim of ensuring we are adopting best practice. Good examples already in place include Dover District Council's adoption of Suffolk's 'Reducing Strength' initiative aimed at preventing the sale of super-strength alcohol from off licenses. Ideally, Kent will soon be in a position to share its own best practice with other areas, as was done with community alcohol partnerships.
- We will consider increasing the number of community alcohol partnership areas to expand their positive impact.
- We will work with local alcohol industry around sign up to the Public Health Responsibility Deal

How will we know we have achieved our aims?

- We will monitor the level of under-18 hospital admissions wholly attributed to alcohol for each district.
- We will improve information sharing between partner agencies to help inform future data monitoring.
- We will monitor organisations across Kent that have signed up to the Public Health Responsibility Deal around alcohol.
- We will highlight and document any sharing of good practice with other areas. This will be included in the Annual Public Health Annual Report.
- We will monitor community alcohol partnership successes and new partnerships will be reported at KCAP quarterly steering group.

Pledge 4: Tailor plans to the local community needs

What we know

Kent is a large county with considerable local variation. This means that there are different needs and different priorities for reducing alcohol harm across the county.

Some examples :

- Thanet is considerably worse than the England average for many indicators and is the sixth worst local authority in England for chronic liver mortality.
- Canterbury has a relatively high level of female hospital admissions attributable to alcohol.
- Tunbridge Wells has higher admissions related to alcohol for older people.
- Swale has high numbers of offenders in need of treatment services.
- Maidstone has high levels of 'binge drinking' due to its night time economy.

Community safety partnerships are defined as 'an alliance of organisations which generate strategies and policies, implement actions and interventions concerning crime and disorder within their partnership area'. There are 11 such partnerships across the county with Dartford and Gravesham having a shared partnership.

What are we doing

- Community Safety Partnerships currently represent good practice in multi-agency responses to the alcohol agenda, including joint work with District Councils, Kent Police, County Council, Probation and local community organisations.
- We provide substance misuse needs assessments that highlight a wide range of data for the 12 districts.

What we aim to do and how

- We will ensure that there is clarity as to what is being delivered regarding alcohol initiatives across the county, what the specific local needs are, and that there are effective mechanisms of communication.
- We will ensure there is no replication in any services commissioned by Kent County Council, district councils, clinical commissioning groups or any other commissioning body. We will map and review provision across the county.
- We will assess if there are any significant gaps in provision at a local level and work with partners to ensure that major gaps are addressed through commissioning.
- We will update the substance misuse needs assessment annually with detail around alcohol misuse at ward level for each district to give a clearer understanding of need.
- We will ensure there are effective links, integration and communication with wider county/district partnerships in relation to the work being undertaken around the alcohol agenda. Such partnerships will include community safety partnerships, health and wellbeing boards, children's services, troubled families services, Kent Integrated Adolescent Support Service etc.
- We will support local schemes such as Street Pastors in order to make best use of the limited resources available, provide consistent good quality training, help different teams to learn best practice from each other, and continue to make visitors, residents and communities safer whilst reducing the load on emergency and enforcement services.
- We will utilise good practice from within and from outside of the county.

How will we know we have achieved our aims?

- We will ensure that partners across the county will have a clear understanding of all alcohol initiatives that are being delivered relevant for each district.
- We will be aware of any changing local priorities that emerge by having an understanding of local intelligence.
- We will ensure that there will not be any duplication of similar alcohol initiatives being commissioned by different agencies.
- We will ensure that Local Health and Wellbeing boards and Community Safety Partnerships have detailed local actions to tackle problems in their areas.

Pledge 5: Target vulnerable groups and tackle health inequalities

Mind the Gap: Kent's Health Inequalities Strategy and alcohol's link to mental distress.

Alcohol misuse is a big contributor to health linequalities in Kent and are often the result of people's social, economic and mental distress. This section deals with those groups who suffer disproportionately and are most vulnerable to the impact of alcohol misuse and is a key element in Kent's contribution to tackling population level health inequalities and tackling mental distress.

What we know

There are a variety of groups at risk in relation to harm caused by alcohol. This may include those with mental health issues, some BME groups, homeless people, offenders, victim and perpetrators of domestic abuse and many others. Alcohol misuse in these vulnerable populations has a widening effect on health inequalities. People who die from liver disease often die aged 45-55 which is very early compared with CVD deaths (average age 75).

National Alcohol segmentation analysis of Hospital Episode Statistics data (Morleo et al. 2009) shows that those at highest risk of being admitted to hospital with a primary or secondary diagnosis that was linked to alcohol, are men aged over 35 who work in an unskilled or manual field or are unemployed.

Minority groups

People from most minority ethnic groups have higher rates of abstention from alcohol and lower rates of alcohol consumption than the majority white ethnic group.

However, drinking varies greatly both between and within minority ethnic groups and across gender and socio-economic group, resulting in a very complex national picture of alcohol consumption and alcohol-related harm across ethnicity (Thom et al.2010).

Deprivation

Women who live in the most deprived areas have alcohol-related death rates that are three times higher than for those living in the least deprived areas. For men living in the most deprived areas, this is even worse: alcohol-related death rates are over five times higher than for those living in the least deprived areas (Department of Health 2009).

Offenders

Offenders in the criminal justice system are more likely than the general population to be drinking at increasing and higher risk levels. For example, around 63% of men in the prison population report drinking at hazardous levels, compared with 38% of men in the general population (Social Exclusion Unit 2002).

Mental health

People with mental health problems are at increased risk of alcohol misuse. Depression, anxiety, schizophrenia and suicide are all associated with alcohol dependence. (Ellinas et al. 2008).

Self harm

People who have or are recovering from drug and alcohol problems are at greater risk of self-harm than the general population. Approximately 25% of people who self-harm will have a diagnosis of alcohol misuse (National Collaborating Centre for Mental Health, 2012). In people who repeatedly self-harm the use of alcohol and drugs can increase their risk of self-harm. This may either occur due to the effects of intoxication or due to the absence of previous forms of self-medication during the withdrawal phase of recovery. Approximately 50% of people presenting to A&E following self-harm

will have consumed alcohol immediately preceding or as part of their self-harming behaviour and this is more common in men (National Collaborating Centre for Mental Health, 2012). Local data reflects this finding; the audit of A&E attendances for self-harm in Kent found that alcohol was associated with 41% of attendances for self-harm (NHS Kent and Medway 2012). Overall self-harming behaviour linked to alcohol is more common in women and levels of self-harm related to drug misuse is also rising in women. (Royal College of Psychiatrists 2010)

Dual diagnosis

Dual diagnosis is involves supporting someone with a mental health illness and substance misuse problems. The combination can be a significant challenge for services with one of the main difficulties being large number of agencies involved in a person's care – mental health services and specialist rehabilitation services, organisations in the statutory and voluntary sector all contribute but not always with sufficient communication. As a result, care can be fragmented and people can be missed. It is vital to explore a way forward via outreach to identify potential service users at the earliest opportunity. Crawford et al(2003) found that increased rates of substance misuse are found in around a third to a half of people with severe mental health problems.. Where drug misuse occurs it often co-exists with alcohol misuse. Homelessness is frequently associated with substance misuse problems; Community Mental Health Teams typically report that 8-15% of their clients have dual diagnosis problems and Prisons have a high prevalence of drug dependency and dual diagnosis.

According to the Kent Drug and Alcohol Action Team (KDAAT), Alcohol is the most commonly used substance among dual diagnosis clients in Kent. Half of substance misuse service users are estimated to have mental health needs (National Mental Health Development Unit and The NHS Confederation, 2009); this would equate to 982 people in alcohol structured treatment (dependent drinkers alone). Increasing and higher risk drinkers are likely to be best served by Primary Care mental health services.

Domestic violence

A UK study showed that 51% of respondents from domestic violence agencies claimed that either themselves or their partners had used drugs, alcohol and/or prescribed medication in problematic ways in the last five years (Humphreys et al. 2005). A number of studies have found that the perpetrators use of alcohol, particularly heavy drinking, was likely to result in more serious injury to their partners than if they had been sober (Brecklin 2002).

Accidents

Alcohol is one of the leading causes of accidents, from domestic to traffic related. On a positive note, the number of fatal drink driving road accidents reduced almost six-fold between 1979 and 2012, although drink drive accidents still account for 16% of all road deaths in Britain (Drinkaware 2013). Alcohol is the single biggest cause of accidents at home. Of the 4,000 fatal accidents that happen in homes in the UK every year, 400 are alcohol-related. Alcohol is a factor in up to one in four workplace accidents. In 2008, the London Fire Brigade estimated that almost a third of accidental fire deaths in the capital were alcohol-related (Drinkaware 2013)

What we are doing

- Work is currently being undertaken to support the implementation of the dual diagnosis joint working protocol. Dual diagnosis workshops are currently being hosted aimed at improving joint working between substance misuse services and mental health services in Kent.
- A criminal justice forum for substance misuse has been set up bringing together a range agencies across the county.

What we aim to do and how

- We will establish mutual referral pathways with Kent Fire and Rescue Service to highlight and protect vulnerable people who may be at increased fire risk due to mental health and substance misuse issues.

- We will ensure there is access between alcohol and sexual health services with alcohol treatment staff being able to spot the signs of sexual violence by making available basic training on sexual exploitation. We will ensure there is a care pathway between alcohol services and Sexual Health services that will include sexual assault referrals and other sexual exploitation services.
- We will ensure there is access between alcohol and domestic abuse services with alcohol treatment staff being able to spot the signs of different levels of domestic abuse and referring to the appropriate service. We will ensure there is a care pathway in place between alcohol services and domestic abuse services.
- We will review action for addressing the housing needs of problematic alcohol users (to include: data requirements; awareness training for housing officers and private landlords; criteria for priority housing; assessing need for floating support and assertive outreach). We will also review housing policies to ensure there is equitable access for housing needs. In order to achieve this, we will need to work with the Joint Policy Planning Board (JPPB) for housing.
- We will support the implementation of the protocol to better meet the needs of **dual diagnosis** clients and up skill the substance misuse and mental health workforce in Kent. This will improve quality of care provided to dual diagnosis, increase successful treatment completions for dual diagnosis clients and increase the number of joint care plans between substance misuse and mental health provider.
- We will ensure that all treatment involves committed services that appropriately and sensitively meet the needs of **vulnerable groups** and Kent's diverse communities. We need a greater understanding of the needs of some groups (i.e. **older people, migrant communities and vulnerable adults**) to minimise the barriers in accessing treatment services or support.
- We will create better linkages between **Criminal Justice System** alcohol interventions, the alcohol treatment system, and anti-social behaviour interventions, in order to reduce alcohol-related harm and offences.
- We will ensure that there is better linkage with those recovering from alcohol problems with mental health treatment services to reduce **self-harm.**
- Services with a role in reducing alcohol misuse (including schools, youth services, district authority licensing etc) should target, or continue to target young people, especially females, in order to reduce unintentional injuries from poisoning.
- Ensure that campaigns and marketing undertaken takes account of the relationship between alcohol and accidents.

How will we know we have achieved our aims?

- There will be care pathways will be in operation between alcohol services and other services that deal with vulnerable groups such as people who are accessing sexual health and domestic abuse services
- There will be a mutual referral pathway will be in operation in partnership with Kent Fire and Rescue Service.
- There will be an enrichment of the housing needs for problematic alcohol users and we will also be clear as to the level of equitable access for different parts of the county.
- There will be an implementation of the dual diagnosis protocol to ensure needs of dual diagnosis clients will be better met than what they are currently.
- There will be more effective partnership working with the criminal justice forum with the overall aim resulting in a reduction in alcohol-related crime.
- Alcohol awareness will be more prominent in the training and delivery of front line care staff for better treatment of vulnerable adults
- We will work with military covenants and the armed forces networks to raise awareness of alcohol pathways for ex-military and armed forces.

Pledge 6: Protecting children and young people from alcohol harm

What we know

Young people may learn from older generations that excessive alcohol consumption is culturally acceptable which can increase the risk of substance misuse problems becoming entrenched at a young age. Young people are negatively affected by alcohol misuse through their own misuse as well by the misuse by their parents and carers. Parental alcohol misuse strongly correlated with family conflict, domestic violence and abuse. The consequences for children relate to their immediate harm as well as longer term impact. These impacts vary according to young people's age and stage of development but include emotional health and wellbeing as well as social functioning and educational engagement.

Guidance from the Chief Medical Officer (Chief Medical Officer guidance 2009) advises parents and children that an alcohol-free childhood is the healthiest and best option. If children drink alcohol, it should not be until they are at least 15 years old.

Excess alcohol consumption can increase the risk of a person having unprotected sex (Rehm et al 2012).

What we are doing

Treatment services for children and young people aged between 10 to 17 years old are delivered by KCA. They offer a range of provision that includes supporting professionals and parents and engaging young people, early intervention (group work), specialist treatment (1-1 interventions) and criminal justice work.

RisKit is delivered by KCA. It is a specialist programme targets young people who are identified as vulnerable or are involved in risk taking behaviour, such as drug and alcohol use, or unprotected sex. It is delivered in schools and young people are screened with those who are identified as most likely to be involved in risk taking behaviour offered intense support around. RisKit aims to help young people to build their skills and resilience, explore the reasons why they might take risks in order to help them make safer choices for them. It has been evaluated it was shown that it is effective at reducing risk taking behaviour including alcohol misuse. Currently the programme does not have the capacity to cover all of the schools in the county.

DUST (Drug Use Screening Tool) training is delivered across Kent by KCA to staff working with vulnerable young people. It includes alcohol as well as drug awareness and involves identifying risks, engaging young people, screening and referral

KCAPs are designed to tackle under-age drinking and associated problems in partnership with local stakeholders. Further details of KCAP are included in the enforcement and responsibility section.

Young offenders

Evidence suggests that vulnerable young people are more likely to drink, and alcohol use amongst young offenders is known to be high (Audit Commission 1996).

Alcohol use and violent crime are commonly perceived to be closely associated. The most direct element of the relationship is when crime is actually carried out under the influence of alcohol. Half of all victims of violent crime believe their attacker was under the influence of alcohol at the time (Home Office 2010). Based on data from the 2004 Offending, Crime and Justice Survey, young people's drinking behaviour between the ages of 10 and 17 years is associated with 80,640 violent offences per year, of which 34,560 are cases of assault resulting in injury, and 27,200 property offences, including 15,360 cases of criminal damage

(Bellis et al. 2007). In the UK, more than one in five young males aged 15 to 16 years expect to get into trouble with the police after drinking.

What we aim to do and how

- We will lead the collaboration undertaking a campaign that will focus on increasing the number young people under the age of 15 that abstain from alcohol in line with the advice of the Chief Medical Officer by developing a strategy for the delivery of alcohol education in Kent at primary and secondary education
- We will also progress and support social marketing campaigns that provide guidance to parents about their children's use of alcohol and ones aimed at reducing the negative impact of parental alcohol misuse on children and young people.
- We will review and implement the delivery of the Hidden Harm Strategy in particular ensuring that there are practical working relationships between adult treatment services, children's social services, KIASS and youth justice services in Kent.
- We will reduce the negative impact of parental alcohol misuse on children and young people by training practitioners in social care about the impact of alcohol misuse on parenting and by identifying practical ways for children and families services and specialist alcohol treatment services to work together in the care of parents who misuse alcohol.
- We will increase the numbers of young people accessing specialist community treatment through improved pathways and early intervention referrals (A&E attendance from alcohol poisoning, for example).
- We will ensure that young people are systematically screened and offered brief interventions for alcohol misuse in various settings. For example, Accident and Emergency departments, sexual health clinics and via Kent Integrated Adolescent Support Services (KIASS) workers. Assessment should lead to brief intervention and specialist treatment as required.
- We will work to ensure that there integrated services for young people receiving support for alcohol misuse. For example, we will work to progress KIASS working at early intervention, specialist support, sexual health etc.
- We will increase the capacity of the RiskIt programme to extend it to a greater number of schools across Kent.
- We will work closer with youth justice agencies and KIASS to increase partnership working and understanding of alcohol-related violence in young people with the aim of reducing it.
- We will work with KIASS, the young people's treatment provider and other appropriate agencies to support an increase in numbers of young people accessing specialist community treatment services.

How will we know we have achieved our aims?

- There will be a reduction in the overall alcohol specific hospital admissions for under-18 year olds from 2014- 2016, even a 3% reduction is a good short term outcome although we want to increase this to 15% over a longer period of time.
- There will be a reduction in the number of schools exclusions related to alcohol.
- There will be an increase in the estimated number of young people abstaining from consuming alcohol. However will we have to consult the population on what this outcome will look like over time.
- There will be a reduction in the teenage pregnancy rate in line with national trends.
- There will be a reduction in the barriers in young people accessing treatment services which we will assess by talk to young service users and increased uptake.
- There will be campaigns undertaken will be successful in increasing awareness among young people regarding the risks that can due to alcohol misuse. Such campaigns will be evaluated as to their effectiveness.

Implementation of the strategy: We will produce a detailed plan during 2014.

A strategy implementation group will monitor progress on the strategy. This group will meet on a quarterly basis to monitor progress and will review the strategy on an annual basis. The strategy implementation group will include a range of partners from;

- Kent County Council Public Health
- Kent County Council – Kent Drug and Alcohol Action Team (KDAAT)
- Kent Police
- Kent County Council Trading Standards
- A representative from one of the district councils
- A representative from primary care

The strategy implementation group will develop an action plan with a timeline and agreed responsibilities to ensure that actions developed will be focussed on achieving the outcomes within the strategy. They will have the role of ensuring delivery plans and individual actions are robust and enacted (refreshing them on a periodic basis), and that partners undertake their assigned responsibilities. They will provide the reports to the KDAAT Board, and other relevant committees, and make the case for commissioning of services as appropriate.

The KDAAT Board will be the accountable body for the strategy and therefore take overall responsible for the targets and performance measures. They will scrutinise reports, periodically provide progress updates, highlight successes and good practice as well as request remedial action when necessary.

Resources Needed: Cooperation and Investment

In order to deliver this strategy it will be important to ensure the detailed plan of action is properly resourced. It is safe to say that there is a considerable amount of public money invested in substance misuse services and if this money is used flexibly to tackle alcohol as well as drugs then gains can made for population health. Much of this does not need a huge investment as some of the actions identified in this strategy need co-operation rather than hard cash. However – to deliver campaigns and IBA's at scale and pace will require that this issue be given equal priority to other public health and social care objectives. Details of the resources will be published separately.

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Glossary

Brief interventions	Short, evidence-based, structured conversation about alcohol consumption with a patient/client, that seeks in a non-confrontational way to motivate and support the individual to think about and/or plan a change in their drinking mbehaviour in order to reduce their alcohol consumption and/or reduce their risk of harm.
Care pathway	A care pathway is "anticipated care placed in an appropriate time frame, written and agreed by a multidisciplinary team. It has locally agreed standards based on evidence where available to help a patient with a specific condition or diagnosis move progressively through the clinical experience.
Clinical commissioning groups	Local groups that include GPs and other health professionals and are responsible for purchasing appropriate health care that meet the needs of their population.
Community Alcohol Partnerships	Bring together local retailers, trading standards, police, health, education and other local stakeholders to tackle the problem of underage drinking and associated anti-social behaviour.
DALY	The disability-adjusted life year (DALY) is a measure of overall disease burden, expressed as the number of years lost due to ill-health, disability or early death.
Dependent drinking	Alcohol is both physically and psychologically addictive. It is possible to become dependent on it. Being dependent on alcohol means that a person feels that they are unable to function without alcohol, and the consumption of alcohol becomes an important, or sometimes the most important, factor in their life.
Direct enhanced service (DES)	Schemes that the NHS are required to establish or to offer contractors the opportunity to provide, linked to national priorities and agreements.
DUST	Drug and alcohol use screening tool
Harmful drinking	Harmful drinking is defined as when a person drinks over the recommended weekly amount of alcohol and experiences health problems that are directly related to alcohol.
Hazardous drinker	Hazardous drinking is defined as when a person drinks over the recommended weekly limit of alcohol (21 units for men and 14 units for women).
Health and wellbeing board	Health and wellbeing boards exist in top tier and unitary authority as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.
Higher risk drinker	Men who regularly drink more than 8 units a day or more than 50 units of alcohol per week Women who regularly drink more than 6 units a day or more than 35 units of alcohol per week
IBA (Identification and brief advice)	Identification: using a validated screening tool to identify 'risky' drinking, such as the AUDIT The delivery of short, structured advice aimed at encouraging behaviour change in relation to reducing alcohol consumption

Increasing risk drinker	Men who regularly drink more than 3 to 4 units a day (but drink less than the higher risk levels) Women who regularly drink more than 2 to 3 units a day (but drink less than the higher risk levels)
Joint Strategic needs assessment	Joint strategic needs assessments (JSNAs) analyse the health needs of populations to inform and guide commissioning of health, well-being and social care services within local authority areas. The JSNA will underpin the health and well-being strategies, a proposed new statutory requirement and commissioning plans. The main goal of a JSNA is to accurately assess the health needs of a local population in order to improve the physical and mental health and well-being of individuals and communities. The NHS and upper-tier local authorities have had a statutory duty to produce an annual JSNA since 2007.
KDAAT	Kent Drug and Alcohol Action Team. The team within Kent County Council that commission drug and alcohol treatment services.
Local enhanced service (LES)	Schemes agreed by commissioners in response to local needs and priorities, sometimes adopting national service specifications.
NICE	The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care.
NNT (Numbers Needed to Treat)	Number Needed to Treat refers to the ratio of patients treated to those who will avoid a negative outcome as a result. (E.g. A substance dependence with an NNT of 5 means 5 people were treated for every 1 that quit or did not suffer a bad outcome.)
Public Health Responsibility Deal	The Public Health Responsibility Deal aims to tap into the potential for businesses and other influential organisations to make a significant contribution to improving public health. Organisations signing up to the Responsibility Deal commit to taking action voluntarily to improve public health through their responsibilities as employers, as well as through their commercial actions and their community activities.

