ADULT SOCIAL CARE AND HEALTH CABINET COMMITTEE

Friday, 26th September, 2014

9.30 am

Darent Room, Sessions House, County Hall, Maidstone

Kent County Council
kent.gov.uk

AGENDA

ADULT SOCIAL CARE AND HEALTH CABINET COMMITTEE

Friday, 26 September 2014 at 9.30 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):	Mr C P Smith (Chairman), Mr G Lymer (Vice-Chairman), Mrs A D Allen, MBE, Mr A H T Bowles, Mr R E Brookbank, Mrs P T Cole and Mrs V J Dagger
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

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UNRESTRICTED ITEMS

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

A - Committee Business

A1 Introduction/Webcast announcement

A2 Apologies and Substitutes

To receive apologies for absence and notification of any substitutes present

A3 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

A4 Minutes of the meeting held on 11 July 2014 (Pages 9 - 24)

To consider and approve the minutes as a correct record

A5 Verbal updates (Pages 25 - 26)

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

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

B1 NHS Health Checks - proposals for future delivery (Pages 27 - 32)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Interim Director of Public Health, and to consider and endorse or make recommendations to the Cabinet Member on a proposed decision to extend the contract.

B2 Tendering for Postural Stability classes (Pages 33 - 36)

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

B3 Outcome of formal consultation on the closure/variation of service of Swale Learning Disability Day Service (Pages 37 - 96)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director of Social Care, Health and Wellbeing and to consider and endorse or make recommendations to the Cabinet Member on the proposed decision on the transformation of the service.

B4 Personal Health Budgets - Section 75 Agreement (Pages 97 - 102)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director of Social Care, Health and Wellbeing and endorse or make recommendations to the Cabinet Member on the proposed decision to enter into a Section 75 agreement.

B5 The wellbeing charge in existing and new extra care schemes (Pages 103 - 112)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director of Social Care, Health and Wellbeing and endorse or make recommendations to the Cabinet Member on the proposed decision to set wellbeing charges as specified in the report.

B6 Contract Award for Older Persons Residential and Older Persons Nursing Care homes (Pages 113 - 126)

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

proposed award of contract.

B7 Adult Social Care Transformation - Phase 1 Update and Appointment of Partner for Phase 2 Design (Pages 127 - 138)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Director of Social Care, Health and Wellbeing and either endorse or make a recommendation to the Cabinet Member on the proposed decision to appoint Newton Europe to support the County Council in designing the second phase of adult social care transformation

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

C1 Delivery plan for reducing excess winter deaths in Kent (Pages 139 - 148)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Interim Director of Public Health on a programme for 2014/15.

C2 Developing a Public Health Strategy (Pages 149 - 160)

To view a presentation by the Interim Director of Public Health on the development of a public health strategy for Kent.

C3 Better Care Fund update (Pages 161 - 176)

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

C4 Care Act Implementation Programme Update (Pages 177 - 182)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director of Social Care, Health and Wellbeing on progress on implementing the requirements of the Care Act 2015/16.

D - Monitoring

D1 Adult Social Care Annual Complaints Report (Pages 183 - 196)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director of Social Care, Health and Wellbeing about the complaints and representations procedure between 1 April 2013 and 31 March 2014, for the Committee's comment.

D2 Adult Social Care Transformation and Efficiency Partner update (Pages 197 - 200)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director of Social Care, Health and Wellbeing, for the Committee to note.

D3 Kent and Medway Safeguarding Adults Annual Report April 2013 - March 2014 (Pages 201 - 244)

To receive a report from the Cabinet Member for Adult Social Care and Public

Health and the Corporate Director of Social Care, Health and Wellbeing on the work of the multi-agency partnership, for the Committee's comment.

D4 Kent County Council's Local Account for Adult Social Care for 2014 (Pages 245 - 304)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director of Social Care, Health and Wellbeing, for the Committee's endorsement.

D5 Annual Equality and Diversity Report (Pages 305 - 312)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director of Social Care, Health and Wellbeing, for the Committee to note.

D6 Risk Management - Adult Social Care (Pages 313 - 340)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director of Social Care, Health and Wellbeing, for the Committee's comment.

D7 Work Programme (Pages 341 - 346)

To receive a report from the Head of Democratic Services on the Committee's work programme.

Motion to exclude the Press and Public for Exempt items

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 ITEM

E1 Contract Award for Older Persons Residential and Older Persons Nursing Care homes (exempt appendices to item B6) (Pages 347 - 376)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director of Social Care, Health and Wellbeing containing information relating to item B6 that is exempt from publication as it contains financial information that is commercially sensitive.

Peter Sass
Head of Democratic Services
(01622) 694002

Thursday, 18 September 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.

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KENT COUNTY COUNCIL

ADULT SOCIAL CARE AND HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Adult Social Care and Health Cabinet Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Friday, 11 July 2014.

PRESENT: Mr C P Smith (Chairman), Mr G Lymer (Vice-Chairman), Mrs A D Allen, MBE, Mr H Birkby, Mrs P Brivio, Mr R E Brookbank, Mrs P T Cole, Mr A D Crowther, Mrs V J Dagger, Mr S J G Koowaree and Mr T A Maddison

ALSO PRESENT: Mr G K Gibbens

IN ATTENDANCE: Mr A Ireland (Corporate Director, Social Care, Health & Wellbeing), Mr A Scott-Clark (Interim Director of Public Health), Ms P Southern (Director, Learning Disability & Mental Health), Mrs A Tidmarsh (Director, Older People & Physical Disability) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

25. Membership
(Item A2)

The Democratic Services Officer reported that Mr P J Oakford had left the Committee and there was currently a vacancy.

26. Apologies and Substitutes
(Item A3)

The Democratic Services Officer reported that apologies had been received from Mr A H T Bowles.

27. Declarations of Interest by Members in items on the Agenda
(Item A4)

There were no declarations of interest.

28. Minutes of the meetings held on 2 May 2014 and 12 June 2014
(Item A5)

RESOLVED that the minutes of the meetings held on 2 May and 12 June 2014 are correctly recorded and they be signed by the Chairman. There were no matters arising.

29. Verbal updates
(Item A6)

1. Mr G K Gibbens gave a verbal update on the following issues:-

Adult Social Care:

Since the last meeting of the Committee, Mr Gibbens had taken two key decisions and attended four events:-
Gravesend Social Education Centre Modernisation – 12 June
Dover Learning Disability Day Services – 16 May
09 May attended South East Mental Health Commissioning Network in Guildford
24 June attended South East Care Bill consultation event in London
27 June attended Voluntary Sector Conference in Lenham
02 July attended Accommodation Strategy Launch in Hollingbourne

In response to a question about the Care Act, Mr Gibbens said there would be much work involved in preparing the County Council's response to the consultation. For example, there would be a transition workshop to look at issues facing young people aged 18+. Mr Ireland added that the Act brought a huge change to the legislative base of the County Council's social care work.

Public Health:

Mr Gibbens explained that he would report public health updates to both the Children's and Adult Social Care and Health Cabinet Committees unless any item was specifically related only to one or the other. He asked Members to advise him if they wished him to take any other approach.

Kent Alcohol Strategy 2014-16 – 16 May
Contract Award for Medway Adult Substance Misuse Treatment Services – 13 June
04 June attended Public Health Champions celebration event in Maidstone – the County Council had been a Public Health Champion for the last 3/4 years
17 June attended West Kent Healthy Business Launch in Brands Hatch
17 June attended Healthy Living Programme event in Wrotham
9 July will attend Children and Young People's Emotional Wellbeing summit in Gravesend
Public Health England conference, September 2014 – the County Council had a place at this conference and Mr Gibbens would be speaking there.

2. Mr A Ireland gave a verbal update on the following issues:-

Health Integration Update including national recognition of the work in Kent and Health Minister Norman Lamb's visit on 10 July – Kent was one of 14 local authorities with health pioneer status and was working to overcome obstacles to integration, eg with the voluntary sector, to address social isolation and loneliness.

Launch of the Accommodation Strategy – 2 July
Engagement with the third sector on Community Services

In responding to a question about NHS funding to accompany the services which had transferred from it to the County Council, Mr Ireland explained that the key funding was in the form of the Better Care Fund. There was anxiety among local authorities about funding being sufficient to meet needs, and what could be put in place in terms of contingency. *A presentation on the Better Care Fund would be made to the Committee's September meeting.*

3. Mr A Scott-Clark gave a verbal update on the following issues:-

Public Health Champions - a 'What is Public Health?' seminar with Medway Council had been well attended and would help to spread understanding among partner orgs about public health issues.
Migrant Health Charity in Dover – this charity worked with vulnerable members of the community, especially those who had been trafficked. There were three areas of future work in this field:- increasing links to CCGs and GPs, making best use of the '6 ways to wellbeing' initiative and addressing workplace health.
Role lead for Health Protection – the health protection role sought to raise awareness of issues relating to ongoing global outbreaks, such as of the ebola virus, using regular updates from Public Health England and by liaising with GPs.
Joint working with Local Authorities in South East – this would seek to address major issues, eg tobacco control, in partnership with Public Health England.

30. NHS Health Checks Programme - Contract Extension for Kent Community Health NHS Trust (KCHT)
(Item B1)

Ms K Sharp, Head of Public Health Commissioning, was in attendance for this item.

1. Ms Sharp introduced the report and said that, when public health services had transferred from the NHS to the County Council, the Council had inherited some services which were underperforming. The Health Checks programme was one such service. Although both the rate of invitation and the take-up rate were now improving, the aim was to seek much more improvement in the future. Ms Sharp and Mr Scott-Clark responded to comments and questions from Members and the following points were highlighted:-

a) the health checks programme was aimed at people aged 40 and over who were not already receiving treatment from a GP for an existing condition. If they were diagnosed with a condition and started treatment with a GP they would automatically be deleted from the health checks programme. Concern was expressed about people who might 'slip through the net';

b) although Public Health England had raised the targets for the number of health checks undertaken, Mr Scott-Clark said he was confident that the health checks programme could reach 95% of the population. There was a need to increase public understanding about the role of the health checks programme, and it was important that all possible efforts be made to reduce the death rate from cardiovascular diseases;

c) when asked, very few Members of the Committee said they had yet been invited to a health check, but Mr Scott-Clark assured them that the programme was still in its early stages and that each person would receive an invitation every five years, when their age reached 60, 65, 70, 75, etc.;

d) concern was expressed that the programme was unrealistic and difficult to administer. Ms Sharp pointed out that the County Council was not satisfied with the current performance and was seeking substantial improvement; this was why the service was currently being reviewed;

e) the County Council currently contracted the management of the programme in West Kent to KCHT and would work with them to improve take-up of the service, using the levers it had in its contract. KCHT also had a responsibility to deliver the programme where GPs' surgeries were unable to do so. Every option to improve take-up would be explored; and

f) the Chairman highlighted the importance of having such a programme of checks and said he had been impressed with the thoroughness of checks. He said that a check for dementia was also offered to everyone over the age of 50.

2. The Cabinet Member, Mr Gibbens, thanked Members for their comments and said he was very concerned that the health checks target had shown up as being rated red. The Secretary of State for Health, Jeremy Hunt, had expressed a wish that local authorities should promote take-up of the programme. He undertook to continue to monitor the performance closely.

3. RESOLVED that the current position of the programme be noted, and a further update report be considered at the Committee's September meeting.

31. Tendering for Postural Stability Classes
(Item B2)

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

1. Ms Varshney introduced the report and pointed that the rate of falls among older people was higher in Kent than in neighbouring authority areas. The County Council was hence seeking to reduce the number of falls by introducing home improvements and increasing the support given to older people following their first fall, as statistically they were more likely to then have subsequent falls. The Kent Falls Prevention Management Framework had sought to identify the section of the population most at risk of falling, and the public health response to this had been to commission classes to improve older people's postural stability. The Cabinet Committee was being asked to support and endorse the approach being taken. Ms Varshney and Mr Scott-Clark responded to comments and questions from Members and the following points were highlighted:-

a) there was some evidence that increasing the level of calcium and vitamin D in the diet, as part of a healthy lifestyle, would help reduce the likelihood of falling and fractures. Evidence had shown that, although winter was a time of higher risk of falls, many falls happened in people's own homes. Mrs Tidmarsh added that telecare equipment in a person's home could be part of the preventative measures;

b) older people who could benefit from postural stability classes could be referred direct to a class by any professional working with them. This could include staff of the Kent Fire and Rescue Service and housing providers. One speaker undertook to take up the idea and discuss the initiative in her division in places such as sheltered housing schemes;

c) the aim was to make every contact count, and public health would work with social care colleagues to identify and reach those who were 'at risk', to seek to prevent long-term loss of stability and confidence; and

d) twelve-week courses of postural stability classes had shown positive effects in starting to improve strength and stability, and a block of three sets of twelve weeks had been shown to make a positive difference. These 36-week blocks were offered at local facilities. Attendance at postural stability classes brought with it an opportunity for attendees to be offered other classes which might be of benefit to them, and the health check programme could help identify people who would benefit from various classes.

2. RESOLVED that the proposed commissioning approach and service model outlined in the report be endorsed.

32. Updating the Kent and Medway Suicide Prevention Strategy
(Item B3)

Ms J Mookherjee, Public Health Consultant, was in attendance for this item.

1. Ms Mookherjee introduced the report and explained that the Committee was being given an opportunity to contribute views on the timetable for the review of the strategy and the new areas of focus to be included in it. Ms Mookherjee, Mr Ireland and Mr Scott-Clark responded to comments and questions from Members and the following points were highlighted:-

a) concern was expressed about the support available in schools for students who had problems with self-harming, and if this support was consistent or of a suitably-qualified level. Ms Mookherjee commented that funding for public health and schools services were not sufficiently integrated, which was an ongoing concern. Mr Ireland added that emotional health and wellbeing services for children and young people needed to include services available in schools. Although there were close links between mental health issues and self-harming, self-harming did not necessarily lead to suicide;

b) part of the work attached to the strategy would include an assessment of seasonal patterns. Currently, February and March traditionally showed higher numbers of suicides;

c) white males between the ages of 30 and 65 were known to be most at risk of suicide. Members also expressed concern about the pressures placed on young people at exam time and highlighted this as another possible high-risk group;

d) the Brighton and Hove model set out in the report was useful as a template to try elsewhere, eg in Kent's 'hotspots' of Dover and Thanet;

e) responsible media reporting of cases of self-harm and suicide was a key factor in how these issues were viewed, particularly by young people. Use

of social media had been responsible in the past for spreading a culture of 'copy-cat' suicides; and

f) support for families and friends bereaved through suicide was also important.

2. RESOLVED that the timescale for updating the Kent and Medway Suicide Prevention Strategy, and the direction of travel in relation to new areas of focus within the updated strategy, be endorsed.

33. Home Support Fund Policy
(Item B4)

Ms S Horseman, Assistant Director - Transformation, and Ms R Henn-Macrae, County Manager – Disabled Children, were in attendance for this item.

1. Ms Horseman introduced the report and summarised the key changes. In response to a question, Ms Henn-Macrae explained that the aim of the changes was to make the fund more accessible to all. She reassured Members, however, that clients who were able to fund their own services would not be able to access local authority assistance without regard to their income. People with their own funds would be expected to explore for themselves all available independent funding options before resorting to the County Council for support.

2. The Cabinet Member, Mr Gibbens, thanked Members for their interest in the subject and said he would take account of the points raised when taking the decision.

3. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to agree the revised Home Support Fund Policy, be endorsed.

34. Update on the Swale Learning Disability Day Service (Good Day Programme) Consultation.
(Item B5)

1. Ms Southern introduced the report and explained that the process being followed for consultation on modernisation of the service was the same as that used for other modernisation programmes around the county.

2. RESOLVED that the update report be noted and a further report be made to the Cabinet Committee's September meeting, at which Members would have the opportunity to comment on and either endorse or make a recommendation to the Cabinet Member before a formal decision on the modernisation were to be taken.

35. Temporary Financial Assistance
(Item B6)

Ms C Grosskopf, Business Strategy, was in attendance for this item.

1. Ms Grosskopf introduced the report and explained that the changes now being proposed would simply formalise the best practice that the County Council had

already followed for a number of years. The proposed changes were generally welcomed by the Committee.

2. The Cabinet Member, Mr Gibbens, thanked the Committee for its support and said he would take account of this when taking the decision.

3. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to change the policy on Temporary Financial Assistance to state that a resident would, providing they meet the other criteria, be eligible for Temporary Financial Assistance once their liquid capital and income can only support their care costs for three months, be endorsed.

36. KCC Accommodation Strategy - Better Homes: Greater Choice
(Item B7)

Ms C Holden, Head of Commissioning, Social Care, Health and Wellbeing, was in attendance for this item.

1. Ms Holden introduced the report and explained that the accommodation strategy had been launched on 2 July and was available on line. A major part of the strategy involved forecasting future demand, in terms of both the volume and type of accommodation required. The County Council was currently commissioning fewer residential care placements than previously and the forecast was that demand for such placements would reduce by about one-third between 2013 and 2021. Ms Holden and Mr Ireland responded to comments and questions from Members and the following points were highlighted:-

a) concern was expressed that predicted changes in patterns of care placements were challenging, and that suitable places for people with dementia may not increase sufficiently to meet future need;

b) extra care sheltered housing was an excellent option for those who needed something between residential and nursing care but was very expensive to develop and it may not be realistic to build sufficient units for all those who could benefit from them. An ideal would be to have one extra care sheltered housing scheme in every community. Mr Ireland explained that sufficient extra care sheltered housing development was planned to be able to make an impact on the need for places but the spread of provision was not consistent across the county and did not fully match needs in terms of the type and location of accommodation. To develop such provision and overcome these challenges was necessarily a long-term strategy;

c) a mixture of rented and shared-ownership accommodation would be useful to meet a range of needs and budgets. Ms Holden pointed out that one site, previously run as residential care home for older people, now offered a range of rented and shared-ownership units;

d) extra care sheltered housing schemes could also benefit those with learning disabilities; one or two people could share a unit and live independently with some support. Adults with learning disabilities would

also need to be prepared for retirement. However, some adults with learning disabilities currently lived with their aging parents, and it would be necessary to ensure that suitable accommodation and support was available for the parents as well as for their adult children. Ms Holden commented that the County Council now had a better picture than previously of the needs of adults with learning disabilities and was developing its range of services to meet and manage those needs; and

e) in response to a question about the role played by the telecare service, Mrs Tidmarsh explained that telecare was part of the transformation programme, which was closely integrated with the accommodation strategy. The telecare strategy would be further developed, for instance to address the need for increased complexity in the service, and would be reported to the Cabinet Committee in the future. Mr Ireland added that performance reports showed 3,400 people using telecare services and the County Council's target was to increase this to 5,000 users.

2. The Cabinet Member, Mr Gibbens, thanked Members for their comments, and Ms Holden for the huge amount of work she and her team had put in to developing the accommodation strategy. He supported the comments made about the value of, and need to increase the provision of, extra care sheltered housing. Ms Holden said the current provision in development was 946 units and the target was to increase this to 2,500 units. Kent was also developing a number of rented and shared-ownership schemes.

3. RESOLVED that the launch of the accommodation strategy on 2 July be noted and the current position and future direction, set out in the appendix to the report, be endorsed.

37. Older Persons' Residential & Older Persons' Nursing Contract re-let - award of contract
(Item B8)

Ms C Holden, Head of Strategic Commissioning – Accommodation Solutions, and Ms C Maynard, Procurement Category Manager – Care, were in attendance for this item.