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

Andrew Scott-Clark, Acting Director of Public Health

To: Adult Social Care and Health Cabinet Committee

Date: **2nd May 2014**

Subject: Adult Healthy Weight Review

Classification: Unrestricted

Summary:

Kent County Council inherited a number of commissioned services when public health responsibilities transferred into the authority. As a part of a structured programme of commissioning, these services are being systematically reviewed prior to re-commissioning.

This paper outlines the background to the healthy weight services, details the current service provision, and discusses the lessons learnt from a review of those services.

Next steps in the process of developing service specifications are discussed, along with the potential changes in the national landscape which may impact on the services commissioned.

Recommendation(s):

The Adult Social Care and Health Cabinet Committee is asked to:

1. Endorse the commissioning of a universal (Tier 1 and Tier 2) adult healthy weight service for Kent

1.0 Introduction

1.1 This paper looks at Adult Healthy Weight programmes only. We are taking a phased approach to the healthy weight agenda, and the Children's Weight programme will be reviewed as a subsequent piece of work.

1.2 Nationally, two-thirds of English adults are obese or overweight. It is estimated that approximately 28% of the Kent adult population is obese (354,022).

Body Mass Index (BMI) categorisations
Body Mass Index is defined as a person's weight in kilograms (kg) divided by his or her height in meters squared.

Category	BMI kg/m
Underweight	<18.5
Healthy weight	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	>30

1.2 The percentage of adults in England who have excess weight (overweight and obesity combined) is 63.8%, in Kent the rate is 64.6%. This translates into 771,476 people across Kent aged 16 and above and the following numbers of individuals by District:

Ashford	64,275	Canterbury	69,009
Dartford	53,554	Dover	58,009
Gravesham	53,887	Maidstone	84,142
Sevenoaks	61,172	Shepway	59,146
Swale	75,761	Thanet	
75,118			
Tonbridge and Malling	63,203	Tunbridge Wells	54,696

1.3 Canterbury is the only authority where prevalence is lower than the England average (54.2%). Both Thanet (68.4%) and Swale (68.8%) are worse than the England average. All the nine other authorities are similar to England.

1.4 Obesity tends to track into adulthood, so obese children are more likely to become obese adults. There are stark inequalities in obesity rates between different socioeconomic groups: among children in reception and year 6, the prevalence of obesity in the 10% most deprived groups is approximately double that in the 10% least deprived. The Chief Medical Officer has stated that the public can no longer recognise overweight as it has become a social norm. Along with the reluctance of clinicians to raise the issue of weight in consultations, this makes the work of reducing prevalence in the population more challenging.

1.5 Obesity is the leading cause of type 2 diabetes, heart disease and some cancers. An estimated 40,000 deaths in England are attributed to being overweight or obese.

1.6 Costs to the NHS are in the region of £5.1 billion per annum and there will be similar costs in adult social care. Predictions are for sharp rises in the cost to the taxpayer for treating obesity and related chronic illness.

1.7 The move of public health responsibilities into local government presents new opportunities for utilising local authority resources at both district and county level to support improvements in the wider determinants of health.

1.8 At district level, resources important in tackling this agenda include

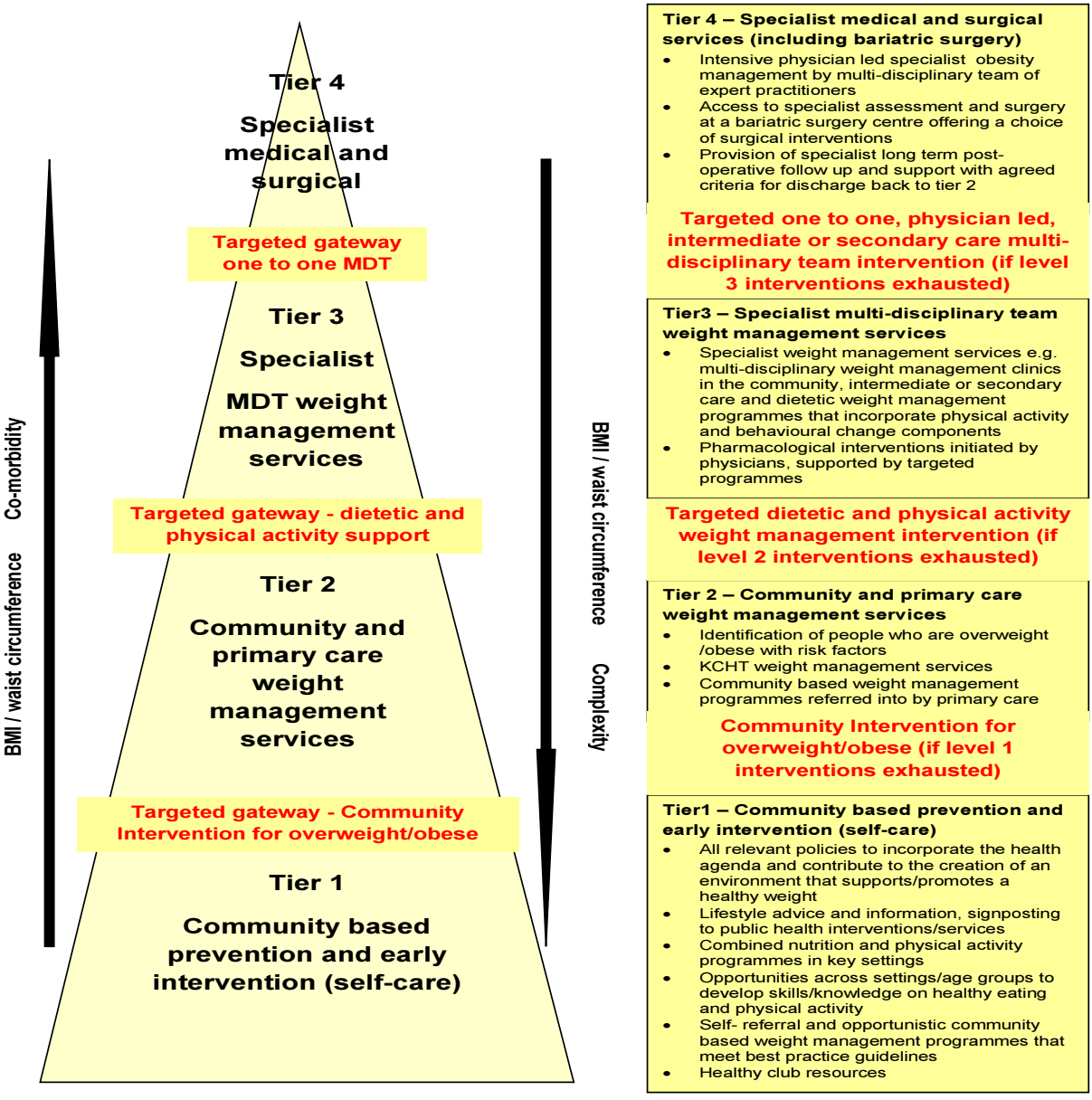
- leisure,
- environmental health,
- parks,
- public places
- planning

1.9 Services across the County Council also play a significant role in supporting this agenda, whether through the provision of easily-accessible Country Parks and public rights of way, the information provided through Explore Kent, or the leadership role provided by the Sports service.

1.10 The service specification for a re-commissioned service will be developed, taking account of all the resources outlined above.

2.0 Adult Healthy Weight Pathway

2.1 The pathway is described in tiers as shown in the diagram below; from universal interventions to help people to stay a healthy weight (Tier 1), through 12 week community weight management programmes (Tier 2) to specialist weight management programmes (Tier 3) that may lead on to bariatric surgery (Tier 4). This is a recognised national pathway.



2.3 All the programmes are required to meet NICE guidance, which states that weight management programmes are required to deliver a multi-component service. This includes the provision of behaviour change interventions, physical activity and nutrition advice. A target of a 5-10% weight loss is recommended. *(NICE clinical guidance: Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children (2006)).*

2.4 In addition, providers of weight management programmes are required to undertake a risk assessment for diabetes which is recommended in the *NICE public health guidance: Preventing type 2 diabetes - population and community interventions (2011)*. From this year the Service Level Agreement also includes 2013 guidance PH 47, for working with young people and PH 49, Behaviour Change.

2.5 At present, KCC Public Health are responsible for commissioning all non-clinical interventions, which includes all of Tier 1 and Tier 2 services, and some non- clinical elements of Tier 3 services.

2.5 There is currently a national consultation underway about the responsibilities of Clinical Commissioning Groups for commissioning specialist non-surgical (Tier 3) and specialist surgical (Tier 4) services, therefore this paper concentrates on the delivery of Tier 1 (universal services) and Tier 2 (community-based 12 week programmes for people who are either obese or who are very overweight and have co-existing health problems such as diabetes)

3.0 Current Provision

East Kent

3.1 The majority of programmes that were provided in the former NHS Eastern Coastal Kent PCT area were provided by the Health Improvement Team in Kent Community Health Trust. They provide programmes at Tier 1, 2 (and 3). Most Tier 2 services (Fresh Start) are provided from community pharmacies.

3.2 Balmoral General Practice (in Deal) offers a service to its own and neighbouring practice patients, independently, and this has provided weight management interventions for patients in the Deal area since 2008. Last year they saw 177 new patients.

3.3 Services provided by Kent Community Health NHS Trust in the former Eastern Coastal Kent PCT area.

Intervention	Outcomes
Health Walks	Over 1,980 people took part in walks last year, a total of 38,936 walker attendances. These walks are mainly led by volunteers
Food Champions	36 new volunteers were trained last year to run interventions, including cooking classes, at least 4,641 people were directly impacted

Exercise Referral Scheme	2216 people engaged with the service last year 86% of participants reduced weight at 12 weeks. Mean BMI reduced from 32.04 to 30.8
Fresh Start	451 adults completed the 12 week programme last year. Mean BMI reduced from 34.01 to 31.13

West Kent

3.4 Tier 2 Community Weight Management programmes were provided by District and Borough Councils in the former West Kent PCT area.

3.5 Tonbridge and Malling Borough Council services are provided by the leisure provider and Maidstone Borough Council have recently de-commissioned a service from a local gym and brought all their services in-house.

3.6 There is very little Tier 1 public health commissioned service in place across west Kent which means that although participants can be directed to other Tier 1 services, for example within leisure centres or adult education, there is a clear imbalance between east and west in what is commissioned by public health.

3.7 A 'Healthy Passport Club' internet portal was constructed to advertise local programmes in West Kent. This was initially funded by the Department of Health Change for Life grant. Latterly this was extended across Kent but it had little success in really engaging with the population. Following a review this will not be continued, and a new proposal to increase physical activity is in development, and will be discussed by this committee at a later meeting. We will be looking to provide a county-wide programme that will identify, engage and provide support to Kent residents whose health is at risk due to a lack of physical activity. This programme will aim to engage the half of Kent residents not currently meeting recommended levels of physical activity.

3.8 As there are different providers of Tier 1 and Tier 2 services in West Kent, there has been a disincentive for providers to refer people on to a different provider. This is not the case in East Kent, where referrals can be made within the same service to the different tiers, which is a better offer for the population. The East Kent programmes also benefit from a single referral portal.

4.0 Emerging Themes from the Review

4.1 From the review of the existing services, there are clear lessons emerging which will be used to inform the development of a service specification for new services.

4.1 Men in general, and people under 50, are not well represented as users of commissioned programmes. This also applies to people from ethnic groups, particularly people from a South Asian origin and those with disabilities, particularly learning disabilities, who are at greater risk of obesity.

4.2 There is very little Tier 1 (universal services such as walking, cycling and dancing) public health commissioned service in place across West Kent which means that, although participants can be directed to other Tier 1 services, for example within leisure centres or adult education, there is a clear imbalance in what was historically commissioned by public health between East and West Kent. Our aim is to commission a universal Tier 1 service, accessible across the whole of Kent.

4.3 Tier 2 services (typically a 12 week weight management course) are very similar in all settings and follow NICE and other national guidelines. However, some are less flexible than others, delivering from a fixed setting as opposed to a service that is able to be moved from one location to another which can offer a much better service to the community. The exception may be primary care based services which are designed for a particular community. It has been left at the discretion of providers whether they offer a free or a subsidized service, and this will need to be addressed to ensure equity.

4.4 Where a provider sub-contracts to another organization, it has been difficult for the provider to access performance data in a timely fashion, so a consideration about sub-contracting needs to be made.

4.5 Tier 2 services in the east of Kent are better placed to offer the whole pathway.

4.6 In relation to Tier 3 (specialist non-surgical weight management services) there is a gap in the availability of suitable exercise programmes across most of Kent, with the exception of a small pilot programme in Thanet. In addition the Swale Specialist Weight Management Service is not commissioned to have a multi-disciplinary team, which is now necessary, as defined by NICE, to be the gateway to surgery. We would seek to work with the providers to address this issue and their data reporting.

4.7 There is no single portal of referral in west Kent as there is in east Kent. A future service would need a single portal of entry, preferably shared with other services, in the interests of economies of scale.

4.8 The new physical activity programme under development will also need to be considered.

4.9 It is clear that a model for Kent with a single portal which provides interventions at all tiers and is equitable across the east and west of the county is necessary.

4.10 There are services and assets in County and District Councils that support this agenda, and the service specification will take account of these and how services should be designed to best utilise these.

4.11 Until there has been a decision on responsibilities of Clinical Commissioning Groups for Tier 3 and Tier 4, it will not be possible to commissioning anything above Tier 1 and 2 services.

5.0 Wave 2 Commissioning Timeline

Service Review and Needs Assessment	Nov 2013 - April 2014
Service Planning	April 2014 - July 2014
Tender Process	August 2014 - Jan 2015
ITT issued	September 2014
Contract awarded	January 2015
Mobilisation	January 2015- 1st April 2015

6.0 Financial Implications

6.1 It is difficult to accurately disaggregate the spend on services for adults and children, as in some areas they are both delivered by the same providers. It is anticipated that the review will provide more accurate costings and some comparison.

6.2 The current spend on adult and child programmes is £1,905,870, including the specialist adult weight management service (Tier 3 for all of Kent, except Swale) that commenced in April 2013.

7.0 Facing the Challenge

7.1 The proposed review is in line with the 'Facing the Challenge' agenda, ensuring that the client is the focus of services. The review is also concerned with ensuring that there is a clear pathway that both professionals and clients can understand. It is especially important to involve the customer in designing, delivering and shaping services. Public engagement formal consultation will take place through engagement events. Support for consultation and engagement has been sought from HOOP (Helping Overcome Obesity Problems), a voluntary group whose membership is people who are obese and who are committed to improving services.

7.2 The Health and Wellbeing Boards have shown interest in obesity pathways and this has also involved the Patient Participation Group chairs. Models which include primary and acute care settings and workplaces will need to be considered, to work at a scale that is needed to make a change in adult prevalence rates.

7.3 Any model which is developed for Kent needs to take account of inequalities and provide a proportionate universal approach to provision and accessibility.

8.0 Conclusion

8.1 The Healthy Weight programme, as currently commissioned, has one main provider in the former Eastern and Coastal Kent PCT locality, and services mainly provided by the District Authorities in the former West Kent PCT locality. This is an unequal service and we would want to ensure that programmes are replicated across Kent.

8.2 There have been some performance management issues with providers who use sub-contracted services not receiving reports and data in a timely fashion; this will need to be taken account of when developing a service specification.

8.3 Services will need to be more flexible in being able to move between locations to serve the whole community; services which have been inflexible have generally had worse outcomes.

8.4 Services and assets of District and County Councils that support this agenda will play an important role in delivering an holistic response to the challenges of excess weight.

9.0 Next Steps

9.1 The commissioning of a universal (Tier 1 and Tier 2) adult healthy weight service for Kent will continue as laid out in section 5. A key decision to award the contract will be brought to this committee in December.

Recommendation:

The Adult Social Care and Health Cabinet Committee is asked to:

1. Endorse the commissioning of a universal (Tier 1 and Tier 2) adult healthy weight service for Kent.

10. Background Documents

Developing a specification for lifestyle weight management services March 2013 Department of Health

11. Contact Details

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12. References

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By:	Graham Gibbens Cabinet Member, Adult Social Care and Public Health Andrew Scott-Clark, Acting Director of Public Health
To:	Adult Social Care and Health Cabinet Committee
Date:	2nd May 2014
Subject:	Tendering for Community Sexual Health Services
Classification:	Unrestricted

Summary

Public Health are part-way through the competitive tendering process for sexual health services in Kent. Tenders for the seven different lots are currently being evaluated and a key decision to award contracts is due to be taken on or shortly after 30th May. The procurement timetable has been delayed beyond the initial planned period to allow for clarification on requirements for integration with HIV treatment services. The new service model is due to start operating on 5th January 2015, following a six month mobilisation period.

Recommendation:

The Adult Social Care and Health Cabinet Committee is asked to consider and either endorse or make recommendations on the proposed decision to be taken by the Cabinet Member for Adult Social Care and Public Health, to:

1. Identify the preferred bidder/s, from amongst those listed in the accompanying exempt report;
2. Agree the award of the contract/s to those bidder/s, to deliver Community Sexual Health services

1. Introduction

1.1. The purpose of this paper is to provide an update on the procurement process for community sexual health services across Kent and outline the process for the award of contract.

2. Background

2.1. In October 2013, Public Health presented a proposal to the Social Care and Public Health Cabinet Committee to undertake a competitive tendering process to establish a new integrated service model for community sexual health services across Kent. The Committee endorsed the proposal and highlighted the importance of the service.

2.2. The initial planned timetable for establishing the new service model for sexual health services has been delayed due to a number of external factors including national

policy issues relating to integrated working between sexual health and HIV treatment services.

2.3. NHS England has agreed in principle to the continued integration of Genito-urinary Medicine (GUM) and local HIV services. The requirements of, and payments from, NHS England will be detailed prior to the award of contract.

2.4. Public Health has also undertaken a detailed review and market engagement exercise with a wide range of interested parties and potential service providers. Presentations at market engagement events explained the key requirements and procurement process for the new service, including the structuring of the services into seven lots.

2.5. As a part of the market engagement process, potential providers were invited to network, learn more about what each other do and consider opportunities for building a consortium in order to submit a joint bid for one or more of the seven lots outlined in Appendix A.

2.6. The new integrated service model includes a dedicated sexual health service for young people and expanded provision for psychosexual counselling. It also includes a dedicated contract for a clinical network to ensure effective standards, governance and integration across all of the services.

2.7. The new service model will offer increased access and availability of the full range of sexual health services. The service will be delivered from locations in each district and will have extended outreach activity in areas of greatest need.

3. Procurement process

3.1. The formal procurement process started in November 2013 with pre-qualification questionnaires (PQQs) being issued to all organisations who had submitted an expression of interest in bidding for the contracts.

3.2. Public Health evaluated PQQs in line with the evaluation guidance that had been published and Strategic Procurement issued an Invitation to Tender (ITT) on 18th March to all organisations or consortia who had passed the PQQ stage.

3.3. Tenders are currently being evaluated against a range of quality criteria and standards, as well as price. The evaluation panel will recommend awarding contracts to the bidder offering the best value for money overall, taking account of quality and price. The evaluation panels include commissioners from Social Care, Health and Wellbeing (including Public Health and Commissioning), NHS England and Public Health England, as well as young people for three of the seven lots.

3.4. The contract award for sexual health will be a key decision for the Cabinet Member for Adult Social Care and Public Health, and will be taken on or after 30th May, following full tender evaluation. This committee has the opportunity to comment on and either endorse or make recommendations on the proposed decision to be taken by the Cabinet Member.

4. Financial Implications

4.1. The indicative combined budget for the seven lots that make up the new model for community sexual health services is £8million per year, with an initial contract period

of two years, with a possible two year extension. The actual spend will vary according to activity and the prices submitted as part of the tendering process.