1. The Cabinet Member, Mr Gibbens, explained that a revised covering report and exempt Appendix 1 had been issued to Committee Members. The reason for doing so was that, as explained in the original report, he had asked for external validation of the work which had been done 'in-house' to calculate the 'actual cost'. When the papers needed to be published in the evening of 3 July, the validation had not quite been complete. In the week preceding this Committee meeting, officers had been able to work with Grant Thornton, who had been engaged to undertake the validation, to refine the model, the assumptions and the data input, into what was a very complex model. The result of that work was that the 'actual cost' and the recommended 'guide price' had changed slightly. Therefore, the Committee now had in front of it the revised Appendix 1 which reflected the updated figures.

2. The Chairman then asked Members of the Committee if, in debate, they wished to refer to any of the information included in the exempt appendix to the report. Members confirmed that they did not wish to do so and the item was therefore considered without going into closed session.

3. Ms Holden then introduced the report and summarised the procurement process which had been followed. She explained that the purpose of reviewing the guide price was to provide greater clarity on the costs the Council could expect to pay and make it clear to service users any additional 'top up' they would be required to contribute should they choose a different home. There would be a change in how residential and nursing care was to be purchased in future, to achieve transparency and fairness and allow optimum choice. Mr Ireland added that the depth and extent of the data assessed as part of the current procurement exercise was due to the fact that the service had not been reviewed for some twelve years. Ms Holden responded to comments and questions from Members and the following points were highlighted:-

a) concern was expressed that, now that use of geographical banding was to be discontinued, areas of Kent bordering London would be adversely affected by London pricing. Ms Holden explained that the new bands for types of care had been set to take account of the impact of London prices upon West Kent, and the intention was to address any gap between the actual cost and the guide price in the next three years;

b) concern was expressed that, using data relating to homes with more than 60 beds, some independent providers could be lost to the system. Ms Holden assured the Committee that there would still be a useful role for smaller homes, focusing specifically on personalised dementia care; and

c) drawing on his recent experience of the work of the Commissioning Select Committee, one speaker expressed concern that eighteen months was a short period for a contractual term. Ms Holden explained that this short period had been set to coincide with and take account of the impact of the 2016 provisions of the new Care Act. The first task for the new contractors would be to start to plan for the next renewal of the service in eighteen months' time.

4. Mr Gibbens thanked Members for their comments and assured them that he would take account of their views when taking the decisions about guide prices.

5. RESOLVED that the decisions proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to confirm the new guide prices for the older persons' residential and nursing care contract re-lets, after considering the views of the Cabinet Committee, be endorsed.

38. Healthy Living Pharmacy Programme
(Item C1)

1. Mr Scott-Clark introduced the report and explained that the Committee was being asked to endorse a proposed new programme of healthy living pharmacies. He advised that community pharmacies were the most visited health institutions on the high street and, when processing prescriptions for patients, there was an opportunity to review various aspects of their lifestyle. He responded to comments and questions from Members, as follows:-

a) a good community pharmacy could contribute much to the health of a local area, for example by checking that patients were taking their prescribed medicines correctly, but the programme would need to address and overcome the resistance to it shown by some GPs;

b) to increase participation in the community pharmacy initiative, it would be necessary to increase public understanding of the initiative, its aims and benefits. There would shortly be three healthy living pharmacies events in Kent to raise awareness. The current registration rate of 53% pharmacies showed a good level of progress since the scheme had started, as there had always been some reticence to take part;

c) a list of pharmacies taking part in the healthy living pharmacies programme was available via NHS England; and

d) the inclusion of private consulting rooms within pharmacies was praised as a very helpful recent development.

2. RESOLVED that the healthy living pharmacies programme in Kent be endorsed.

39. Kent Health and Wellbeing Strategy
(Item C2)

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

1. Ms Varshney introduced the report and explained that both the Children's and Adult Social Care and Health Cabinet Committees were being given the opportunity to comment on the revised strategy. Their comments would then be passed to the Health and Wellbeing Board at its meeting on 16 July. A list of the outcomes of the previous one-year strategy, launched one year ago, was included in the report. Good implementation was the key to the success of the strategy, and local health and wellbeing boards would use it to shape their work.

2. The revised strategy, in particular the updates made to it in terms of dementia, was generally welcomed by Members of the Committee.

3. RESOLVED that the revised Joint Health and Wellbeing Strategy for Kent be welcomed.

40. Preparation for the Care Act 2014
(Item C3)

1. Mr Thomas-Sam and Ms Grosskopf presented a series of slides which set out the new legal framework, the key changes to social care policy and practice which were required as a result, and the policy choices facing the local authority in the way in which it responded to these. There would be two phases of change – in 2015 and 2016 – covering different aspects of policy. Regulations relating to some aspects of new guidance, eg care caps – had not yet been issued, although advance work on introducing new rules would be required to start in October 2015. The Government was currently consulting on the first stage (the 2015 changes) only, and the County Council would need to submit its response to the consultation by the closing date of

15 August. Hence the Cabinet Committee was being given the opportunity to contribute to the Council's response. Mr Thomas-Sam and Ms Grosskopf responded to comments and questions from Members, as follows:-

a) the delegation of the assessment function to local authorities meant that authorities could choose the assessment model they wished to use. There was a range of models currently in use;

b) changes to the rules around debt recovery (removal of s.22 of the Health and Social Services and Social Security Adjudications Act) would mean that, from April 2015, local authorities would no longer be able to place a change on a client's property without the property owner's permission. Only a County Court would now have the power to place such a charge. Legal charges can be placed under Deferred Payments legislation (both now and under the Care Act) but the client's agreement would be needed for this;

c) the changes in the new Act meant that more people than before would be covered by the formal care system;

d) when a carer's support needs were assessed, the cost of that support would be identified and they would be able to take up a Personal Budget to pay for that support, if they wished to. Last year, the County Council spent approximately £6 - 7million (which included some NHS money) on support to carers to help them to maintain their vital role;

e) concern was expressed that the proposed government funding allocated to each local authority to help them prepare for the necessary changes was insufficient, and that much of it was not new money but part of local authorities' existing grant. In addition to the funding for 2015-16 and beyond, the Government has allocated £125,000 in the current financial year to each local authority to help them prepare for the changes. Mr Thomas-Sam explained that all local authorities, regardless of their size, had been given the same financial allocation, and this would need to cover research work such as identifying the number of self-funders (which in Kent was very high). He assured Members that the Leader of the County Council was lobbying as part of the County Councils' network to influence the way in which funding for the 2015 and 2016 changes was to be allocated. There would be a separate consultation on the funding allocations for 2016/2017;

f) the fairness of the blanket £125,000 allocation was challenged as it did not take any account of a local authority's size or the issues it had to address. Mr Ireland said he had been disappointed by the funding allocation. With regard to the funding generally, he highlighted the risks that this could lead to in 2016, eg the greater impact on Kent due to its large number of self-funders and the uncertainty which would always accompany any major change happening at the time of a general election;

g) Ms Grosskopf explained that the Government had tried to set the new national minimum eligibility criteria (from April 2015) at a level, broadly equivalent to the current 'substantial' level. However, analysis of the draft

eligibility regulations so far suggested that the level would be in fact closer to Kent's current 'moderate' level (although a definitive view had not yet been reached by officers). The implications that this would have for the County Council were not yet clear, particularly as the final regulations (due to be released in October) may be different;

h) concern was expressed about the projected increase in the number of assessments required – potentially a 100% increase – and the time-consuming nature of these assessments. The ability for clients to undertake self-assessments was a key part of the way forward in the new Care Act; and

i) Mr Thomas-Sam explained that the component costs of residential care would be considered separately – care costs and 'hotel' costs – and only the care costs would count towards the cap. There would be ongoing liability for the 'hotel' costs but this would be means-tested. Ms Grosskopf undertook to send out to Members a set of example case studies to illustrate the effect of the changes.

2. Mr Ireland said the questions raised during the debate were indicative of the importance of the changes brought in by the Act, which was the largest change made to social care policy since 1940. He assured Members that the staff involved in the day-to-day delivery of the new arrangements would be given thorough training and support to understand the new legislative basis of their work.

3. The Cabinet Member, Mr Gibbens, thanked Members for their comments and agreed with Mr Ireland's points about the scale and significance of the changes made by the Act. He said he would shortly be attending a cross-party meeting to consider the County Council's response to the Government consultation and invited any Cabinet Committee Member who wished to attend to join that meeting. He said he was pleased to see the apparent agreement among the Committee about the importance of maintaining eligibility criteria at 'moderate' and focussing on the preventative agenda.

4. The Chairman summed up by thanking and congratulating Mr Thomas-Sam and Ms Grosskopf on the work that they and their team had put into analysing the complexities of the changes and setting these out clearly for the Committee.

5. RESOLVED that:-

a) the content of the report and the presentations slides be noted and the comments raised in debate be taken into account when preparing the County Council's response to the Government consultation;

b) a full implementation plan be presented to the Adults Transformation Board on 23 July, once the draft regulations and guidance had been analysed, and this plan be made available to all Cabinet Committee Members; and

c) the Committee's thanks and congratulations to Mr Thomas-Sam, Ms Grosskopf and their team for the work put in to analysing the complexities of the changes be recorded.

41. Adult Social Care Transformation - Building Community Capacity Programme
(Item C4)

Ms E Hanson, Head of Strategic Commissioning, Community Support (Adults), was in attendance for this item.

1. Ms Hanson presented a series of slides which set out the key issues, the scale of the required change and the options which faced local authorities. She responded to comments and questions from Members, as follows:-

a) the maps showing the comparative spend per head for services across clinical commissioning group districts of Kent illustrated the disparity which existed between the highest and lowest areas. Members should have an active role in addressing this disparity and trying to bring funding levels close together;

b) the voluntary sector had a very important role to play in service delivery but had to contend with cumbersome procurement requirements. Those encumbrances should be minimised or reduced wherever possible to make life easier for voluntary groups to participate in tender opportunities. A new market development service had recently been commissioned in order to support community/voluntary organisations and help them learn about procurement practices; and

c) a helpful event was held for the voluntary sector in relation to Mental Health commissioning on 10 July and would be repeated shortly in East Kent. This would be useful for elected Members to be involved in future engagement events.

2. RESOLVED that the proposed approach and the planning and delivery of the Community Capacity Building Programme be endorsed.

42. Kent Support and Assistance Service
(Item C5)

Ms D Wright, Head of Commissioned Services, was in attendance for this item.

1. Ms Wright introduced the report and explained that the new support scheme (to replace previous support grant schemes) had started in April 2013 as a one-year pilot and had proved its worth during the recent floods. In the first quarter of 2014, the service had received 6,239 requests for help. The Committee was being asked for its views on the future development of the service and was offered three different ways forward, including retaining the present arrangement, which were set out in section 8 of the report. Ms Wright and Mr Ireland responded to comments and questions from Members and the following points were highlighted:-

a) Members discussed the options which were available to them, and some suggested combinations of more than one of the given options;

b) one speaker said he had been impressed by the service offered by the County Council's 24-hour call centre and supported the development of the service via this centre. The County Council should seek to lead the field in providing a priority service. Mr Ireland explained that all local authorities would be looking at providing schemes of support services and considering which model of service they wished to try. As part of this service development, each local authority would need to consider how it wished to prioritise areas of activity, and the input of elected Members was an important part of this process. The County Council might be able to market its expertise at developing its service. Ms Wright confirmed that Kent had indeed received enquiries from other local authorities about its service model;

c) option 8.3 suggested providing a service via a voluntary sector organisation, and housing associations were suggested as a possible partner via which crisis loans could be offered. Ms Wright explained that one housing association's charitable arm was already co-ordinating and delivering re-used furniture; and

d) option 8.2 could also be useful in the shorter term and could be pursued as far as possible. Mr Ireland confirmed that it would be possible to combine more than one option to support the short- and long-term development of the service.

2. RESOLVED that:-

a) the content of the report and the need for a future formal decision on the development of the service be noted; and

b) a combination of the preferred option 8.3, to commission a new service focussing on information and signposting, possibly via voluntary sector organisations, and option 8.2, to continue the service for year 3 using existing funding as far as possible, be endorsed.

43. Public Health Performance - Adults
(Item D1)

Ms K Sharp, Head of Public Health Commissioning, was in attendance for this item.

1. Ms Sharp introduced the report and pointed out that the additional indicators requested by the Committee had now been included, although the reporting of these would be less frequent than for other indicators. Ms Sharp and Mr Scott-Clark responded to comments and questions from Members and the following points were highlighted:-

a) giving up smoking would help improve other areas of health, so this must remain a key area of work. Levels of smoking could be identified district by district using health and social care mapping. Research had shown that more deprived areas showed higher levels of nicotine addiction, and the NHS quit scheme of 8 to 12 weeks' duration was too short to be of use to some smokers;

b) many people smoked to help themselves cope with difficult times in their lives and would find it very hard to give up, or would be unable to benefit from a smoking quit campaign if it were not presented at the right time for them. Mr Scott-Clark added that new professional health trainers had been commissioned to work within communities with the aim of engaging people who may be struggling with this sort of issue; and

c) responding to a question about the feasibility of printing performance data in colour in future reports, the Chairman explained that colour printing would be expensive. He undertook to look into how red, amber and green ratings could be represented without using colour. In some entries, the words 'red', 'amber' and 'green' were printed in the grey-shaded boxes to indicate the ratings.

2. RESOLVED that the content of public health performance dashboard be noted.

44. Adult Social Care Performance Dashboard for February 2014
(Item D2)

Mr R Benjamin, Performance Monitoring Manager, was in attendance for this item.

1. Mr Benjamin introduced the report and explained that the commentary given on the items rated 'red' set out the background to the issue. Areas in which performance was rated red were reviewed monthly by the departmental management team.

2. RESOLVED that the Adult Social Care performance dashboard be noted.

45. Risk Management - Strategic Risk Register
(Item D3)

Mr A Mort, Customer Care and Operations Manager, was in attendance for this item.

1. Mr Mort introduced the report and explained that the risk registers for the new directorates were prepared as part of the County Council's assurance process and were being presented to all Cabinet Committees. As the appendices containing the details of the registers had unfortunately not been included with the published papers, and Members had thus not been able to read and consider the content, Mr Mort and the Cabinet Member, Mr Gibbens, offered to answer outside the meeting any question from Members on the detail of the registers. Mr Ireland responded in the meeting to the following questions:-

a) 'management of demand' for services, especially in Specialist Children's Services, referred to the drive to reduce the number of unallocated and unassessed cases, an issue which was highlighted by the 2010 Ofsted inspection. This area of performance was being tracked by the Children's Social Care and Health Cabinet Committee, and further reductions in the number were being sought; and

b) extensive staff training relating to safeguarding issues was very shortly to be launched. This had arisen from audit work of safeguarding issues and

would relate to issues arising from the new Care Act. It would cover, as a priority, the corporate parenting role shared by all elected Members, but would also cover the vital role of adult safeguarding.

2. RESOLVED that the strategic and corporate risks outlined in the registers be noted, and Members direct any question on the detail of the registers to Mr Mort or the Cabinet Member, Mr Gibbens, outside the meeting.

46. Work Programme 2014/2015
(Item D4)

1. The Democratic Services Officer introduced the report and explained that the informal work-planning schedule used for agenda settings was now being more formally presented to the Committee for comments and views on how it wished to tackle its workload. Members asked that items on the following subjects be added to future agendas:-

a) Telecare and telehealth – a briefing on these issues, to give Members an overview of how these technologies work and the outcomes they bring;

b) the Better Care Fund – a presentation.

2. The Chairman added that any Member of the Committee could propose something for inclusion on the agenda at any time by contacting himself, the Democratic Services Officer or any of the Directorate Officer team

3. The Democratic Services Officer undertook to add the requested items to the work programme from which future agendas were prepared.

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

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

Mr A Scott-Clark, Interim Director of Public Health

To: Adult Social Care and Health Cabinet Committee – 26 September 2014

Subject: **Verbal updates by the Cabinet Member and Corporate Directors**

Classification: Unrestricted

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

Adult Social Care

Cabinet Member for Adult Social Care and Public Health – Mr G K Gibbens

Key Decisions

1. Residential Care Contract – 16 July
2. Older Persons Nursing tender stage one analysis guide price recommendation
3. Home Support Fund Policy

Events

1. 15 July Presented at the Capita Delivering Dilnot Conference in London
2. 16 July Presented at the Kent Care Workforce Summit in Ashford
3. 30 July Visited Age UK in Canterbury
4. 02 Sep Spoke at the Learning Disability Partnership Awards at Sessions House
5. 12 Sep Attended the Kent Forget Me Nots Dementia Group Meeting

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

1. Mobilisation of new home care contract
2. Care Act Stocktake
3. P & V sector home closures
4. Safeguarding Vulnerable Adults Board Annual Report.
5. Deprivation of Liberty Safeguards.

Adult Public Health

Cabinet Member for Adult Social Care and Public Health – Mr G K Gibbens

Key Decisions

1. Contract Award for Kent Community Infant Feeding Service

Events

1. 10 July Attended Mental Health Engagement event for DGS, Swale & West Kent CCG Areas in Lenham
2. 15 July Attended the LGA Physical Activity Senior Leadership Forum in London
3. 17 September Presented at the Public Health England Conference in Warwick

Interim Director of Public Health – Mr A Scott-Clark

1. Health Checks success
2. Sexual Health services non-award, and retender.
3. Flu campaign
4. Kent Housing Group Conference
5. Public Health England Conference

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

Andrew Scott-Clark, Interim Director of Public Health

To: Adult Social Care and Health Cabinet Committee
26th September 2014

Subject: NHS Health Checks – proposals for future delivery

Classification: Unrestricted

Summary
Public Health have undertaken an analysis of options for future delivery of the NHS Health Checks programme in Kent, following the update report presented to the committee in July 2014. Performance of the programme has improved in recent months and there is scope to further increase uptake of checks under the existing commissioning arrangements whilst learning from good practice and evaluating innovation initiatives in Kent.

Recommendation

The Children's Social Care and Health Cabinet Committee is asked to:

i) comment and either endorse or make recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to extend the contract with Kent Community Health Trust to 31st January 2016.

ii) endorse the establishment of a series of innovation projects designed to deliver a significant improvement in uptake of checks in light of the national ambition to achieve 75% uptake.

1. Introduction

1.1. The purpose of this paper is to outline proposals for future delivery of the NHS Health Checks programme in Kent.

2. Background

2.1. The paper presented to the committee on 11 July 2014 described the background to the NHS Health Checks programme. The committee noted the current delivery structures and performance and agreed to receive a report in September to set out proposals for future delivery.

2.2. The provider of the NHS Health Checks programme in Kent has undertaken a series of activities to drive up performance and this has delivered improvements in recent months. The programme is on track to issue all invitations due in 2014/15 by the end of December 2015 and to deliver checks to at least 50% of invitees, in line with the KCC target.

2.3. The performance of the NHS Health Checks programme varies around the country, with some counties such as Northumberland and Leicestershire managing to deliver checks to more than 60% of their annual eligible cohort[1] and others such as Surrey, Hampshire and Cornwall managing less than 25%, compared to 37% in Kent in 2013/14.

3. Future delivery

3.1. Nationally, the programme has been set some stretching improvement targets to increase uptake to at least 75%.

3.2. Public Health have undertaken an analysis of the options for future delivery of the programme in order to deliver the improvement needed to achieve this higher target. This analysis has included an assessment of the risks and benefits of the various options.

3.3. The recent improvement in performance reduces the need for significant redesign of the programme in the short-term. An extension of the current contract will give the provider a period of stability in which the current improvement trend can continue whilst commissioners learn more about what is working well and less well in particular areas of Kent and elsewhere.