4.2. The contracts for sexual health services will include provision to ensure the new services maximise access to sexual health services and deliver best value for money for the County Council.

5. Conclusion

5.1. Following the Committee's approval to re-tender community sexual health services, Public Health have undertaken a competitive procurement process and are currently in the process of evaluating tenders for the seven lots that make up the new service model.

5.2. The contract award will be a key decision due to be taken on or shortly after 30th May. The Acting Director of Public Health will, in his verbal update to the Cabinet Committee on 11th July, inform the committee as to the outcome of the evaluation and contract award.

6. Recommendations

6.1 The Adult Social Care and Health Cabinet Committee is asked to consider and either endorse or make recommendations on the proposed decision to be taken by the Cabinet Member for Adult Social Care and Public Health, to:

1. Identify the preferred bidder/s, from amongst those listed in the accompanying exempt report;
2. Agree the award of the contract/s to those bidder/s, to deliver Community Sexual Health services

Background documents

None

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Appendix A – Integrated Sexual Health Services – Details of lots

1. Genitourinary Medicine Service (GUM) with Contraception and Sexual Health Services (CASH)
2. Young People's Sexual Health Services
3. Psychosexual Counselling Services
4. The Continuing Development, Implementation, Coordination and Evaluation of the Community Pharmacy
5. Development, Coordination, Implementation and Monitoring of the National Chlamydia Screening Programme Amongst 15-24 Year Olds in Kent
6. The Expansion of a Free Condom Programme
7. The Establishment and Facilitation of a Clinical Network in Kent

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Cabinet Member for Adult Social Care & Public Health	14/00048

For publication

Subject: Contract Awards for Community Sexual Health Services

Decision:

As Cabinet Member for Adult Social Services and Public Health, I agree for Kent County Council to enter into a contract with the organisations, as named in the exempt report, to deliver Community Sexual Health Services for the administrative area of Kent County Council.

Reason(s) for decision:
Financial

Cabinet Committee recommendations and other consultation:

The Social Care and Public Health Cabinet Committee agreed to support the tendering exercise at their meeting of 4th October 2013. An update on progress of the tender exercise, and this decision will be discussed at the 2nd May meeting of the Adult Social Care and Health Cabinet Committee

Other consultation planned or undertaken:
A service review and stakeholder consultation and market engagement exercise was undertaken in 2013.

Any alternatives considered:
A competitive tendering exercise is underway

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:
None

....
signed date

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

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

To: **Adult Social Care and Health Cabinet Committee - 2 May 2014**

Subject: **NEW LEGAL FRAMEWORK FOR ADULT SOCIAL CARE**

Classification: **Unrestricted**

Past Pathway of Paper: Social Care, Health and Wellbeing DMT 9 April 2014

Adults Transformation Board 23 April 2014

Future Pathway of Paper: None

Electoral Division: All

Summary: The Care Bill which is currently going through its Parliamentary stages will establish a new legal framework for care and support services. The new law marks the biggest change to care and support law in England since 1948, and it will replace over a dozen pieces of legislation with a single consolidated modern law.

Recommendation: The Cabinet Committee is asked to note the main provisions of the new law consider and comment on the proposed outline implementation plan ahead of the detailed plan being approved by the Adults Transformation Board.

1. Introduction

1.1 The Care Bill is shortly to become an Act (Royal Assent is expected in May 2014), with the provisions coming into force in two stages - April 2015 and April 2016. Draft regulations and guidance will be issued for a 10 week consultation period from end of May 2014. The final regulations and guidance will be issued in October 2014. The changes to be implemented will overhaul and modernise the complex system of care and support that has evolved over the last sixty years. The changes will have significant implications for Kent residents and Kent County Council.

1.2 The Care Bill Preparation Programme is a separate programme within the Adults Transformation Change Portfolio set up under 'Facing the Challenge'. Whilst the preparations for the Care Bill warrant a separate stand-alone programme, there will be strong links to the other programmes in the portfolio to ensure that they are "Care Bill proof".

1.3 This paper presents an overview of the main provisions of the Care Bill, an outline of the key implications along with the summary implementation plan for consideration and comment by the Cabinet Committee.

1.4 A detailed programme plan will be submitted for approval by the Adults Transformation Board in June 2014.

2. Financial Implications

2.1 The authority will need to manage the implications associated with the national minimum eligibility criteria, cap on the care costs, duty to provide support services to carers, potential impact on the market for care etc.

2.2 The Government has announced that it will make £493 million available nationally for the implementation. The allocations for 2014/15 and 2015/16 are £23 million and £470 million respectively. Depending on the allocation formula used Kent may receive £575,000 and £11.7 million for the two years. The funding is set aside for new burdens under the Care Bill such as early assessments & reviews, deferred payments, building capacity, information campaign and IT systems. Further announcements are expected in the next Spending Review starting from 2016/17.

3. Facing the Challenge Policy Framework

3.1 It is acknowledged within 'Facing the Challenge' that the Care Bill will introduce significant changes to the adult social care system in 2015 and 2016.

3.2 The policy objectives of 'Facing the Challenge' which promotes prevention and service integration which put people more in control of their lives are consistent with the care and support reform programme.

4. Overview of the Care Bill (What will change)

4.1 **National minimum eligibility criteria** - there will be a new qualifying threshold for adults with care and support needs and for carers with support needs. It is anticipated that this will be set at a level equivalent to the 'Substantial' threshold although the precise definition will only be confirmed in regulations. Councils will be able to provide services above the minimum threshold if they so wish. This will come into force from April 2015 and it will apply to all councils in England.

4.2 **Carers rights** – they will have the same right to services as adults with care and support needs. Under the existing legal framework carers only have a right to assessment but not support services. This is a major change and it will come into force from April 2015.

4.3 **Prevention, integration, personalisation and diversity of provision of services duties** – local authorities must promote a diverse and high quality market of care and support services (including prevention services) for people in their local areas. In addition local authorities must ensure there is adequate provision of good quality information, advice and independent advocacy. These provisions come into force from April 2015.

4.4 **Universal Deferred Payment** – the scheme will extend the current Deferred Payment scheme whereby people in permanent residential care (including

nursing) with property can delay payment of some of their care home fees, subject to certain conditions. This will come into force from April 2015.

4.5 **Cap on care costs** - there will be a total cap on care costs for people in receipt of residential and non-residential services. The cap for people of state pension age and over will initially be £72,000. There will be a lower cap for people of working age and people who turn 18 with eligible needs will receive free lifetime care to meet their eligible care and support needs. The total reasonable amount determined by the local authority to meet eligible needs will count towards the cap regardless of whether the person pays all of this or only contributes a proportion of the cost (following a means-test). People in care homes will still be responsible for their living costs (e.g. food, energy bills and accommodation), if they can afford to pay them. The contribution to living costs will be around £12,000 a year. These changes will come into force from April 2016.

4.6 **Means-test:** there will be significant changes to the financial support available to people under the new means-test capital limits. People will receive help with their care home costs if they have up to £118,000 (including the value of their home). Currently people with more than £23,250 have to pay full cost of their care without any state support. Where the value of the home is not taken into account because a partner or dependent is living in the home, financial help will be available to those who have up to £27,000. This will also apply to people receiving non-residential care. These changes will come into force from April 2016.

4.7 **Transition** - local authorities will be under a legal duty to cooperate, and to ensure that all the right services work together to ensure transition for children to adult care and support is right for young people. Local authorities must also consider whether children are likely to have care and support needs on turning 18 and they must continue to provide support during the assessment process until adult care and support is in place or it is decided that adult care and support is not required. This will come into force from April 2015.

4.8 **Delegation of local authority functions** - councils will have power to authorise a third party to carry out specified care and support functions with the exception of promoting integration with health, cooperating, making direct payments, deciding which service should be charged for and safeguarding adults at risk of abuse or neglect. This will come into force from April 2015.

4.9 **Other provisions** - include statutory responsibility to establish a Safeguarding Adults Board, requirement to meet some care needs of prisoners, provision for appeals against decisions taken by councils, obligation to maintain registers of sight-impaired adults (with the power to maintain other registers) These will come into force from April 2015.

5. Key implications

5.1 The true costs of the reform have not been fully worked out and there is concern that Government may not fully fund the cost of the implementation thereby raising the issue of affordability for local authorities.

5.2 The reforms are likely to lead to a significant increase in the number of people coming forward for care and financial assessments. This will require that the necessary capacity (workforce and systems) is in place and that any decisions relating to the delegation powers have been taken.

5.3 There is the potential for an impact on the market price for care as many more self-funders and former self-funders may have their care arranged by the local authority.

5.4 On the positive side, the reforms do provide opportunities for more prevention and early intervention work, thus supporting the wider transformation agenda.

5.5 There are significant challenges in ensuring that the public understand the reforms. It is considered that the communication from Central Government has so far not sufficiently explained how the new system will work and more importantly how individuals will be affected.

6. Outline Implementation Plan

6.1 The Adult Transformation Board will oversee the Care Bill Programme and set the direction of the programme, approve decisions and ensure that the programme is implemented successfully. Work is currently underway to develop detailed project plans for each area of work, which will then feed into a wider programme plan drawing together the interdependencies between projects. The outline plan is set out as Appendix 1. The plan will be completed following the publication of the draft regulations, expected by the end of May

7. Conclusions

7.1 The Care Bill will establish new legal framework for adult social care and it will fundamentally change the system to be more proactive and responsive compared to the current arrangements. It will place prevention, personalised care, service quality and integration as core principles. There are key risks such as affordability, implementation readiness, capacity issues and communication that require careful management. However, the Adults Transformation Programme (about to enter Phase 2) and the Integrated Care and Support Pioneer Programme provide us with firm basis for managing the changes.

8. Recommendations

Recommendation: The Cabinet Committee is asked to note the main provisions of the Care Bill consider and comment on the Outline Implementation Plan.

8.1 **Appendix1:**

Care Bill Programme Outline Implementation Plan.

9. Background Documents - none

10. Contact details

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Appendix 1

Care Bill Programme Outline Implementation Plan

The following separate projects have been established within the Care Bill Programme:

Communications:
To ensure all stakeholders including Members, staff, service users, providers, other partners and the public are kept informed about the forthcoming changes and how KCC will be implementing them.

Completion date: Ongoing

Project Lead: Andrew Bose, Communications Account Manager for Social Care.

Workforce Capacity Planning and Training:
To ensure that workforce planning identifies the necessary capacity and all relevant staff receive the appropriate training prior to the implementation of the Care Bill provisions and that the Adult Social Care Competency Framework fully reflects the new legal duties and powers.

Completion date: March 2015 & October 2015 (for April 2016 changes).

Project Lead: Andrea Cahill, Professional Development Adviser, Social Care.

Commissioning:
To ensure that the duties regarding preventative services, information and advice, independent advocacy, the facilitation of independent financial advice and oversight of care markets are implemented. In addition, depending on decisions taken regarding the new delegation powers, there may be other services to be commissioned.

Completion date: March 2015

Project Lead: Emma Hanson, Head of Commissioning for Community Support Social Care; Christy Holder Head of Commissioning for Accommodation Solutions Social Care.

Policy and practice:
To ensure the implementation of the new eligibility rules, the Care Account and cap on care costs, transition, ordinary residence issues and sight registers.

Completion date: February 2015 & October 2015 (for April 2016 changes).

Project Lead: Janice Grant, Policy and Standards Manager, Social Care.

Financial Assessment, Charging
To ensure the new charging frameworks, extended means-test, Deferred Payments and the finance elements of the care costs cap are implemented.

Completion date: November 2014 & October 2015 (for April 2016 changes);

Project Lead: Andrea Hanson, Assessment & Income Client Services Manager, Strategic and Corporate Services.

Financial Modelling
To ensure that KCC has a full understanding of the total costs involved in implementing the Care Bill. This will inform budget planning and lobbying activities.

Completion date: June 2014

Project Lead: Anthony Kamps, Finance Business Partner, Strategic and Corporate Services; Ademola Solanke, Principal Accountant (Projects), Strategic and Corporate Services.

Safeguarding:
To ensure the operation of the Adults Safeguarding Board, the Serious Case Review and Safeguarding policies and procedures fully meet with the requirements in the Bill.

Completion date: November 2014.

Project Lead: Nick Sherlock, Head of Adult Safeguarding, Social Care.

IT and Information Systems:
To ensure that all current systems (including SWIFT, Oracle etc.) are fully geared up for the changes to be implemented and that any new systems are developed and/or procured in the required timeframe.

Completion date: December 2015.

Project Lead: Linda Harris, ICT Applications Team Manager, Strategic and Corporate Services.

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From:	**Graham Gibbens, Cabinet Member for Social Care and Public Health and Andrew Ireland, Corporate Director Social Care, Health and Wellbeing**
To:	**Adult Social Care and Public Health Cabinet Committee - 2nd May 2014**
Subject:	**Adult Social Care Transformation and Efficiency Partner Update**
Classification:	**Unrestricted**
Past Pathway of Paper:	**DMT**
Future Pathway of Paper:	**-**
Electoral Division:	**All divisions**

Summary: This report provides an adult social care transformation and efficiency partner update.

Recommendation:

No specific decision is required.

The Cabinet Committee is asked to note the information provided in the report.

1. Background

1.1 Following the decision to appoint Newton Europe as the adult social care transformation and efficiency partner, a commitment was made to provide the Social Care and Public Health Committee with 6 monthly updates.

1.2 Newton Europe started working on site 7 May 2013. During the past 11 months 16-20 FTE consultants have worked alongside KCC staff to help deliver transformation.

1.3 The 3 main programmes of activity have been focused on:

- Care Pathway
- Optimisation
- Commissioning and Procurement

2. Care Pathways Programme Update

2.1 The 3 major projects within the Care Pathways Programme include:
- Telecare
- Enablement
- Promoting Independence Reviews

2.2 Since the start of the Enablement project an additional 1,239 people have benefited from enablement – many of whom have been enabled to live independently in their own homes with less or no homecare support.

2.3 Since the start of the Telecare project an additional 623 people have had telecare equipment installed which has helped them to remain living independently in their own homes. Newton Europe has also worked with Commercial Services to improve the efficiency of the installation process – thereby helping them to better meet the increase in demand at proportionately less cost.

2.4 One positive example of the use of telecare was an 83 year old lady with significant health issues, being cared for by her husband and considering long term care. The telecare provided improved the confidence of both husband and wife and prevented the possibility of carer breakdown (and therefore the greater costs of residential care).

2.5 Since the start of the Promoting Independence Reviews project 374 people have been reviewed and their packages adjusted according to their current needs and better use of available community resources. One example was a man with health, mental health and learning difficulties who was matched to a local voluntary organisation who could support him with financial management/correspondence issues. This support not only met his need but reduced the risk of financial abuse and increased social network (thereby preventing social isolation).

3. Optimisation Programme Update

3.1 The staff in any organisation handling sensitive data and visiting clients will spend a lot of their time doing paperwork and other tasks that do not directly help their clients. By making these processes more efficient, it is possible to increase the time our staff spend with service users dramatically.

3.2 Following the piloting of new processes and tools in Dover, we have seen the productivity of the team enhanced by 500%. This has been achieved through best use of resources, unblocking system barriers, reducing interfaces, and empowering and educating staff.

3.3 Further benefits include a reduction of 79% in the lead time from first contact to first assessment - which has dramatically improved outcomes for care recipients and their families.

3.4 The ‘model office’ approach is now being rolled out across all teams to ensure that these benefits are replicated across the county.

4. Commissioning and Procurement Programme Update

4.1 Following a robust tendering process, the number of homecare providers we use to deliver homecare to our service users has been reduced from 147 to 23. This is the first step in a set of planned changes which will allow us to work in closer partnership with the 23 providers. Benefits of the homecare retender include:

- the quality audit has guaranteed higher level of quality across providers;
- the 'trusted team' specification improves the continuity of the care workers who support an individual service user;
- more efficient allocation of work across geographical clusters leads to reduced distances/travel time for care workers and reduced costs for providers;
- care workers are able to support service users in their local communities;
- sustainable savings will be gained through economies of scale and geographical clustering;
- greater visibility of the quality and impact of the care being provided makes it easier for KCC to manage the contract compliance.

4.2 The reduction in providers means that a large number of service users will move to new providers from June to August. This 'mobilisation' process is planned in detail so as to mitigate risks.

4.3 Retendering work has also been completed for telecare monitoring. This has been successfully reduced the price per user per week from £2.11 to 24p.

5. Newton Europe Performance

5.1 In summary, the changes that Newton Europe has helped KCC to deliver have had significant impact on productivity, costs and service user outcomes.

5.2 The total of current and planned activity is expected to realise £30m of programme benefit.

5.3 It should be noted that this level of benefit will achievable without cutting any front line services.

6. Recommendation

Recommendation:

No specific decision is required. The Cabinet Committee is asked to note the information provided in the report.

7. Background Documents

7.1 Item 9 – Kent County Council, 17th May 2012 Adult Social Care Transformation Blueprint and Preparation Plan, May 2012
https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=113&MId=3905&Ver=4

7.2. Item B2 - Social Care and Public Health Cabinet Committee, 21 March 2013 - 13/00010 - Appointment of a Transformation and Efficiency Partner - Adult Social Care Transformation Programme
https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=747&MId=5129&Ver=4

7.3 Item B3 – Social Care and Public Health Cabinet Committee, 4 October 2013 - Adult Social Care Transformation and Efficiency Partner Update

8. Contact details

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

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

To: **Adult Social Care and Health Cabinet Committee - 2 May 2014**

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

Classification: **Unrestricted**

Past Pathway of Paper: None

Future Pathway of Paper: For approval by relevant Cabinet Members and Corporate Director

Electoral Division: All

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

Recommendation: The Cabinet Committee is asked to consider and comment on the draft 2014-15 Directorate business plan (Strategic Priority Statement) for the Social Care, Health and Wellbeing directorate, in advance of the final version being approved by the relevant Cabinet Members and Corporate Director.

1. Introduction

1.1 Directorate business plans are being introduced through the new business planning process for 2014-15, which was approved last year. One business plan is being produced for each of the four directorates in the new organisational structure and they will be known as Strategic Priority Statements. These replace the divisional business plans that were produced last year.

1.2 The new directorate business plans are designed to provide light touch summaries of the key priorities for each directorate, along with high level resourcing, risk and performance management information.

1.3 This paper presents the draft directorate business plan 2014-15 for the Social Care, Health and Wellbeing directorate, for consideration and comment by the Cabinet Committee.

1.4 Directorate business plans will be approved by the relevant Cabinet Members and Corporate Director. They will then be published online.

2. Financial Implications

2.1 Facing the Challenge sets out the ambitious pace and scale of transformation that we need to deliver over the coming years. It is recognised that the authority needs to focus its limited resources on activity which supports transformation and the continued delivery of services.

2.2 The development of directorate business plans supports this by streamlining the business planning process, freeing up officer capacity. The directorate business plans will provide concise and succinct statements on how KCC is delivering its strategic priorities.

3. Bold Steps for Kent and Policy Framework

3.1 The priorities set out in the draft Social Care, Health and Wellbeing directorate business plan build on the achievement of many of the priorities that were set out in Bold Steps for Kent.

3.2 In the context of Facing the Challenge, the directorate business plan looks beyond Bold Steps to identify priorities for the directorate in terms of service delivery and transformation to meet the future challenges.

4. Draft directorate business plan for the Social Care, Health and Wellbeing directorate

4.1 The new approach to business planning for 2014-15, including the development of directorate business plans (Strategic Priority Statements), was approved by Corporate Board in August 2013 and Policy & Resources Cabinet Committee in September 2013. The aim was to introduce a less burdensome and more proportionate approach to business planning, reducing the number of individual member-approved business plans from 25 divisional plans to four high-level directorate business plans. It was agreed that business plans will no longer be used to provide delegated authority for officers, as this had tended to be confusing and is unnecessary with the Officer Scheme of Delegations in place. This means that the approval of directorate business plans no longer needs to be a Key Decision.

4.2 Directorate business plans are designed to be light touch and high level. They provide a simple reference guide to the services that make up the new directorates, how each directorate is contributing to the Facing the Challenge agenda and set out the top level, collective directorate priorities for 2014-15.

4.3 The draft directorate business plan for the Social Care, Health and Wellbeing directorate comprises of the following sections:

- Corporate Director's foreword
- Who we are, what we do – providing a summary of the role and purpose of the five divisions in the directorate and the key service delivery priorities for the coming year

- Strategic directorate priorities – setting out five strategic themes for the directorate that are relevant to all of the services provided by Social Care, Health and Wellbeing. The strategic themes reflect the current context, both in terms of KCC's Facing the Challenge transformation agenda and the wider economic challenges that the county is facing, and this section explains how Social Care, Health and Wellbeing will make a contribution to addressing these challenges
- Key divisional objectives and priorities enhancing and supporting the strategic priorities
- Directorate resources – providing a summary of the financial and staff resources of the Social Care, Health and Wellbeing directorate
- Workforce development priorities
- Key Directorate Risks
- Performance Indicators and Activity Indicators

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

4.5 The directorate business plan includes a section on workforce development. The Directorate has identified a number of priorities for the year which will support staff to achieve the directorate's strategic priorities. The priorities are drawn from KCC's Workforce and Organisation Development Plan and Social Care, Health and Wellbeing's Organisational Development Group Action Plan, both of which provide more detail. Workforce development is supported by four organisation-wide development frameworks managed by HR.