3.4. An extension of the existing delivery model would also allow time for Public Health to work with providers to:

- Pilot and evaluate a series of innovation projects which aim to deliver the required step change in uptake rates, particularly among the most deprived areas which contribute most to the levels of health inequalities in the county,

- Understand and analyse the learning from research and improvement projects elsewhere in the country. There is a significant amount of work underway across the country, including research by the Cabinet Office's Behavioural Insight Team, seeking to understand what methods of engagement are most effective,

- Re-evaluate the options presented to the July committee, in light of the learning and research, in order to inform the longer term commissioning model, and

- Develop and shape the provider market for NHS Health Checks to ensure that KCC can ensure value for money in the longer term, through competitive tendering

3.5. These actions can be undertaken in the next 10 months so that a competitive tendering process can begin in June 2015 and new contracts be put in place by January 2016. The current contract is due to expire in March 2015 so a key decision to extend the existing arrangements would be required.

4. Risks

4.1. There are risks associated with the future delivery proposal outlined above. It is possible that the current improvement trend will not continue. This risk is being managed by sustaining the focus on performance, regular contract monitoring

[1] Calculated by assuming one fifth of the total eligible cohort

meetings with the provider and taking prompt remedial action to address any areas of identified underperformance.

4.2. There is also a risk that the proposed innovation projects will not demonstrate a significant increase in uptake of checks or that the resources required would not be feasible if operating on a larger scale. This risk would be managed by:

- careful design and targeting of any innovation initiatives and assessment of how well they would scale up across the county, and
- rigorous evaluation of the projects, including analysis of the cost-effectiveness of interventions when the longer term benefits and return on investment of the NHS Health Checks programme is included.

4.3. Lastly, there is a risk that an extension of the existing delivery model beyond 2014/15 will mean Kent missing an opportunity for earlier delivery of greater performance improvement and / or efficiency savings. This risk is relatively low, given the current status of the market. The risk would be managed through market engagement and consultation with potential providers, with a view to running a competitive tender process in 2015/16.

5. Financial Implications

5.1. The current indicative budget for the NHS Health Checks programme in Kent is £2.1 million. The payment by results aspect of the contract means that some of this budget will not be spent but may be reassigned to fund the piloting of a different outreach and engagement service.

6. Conclusion

6.1. The performance of the NHS Health Checks programme in Kent has improved in recent months and the provider is on track to meet the KCC performance targets for 2014/15. Nationally, the programme has been set ambitious targets to improve uptake of checks to 75%, significantly higher than the current target of 50%.

6.2. The recent improvement in performance in Kent provides an opportunity to extend the existing service delivery model to allow the improvement to continue whilst also learning from research about what is needed to deliver the required step-change in uptake of checks. This timing of the extension can be aligned with a series of targeted pilot projects in Kent, designed to test innovative approaches to engagement and increasing uptake of NHS Health Checks.

6.3. The evaluation of good practice and innovation pilots will be sufficiently underway by early 2015 so that a competitive tendering process can be started in June 2015 and a new service model be put in place by January 2016. This would require a 9-month extension of the existing contract for NHS Health Checks.

7. Recommendations

7.1. The Children's Social Care and Health Cabinet Committee is asked to:

iii) comment and either endorse or make recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to extend the contract with Kent Community Health Trust to 31st January 2016.

iv) endorse the establishment of a series of innovation projects designed to deliver a significant improvement in uptake of checks in light of the national ambition to achieve 75% uptake.

Background documents
None

Report Author:
Mark Gilbert, Commissioning and Performance Manager, Public Health
Mark.Gilbert@kent.gov.uk
07740 179 152

Relevant Director:
Andrew Scott-Clark, Interim Director of Public Health

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Cabinet Member for Adult Social Care & Public Health	14/00111

For publication

Subject: Contract Extension for Kent Community Health Trust – Health Checks Service

Decision:

As Cabinet Member for Adult Social Care and Public Health, I propose to agree that the County Council extend the current contract with Kent Community Health NHS Trust (KCHT) and to deliver the Health Checks service until 31st January 2016, pending competitive tender of the Health Checks service.

Reason(s) for decision:
Decision exceeds key decision financial criteria

Cabinet Committee recommendations and other consultation:
The Adult Social Care & Health Cabinet Committee will consider the matter at its meeting of 26th September 2014

Any alternatives considered:
An earlier competitive tendering process was considered, but for the reasons outlined in the accompanying report this was not followed

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

..... signed

..... date

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

Andrew Scott-Clark, Interim Director of Public Health

To: Adult Social Care and Health Cabinet Committee
26th September 2014

Subject: Tendering for Postural Stability Classes

Decision No: 14/00110

Classification: Unrestricted

Summary
In July 2014, the committee endorsed plans to commissioning a series of postural stability classes in Kent. Since July, Public Health has started the procurement process by advertising the Dynamic Purchasing System (DPS) for public health services.

Recommendation
The Adult Social Care and Health Cabinet Committee is asked to comment and either endorse or make recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to award contract/s to those bidders who receive the highest scores in the tender evaluation process.

1. Introduction

1.1. The purpose of this paper is to provide an update on the procurement process for postural stability classes in Kent to reduce risk of falls among older people across the county.

2. Background

2.1. In July 2014, Public Health presented a proposal to the Adult Social Care and Health Cabinet Committee to commission a programme of evidence-based 36-week postural stability classes to support delivery of an improved falls prevention framework across the county. The committee endorsed the proposed service model and commissioning approach.

3. Procurement

3.1. Since the last committee meeting, Public Health has established the Dynamic Purchasing System (DPS) described in the July paper.

3.2. The deadline for submission of indicative tenders (the first stage of the application process) is 30th September 2014. Organisations that are successful in joining the DPS will be invited to tender for a two-year contract to run classes in particular areas in October, with contract awards expected in November 2014. The new classes will begin to operate from January 2015, following a period of mobilisation.

4. Financial Implications

4.1. Public Health has set an indicative budget of £453k per annum for provision of postural stability classes across Kent up to 2017/18.

4.2. The flexibility of the DPS will mean that additional classes can be commissioned relatively quickly with additional capacity commissioned at a later date to meet local Better Care Fund objectives if further funding is assigned to the programme.

5. Conclusion

5.1. Following the committee's endorsement of the proposed service model and procurement approach for postural stability classes in Kent, Public Health have begun the procurement process and expect to award contracts in November 2014.

5.2. Due to the timing of the process and the committee publication dates, it was not possible to include a list of providers who have expressed an interest in the service as part of an exempt report. This will instead be provided to members of the committee during the closed part of the meeting on 26th September.

6. Recommendations

6.1 The Adult Social Care and Health Cabinet Committee is asked to comment and either endorse or make recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to award contract/s to those bidders who receive the highest scores in the tender evaluation process.

Background documents

None

Report Author:
Mark Gilbert, Commissioning and Performance Manager, Public Health
Mark.Gilbert@kent.gov.uk

Malti Varshney, Consultant in Public Health
Malti.Varshney@kent.gov.uk

Relevant Director

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

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Cabinet Member for Adult Social Care & Public Health	14/00110

For publication

Subject: Contract Awards for Postural Stability Classes

Decision:

As Cabinet Member for Adult Social Care and Public Health, I propose to agree to the Kent County Council entering into a contract with the organisation(s) who secure the highest overall score in the tender evaluation process to deliver postural stability classes for the administrative area of Kent County Council.

Reason(s) for decision:
Exceeds financial limit.

The Kent Health and Wellbeing Board has identified falls prevention as a priority. The service will operate as part of a wider falls prevention framework across Kent and will aim to reduce falls related injuries, contribute to improved wellbeing among older people and reduce health and social care costs associated with falls.

Cabinet Committee recommendations and other consultation:

The Adult Social Care and Health Cabinet Committee agreed to support the tendering exercise at their meeting of 11th July 2014.

The Committee will be asked to comment on a further report on the procurement processat its meeting of 26th September 2014.

Other consultation planned or undertaken:

The commissioning process is a collaboration between Public Health and Social Care commissioners. A market engagement exercise was undertaken in 2014.

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:

....
Signed date

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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 and Health Cabinet Committee – 26th September 2014**
Decision No:	**14/00082**
Subject:	**Outcome of formal consultation on the closure/variation of Service of Swale Learning Disability Day Service**
Classification:	**Unrestricted**

Past Pathway of Paper: **DMT on 2nd September 2014**

Electoral Division: **Swale**

Summary:

A report on the outcome of formal consultation undertaken at Swale Learning Disability Day Service and seeking Cabinet Member approval to proceed with moving from the existing base of the Faversham Day Service, at Lower Road, Faversham and the reconfiguration or moving from the existing base of the Crawford Centre, Edenbridge Drive, Sheerness, Isle of Sheppey; 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 the transformation of the Swale Learning Disability Day Service, and to continue the service into 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 the Crawford Centre and Faversham Day Service where the current Swale District Learning Disability Service is based.

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

The service has been in the Faversham location since 1972; and the Crawford Centre since 2002; and is attended by a total of 95 people across both services, with an average of 33 people attending in Faversham and 41 attending in Sheerness 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 £445K capital to enable the service to obtain dedicated spaces within community hub buildings in Faversham, Sheerness and Sittingbourne.

It is proposed that the capital will be invested in a minimum of three community hubs, which will aim to include a mixture of the following:

- two sensory multi-use spaces
- two adult changing places
- enhanced accessible features

This will open up the service to those with additional physical needs, and also enable existing people attending the service to be part of the community; together giving greater opportunities to the wider community.

Where community hubs are in a non KCC building there will be a capital grant agreement drawn up to protect KCC's investment and ensure a rent free period.

2.2 Revenue

The Corporate Landlord 2013/14 outturn figures for each premise, including both rental and utility costs are:

Crawford Centre: £129,120.78
Faversham Community Day Service: £47,160.98

These figures have been supplied by Property and Infrastructure Structure

Where community hubs are in a non KCC building, it is anticipated revenue costs will not be generated for the community hubs. The Capital Grant investment will be off-set by a calculated free rental period together with additional benefits to the people attending the service. 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.

It should be noted that the rent free period is only for the term of the capital grant agreement and that once this comes to an end a proportion of the current revenue budget will be set aside to cover future rental commitments.

3. Facing the Challenge (formerly Bold Steps for Kent) and Policy Framework

a) Bold Steps for Kent – The Medium Term Plan to 2014/15

Remodelling Swale Learning Disability day Service and relocating to a community hub based model is in line with KCC's Bold Steps Strategy in that it will:

- Tackle disadvantage
- Put the citizen in control

b) Facing the Challenge - The transformation plan focuses on 3 themes:

- Service reviews, understanding how services currently operate, the difference they make, and if there's a better way
- Integrating services – bringing services together around customer groups to streamline our operation and avoid duplication
- Managing change better – coordinating all transformation programmes in a single, more efficient way.

We will be:

- Placing the customer at the heart of service delivery
- Shaping services around people and place
- Looking again at our services, the difference they make and whether there's a better way, taking a prompt from our customers and the people working close to them
- Putting a greater focus on outcomes- being clearer on what we're trying to achieve
- A more co-ordinated approach to project and programme management and deliver any potential efficiencies in the service resdesign.

c) 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.

d) 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

e) 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.

f) Care Act 2014

The Care Act is a significant reform of care and support and aims to simplify social care, making it easier for people to understand and navigate and plan, improved support for carers and greater choice of services.
The implications are in a development stage at present. However, it is anticipated the future community hubs established through the Good Day Programme will complement the requirements of the Care Act, and ensure the wellbeing of people are central and aims to build a service around people, in addition, the model will support choice and independence for people who have a learning disability.

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, Swale 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 Swale and the surrounding area.

The day service is currently based on two sites, the Crawford Centre on Edenbridge Drive, Sheerness and the Faversham Community Day Service on Lower Road, Faversham. The Faversham Day Service building is owned by Kent County Council. The site is shared with Osborne Court Short Breaks Unit. Osborne Court is part of a strategic review of all Short Break services. The Crawford Centre is leased by Kent County Council from a private landlord. The Lease has a further 16 years to run with a fixed increasing rental, hence the significant difference in revenue costs for these two buildings

4.2 Community Capacity

The Good Day Programme is already working with Focus Groups at Faversham and Sheerness to carry out an initial programme of informal scoping to review the needs for the Swale District and identify community hub opportunities. Members of the groups include people accessing the service, family/carers, and staff members.

4.3 Consultation Process and timetable

The purpose of the Swale day service consultation was to:

- Find out from people attending the service 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 6th May 2014. A 14 week consultation period followed, ending on 12th August 2014.

b) Consultation has been extensive, with information and questionnaires cascaded to all relevant groups and individuals with a total of 446 consultation packs distributed. This included people accessing the service, Parent/Carers, Staff, Trade Unions, Advocacy Groups, Local Residents, Community Partners, Integrated Teams, 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 (Advocacy for All) undertook thorough consultation with people attending the service, working in a variety of ways; with individuals, as well as group workshops, ensuring that people attending the service 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 116 completed questionnaires were received overall – 95 from people attending the service and 21 from family/parent carers and other stakeholders

d) Specific engagement with the Swale District Partnership Group was made during the consultation period with no direct comments received.

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 people attending the service in groups 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 89% of people access activities outside of the current day centre buildings.

d) The advocates held 46 1:1 meetings and 6 information events with people within the service.

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

4.6 Family Carers Feedback

a) Of the 45 family/parent carers invited to take part in the consultation one requested a 1:1 meeting.

b) 19 returned completed questionnaires.

c) Mostly the feedback (whether verbal or written) has been positive and constructive, 11 parent/carers said the Crawford Centre should stay open for older people within the service.

Some of the comments made by parent/carers are listed below:

"I can understand and accept this as a positive step for all provided that each person is fully involved in decisions about their preferred activities. My concerns would be around transport and financing of this, availability of trained staff and consistency of activities"

"Making sure that everywhere is accessible, especially for people with severe learning disabilities and profound needs. Also check that there is a changing places within the venue or near where they are."

"With older people developing challenges such as dementia, will there be financial provision for additional support whilst encouraging social interaction, consistency and review?"

4.7 Staff Feedback

The staff team from the Faversham Day Service have expressed 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. Several staff members have been particularly proactive in identifying community hubs, other venues and activities with people in the service. The staff team from the Crawford Centre have expressed a keenness to embrace opportunities which enhance the quality of service for people attending the service. The staff team said there is a specific need to have a community hub in the town centre of Sittingbourne.

Staff wanted to ensure the service provides positive outcomes for people with complex needs, and 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.

Some of the comments staff made:

"Our present centre is old and falling apart, we need new premises. New sites needed to improve enthusiasm and enjoyment of service users and staff."

"A new, modern hub, with good equipment. Access to all, by retaining mini-bus service. Quality community activities, including access to members of the public, possibly sharing venues."

4.8 Wider Feedback

a) Seven stakeholder workshops were held across both locations, 30 people attended across the workshops. The workshops were held to talk through the proposals, and to support the completion of questionnaires and gather feedback.

b) Visits were arranged to other community hubs; one to Folkestone Sports Centre and another to one of the Community hubs in Canterbury The aim was to support the understanding of the community hub model and to give the opportunity for parent/family carers and other stakeholders to look at an example of a successful community hub. Stakeholders were able to speak to staff and people using the service about the change process and the everyday pattern of the day service.

5. Property Implications

Because both Faversham Day Service and the Crawford Centre are a part of the Corporate Landlord, officers within Social Care, Health and Wellbeing have been working closely with officers in Property and Infrastructure Service (P&IS) to help shape the options for the future service model and to ensure that all property implications are considered with regard to the existing buildings and any new buildings that may form the community hubs.

All proposals regarding the existing buildings and any new facilities will be in line with the KCC Asset Management Strategy and will ensure that the core themes: Managing the Estate Effectively and Differently, keeping the estate warm safe and dry, regeneration and growth and Protecting the Environment are met. Any proposals for the buildings will also be aligned with the Facing the Challenge transformation programmes and service reviews

Faversham Day Service is a KCC freehold building, if as a result of reshaping the service model for Swale the building is partially or completely vacated then P&IS will explore an options appraisal to assess how the building can bring most value to KCC and the corporate Estate. Options will be explored as to whether it can contribute to the asset rationalisation and transformation programme and provide facilities for any other KCC service or if it will provide greater value to KCC as a disposal site.

The Crawford Centre is a leasehold property, if the recommendations of this report are agreed discussions and negotiations with the Landlord can be explored to identify what opportunities there may be to vacate the property or reconfigure the existing facilities.

P&IS will ensure that future buildings that may form part of the community hub model will meet KCC statutory standards with regards to access and occupation. If Capital funding is invested into a third party building then a Capital Grant Agreement will be put in place to offset a free rental period together with additional benefits to the people attending the service.

6. 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.

7. Equality Impact Assessments

The Equality Impact Assessment (EqIA) for Swale 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 of the changes which may effect of the changes on any people who are in one of the protected categories, on existing and new people attending the service. 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 people attending the service 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 (Adult Changing Place) will be placed in community hubs 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.

8. Risk and Business Continuity Management

For the people attending the services the majority of their time is spent accessing community activities, with both the Crawford Centre and the Faversham Day Service providing a meeting place. In the event that any of the future community hubs become inaccessible, it is anticipated that people attending the service will be able to continue to access their chosen activities and contingencies will be identified in the Business Continuity Plan.

9. 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 community 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 people that those coming through transition have additional physical disabilities and cannot currently access the Swale day service building in Faversham.

c) The service already supports individuals from across the Swale area, this will continue with the new service model and it will offer greater capacity to those individuals with additional needs.

10. Conclusions

(1) The 14 week consultation has proved beneficial in that it has meant that people with an interest in Swale 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 service development.

(3) The majority of feedback from parent/family carers and stakeholders through questionnaires and attendance to workshops has 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 Faversham, Sittingbourne and Sheerness town centres accessible to a wider range of individuals

- Improve Learning Disability Services by providing town centre enhanced facilities and greater choice and opportunity across a wide range of need.

11. 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 the transformation of the Swale Learning Disability Day Service, and to continue the service into 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.

12. Background documents

Appendices: 1 – Easy read Advocacy Report

2 - Equality Impact Assessment

3 – Proposed Record of Decision

13. Contact details

Report Author:
Sylvia Rolfe - Commissioning Officer
07834 417482
sylvia.rolfe@kent.gov.uk

Relevant Director:
Penny Southern- Director Learning Disability and Mental Health,
0300 333 6161
penny.southern@kent.gov.uk

Programme Manager (Good Day Programme):
Paula Watson – Commissioning Manager, Accommodation Solutions
07850 908284
Paula.watson@kent.gov.uk

Good Day Programme
Advocacy for All

report about
Swale Day Services and
Crawford Day Centre

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**.

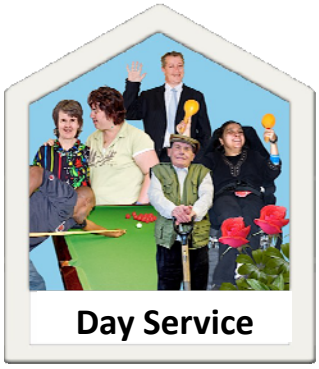
An **advocate** is someone who helps you **speak up** for yourself. They make sure other people **listen** to what you say and respect your **rights**.

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**



Swale Day Services

Swale Day Services offers **activities** for people in **Swale** during the day.