4.6 Each directorate business plan includes a section on performance, listing the Key Performance Indicators (KPIs) and Activity Indicators that will be used to monitor and report on the directorate's performance over the year. A selection of KPIs and Activity Indicators is included in the Quarterly Performance Report to Cabinet and the Performance Dashboards are presented to Cabinet Committees. The next set of Dashboards will be presented to Cabinet Committees for consideration in the summer round of meetings.

4.7 Each directorate business plan also includes a section on the key directorate risks, which are set out in more detail in the Directorate Risk Register. Directorate Risk Registers are being refreshed in spring 2014 and will be brought to Cabinet Committees for consideration in the summer round of meetings.

5. Next steps

5.1 Following any final amendments, including in response to comments made by members of the Cabinet Committee, the final Directorate business plan for Social Care, Health and Wellbeing will be approved by the Corporate Director and relevant Cabinet Members.

5.2 The new business planning process does not remove the need for business planning below the directorate level. It is a management responsibility to ensure that business plans are still produced at divisional and/or business unit level by Directors and Heads of Service in order to run their area of the business effectively. These business plans will not need to comply with a corporate template or be approved corporately, allowing Directors, Heads of Service and managers the flexibility to use business planning tools and practices that best meet their requirements. Although these lower level business plans will not be approved by Members, they will be available to view and download in a dedicated area of KNet that will be published once the directorate business plans have received final sign-off.

6. Conclusions

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

7. Recommendation(s)

Recommendation: The Cabinet Committee is asked to consider and comment on the draft Directorate business plan (Strategic Priority Statement) 2014-15 for the Social Care, Health and Wellbeing directorate, in advance of the final version being approved by the relevant Cabinet Members and Corporate Director.

7.1 **Appendix1:**

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

8. Background Documents

8.1 Paper to Policy & Resources Cabinet Committee 25 September 2013 on the business planning process for 2014-15.

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Social Care, Health and Wellbeing Directorate
Strategic Priority Statement

2014-2015

This publication is available in other formats
and can be explained in a range of languages

24 hour helpline: 0300 333 5540
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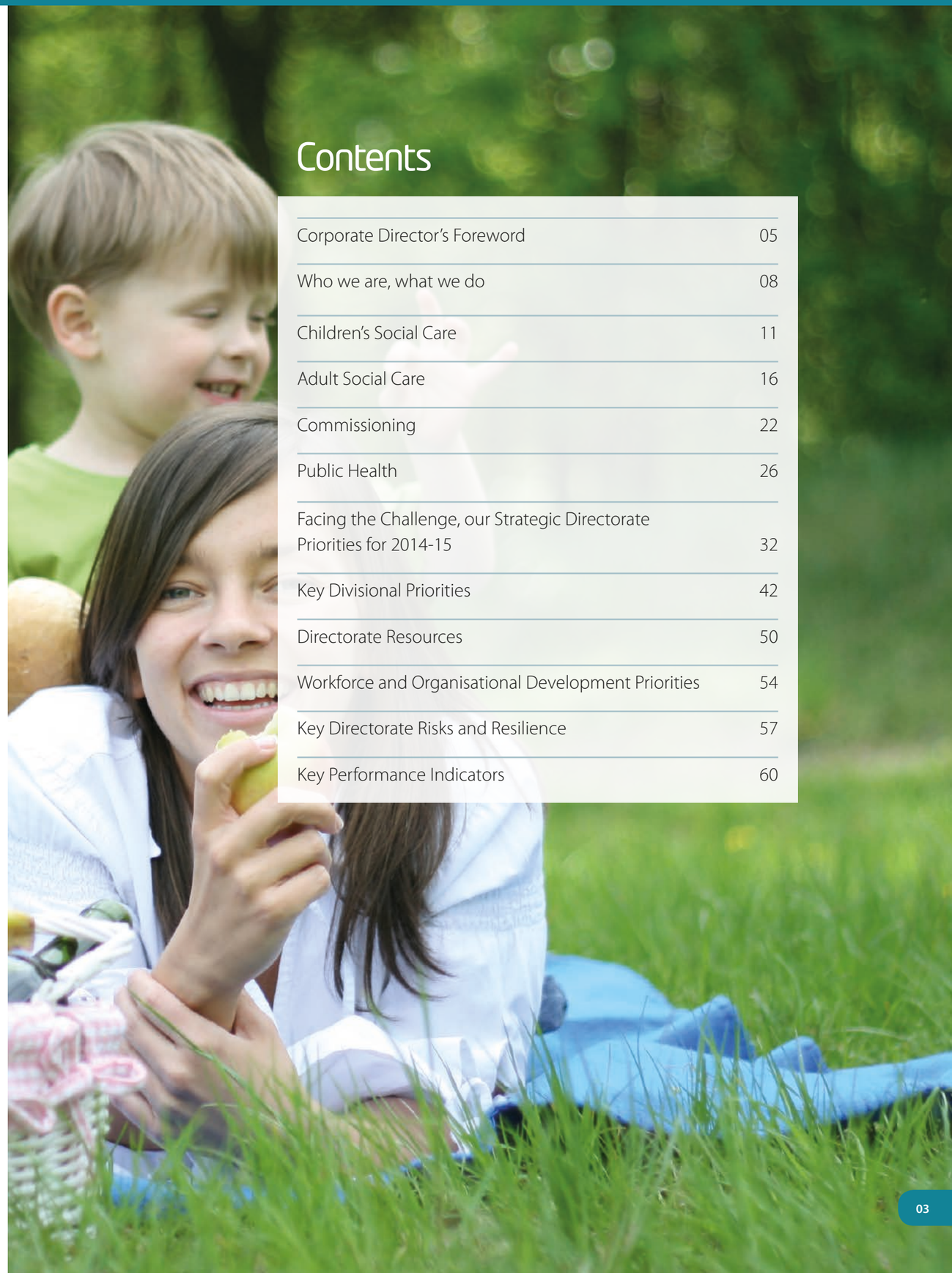
Social Care, Health and Wellbeing Directorate

Draft 2014/2015
Strategic Priority Statement

Kent County Council
kent.gov.uk

Growth, Environment & Transport Directorate



Contents

Social Care, Health and Wellbeing Directorate

Corporate Director's foreword

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

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

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

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

Resilience and enablement are consistent themes running throughout the different transformation programmes in the directorate. We will continue to work with the families of children and young people so they can make use of early help and preventative support that is geared towards building their resilience, improving the likelihood of dealing better with situations and reducing their dependency. The enablement strand of the adult services transformation programme is also designed to support adults with regaining or maintaining their independence.

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

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

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

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

Introduction

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

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

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

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

Social Care, Health and Wellbeing Directorate

Our vision

Our vision is ambitious and aims to promote and ensure:

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

We protect and improve the health of the population of Kent

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

Social Care, Health and Wellbeing Directorate Structure

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

Who we are, and what we do

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

What does Social Care, Health and Wellbeing do?

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

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

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

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

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

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

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

- provide care for over 6000 people enabling them to live safely in their own homes
- enable over 3000 older people and those with disabilities and mental health issues, choice and control over their care needs through personalised budgets and direct payments
- support 400 people a month following discharge from hospital into intermediate care
- support over 3000 adults with telecare services, maintaining independence and reducing hospital admissions
- support over 2500 adults with a learning disability to live independent lives in their own homes or with family carers
- support sixty 18 year olds with a learning disability to achieve their goals as they move into adulthood
- provide supported accommodation for over 700 adults with a learning disability enabling them to have choice about where they live
- have increased the proportion of people with mental health needs living in a stable environment, on a permanent basis
- have reduced admissions to permanent residential or nursing care to 120 per month; ensuring people can continue to live safely in their own community
- be part of the multi-agency Central Referral Unit partnership, with Police, Health, Probation and Children's Services, providing 24/7 immediate support
- work with carers organisations providing over 4000 carers with information and advice to ensure that carers are supported in their caring role
- safeguard adults at risk including carers and vulnerable victims of hate crime and domestic abuse in partnership with Police, Health and other multi-agency partners

Social Care, Health and Wellbeing Directorate

- provide support and safe accommodation to over 300 people experiencing or at risk of experiencing domestic abuse and their families
- work with over 3,500 vulnerable adults experiencing or at risk of homelessness or rough sleeping to achieve safe and stable accommodation and support
- reduce reoffending and encourage rehabilitation by providing supported accommodation to vulnerable ex-offenders
- work with local Gypsy and Travelling communities to offer specialist housing related support
- work to prevent problematic drug and alcohol misuse and promote improved health and wellbeing
- enable and support the long-term recovery, rehabilitation and social re-integration of people in Kent affected by drug and alcohol misuse
- support over 5,000 households in crisis with emergency goods and services to help them

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

- commission NHS health checks for over 25,000 people
- help over 4000 people to quit smoking
- commission sexual health services to promote safer sexual health, provide contraception advice, prevent the transmission of, test and treat sexually transmitted infections
- commission school nursing services and the National Child Measurement Programme
- work in partnership with District and Borough Councils to deliver healthy weight services and mental wellbeing services
- monitor the delivery of NHS screening and immunisation programmes
- provide public health advice to Kent's seven Clinical Commissioning Groups to support the commissioning of NHS services for local people

Children's Social Care - Specialist Children's Services

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

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

The service supports all children and young people across Kent:

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

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

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

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

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

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

Social Care, Health and Wellbeing Directorate

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

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

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

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

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

Central Referral Unit

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

The Safeguarding Unit

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

Family Group Conferencing

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

Social Care, Health and Wellbeing Directorate

Adoption Service

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

Fostering Service

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

Service for Unaccompanied Asylum Seeking Children

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

Disabled Children's Services and Short Breaks

Provides services for children whose disability is complex or profound.

Family Support Teams

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

Children in Care Teams

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

The Management Information Team

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

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

Adult Social Care

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

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

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

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

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

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

Social Care, Health and Wellbeing Directorate

Older People and Physical Disability

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

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

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

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

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

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

Locality Referral Management Service

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

Case Management Teams

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

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

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

Kent Enablement at Home

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

Social Care, Health and Wellbeing Directorate

Sensory and Autistic Spectrum Conditions Services

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

Registered Care Centres

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

Day Centres

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

Adult Community Teams

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

Health and Social Care Integration Team

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

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

Social Care, Health and Wellbeing Directorate

Learning Disability and Mental Health

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

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

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

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

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

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

Community Learning Disability Teams

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

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

Learning Disability Provision Services

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

Mental Health Services

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

Operational Support Unit

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

Commissioning

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

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

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

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

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

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

Social Care, Health and Wellbeing Directorate

Our top 3 priorities for Commissioning in 2014/15:

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

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

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

Social Care, Health and Wellbeing Directorate

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

Commissioning

Accommodation Solutions, Community Support, Commissioned Services and Children's Services commissioning units provide the strategic direction and practical support for the delivery of the commissioning function across adults and children's social care ensuring that the organisation is able to deliver its strategic priorities and fulfil its statutory obligations.
The Commissioned Services team commissions monitors and evaluates a diverse market of high quality services for vulnerable people in Kent.
Its focus is to provide the correct blend of preventative services and programmes that maximise the independence of vulnerable people and alleviate the need for more costly services such as residential or nursing care. These services include:

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

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

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

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

Adult Safeguarding Unit

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

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

Performance and Information Management (Adults)

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

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

Adults Transformation Team

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

Public Health

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

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

We do this working across three areas or domains:

Health Improvement

Health Protection

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

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

The service supports all people across Kent through:

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

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

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

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

- Reducing health inequalities through a life-course approach
- improving children's mental health and wellbeing
- Increasing levels of physical activity
- Improving adult mental health and wellbeing
- Improving sexual health and reducing teenage conceptions
- Reducing childhood obesity
- Enabling more people with chronic disease to live at home
- Reducing the harms caused by substance misuse and/or excessive alcohol drinking

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

- Providing appropriate access to sexual health services
- Taking steps to protect the health of the population
- Ensuring NHS Commissioners receive the public health advice they need
- Ensuring NHS Health checks are delivered
- Delivering the National Child Measurement Programme

Social Care, Health and Wellbeing Directorate

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

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

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

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

To deliver improved services through effective commissioning

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

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

Children & Young People

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

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

Health Improvement Services

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

Kent Public Health Observatory

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

Health Protection and Sexual Health

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

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

Mental Health & Community Wellbeing

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

Health and Social Care Integration and Health Inequalities

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

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

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

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

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

Promoting independence, resilience and enablement

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

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

Our main drivers for change

National Level

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

Local Level

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

In 2014-15 we will deliver:

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

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

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

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

1. Children's (Social Care) Transformation Programme

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

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

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

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

Children's (Social Care) Transformation is underpinned by the **Social Work Contract**. This sets out both the standard expected of our practitioners, and the support the organisation will offer them in return. The contract builds on the outcomes of the **Munro Review**, and, central to it is the importance of building relationships as the key to helping families change.

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

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

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

2. Adult Services Transformation Programme

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

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

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

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

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

Social Care, Health and Wellbeing Directorate

Draft 2014/15

Adult Services Transformation Programme

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

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

The integration of Health and Social Care services is being managed as part of a wider Adults Transformation, meaning that the redesign of our services will facilitate integration with the NHS. Kent is one of fourteen Pioneer areas in the Department of Health's Integrated Care and Support Pioneer Programme, which aims to establish new ways of delivering coordinated care. There is no funding attached with being a Pioneer area but it means that we have greater opportunity to secure freedom to remove barriers that can get in the way of integration. In Kent, the focus will be around creating an integrated health and social care system which aims to help people live as independent a life as possible, based on their needs and circumstances. By bringing together Clinical Commissioning Groups, Kent County Council, District Councils, acute services and the Voluntary Sector we will move to care and support provision that will promote greater independence for patients, whilst reducing care home admissions. In addition, a new workforce with the skills to deliver integrated care will be recruited.

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

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

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

Care Bill Preparation

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

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

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

Better Care Fund

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

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

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

3. Public Health Priorities

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

Public Health has three overriding aims, these are:

Improving the health of the Kent population

Protecting the health of the Kent population

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

Social Care, Health and Wellbeing Directorate

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

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

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

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

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

Social Care, Health and Wellbeing Directorate

Key Divisional priorities for 2014/15:

Specialist Children's Services key priorities for 2014/15

1. Recruitment and retention of qualified social work staff

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

2. Effective management and control of resources

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

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

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

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

Older People and Physical Disability key priorities for 2014/15

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

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

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

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

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

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

Social Care, Health and Wellbeing Directorate

Social Care, Health and Wellbeing Directorate

Learning Disability and Mental Health key priorities for 2014/15

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

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

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

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

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

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

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

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

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

Commissioning key priorities for 2014/15

1. Improving safeguarding and quality monitoring

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

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

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

3. Develop the commissioning function including training

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

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

Social Care, Health and Wellbeing Directorate

Public Health key priorities for 2014/15

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

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

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

2. To improve services through effective commissioning

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

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

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

Social Care, Health and Wellbeing Directorate

Directorate Resources

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

2014/15 Budget

2013-14 Revised Budget	Division	FTE	Staffing	Non staffing	Gross Expenditure	Service Income	Net Expenditure	Grants	Net Cost
		£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
11,999.2	Strategic Management and Directorate Budgets **(Andrew Ireland)**	7.5	978.0	9,598.5	10,576.5	-160.0	10,416.5	0.0	10,416.5
8,520.3	Commissioning **(Mark Lobban)**	192.5	7,877.6	22,126.0	30,003.6	-5,933.2	24.070.4	-15,553.9	8,516.5
172,198.0	Learning Disability and Mental Health **(Penny Southern)**	789.3	27,016.4	161,608.0	188,624.4	-13,317.6	175,306.8	-2,708.4	172,598.4
170,138.7	Older People and Physical Disability **(Anne Tidmarsh)**	1,352.0	36,037.7	220,590.3	256,628.0	-96,823.3	159,804.7	-6,610.0	153,194.7
384.0	Public Health **(Andrew Scott-Clark)**	56.0	3,647.2	34,552.7	38,199.9	-38.7	38,161.2	-38,161.2	0.0
124,109.4	Specialist Children's Services **(Mairead MacNeil)**	1,158.5	54,729.4	86,854.4	141,583.8	-4,214.2	137,369.6	-15,360.2	122,009.4
487,349.6	**Total**	**3,555.8**	**130,286.3**	**535,329.9**	**665,616.2**	**-120,487.0**	**545,129.2**	**-78,393.7**	**466,735.5**

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

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

Workforce and Organisational Development Priorities

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

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

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

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

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

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

Social Care, Health and Wellbeing Directorate

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

- Contribute to the KCC Strategic Workforce Development priorities, relating to Facing the Challenge, as defined by the KCC OD Group.
- Building on the Social Care Development Framework, identify the core knowledge, skills and techniques needed to work in an effective integrated way for all Directorate services.
- Use of workforce planning tools, such as succession planning and talent management, to ensure there are no gaps in service delivery and provide career development opportunities for staff to broaden their knowledge and experience within KCC, by encouraging movement within and between services (e.g. secondments, cross service projects, mentoring and work shadowing). This will include effective recruitment and resourcing targeted at key gaps within services.
- Promote workforce development opportunities and build capacity and capability across the Directorate by ensuring that staff at all levels engage with and benefit from the new development and training frameworks: the Staff Development Framework for support and administrative staff; the Social Care Development Framework and the Management and Leadership Development Framework, including the Management and Leadership Social Care offer.
- Undertake workforce development in areas that require new skills or are subject to significant change, e.g. Safeguarding/Mental Capacity Act, Care Bill, Children and Families Act, Special Educational Needs and Disabilities (SEND), Preventative Services, Integrated working, Commissioning, contract management, data analysis and performance measurement.
- Effective performance management to ensure effective management of services and high quality service delivery, utilising a competency based framework. This will include appropriate support for qualifications and agreed principles for progression.
- Support Managers within the Directorate to achieve the new Kent Manager Standard, which has been designed to ensure managers are equipped to deliver 'Facing the Challenge'.

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

- Facilitated sessions and support for new teams coming together to form new services and in doing things differently
- Knowledge and implementation of Organisation Design methodologies including use of 'Lean' processes in service redesign and exploring new service delivery models
- Developing self-sufficient managers and workforce through cultural change and building skills, confidence and flexibility.

Key Directorate Risks and Resilience

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

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

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

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

- Ensuring delivery of benefits from the Adult Social Care Transformation Portfolio, including the need for savings to be realised in tight timescales, while ensuring appropriate alignment with wider key organisational change programmes. This links to the ongoing challenge of managing demand for Adults and Children's Social Care services, a significant corporate risk for the Council.
- Delivery of our statutory duties to safeguard vulnerable adults and children, ensuring we keep strong management controls while facing challenges such as recruitment and retention of permanent high quality workforce.
- Reacting to and embedding recent and future legislative changes such as the Health and Social Care Act 2012, Welfare Reform Act 2012, Children and Families Act 2014 and the Care Bill.
- Ongoing public sector financial pressures which also impact on our partner organisations and private sector providers.
- The ability of the Kent and Medway Partnership Trust to deliver sufficient mental health services in order to meet statutory requirements.
- Achievement of the targets and benefits from the Children's (Social Care) Transformation Programme and the 0-25 Transformation Portfolio whilst not having an adverse effect on children's services.

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

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

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

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

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

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

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

Safeguarding of vulnerable adults and children;

Health and Social Care integration;

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

Welfare reform changes.

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

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

Social Care, Health and Wellbeing Directorate

Sustainability

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

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

The Directorate outlines how we will deliver its priorities through the annual Sustainability and Climate Change Action Plan, which is a Public Health Outcome Framework target. The Action Plan is designed to ensure compliance with any relevant environmental legislation, awareness of the Directorate's significant environmental impacts and the reduction of our impacts and continual improvement of our environmental performance. We recognise the vital role that the Director of Public Health and Health and Wellbeing Board can take in developing locally relevant plans.

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

Key Performance Indicators and Activity Thresholds

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

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

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

Our Quarterly Performance Report

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

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

Key Performance Indicators

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

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

Social Care, Health and Wellbeing Directorate

Key Performance Indicators

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

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

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

Activity Indicators - Thresholds represent range of the activity expected

	Indicator Description	Threshold	Q1	Q2	Q3	Q4	2014/15 Expected
SCS 08	Number of Referrals in the Quarter	Upper	4,800	4,800	4,800	4,800	19,200
		Lower	3,800	3,800	3,800	3,800	15,200
SCS 09	Number of Children in Need (Quarter end snapshot)	Upper	9,000	9,000	9,000	9,00	
		Lower	7,800	7,800	7,800	7,800	
SCS 10	Number of children with a Child Protection Plan (Quarter end snapshot)	Upper	1,300	1,300	1,300	1,300	
		Lower	900	900	900	900	
SCS 11	Number of indigenous Children in Care (Quarter end snapshot)	Upper	1,700	1,700	1,700	1,700	
		Lower	1,400	1,400	1,400	1,400	
CS 05	Number of Adult drug users in treatment (in the last 12 months)	Upper	2,900	2,900	2,900	2,900	
		Lower	2,600	2,600	2,600	2,600	
CS 06	Number of Adult alcohol users in treatment (in the last 12 months)	Upper	1,800	1,800	1,800	1,800	
		Lower	1,600	1,600	1,600	1,600	
AS01	Number of older persons in residential care		2654	2614	2574	2536	2536
AS02	Number of older persons in nursing care		1417	1417	1417	1417	1417
AS03	Number of older persons receiving domiciliary care		4898	4698	4398	4037	4037
AS04	Number of people with learning disabilities in residential care		1244	1243	1242	1240	1240
AS05	Contacts resolved at source		45%	48%	51%	55%	55%
AS06	Number of people receiving Telecare						TBC
AS07	Number of enablement referrals		790	790	800	800	800

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From: Graham Gibbens, Cabinet Member for Adult Social Care & Public Health
Andrew Ireland, Corporate Director for Social Care, Health & Wellbeing

To: **Adult Social Care & Health Cabinet Committee**

Date: **2 May 2014**

Subject: Adult Social Care Performance Dashboard for February 2014

Classification: Unrestricted

Summary: The performance dashboard provides members with progress against targets set for key performance and activity indicators for Feb 2014 for Adult Social Care.

Recommendation: Members are asked to REVIEW the performance dashboard

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Introduction

1. Appendix 2 Part 4 of the Kent County Council Constitution states that:

   "Cabinet Committees shall review the performance of the functions of the Council that fall within the remit of the Cabinet Committee in relation to its policy objectives, performance targets and the customer experience."

2. To this end, each Cabinet Committee is receiving a performance dashboard.

Performance Report

3. The main element of the Performance Report can be found at Appendix A, which is the Adults Social Care dashboard which includes latest available results for the key performance and activity indicators

4. The Adult Social Care dashboard is a subset of the detailed monthly performance report that is used at team, DivMT and DMT level. The indicators included are based on key priorities for the Directorate, as outlined in the business plans, and include operational data that is regularly used within Directorate. The dashboard will evolve for Adults Social Care as the transformation programme is shaped.

5. Cabinet Committees have a role to review the selection of indicators included in dashboards, improving the focus on strategic issues and qualitative outcomes, and this will be a key element for reviewing the dashboard

6. A subset of these indicators is also used within the quarterly performance report, which is submitted to Cabinet.

7. As an outcome of this report, members may make reports and recommendations to the Leader, Cabinet Members, the Cabinet or officers.

8. Performance results are assigned an alert on the following basis:

Green: Current target achieved or exceeded

Red: Performance is below a pre-defined minimum standard

Amber: Performance is below current target but above minimum standard.

9. Due to the advanced publishing deadlines, the latest report which is available is February 2014. It is expected that further information on March 2014 will be available for the meeting on 2 May.

Recommendations

10. Members are asked to:
REVIEW performance dashboards

Contact Information

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Appendix A: Adult Social Care Dashboard, Feb 2014

Background documents: None

Adult Social Care Dashboard

February 2014

APPENDIX A

Key to RAG (Red/Amber/Green) ratings applied to KPIs

GREEN	Target has been achieved or exceeded
AMBER	Performance is behind target but within acceptable limits
RED	Performance is significantly behind target and is below an acceptable pre-defined minimum *****
↑	Performance has improved relative to targets set
↓	Performance has worsened relative to targets set

* In future, when annual business plan targets are set, we will also publish the minimum acceptable level of performance for each indicator which will cause the KPI to be assessed as Red when performance falls below this threshold.

Adult Social Care Indicators

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

Some indicators are monthly indicators, some are annual, and this is clearly stated.

All information is as at September 2013 where possible, with a few indicators still requiring some update, with new targets and indicators being chosen.

Following months will provide all information.

APPENDIX A

Summary of Performance for our KPIs

Indicator Description	Bold Steps	QPR	2012-13 Outturn	Current 2013-14 Target	Current Position	Data Period	RAG	Direction of Travel
1. Percentage of adult social care clients with community based services who receive a personal budget and/or a direct payment	Y	Y	76%	80%	**66.94%**	12M	**RED**	↓
2. Proportion of personal budgets given as a direct payment	Y		21.7%	30%	**25.9%**	12M	**See Page 5**	↑
3. Number of adult social care clients receiving a telecare service	Y	Y	1596	1750	**2992**	Cumulative	**GREEN**	↑
4. Percentage of people with short term intervention that had no further service	Y	Y	45.5%	46%	**48.98%**	12M	**GREEN**	↑
5 Percentage of clients satisfied that desired outcomes have been achieved at their first review		Y	74%	75%	**77%**	Month	**GREEN**	↑
6. Proportion of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services			84%	85%	**87.92%**	Month	**GREEN**	↓
7. Delayed transfers of care	Y		5.68	5.40	**5.84**	12M	**AMBER**	↑
8. Admissions to permanent residential care for older people			149	130	**127**	12M	**GREEN**	↑
9. People with learning disabilities in residential care	Y		1265	1260	**1245**	Month	**GREEN**	↓
10. Proportion of adults in contact with secondary mental health in settled accommodation	Y		86%	75%	**86.50%**	Quarterly	**GREEN**	↑
11. Percentage of contacts resolved at source		Y	26.3%	28%	**41.0%**	Month	**GREEN**	↑

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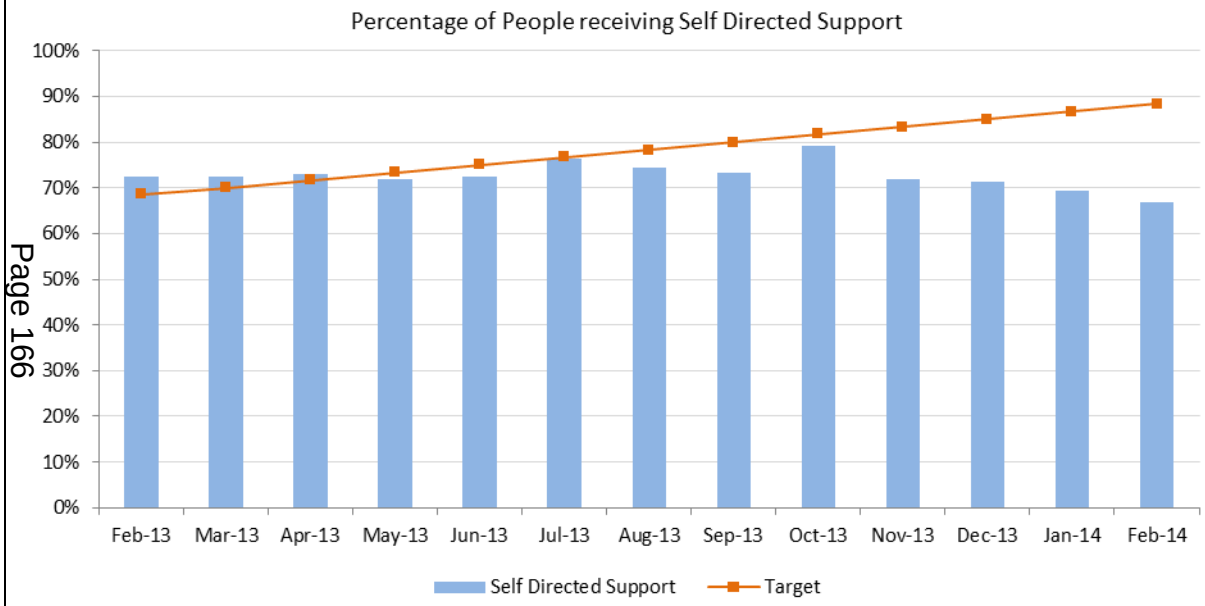
1. Percentage of adult social care clients with community based services who receive a personal budget and/or a direct payment			RED ⇩
Bold Steps Priority/Core Service Area	Empower social service users through increased use of personal budgets	**Bold Steps Ambition**	Put the Citizen in Control
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh/ Penny Southern
Portfolio	Adult Social Care and Public Health	**Division**	Older People and Physical Disability /Learning Disability and Mental Health



Data Notes.
Units of Measure: Percentage of people with an open service who have a Personal Budget or Direct Payment
Data Source: Adult Social Care Swift client System – Personal Budgets Report

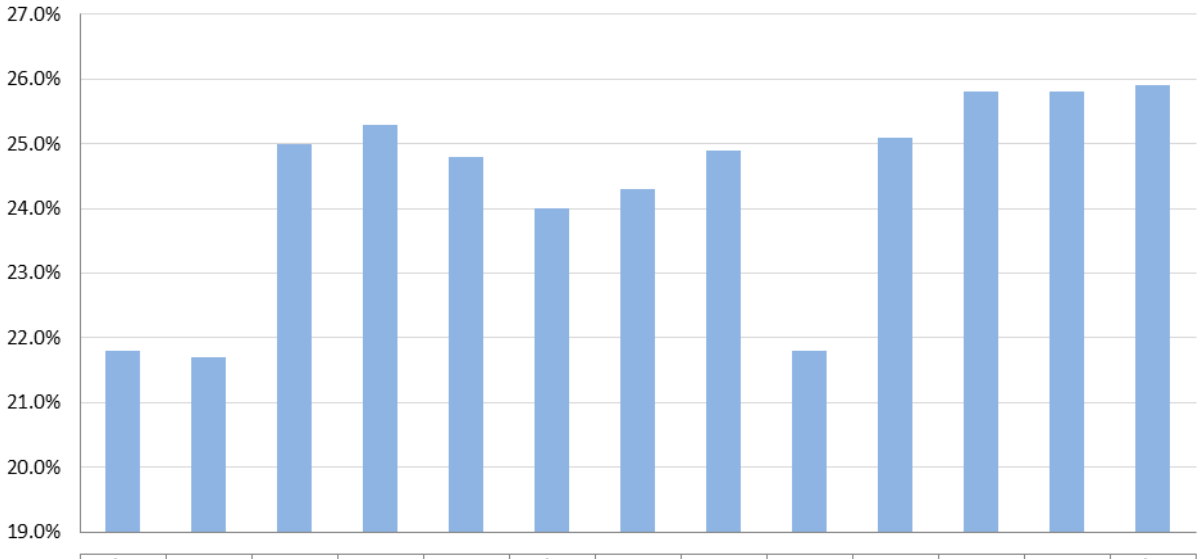
Data is reported as the snapshot position of current clients at the quarter end.

Quarterly Performance Report Indicator
Bold Step Indicator

Trend Data	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14
Client Numbers	12099	12225	12090	12239	12623	12614	12557	12402	12359	12297	12185	11968	11957
Percentage	72.30%	72.50%	73.10%	72.00%	72.30%	76.50%	74.28%	73.38%	79.10%	71.90%	71.22%	69.31%	66.94%
Target	**68.6%**	**70.0%**	**71.7%**	**73.3%**	**75.0%**	**76.7%**	**78.3%**	**80.0%**	**81.7%**	**83.3%**	**85.0%**	**86.7%**	**88.3%**
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER	RED	RED	RED	RED

APPENDIX A

2. Proportion of personal budgets taken as direct payments



	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14
Series1	21.8%	21.7%	25.0%	25.3%	24.8%	24.0%	24.3%	24.9%	21.8%	25.1%	25.8%	25.8%	25.9%

Data Notes.
Units of Measure: Percentage of Personal Budgets taken as a Direct Payment
Data Source: Adult Social Care Swift client System – Personal Budgets & Direct Payments Reports

Bold Steps indicator

Commentary

The proportion of people who have a personal budget continues to decline, as anticipated, because of the implementation of the transformation programme. With the roll out of the efficiency programs in relation to the assessment process, outcome focussed reviews and a drive to increase enablement, there has inevitably been an impact on the sustainability of some performance areas. As cases are transferred and staff moved into different roles this period of transition means there will be a drop in performance before it is fully embedded as there isn't the same level of capacity to implement these changes and sustain performance levels. It is fully anticipated that in the coming months, these new ways of working will significantly improve efficiency and outcomes for our service users, and performance will improve.

In addition, with more clients now receiving enablement services and with a stronger focus on short term interventions to reduce the need to provide long term care packages there are more clients where a personal budget would not be suitable.

For 2012/13 Kent was ahead of national average for delivery of Personal Budgets which was only at 56%.
NB: As discussed previously at Cabinet Committee, the direct payment indicator is not RAG rated because direct payments are a choice that service users take.

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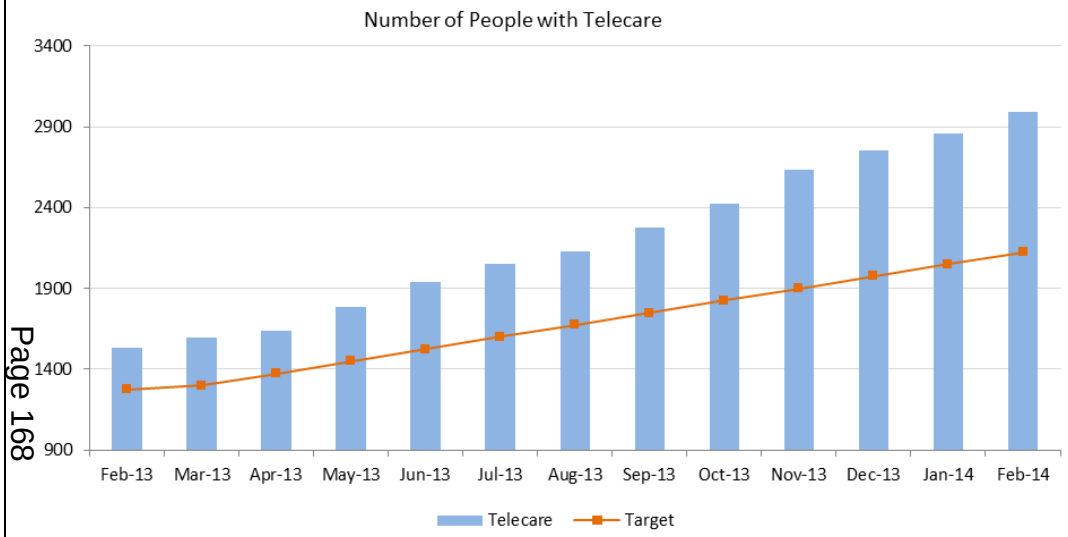
3. Number of adult social care clients receiving a telecare service			GREEN ⇧
Bold Steps Priority/Core Service Area	Empower social service users through increased use of personal budgets	**Bold Steps Ambition**	Put the Citizen in Control
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh/ Penny Southern
Portfolio	Adult Social Care and Public Health	**Division**	Older People and Physical Disability/ Learning Disability and Mental Health



Data Notes.
Units of Measure: Snapshot of people with Telecare as at the end of each month
Data Source: Adult Social Care Swift client System

Quarterly Performance Report Indicator
Bold Step Indicator

	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14
Telecare	1534	1596	1638	1784	1937	2051	2130	2276	2426	2634	2754	2859	2992
Target	**1275**	**1300**	**1375**	**1450**	**1525**	**1600**	**1675**	**1750**	**1825**	**1900**	**1975**	**2050**	**2125**
RAG rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary

Telecare is now a mainstream service, after being managed centrally. The teams are now more experienced in considering telecare at every opportunity when assessing and reviewing clients as a means for maintaining independence. In addition, there is improved communication between the hospitals, the teams and the equipment store so data input is timelier. Targets have been set for all teams during the year, which are monitored on a monthly basis. There will be a further indicator in future reports which look at the types of equipment being provided.

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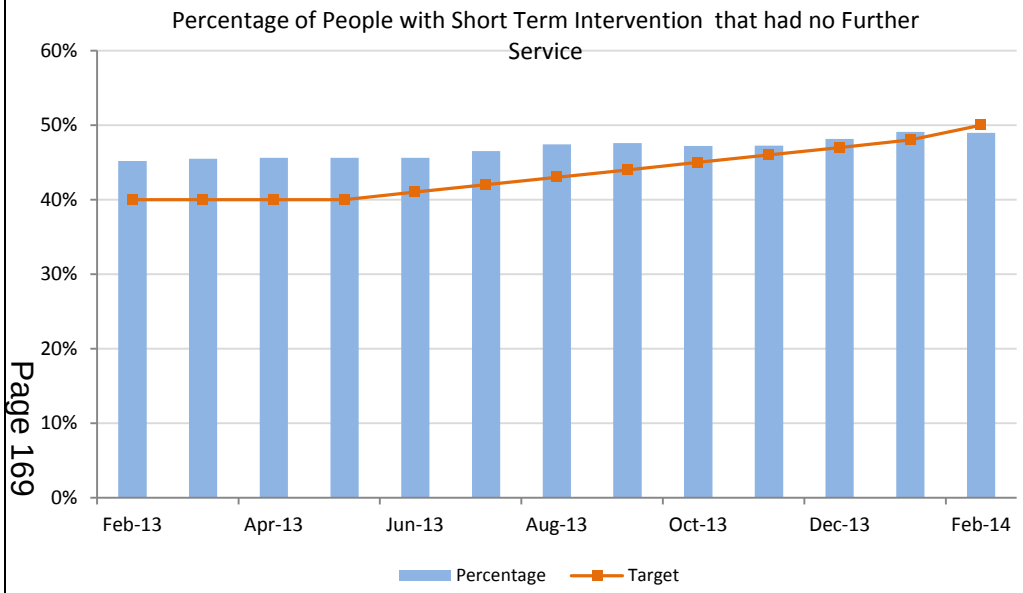
4. Percentage of people with short term intervention that had no further service			GREEN ⇧
Bold Steps Priority/Core Service Area	Empower social service users through increased use of personal budgets	**Bold Steps Ambition**	Put the Citizen in Control
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Adult Social Care and Public Health	**Division**	Older People and Physical Disability



Data Notes.
Units of Measure: Number of people who had a ST Intervention that had no further Service
Data Source: SALT report

Quarterly Performance Report indicator
Bold Steps Indicator

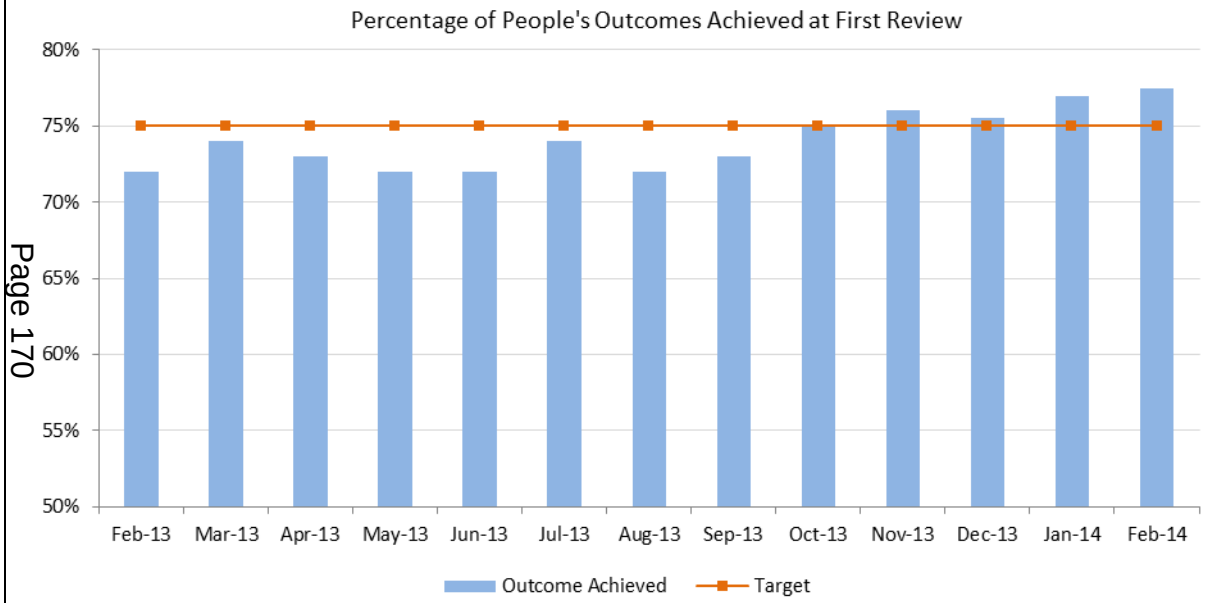
Trend Data	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14
Target	**40%**	**40%**	**40%**	**40%**	**41%**	**42%**	**43%**	**44%**	**45%**	**46%**	**47%**	**48%**	**50%**
Percentage	45.20%	45.50%	45.60%	45.60%	45.60%	46.50%	47.40%	47.60%	47.22%	47.23%	48.13%	49.08%	48.98%
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary

This is a new indicator, based on the new national data collection. It supports one of the key objectives of Adult Social care and aims to measure the effectiveness of short term intervention, looking at the percentage of people who are successfully enabled to stay at home with no further support from Social Care. This will include the provision of services such as enablement, intermediate care and equipment.