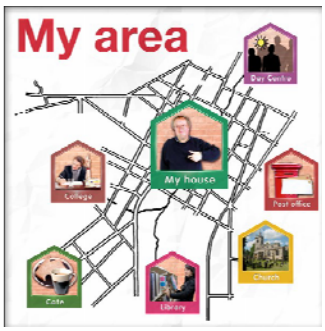
One of the bases is **Crawford Day Centre**.

46 people use the Crawford Centre at the moment.

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

They want to **move Swale Day Services** into **smaller places** in the **community called hubs**.

This will mean



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

4

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** Crawford Day Centre

- moving Swale Day Services into **smaller places** in the **community called hubs**.

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

what happened in the consultation

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

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

3. **Emma** and **John** went to **information events** for **parents** and **carers**.

4. **Emma** and **John met** people on their own in **1 to 1 meetings**.
   They **talked** more about the **plans**.
   They filled in a **form** saying what they **think**

big meeting

There was a **big meeting** on Tuesday 6 May 2014 at **Swale Community and Voluntary Services** (SCVS) in Sittingbourne.

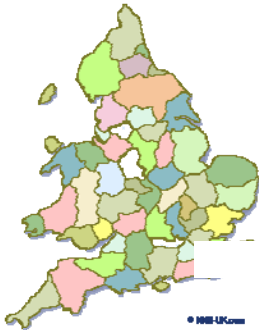
Different people went to the meeting

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

Lots of people who use **Swale Day Service** could **not go** to the **meeting** because of the **stairs** in the building.

Councillor Gibbens from Kent County Council talked about the **plans** for **Swale Day Services**.

He said that **Crawford 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 **Crawford Centre building**?

- have you **already found** the new **hubs**?

- is this only happening because the **council** need to **save money**?

visit to Crawford Centre

Emma and **John** visited **Crawford Day Centre** on **Monday 12 May**.

They **chatted** to the **people** who **use** the **centre** and the **people** who **work** there.

Lots of people said they leave the centre to go to **activities** out in the **community**.

Some people were **worried** that the **day centre** was **closing** and their **activities** would **stop**.

Emma and **John** said that **activities** would **carry on** even if people were going to a **different base** first.

workshops

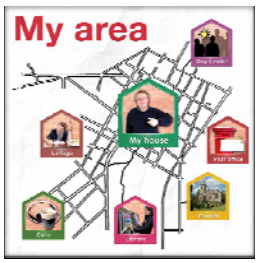
Emma and **John** ran **workshops** at **Crawford Day Centre** on Tuesday 20 May.

At the workshops people could

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

People were **worried** that their **services** would **stop** when the **building closed**. **John** and **Emma** said that would **not happen**.

Some people were still **sad** because they **like** the **building** and the **community**. **Some people** said there is **nothing wrong** with the **Crawford Centre** building so **why** should it **close**?



People talked about using **smaller places closer** to where they **live**.
Most people said that **local places** with **new rooms** and **equipment** would be **good**.

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 choice** 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

archery – we'd like to do more

Octopus club!

We like tai chi at Minster

soft sports at the leisure centre

silly to change the building

like curling in the gold room

stairs at the Gateway too hard now. Some people enjoyed this before and been stopped because of the stairs

We like Castle Connexions and Gateway at Queenborough

1 to 1 meetings

John and **Emma** had a **1 to 1 meeting** with **every person** who **uses Crawford Day Centre**.

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**.

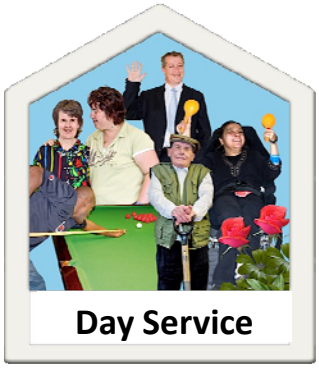
John and **Emma** worked with day centre **staff** and used things like **DVDs** and **person centred plans**.

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 13 to 21**.



questions and answers

1. what do you like about Swale Day Services?
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:

- **archery** at **Queenborough**
- **cooking**
- going for **walks**
- **photography** and **island history**
- **shopping** in town
- **swimming**

One person said she does **not like** being in the **centre** when she **cannot get out** of her **chair**.

One person said she does **not like** it when her **activities change** or **stop**.

learnt some really good office skills

going out on the bus with others bowling and swimming

I like what they've done here

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

Most people like **community activities**, like

- **Gateway**
- **archery**
- **bowling**
- **Tai Chi**
- **swimming**
- **walking**
- going to the **leisure centre**

Lots of **people** said that the **buses** make it **hard** to get into the **community**.
The **buses** do **not** go **often** and they are **too small** for **big wheelchairs**.

I like going to cafés and restaurants for coffee and cake

Gateway - nothing to do over there

Like the John Graham Centre

like going out rather than being in the building

3. Will the changes make a difference to you?

Lots of **activities** happen **outside** the **Crawford Centre**.

Most people said they **like going out** into the **community** and doing different things.

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

have more freedom here [at the Crawford Centre]

easier if there was a hub in Minster. I could get a taxi on my own

fed up with it now [the Crawford Centre]

the things I do are more important. As long as I've got somewhere to go I don't mind

I would like the Crawford Centre to stay open, but I would go to a hub

the centre will shut. I want the centre open

4. are you worried about the changes?

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

People are **worried** about **missing their friends**.

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

doesn't really worry me, but I would miss it if it shut

I like change

I think it is a good idea, Emma, it is

sometimes if the centre was closed I don't know what I am going to do

Don't want to be in the Gateway - can't sit in the garden at the Gateway. Can't bring my walker to the Gateway because there is not enough room

I would be worried if this centre closed and there was nowhere to go, but if there was somewhere to go I would be okay

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

Most people did **not answer** this question.

A **few people** said that they want to be **involved** in the **changes**.

They want to **visit** the **new community hubs** and see what is going on.

Want the Crawford Centre to stay open

staff could speak to J about the hubs - picture books, photographs, visits

I would be happiest if it stays the same. If I was at the Gateway I would have to leave at 1:30.

maybe could visit another service that has had their centre shut

I am all right as long as my sessions stay the same.
I meet at the Gateway not here.
I walk everywhere

6. what activities do you like?

People gave **lots** of different **answers**.

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

These are the **most popular** things that people would like to **try out**.

- **music**

- **dance** and **exercise**
- **reading** and **writing**

- **nightclubbing** and **evenings out**
- **snooker** and **pool**

- preparing for **work**

7. Is there anything else you think is important?

seeing friends

Z is mostly happy with her service at the centre. Z has a 1 to 1 support worker from Blossoms

M needs suitable transport to and from home. Public transport is not suitable

being out and about is more important

likes jigsaw puzzles

like to get on the minibus but it is difficult with the times and health and safety for wheelchair users

nightclub, sailing, cup of tea when I come to the centre

8. Would you like to work?

Some of the **people** who **use Crawford Day Centre** would **like** to have a **job**.

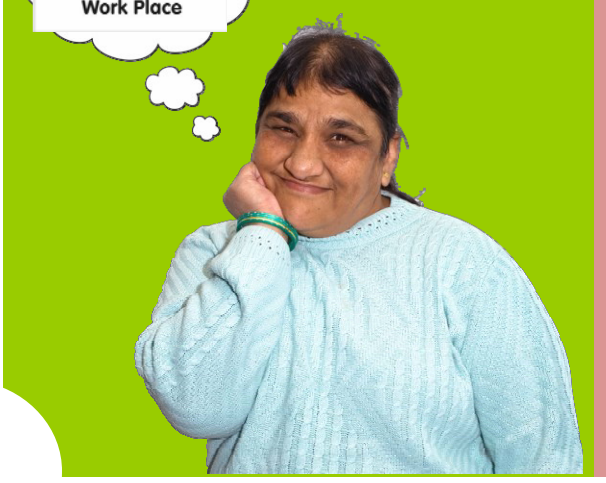
You can see **all the answers** on the **big sheet**.

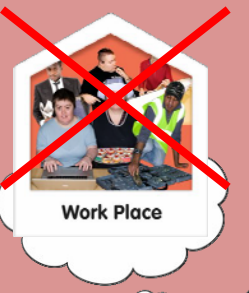
I do not want to work

15 people

I want to work

8 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 Swale Day Services?

maybe use where we do tai chi more

if the Gateway was turned upside down it would work. Other gateways are used in the evening for boxing

[Octopus club] used to go on a Friday night come back early hours of the morning. Still get information. Been stopped for some reason. Used to be a good night out.

making changes, making better, being out and about more

Swale Day Services working more together. I got bored at Gateway so am going to go to the John Graham Centre more now

main points

People who use **Crawford Day Centre** have **said** what they **think** about the **day services** 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 Crawford Day Centre** are **happy** about the services **moving** to **new community hubs**.

Some people are **confused** about **why** the **Crawford Centre** will **close**.

People who **use Crawford Day Centre** want to know

- **when** the service will move

- **where** the service will move to

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

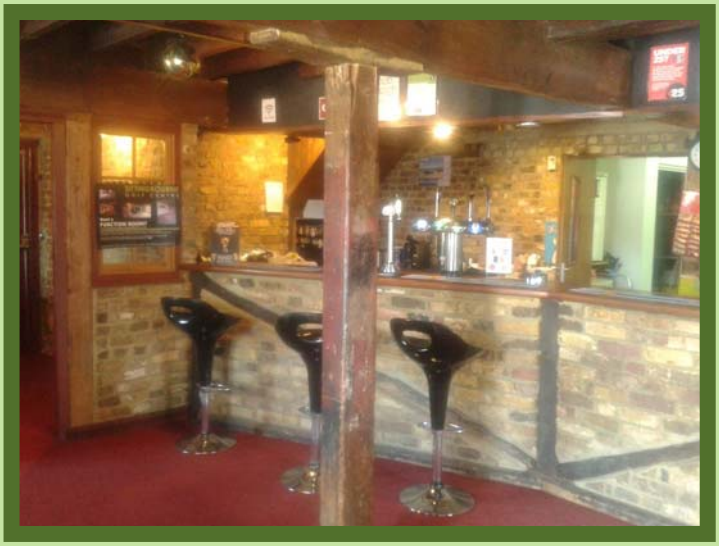
They want to get **support** all through the **changes**.