The target associated with this indicator is incremental over the year with an end year target of 50%.

5. Percentage of social care clients who are satisfied that desired outcomes have been achieved at their first review			GREEN ⇧
Bold Steps Priority/Core Service Area	Empower social service users through increased use of personal budgets	**Bold Steps Ambition**	Put the Citizen in Control
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh/ Penny Southern
Portfolio	Adult Social Care and Public Health	**Division**	Older People and Physical Disability /Learning Disability and Mental Health



Data Notes.
Tolerance: Higher values are better
Unit of measure: Percentage
Data Source: Adult Social Care Swift client system

Data is reported as percentage for each quarter.

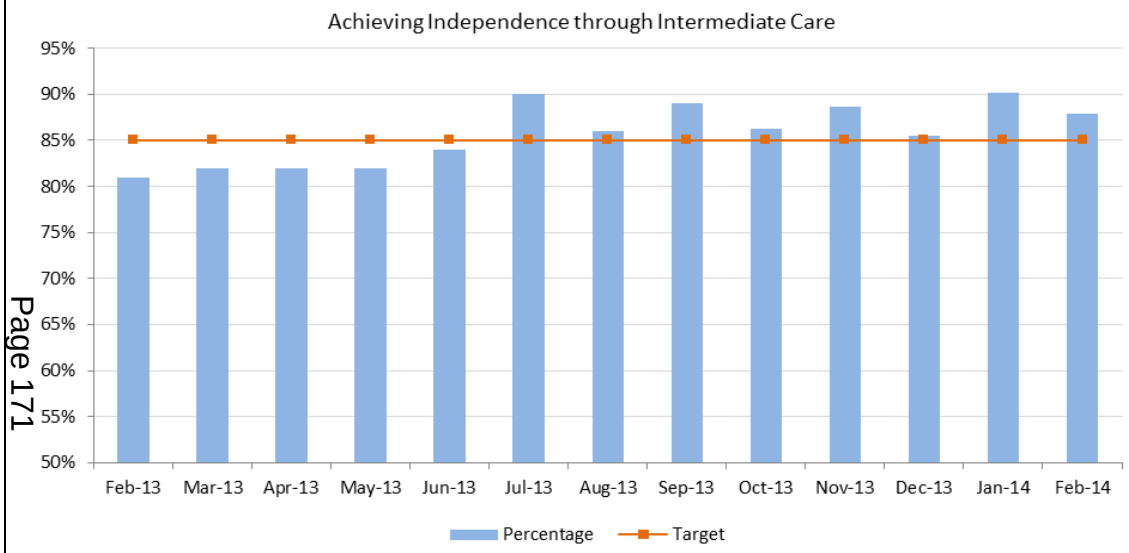
No comparative data is currently available for this indicator.

Quarterly Performance Report Indicator

Trend Data	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14
Achieved	72%	74%	73%	72%	72%	74%	72%	73%	75%	76%	76%	77%	77%
Target	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**
RAG Rating	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary
People's needs and outcomes are identified at assessment and then updated at review, in terms of achievement and satisfaction. Workshops have started to provide additional training and guidance in respect of identifying outcomes.

6. Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services			GREEN ⇩
Bold Steps Priority/Core Service Area	Support the transformation of health and social care in Kent	**Bold Steps Ambition**	Put the Citizen in Control
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Adult Social Care and Public Health	**Division**	Older People and Physical Disability



Data Notes.
Units of Measure: Percentage of older people achieving Independence and back home after receiving Intermediate Care following discharge from hospital
Data Source: Manual Data Collection

Trend Data	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14
Percentage	81%	82%	82%	82%	84%	90%	86%	89%	86.30%	88.60%	85.47%	90.18%	87.92%
Target	**85%**	**85%**	**85%**	**85%**	**85%**	**85%**	**85%**	**85%**	**85%**	**85%**	**85%**	**85%**	**85%**
RAG Rating	AMBER	AMBER	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary

This indicator identifies where patients are **three months** after receiving intermediate care and relies on health and social care data being compared. There are about 400 referrals a month which are supported from hospital and into intermediate care.
This position continues to be monitored, particularly in light of the increasing pressures being experienced from the hospitals, including ward closures and where there are some waiting lists for intermediate care, which can put pressure on the teams to make residential and nursing placements.

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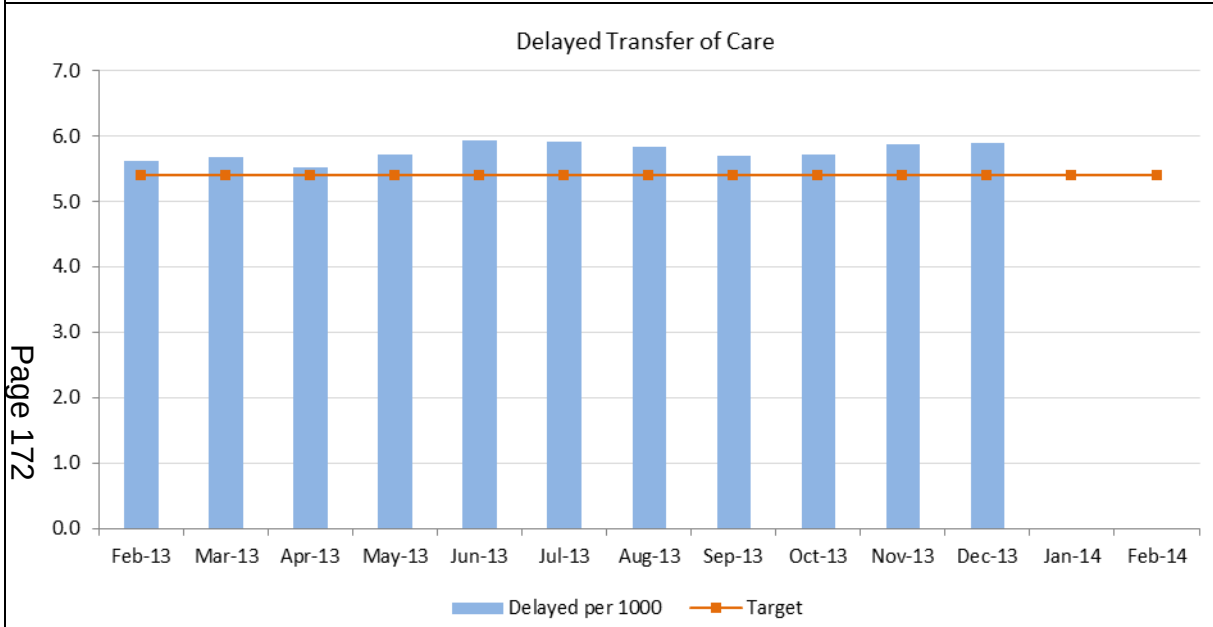
7. Delayed transfers of care			AMBER ⇧
Bold Steps Priority/Core Service Area	Support the transformation of health and social care in Kent	**Bold Steps Ambition**	Put the Citizen in Control
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Adult Social Care and Public Health	**Division**	Older People and Physical Disability



Data Notes.
This indicator is displayed as the number of delays per month as a rate per 100,000 population.

Bold Step Indicator

Trend Data	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14
People	5.63	5.68	5.53	5.71	5.93	5.92	5.84	5.69	5.71	5.87	5.9	TBC	TBC
Target	**5.4**	**5.4**	**5.4**	**5.4**	**5.4**	**5.4**	**5.4**	**5.4**	**5.4**	**5.4**	**5.4**	**5.4**	**5.4**
RAG Rating	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER		

Commentary

Delay transfers can be affected by many factors, mainly client choice and health based reasons. Whilst there are ongoing pressures to find social care placements, these have been eased with support such as intermediate care, and step down beds. Information relating to delayed transfers of care is collected from health on a monthly basis, and reasons for delays are routinely examined. Currently about 25% delays are attributable to Adult Social Care. The top three reasons for delays includes: Waiting NHS non-acute care, patient choice and then Social care assessment.

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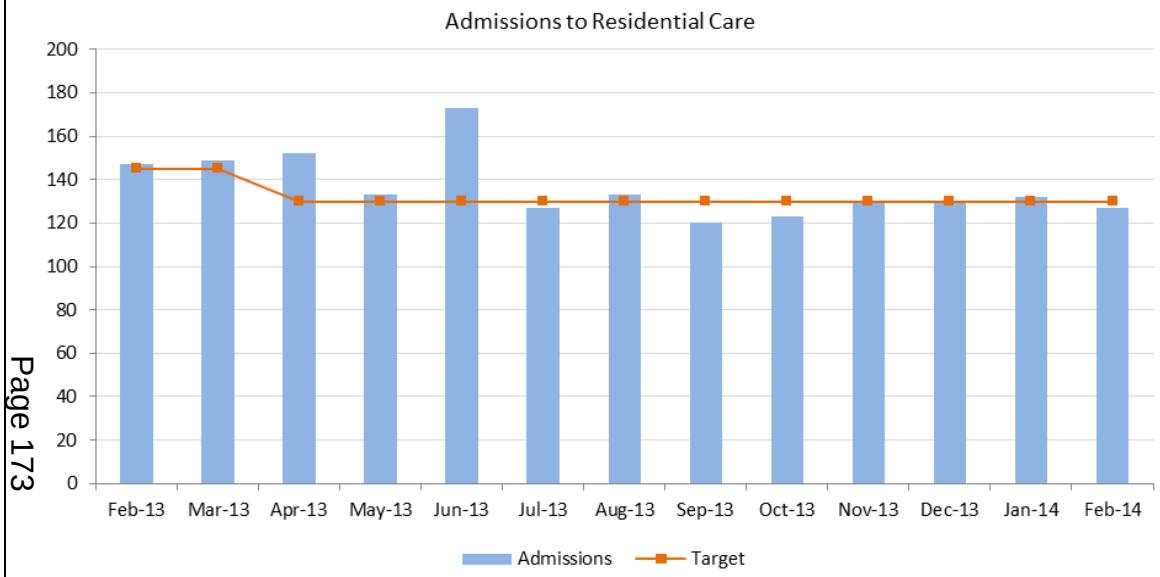
8. Admissions to permanent residential care for older people			GREEN ⇧
Bold Steps Priority/Core Service Area	Support the transformation of health and social care in Kent	**Bold Steps Ambition**	Put the Citizen in Control
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Adult Social Care and Public Health	**Division**	Older People & Physical Disability



Data Notes.

Units of Measure: Older People placed into Permanent Residential Care per month.

Data Source: Adult Social Care Swift client System – Residential Monitoring Report

Trend Data	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14
Admissions	147	149	152	133	173	127	133	120	123	129	130	132	127
Target	145	145	130	130	130	130	130	130	**130**	**130**	**130**	**130**	**130**
RAG Rating	AMBER	AMBER	RED	AMBER	RED	GREEN	AMBER	GREEN	GREEN	GREEN	GREEN	AMBER	GREEN

Commentary

Reducing admissions to permanent residential or nursing care is a clear objective for the Directorate. Many admissions are linked to hospital discharges, or specific circumstances or health conditions such as breakdown in carer support, falls, incontinence and dementia. As part of the monthly budget and activity monitoring process, admissions are examined, to understand exactly why they have happened. The objectives of the transformation programme will be to ensure that the right services are in place to ensure that people can self manage with these conditions, and ensure that a falls prevention strategy and support is in place to reduce the need for admission. In the meantime, there are clear targets set for the teams which are monitored on a monthly basis, and an expectation that permanent admissions are not made without all other alternatives being exhausted.

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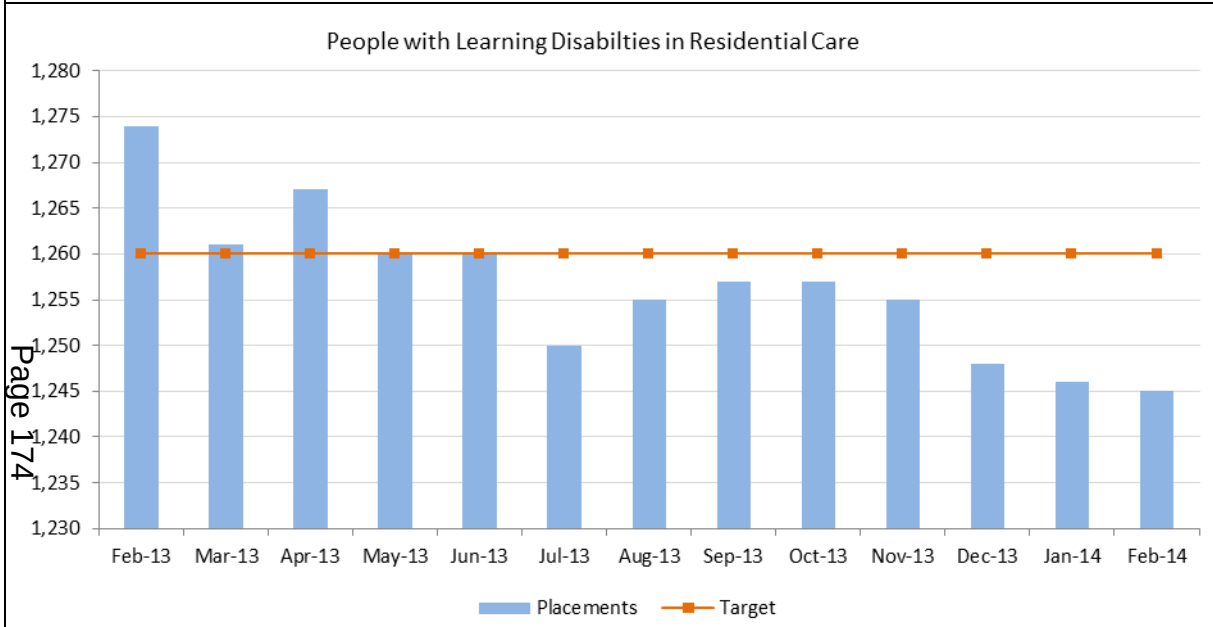
9. People with learning disabilities in residential care			GREEN ⇩
Bold Steps Priority/Core Service Area	Improve services for the most vulnerable people in Kent	**Bold Steps Ambition**	To tackle disadvantage
Cabinet Member	Graham Gibbens	**Director**	Penny Southern
Portfolio	Adult Social Care and Public Health	**Division**	Learning disability



Data Notes.
Units of Measure: Number of people with a learning disability in permanent residential care as at month end.
Data Source: Monthly activity and budget monitoring.

Bold Steps Indicator

Trend Data	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14
Placements	1274	1261	1267	1260	1260	1250	1255	1257	1257	1255	1248	1246	1245
Target	**1260**	**1260**	**1260**	**1260**	**1260**	**1260**	**1260**	**1260**	**1260**	**1260**	**1260**	**1260**	**1260**
RAG Rating	AMBER	AMBER	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN	AMBER	AMBER	GREEN	GREEN	GREEN

Commentary
It is a clear objective of the Directorate to ensure that as many people with a learning disability live as independently as possible. All residential placements have now been examined to ensure that where possible, there will be a choice available for people to be supported through supported accommodation, adult placements and other innovative support packages which enable people to maintain their independence. In addition, the teams continue to work closely with the Children's team as young people coming into Adult Social Care through transition from the majority of the new residential placements.

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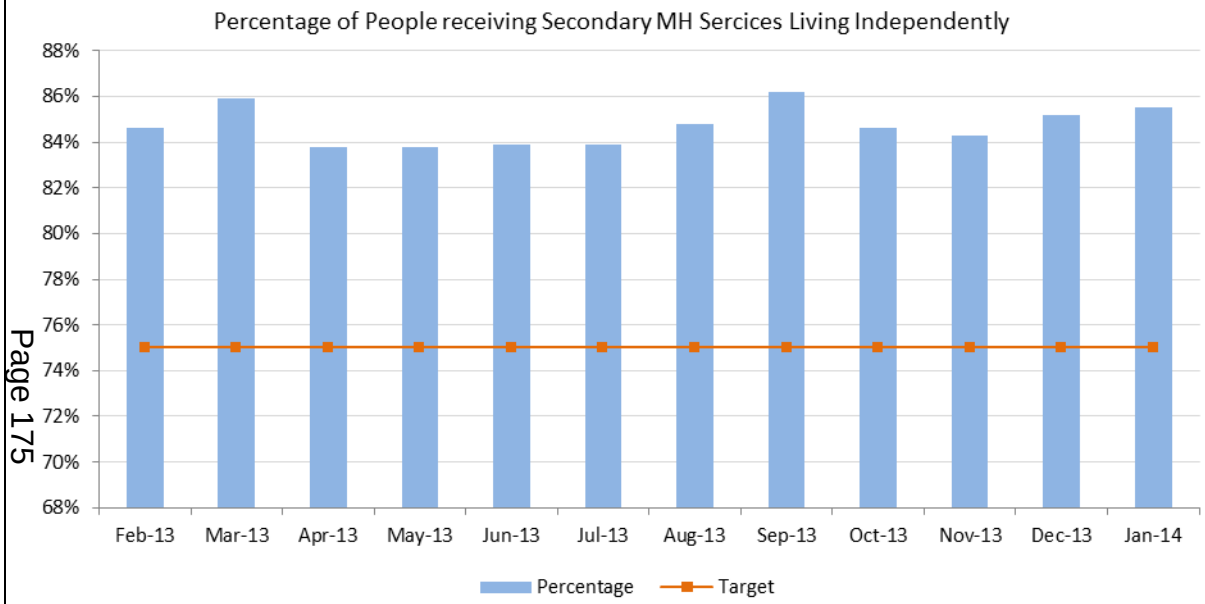
10. Proportion of adults in contact with secondary mental health services living independently, with or without support			GREEN ⇧
Bold Steps Priority/Core Service Area	Improve services for the most vulnerable people in Kent	**Bold Steps Ambition**	To tackle disadvantage
Cabinet Member	Graham Gibbens	**Director**	Penny Southern
Portfolio	Adult Social Care and Public Health	**Division**	People with Mental Health needs



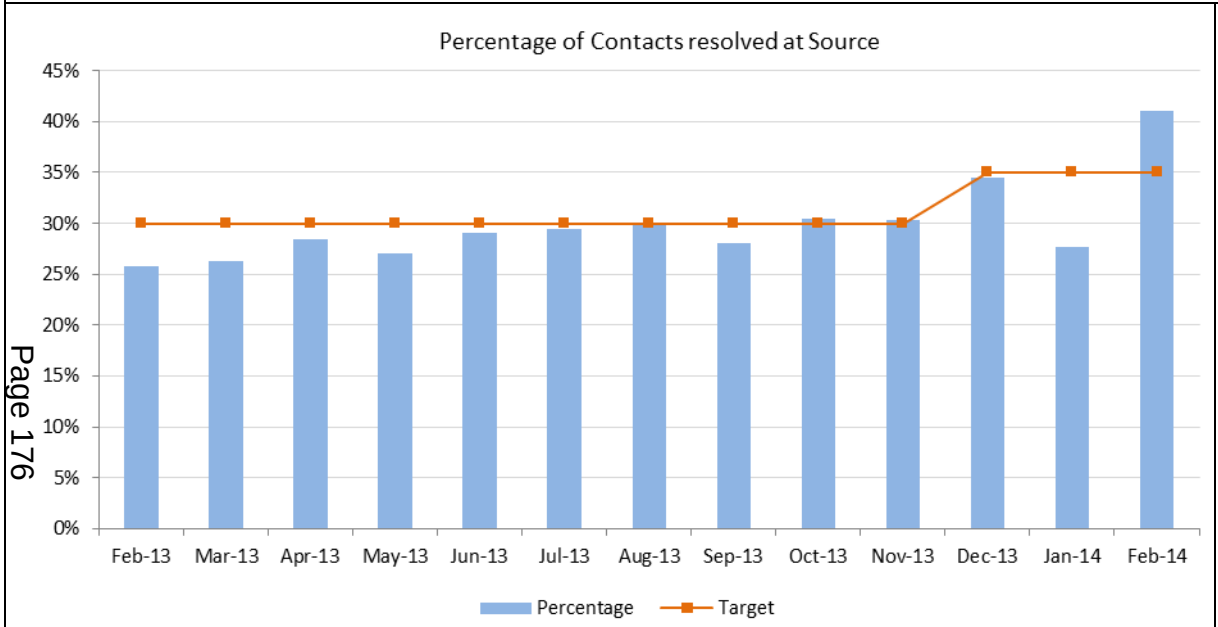
Data Notes.
Units of Measure: Proportion of all people who are in settled accommodation
Data Source: KPMT – quarterly

Bold Step Indicator

Trend Data	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14
Percentage	84.60%	85.90%	83.80%	83.80%	83.90%	83.90%	84.80%	86.20%	84.60%	84.30%	85.20%	85.50%	86.50%
Target	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary
This has been included for the first time, including data from KPMT and will be updated on a quarterly basis. Settled accommodation "Refers to accommodation arrangements where the occupier has security of tenure or appropriate stability of residence in their *usual* accommodation in the medium- to long-term, or is part of a household whose head holds such security of tenure/residence." It provides an indication of the proportion of people with mental health needs who are in a stable environment, on a permanent basis.

11. Percentage of contacts resolved at source			GREEN ⇧
Bold Steps Priority/Core Service Area	Improve services for the most vulnerable people in Kent	**Bold Steps Ambition**	To tackle disadvantage
Cabinet Member	Graham Gibbens	**Director**	Penny Southern
Portfolio	Adult Social Care and Public Health	**Division**	People with Mental Health needs



Data Notes.

Data Source: SWIFT report but this will be monitored using the Locality Referral Management Service information.

Trend Data	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14
Percentage	25.78%	26.33%	28.37%	26.99%	29.11%	29.50%	29.90%	28.07%	30.43%	30.28%	34.50%	27.71%	41.00%
Target	**30%**	**30%**	**30%**	**30%**	**30%**	**30%**	**30%**	**30%**	**30%**	**30%**	**35%**	**35%**	**35%**
RAG Rating	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	GREEN	GREEN	AMBER	AMBER	GREEN

Commentary

The provision to Information, advice and guidance is a critical element of prevention for the Directorate. The recent set up of the Locality Referral Management System teams will assist with this, together with the optimisation workstream. The target associated with this is incremental over the year, with an end of year target of 35%.

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

Andrew Scott-Clark, Acting Director of Public Health

To: Adult Social Care and Health Cabinet Committee

Date: 2nd May 2014

Subject: Public Health Performance - Adults

Classification: Unrestricted

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

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

Recommendation(s): The Adult Social Care and Health Cabinet Committee is asked to
- agree to the additional Public Health indicators for future reports.
- agree to an additional indicator surrounding weight management services

1. Introduction

1.1 This report provides an overview of the key performance indicators for Kent Public Health which relate to services for adults; the report includes a range of national and local performance indicators.

1.2 There are a wide range of indicators for Public Health including the indicators contained in the Public Health Outcomes Framework (PHOF). This report will focus on the indicators which are presented to KCC Cabinet, and which are relevant to this committee.

1.3 Following the transition of Health services into KCC in April 2013, a Public Health performance framework has been developed and implemented. This systematic focus on performance has identified concerns about the performance of a number of key programmes.

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

2 Performance Indicators

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

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

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

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

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

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

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

[1] Key to direction of travel arrows is at Appendix A

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

2.8 Work is currently being conducted on modelling smoking cessation service targets for 2014/15, with an emphasis on targeting at CCG level.

2.9 The health trainer service continues to engage new clients and work with those in the most deprived areas of Kent; Public Health is working with the provider to move from activity-based metrics towards outcome-focussed indicators.

2.10 For 2014/15, it is proposed that the following wider Public Health indicators are presented in future reports:

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

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

1.3 The Committee is asked to agree to an additional indicator on Kent Public Health commissioned weight management services. Currently options are under development and will be in line with the review of Healthy Weight services currently being conducted by Public Health.

4. Conclusions

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

5. Recommendation(s)

Recommendation(s)**:** The Adult Social Care and Health Cabinet Committee is asked to:

- agree to the additional Public Health indicators for future reports.
- agree to an additional indicator surrounding weight management services

6. Background Documents

6.1 None

7. Contact details

Report Author

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Relevant Director:

- Andrew Scott-Clark: Acting Director of Public Health
- 0300 333 5176
- Andrew.scott-clark@kent.gov.uk

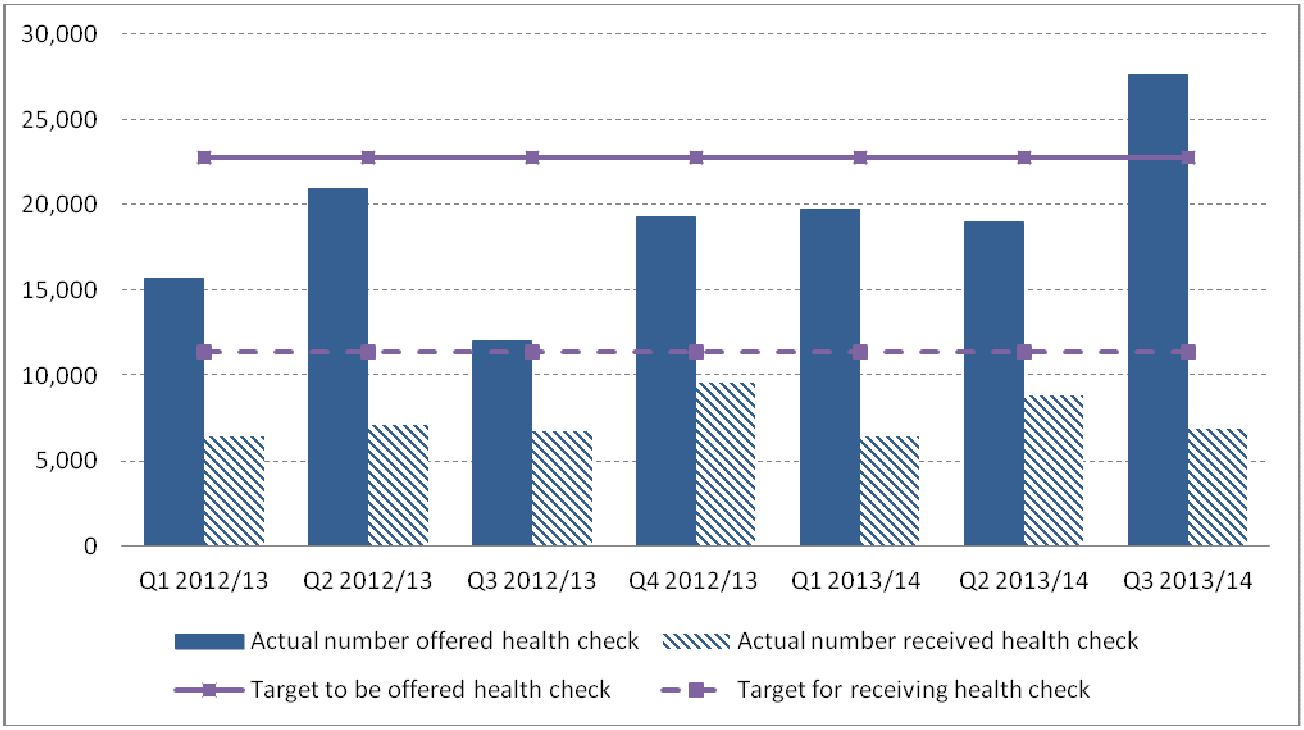
Appendix 1:

Key to KPI Ratings used:

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

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

NHS Health Checks: Proportion of Target offers receiving an NHS Health Check	RED ⇩



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

Commentary

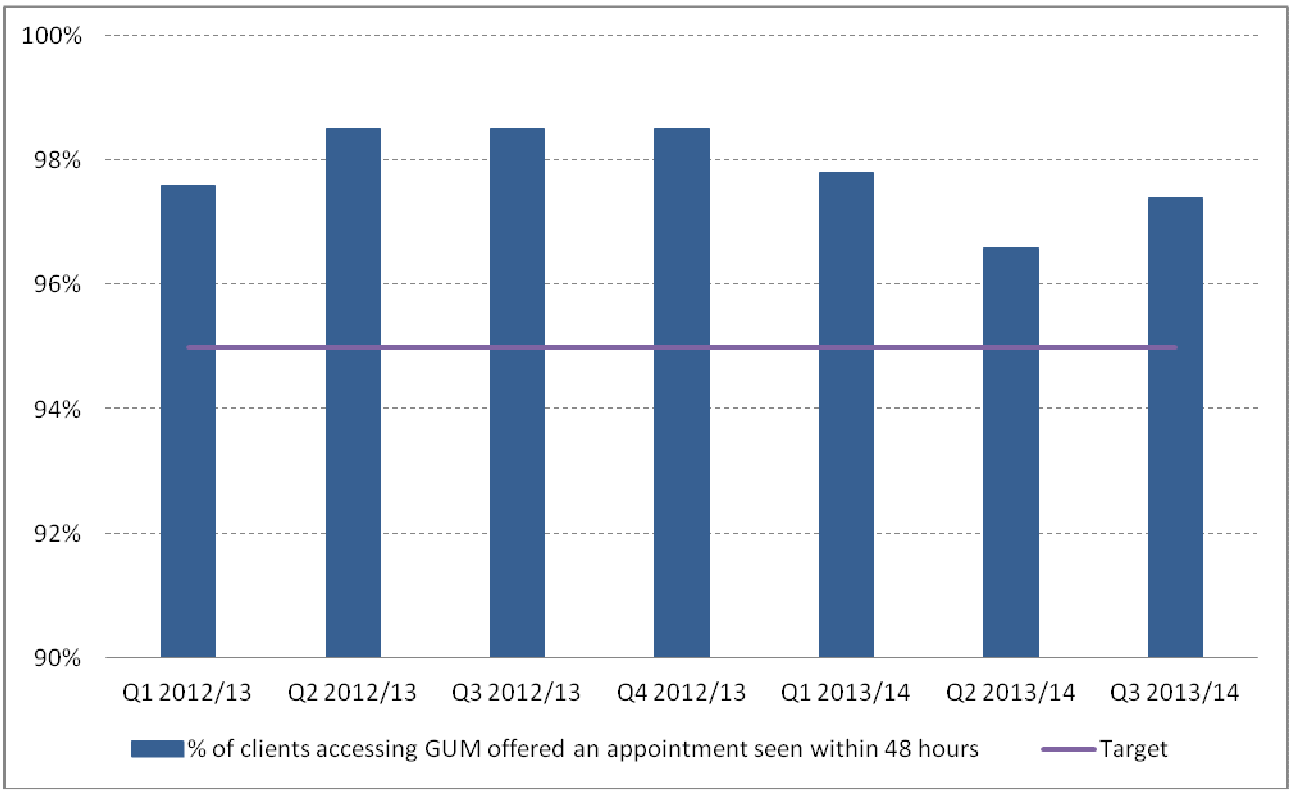
The commissioned provider has completed the planned increase in offers sent during Q3 and is on course to achieve the offer target of 91,241; the provider has initiated additional locations and times to ensure this increase is deliverable and people can receive their checks in a timely manner.

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

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

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

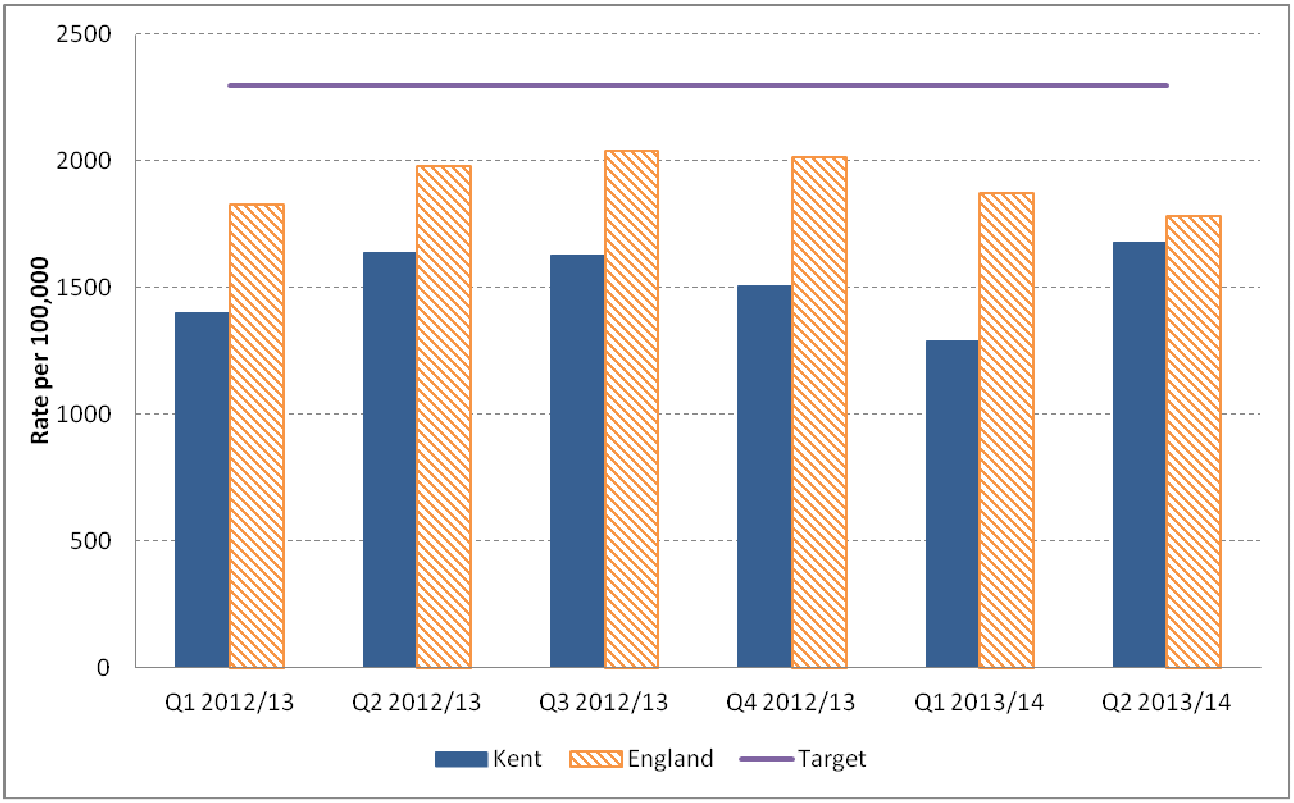
Community Sexual Health Services : Proportion of clients accessing GUM offered an appointment seen within 48 hours	GREEN ⇧



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

Commentary
GUM (Genitourinary Medicine) clinics in Kent consistently offer the majority of clients an appointment within 48 hours, performing above the high target of 95%. Performance of this service is being monitored in quarterly performance monitoring meetings with the commissioned providers GUM figures are not reported Nationally; therefore we are unable to make comparisons.
Data Notes: Higher values are better. Data source: Provider. Indicator Reference: PH/SH/01

Community Sexual Health Services : Chlamydia screening and Positivity rate	RED ⇧



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

Commentary

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

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

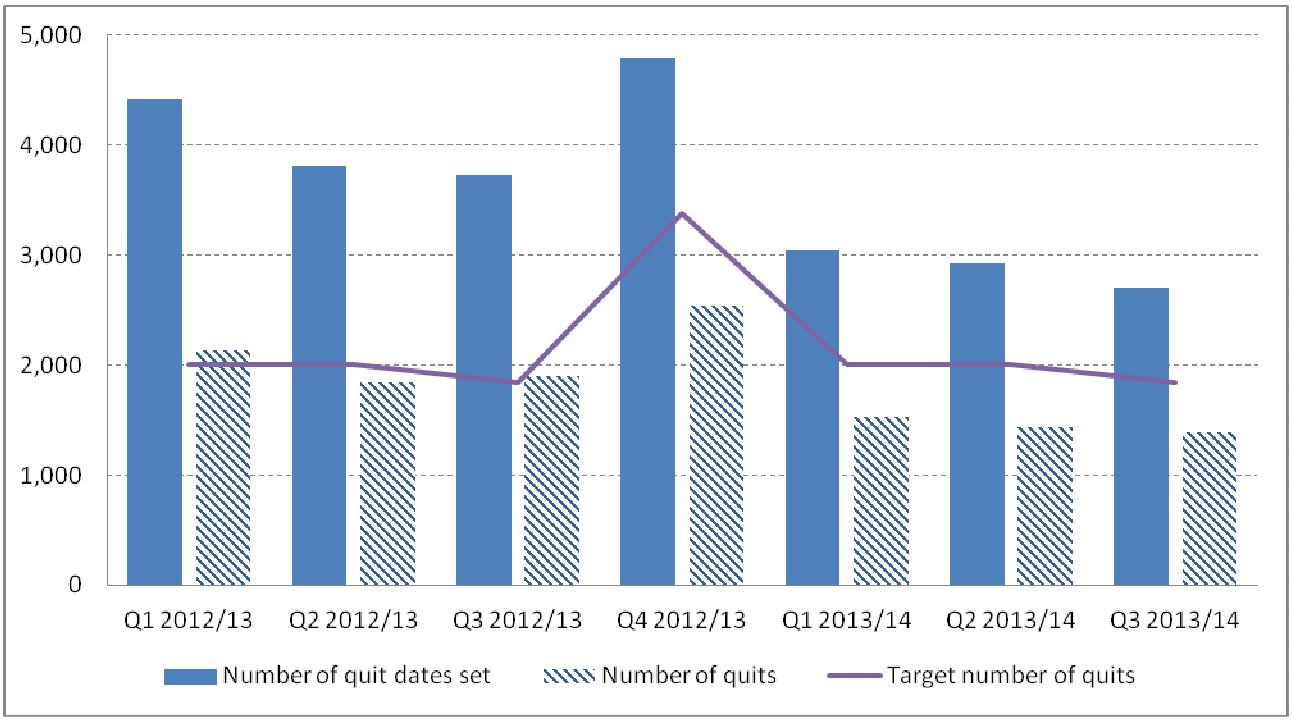
Community sexual health services are currently out for tender and new services will be place for January 2015.

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

Chlamydia Diagnoses is Public Health Outcome Framework Indicator 3.02

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

Stop Smoking Services	RED ⇩



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

Commentary

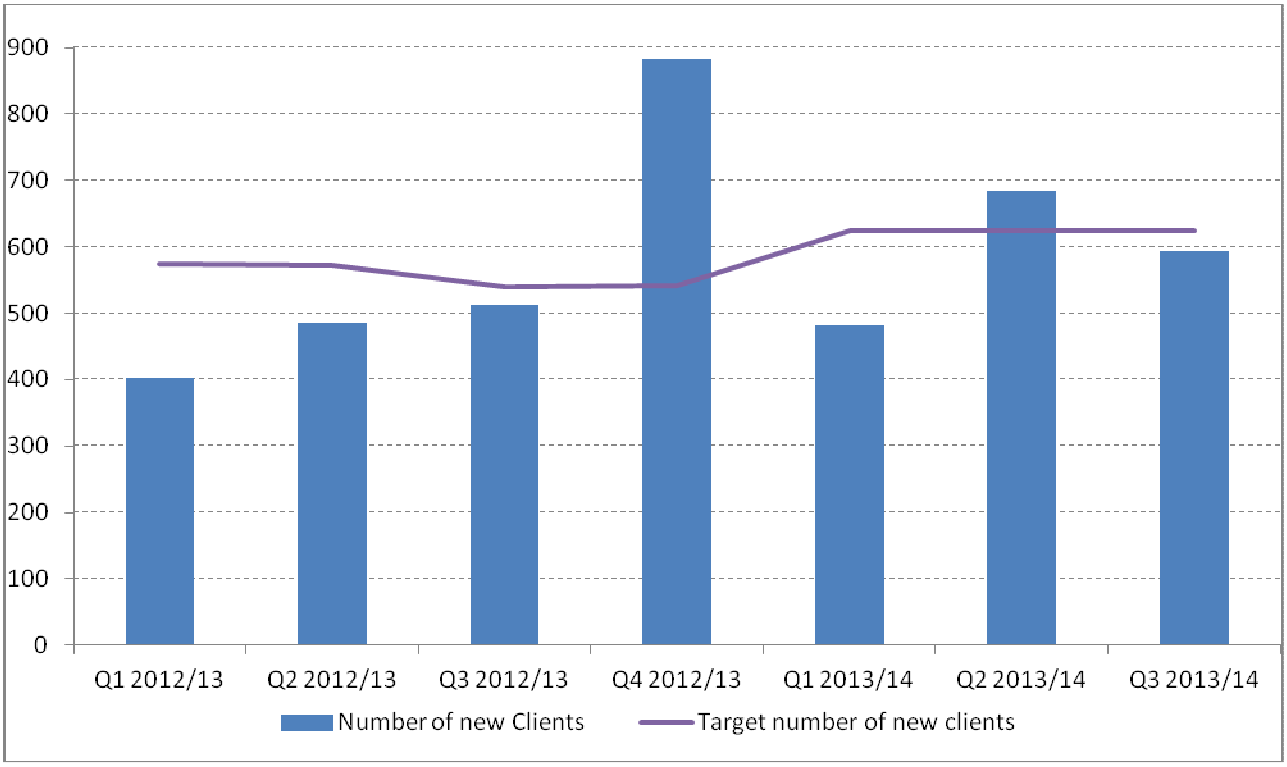
Kent Public Health has continued to monitor the poor performance of smoking cessation services in relation to the target number of quits; the provider is attending monthly performance meetings where an action plan and proposed trajectory will be monitored.

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

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

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

Health Trainers – proportion of new clients	GREEN ⇩



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

Commentary
The health trainer service is continuing to develop reporting mechanisms with Kent Public Health in order to become more output and outcome focussed. New performance indicators are currently being developed for 2014/15.
Data Notes: Source KCHT. Indicator Reference PH/AH/04

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From: **Graham Gibbens, Cabinet Member for Adult Social Care & Public Health**

Andrew Ireland, Corporate Director, Social Care, Health & Wellbeing

Andrew Scott-Clark, Acting Director of Public Health

To: **Adult Social Care & Health Cabinet Committee 2 May 2014**

Subject: **Decisions taken outside the Cabinet Committee meeting cycle**

Classification: **Unrestricted**

FOR INFORMATION ONLY

Summary: The attached decisions were taken between meetings as they could not reasonably be deferred to the next programmed meeting of the Adult Social Care& Health Cabinet Committee for the reason set out below.

Recommendation: To NOTE that the following decisions were taken in accordance with the process in Appendix 4 Part 6 of the Constitution:
14/00009 – *Home Care Contract Re-tender*
14/00025 – *Contract Extension Maidstone & Tunbridge Wells NHS Trust*
14/00026 – *Contract Extension Kent Community Health NHS Trust*
14/00030 – *Adults Rates & Charges Increases 14/15*
14/00031 – *Thomas Place Nomination Agreement*
14/00032 – *Wylie Court Nomination Agreement*
14/00033 – *Swanley Learning Disability Day Service*

1.1 In accordance with the council's governance arrangements, all significant or Key Decisions must be listed in the Forward Plan of Key Decisions and should be submitted to the relevant Cabinet Committee for endorsement or recommendation prior to the decision being taken by the Cabinet Member or Cabinet.

1.2 For the reason set out below it has not been possible for these decisions to be discussed by the Cabinet Committee prior to them being taken by the Cabinet Member or Cabinet. Therefore, in accordance with process set out in Appendix 4 Part 6 paragraph 6.18 of the Constitution, the following decisions were taken and published to all Members of this Cabinet Committee and the Scrutiny Committee.

Decisions

2.1 14/00009 – *Home Care Contract Re-tender*
The majority of KCC's Home Care Services contracts were let in 2004 and had been extended on an annual basis. This new contract award ensures that all providers are operating under up to date terms and conditions and are proactively contract managed against key

performance indicators. Due to the need to follow the timelines set out in the Procurement Regulations the recommendation was not available for the 16 Jan 2014 Cabinet Committee, and given the need to make this decision in a timely manner to deliver efficiencies, it was not feasible to wait until the 2 May Cabinet Committee.

2.2 14/00025 – *Contract extension for Maidstone & Tunbridge Wells NHS Trust*
14/00026 – *Contract extension for Kent Community Health NHS Trust*
As set out in the earlier decision 13/00075 – *Tender and procurement of sexual health services* a tender exercise is currently being undertaken. Both of the recent decisions were required to ensure continuity of service whilst the competitive tendering exercise is undertaken and completed. Due to the long gap between Cabinet Committees it was not feasible to delay taking these decisions until the 2 May Cabinet Committee.

2.3 14/00030 – *Adults Rates & Charges Increases 14/15*.
This decision relates to the routine annual uplift of certain rates paid by the council and charges collected by the council. In previous years some of these increases had been kept at the same level as the percentage salary increase for KCC staff. However, for reasons unconnected with this decision itself, there was an ongoing delay in confirming the KCC salary increase. Consequent to this delay, this decision then had to be taken using the urgency procedure set out in the council's Constitution, Appendix 4 Part 6 paragraph 6.13, to ensure that it could be implemented for the new financial year.

2.4 14/00031 – *Thomas Place Nomination Agreement*
14/00032 – *Wylie Court Nomination Agreement*
These decisions allow senior KCC officers to enter into nomination agreements with the relevant district councils and housing providers so as to ensure the care services provided at these extra care housing schemes are targeted at individuals with appropriate levels of needs. The timing of the nominations decisions were dependant on the wider timetable for establishing these extra care schemes and could not reasonably be delayed to after the 2 May Cabinet Committee.

2.5 14/00033 – *Swanley Learning Disability Day Service*
This decision is part of the Good Day Programme which is modernising day services for people with learning disabilities. Formal consultation, including with local members and opposition spokespeople, ended on 31 Jan 14. Given the positive support for the proposal and the gap between the Cabinet Committees, the decision was taken prior to the 2 May meeting so as to allow earlier implementation.

3. **Recommendation:** Cabinet Committee is asked to NOTE that the following decisions have been taken in accordance with process set out in Appendix 4 Part 6 of the Council's Constitution:
14/00009 – *Home Care Contract Re-tender*
14/00025 – *Contract Extension Maidstone & Tunbridge Wells NHS Trust*
14/00026 – *Contract Extension Kent Community Health NHS Trust*
14/00030 – *Adults Rates & Charges Increases 14/15*

14/00031 – *Thomas Place Nomination Agreement*
14/00032 – *Wylie Court Nomination Agreement*
14/00033 – *Swanley Learning Disability Day*

Appendices: Records of Decisions for
14/00009 – *Home Care Contract Re-tender*
14/00025 – *Contract Extension Maidstone & Tunbridge Wells NHS Trust*
14/00026 – *Contract Extension Kent Community Health NHS Trust*
14/00030 – *Adults Rates & Charges Increases 14/15*
14/00031 – *Thomas Place Nomination Agreement*
14/00032 – *Wylie Court Nomination Agreement*
14/00033 – *Swanley Learning Disability Day Service*

Background documents: The following decision reports are available:

Home Care Service Contract Award – 14/00009
https://democracy.kent.gov.uk/documents/s45636/Report%20-%20Public.pdf

Extension of contracts for Kent Community Health Trust and Maidstone & Tunbridge Wells NHS Trust – 14/00025 and 14/00026
https://democracy.kent.gov.uk/documents/s45648/Key%20decision%20covering%20report%2011th%20March.pdf

Proposed revision of Rates Payable and Charges Levied for Adults Services in 2014/15 – 14/00030
https://democracy.kent.gov.uk/documents/s45744/14-00031%20Adults%20Rates%20and%20Charges%2014-15.pdf
Appendix for Adults Rates & Charges 14/15
https://democracy.kent.gov.uk/documents/s45745/14-00031%20Appendix%20Adults%20Rates%20and%20Charges%2014-15.pdf

Extra Care Housing Nominations - 14/00031 Thomas Place & 14/00032 Wylie Court
https://democracy.kent.gov.uk/documents/s45860/Report%20to%20accompany%20Decision%20for%20noms%2031.3.14.pdf

Outcome of formal consultation on the closure/variation of service of Swanley Learning Disability Day Service – 14/00033
https://democracy.kent.gov.uk/documents/s45775/14-00033%20Swanley%20Learning%20Disability%20Day%20Service.pdf
Good Day Programme – Swanley Day Services (Easy Read report)
https://democracy.kent.gov.uk/documents/s45776/14-00033%20Swanley%20LD%20Day%20Service%20easy%20read%20report.pdf

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KENT COUNTY COUNCIL- RECORD OF DECISION

DECISION TAKEN BY	DECISION NO.
Graham Gibbens Cabinet Member for Adult Social Care & Public Health	14/00009

Unrestricted

Subject:

Award of Home Care Service Contracts

Decision:

As Cabinet Member for Adult Social Care & Public Health, I agree to

1. Award Home Care Service Contracts to the bidders identified in the exempt Appendix A to the recommendation report.

2. Delegate authority to the Corporate Director of Families and Social Care, or appropriate nominated officer, to enter into the necessary contracts and undertake the necessary work to implement this decision.

Any Interest Declared when the Decision was Taken

No

Reason(s) for decision:

The majority of KCC's current Home Care Services contracts were let in 2004 and have been extended on an annual basis. This new contract award will ensure that all providers are:

- Operating under up to date Terms and Conditions
- Proactively contract managed against our Key Performance Indicators (KPI's)

Additionally it will:

- Shape the market in preparation for outcome based commissioning
- Prepare the market for future healthcare integration
- Improve quality assurance and ensure alignment of cost and quality
- Produce sustainable efficiencies through rationalising direct providers

Cabinet Committee recommendations and other consultation:

There has been extensive consultation with the sector and both existing and prospective providers through the preliminary work and during the formal tender.

Due to the need to follow the timelines set out in the Procurement Regulations the recommendation was not available for the 16 January 2014 Cabinet Committee, and given the need to make this decision in a timely manner to deliver efficiencies it is not feasible to wait until the next Cabinet Committee on the 2 May. This decision will be reported to that meeting of the committee.

Any alternatives considered:

Continued extension of existing contracts would have been in breach of Procurement Regulations.

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

None

Background Documents:

Report by the Corporate Director for Families & Social Care - Home Care Services Contract Award, 10 March 2014

signed

19 March 2014

date

KENT COUNTY COUNCIL –RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Cabinet Member for Adult Social Care & Public Health	14/00025

For publication

Subject: Contract Extension for Maidstone and Tunbridge Wells NHS Trust

Decision:

As Cabinet Member for Adult Social Care & Public Health, I agree for KCC to extend the existing contract with Maidstone and Tunbridge Wells NHS Trust to deliver the services outlined in the report, thus ensuring continuity of service whilst competitive tendering processes are prepared and followed.

Reason(s) for decision:
Decision exceeds key decision financial criteria

Cabinet Committee recommendations and other consultation:
The Social Care and Public Health Cabinet Committee endorsed the proposal to tender Sexual Health services at its October 4th meeting, supporting the Cabinet Member decision outlined in decision number 13/00073

Any alternatives considered:
A competitive tendering process is underway for Sexual Health services, in accordance with Cabinet Member Decision 13/00073

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:
None

CKCG

signed

20 MARCH 2014

date

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KENT COUNTY COUNCIL – RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Cabinet Member for Adult Social Care & Public Health	14/00026

For publication

Subject: Contract Extension for Kent Community Health Trust

Decision:

As Cabinet Member for Adult Social Care & Public Health, I agree for KCC to extend the existing contract with Kent Community Health Trust to deliver the services outlined in the report, thus ensuring continuity of service whilst competitive tendering processes are prepared and followed.

Reason(s) for decision:
Decision exceeds key decision financial criteria

Cabinet Committee recommendations and other consultation:
The Social Care and Public Health Cabinet Committee endorsed the proposal to tender Sexual Health services at its October 4th meeting, supporting the Cabinet Member decision outlined in decision number 13/00073

Any alternatives considered:
A competitive tendering process is underway for Sexual Health services, in accordance with Cabinet Member Decision 13/00073

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:
None

.....
signed

20 MARCH 2014
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date

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KENT COUNTY COUNCIL - RECORD OF DECISION

DECISION TAKEN BY	DECISION NO.
Graham Gibbens, Cabinet Member for Adult Social Care and Public Health	14/00031

If decision is likely to disclose exempt information please specify the relevant paragraph(s) of Part 1 of Schedule 12A of the Local Government Act 1972

Subject:
PROPOSED REVISION OF RATES PAYABLE AND CHARGES LEVIED FOR ADULTS SERVICES IN 2014-15

Decision:
In line with the recommendations in the report on the Proposed Revision of Rates Payable and Charges Levied for Adults' Services in 2014-15, as Cabinet Member for Adult Services, I:

a) **APPROVE** the increase to:

i. Client contributions for residential care – older people (2.5a)
ii. Client contributions for residential care – people with learning disabilities (2.5b)
iii. Wellbeing Charge - Better Homes Active Lives schemes (2.10 a & b)
iv. Notional charges for Day Care (2.12)
v. Client contributions for Meals Charges (2.14)

b) **NOTE**:

i. The increase in charge for Personal Expenses Allowance (2.8)
ii. the recommendation to continue the £10 charge for blue badge (2.11)
iii. the continuation of the Voluntary Drivers mileage rate (2.15)
iv. the rates for consultancy work and key publications (2.18-19)

c) **CONFIRM**:

i) The Inter Authority Protocol in place in relation to Inter Authority charging remains the same as in 13/14 (2.16)

Reason(s) for decision, including alternatives considered and any additional information
The proposed rates payable and charges levied are considered annually, with any revisions normally introduced at the start of each financial year.

The report is focused on Adult's Social Services and the rates and charges that are currently in place, with the Children's Social Services presented separately.

The rates and charges payable for 2014/15 will be introduced the week commencing 7th April 2014. This has been confirmed with the Department of Health.

The report distinguishes between those rates and charges over which Members can exercise their discretion, and those which are laid down by Parliament.

Financial Implications:
The increase in income and the increase in payments that these changes will bring have been

included in the 13 Feb 2014 County Council agreed budgets for the services affected.

Cabinet Committee recommendations and other consultation:
Due to the need implement changes to payment and other systems in time for the financial year 14/15 it has not been possible to discuss this at Cabinet Committee. In previous years, the Cabinet Committee has made no comment on these changes.

Use of Urgency Procedure:
In previous years some elements of the Rates & Charges decisions have been linked with the separate decision about any revision of salaries KCC staff. As the salary decision for 14/15 has been delayed it has now become necessary to use the Urgency Procedure for both the Adults' and Children's Rates & Charges decisions. This is necessary so as to avoid a loss of income to the council and to ensure that there is clear delegated authority to make certain payments in line with government regulations.

As set out in KCC's Urgency Procedures, the Chairman of the Scrutiny Committee and the Corporate Director for Families & Social Care have agreed that the procedure can be used. Additionally all the appropriate opposition group spokesmen and chair of the Cabinet Committee have also been contacted and have either made no comment or have confirmed they agree with the use of the urgency procedures.

Background Documents:
Report by the Corporate Director of Families & Social Care - Proposed Revision of Rates Payable and Charges Levied for Adults Services in 2014-15

Any alternatives considered:
As noted, elements of these revisions are set by external agencies and are not subject to discretion.

For the discretionary elements, alternative % were considered but, as in previous years, the respective recommended uplifts equivalent to CPI (2.7% in Sept 13), as the best balance between increases and the agreed budget available.

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:
None

.....
signed

25 MARCH 2014
.....
date

FOR LEGAL AND DEMOCRATIC SERVICES USE ONLY

Decision Referred to Cabinet Scrutiny			
YES		NO	

Cabinet Scrutiny Decision to Refer Back for Reconsideration			
YES		NO	

Reconsideration Record Sheet Issued			
YES		NO	

Reconsideration of Decision Published

KENT COUNTY COUNCIL – RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Graham Gibbens, Cabinet Member for Adult Social Care and Public Health	14/00031

For publication

Subject: Thomas Place, Nominations Agreement (Housing 21)

Decision:
As Cabinet Member for Adult Social Care and Public Health, I delegate authority to the Director of Older People and Physical Disability to sign the nominations agreement to this extra care scheme, subject to her being satisfied as to the detailed terms and conditions.

Reason(s) for decision:
The subject of the proposed decision is referred to in the FSC Strategic Commissioning Business Plan The decision is needed to enable the targeted provision of extra care housing as a replacement to residential care, for some, in the district. It also meets the aim of FSC being a commissioning authority as set out in Bold Steps for Kent. It directly supports 3 of the Bold Steps for Kent:

- Support the transformation of health and social care in Kent.
- Support new housing growth that is affordable, sustainable and with the appropriate infrastructure.
- Improve services for the most vulnerable people in Kent.

Financial Implications: There are no direct financial implications to the nomination agreement, however exercising nomination rights will make sure that the accommodation with care is targeted to the most appropriate clients that will benefit from the care service commissioned.

Legal Implications: In order for Legal and Democratic Services to finalise the nominations agreement and associated legal documentation, the Cabinet Member decision is required.

Equality Implications: None

Cabinet Committee recommendations and other consultation:
This concept of extra care housing developments involving District or Borough Councils and Housing Associations, and of KCC nominating people with the appropriate level of need, has been discussed in previous Cabinet Committees, most recently at the 16 January 2014 Social Care & Public Health Cabinet Committee. This decision will be reported retrospectively to the 2 May 2014 Adult Social Care & Public Health Cabinet Committee

A full Equality Impact Assessment has been undertaken on the proposals which confirms that they can be implemented in a way that adequately takes account of the individual needs of service users.

Any alternatives considered:
Not making the decision will mean KCC will not be able to ensure that this extra care housing is utilised by those with the most appropriate level of needs.

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer: None

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signed

31 MARCH 2014
.....
date

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KENT COUNTY COUNCIL – RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Graham Gibbens, Cabinet Member for Adult Social Care and Public Health	14/00032

For publication

Subject: Wylie Court / Regis gate, Nominations Agreement (Amicus Horizon)

Decision:
As Cabinet Member for Adult Social Care and Public Health, I delegate authority to the Director of Older People and Physical Disability to sign the nominations agreement to this extra care scheme, subject to her being satisfied as to the detailed terms and conditions.

Reason(s) for decision:
The subject of the proposed decision is referred to in the FSC Strategic Commissioning Business Plan The decision is needed to enable the targeted provision of extra care housing as a replacement to residential care, for some, in the district. It also meets the aim of FSC being a commissioning authority as set out in Bold Steps for Kent. It directly supports 3 of the Bold Steps for Kent:

- Support the transformation of health and social care in Kent.
- Support new housing growth that is affordable, sustainable and with the appropriate infrastructure.
- Improve services for the most vulnerable people in Kent.

Financial Implications: There are no direct financial implications to the nomination agreement, however exercising nomination rights will make sure that the accommodation with care is targeted to the most appropriate clients that will benefit from the care service commissioned.

Legal Implications: In order for Legal and Democratic Services to finalise the nominations agreement and associated legal documentation, the Cabinet Member decision is required.

Equality Implications: None

Cabinet Committee recommendations and other consultation:
This decision relates to the earlier decision, 13/00074 about the closure of Double Day Lodge which was subject to public consultation and was discussed and endorsed in the Social Care & Public Health Cabinet Committee, on the 16 January 2014.

A full Equality Impact Assessment has been undertaken on the proposals which confirms that they can be implemented in a way that adequately takes account of the individual needs of existing residents and of other service users.

Any alternatives considered:
Alternatives were explored and discounted as part of the earlier decision 13/00074.

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:
None

.....
signed

31 MARCH 2014
.....
date

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KENT COUNTY COUNCIL - RECORD OF DECISION

DECISION TAKEN BY	DECISION NO.
Graham Gibbens Cabinet Member for Adult Social Care and Public Health	14/00033

If decision is likely to disclose exempt information please specify the relevant paragraph(s) of Part 1 of Schedule 12A of the Local Government Act 1972

Subject: : Outcome of formal consultation on the closure/variation of Service of Swanley Learning Disability Day Service

Decision:

As Cabinet Member for Adult Social Care and Public Health, I APPROVE:

(A) To change adult learning disability service in Swanley from the current day centre model to a new community hub based model as outlined in the consultation documentation.

(B) To relocate Swanley adult learning disability day service from its current location in the youth and communities building, The Junction, St. Mary's Road, Swanley to the newly refurbished Swanley Gateway building.

Any Interest Declared when the Decision was Taken None

Reason(s) for decision, including alternatives considered and any additional information

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" White Paper (January 2009) and KCC's "Active Lives". This is being underpinned by the "The Good Day Programme – Better Days for People with Learning Disabilities across Kent", Which will ensure people have a wider range of choice, more control and equality of opportunity so that they may lead a full and meaningful person centred life

Background Documents:
Better Days for people with learning disabilities in Kent

Cabinet Committee recommendations and other consultation:

Formal consultation with service users, carers and staff took place from 7 Nov 2013 and 31 January 2014 and local members and opposition groups were briefed in January 2014.

Given the consultation evidence of positive support for the proposal and the gap between suitable Cabinet Committees, the decision will be reported retrospectively to the 2 May Adult Social Care & Public Health Cabinet Committee.

Any alternatives considered:

The only alternative is to maintain the current day centre model. This was not popular in the consultation.
Any interest declared when the decision was taken and any dispensation granted by the Proper Officer: None

signed ..... date 27 MARCH 2014

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Decision Referred to Cabinet Scrutiny			
YES		NO	

Cabinet Scrutiny Decision to Refer Back for Reconsideration			
YES		NO	

Reconsideration Record Sheet Issued			
YES		NO	

Reconsideration of Decision Published

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Document is Restricted

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