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

Good Day Programme

Advocacy for All

report about
Swale Day Services
and Faversham Day Centre



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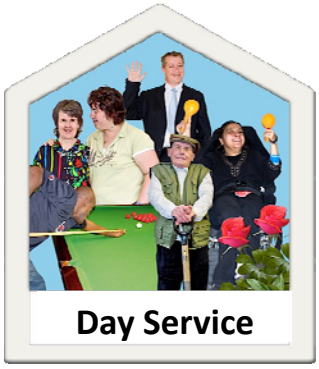


Swale Day Services

Swale Day Services offers **activities** for people in **Swale** during the day.

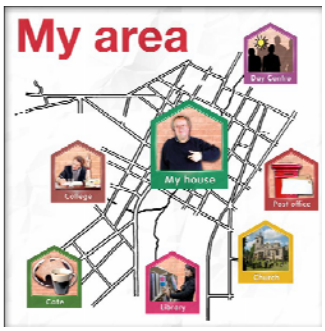
One of the bases is **Faversham Day Centre**.

42 people use the Faversham Centre at the moment.

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

They want to **move Swale Day Service**s into **smaller places** in the **community called hubs**.

This will mean



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

4

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** Faversham Day Centre

- moving **Swale Day Services** into **smaller places** in the **community, called hubs**.

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

what happened in the consultation

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

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

3. **Emma** and **John** went to **information events** for **parents** and **carers**.

4. **Emma** and **John met** people on their own in **1 to 1 meetings**.
   They **talked** more about the **plans**.
   They filled in a **form** saying what they **think**

big meeting

There was a **big meeting** on Tuesday 6 May 2014 at **Swale Community and Voluntary Services** (SCVS) in Sittingbourne.

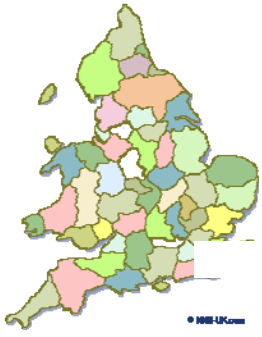
Different people went to the meeting

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

Lots of people who use **Swale Day Services** could **not go** to the **meeting** because of the **stairs** in the building.

Councillor Gibbens from Kent County Council talked about the **plans** for **Swale Day Services**.

He said that **Crawford 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 **Faversham Centre building**?

- have you **already found** the new **hubs**?

- is this only happening because the **council need** to **save money**?

visit to Faversham Centre

Emma and **John** visited **Faversham Day Centre** on **Wednesday 14 May**.

They **chatted** to the **people** who **use** the **centre** and the people who work there.

Lots of people said they **leave** the **centre** to go to **activities** out in the **community**.

Some people were **worried** that the **day centre** was **closing** and their **activities** would **stop**.

Emma and **John** said that **activities** would **carry on** even if people were going to a **different base** first.

workshops

Emma and **John** ran **workshops** at **Faversham Day Centre** on Tuesday 20 May.

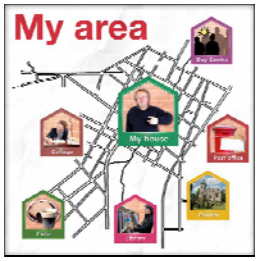
At the workshops people could

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

Most people said that the **Faversham Centre** is **old** and **needs** a lot of **work**.

Lots of people said that the **Faversham Centre** is a **long way** from **other places**.

Everyone understood that their **activities** would **carry on**. But **some people** were still **sad** that the **building** may **close**.



People talked about using **hubs closer** to where they **live**.
Most people said that **local places** with **new rooms** and **equipment** would be **good**.

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 choice** 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

it's not a good area

happy to move to a hub - where is it?

I am moving to Sittingbourne. It would be easier to go to a hub there

1 to 1 meetings

John and **Emma** had a **1 to 1 meeting** with **every person** who **uses** the **Faversham Centre**.

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**.

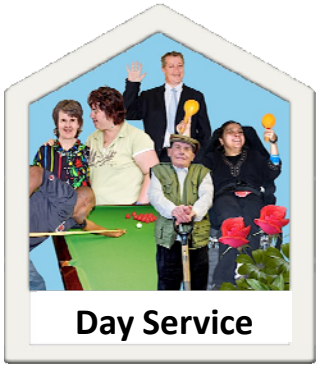
John and **Emma** worked with day centre **staff** and used things like **DVDs** and **person centred plans**.

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 13 to 21**.


Day Service

questions and answers

1. what do you like about Swale Day Services?
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 the centre
- **bowling**
- **photography**
- **gym and swimming**
- **golf**
- **bowls**
- **art** and **craft**

bowls in the hall, communication with Ingrid. Used to enjoy gardening

discos have gone. Not allowed to watch movies - boring. Going to hell.

don't like sticking inside. Would rather be out in the fresh air

Like photography group. Got bored in the centre

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

Most people like **community activities and services**, like

- **leisure centres**
- **golf** in Sittingbourne
- **Milton Bowls**
- **bowling** at Whitstable
- **bowling green** in Faversham
- **John Graham Centre**
- **Skillnet**
- **Age Concern**
- **Brogdale** and **Monkshill** farms
- **Swalecliffe** hub

walk every day, use bus pass locally

I want to go out every day

lunch in town

like the seaside

3. Will the changes make a difference to you?

Lots of **activities** happen **outside** the **Faversham Centre**.

Most people said they **like going out** into the **community** and doing different things.

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

I think the hubs are a good idea

I've been here too long. Doesn't worry me in the least if the building closes

I would be a bit sad if the building was to shut

it's going to be a big change. I've been used to it for so many years

I am not changing because of the changes at the centre. I think there is more to do and more fun at the John Graham Centre

I hope there is a hub in Faversham, because that is where I live

4. are you worried about the changes?

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

People are **worried** about **missing their friends**.

Friends might end up going to **different hubs** if they do **not live near** each other.

not happy about going into a hub. I see enough of Sittingbourne. I want to be in Faversham

a little worried Faversham might shut

wouldn't let it bother me

I like it here because we have quite a bit of time here in the morning catching up, having a chat and a laugh before our sessions start. I know we would meet up in our hubs but it wouldn't be for as long time

I think this building closing down is a good thing.
As long as I can carry doing art and my other things

It would be all right if the building shut

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

Most people did **not answer** this question.

Some people said that **visiting** the **hubs** and being **involved** in the **changes** would help them.

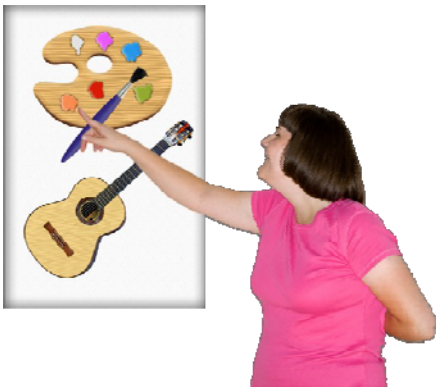
think everything will be back to normal. Like to cook at Swalecliff

if L could go and look at some possibilities and experience them she may find it easier if the building were to shut

I have a quite a few friends here and I only see them here. To know I could still do this, in this way, would make me feel better

S is interested in looking how hubs have changed other services

happy for someone else to find a hub. I probably would like to see one of the hubs that is up and running, would like to tell my mum what's happening



6. what activities do you like?

People gave **lots** of **different answers**.

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

These are the **most popular** things that people would like to **try out**.

- **cookery**

- **music**

- **gardening** and **nature studies**

- **dance** and **exercise**

- **snooker** and **pool**

- **drama**

- **horse** and **cart**

7. Is there anything else you think is important?

like the people here, like vending machines, like getting my coffee

meeting up with friends is very important to me especially the mornings. It would make me very upset and sad if the building was to close even though I know my sessions would still carry on

A would like her sessions to stay the same but also go out in the evening

got a lot of friends and the staff are good

some 1 to 1 support to access activities

miss going to the centre

I don't want to go another place. I don't like it. I like Faversham. The day centre. Yes here.

Somewhere in Sittingbourne town would be nice

8. Would you like to work?

Some of the people who **use** the **Faversham Centre** would **like** to have a **job**.

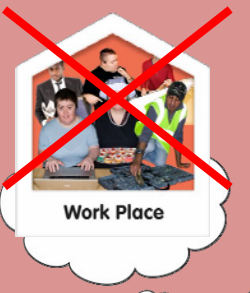
You can see **all the answers** on the **big sheet**.

I do not want to work

17 people

I want to work

7 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 Swales Day Service?

Faversham hub is important to L

I like the idea of hubs

I like Sittingbourne College. I want to go out from Faversham. Sittingbourne carnival and fun fair on my own. Ghost train, bumper cars, all the rides

Industrial estate in Sittingbourne is good

main points

People who use **Faversham Day Centre** have **said** what they **think** about the **day services** 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 Faversham Day Centre** are **happy** about the services **changing**.

Most of the **activities** are **already** out in the **community**.

The **people** who **use Faversham Day Centre** want to know

- **when** the service will move

- **where** the service will move to

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

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

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

KENT COUNTY COUNCIL - – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY	DECISION NO.
Graham Gibbens, Cabinet Member for Adult Social Care and Public Health	14/00082

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: : Swale Learning Disability Day Service

Decision:

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

1) To change the Swale Learning Disability Day Services to a community hub based model as outlined in the attached report.

2) To utilise the identified capital money to obtain dedicated spaces within community hub buildings in Faversham, Sheerness and Sittingbourne, with the proposal of:

- two sensory multi-use spaces
- two adult changing places
- enhanced accessible features

Where community hubs are in a non KCC building there will be a capital grant agreement drawn up to protect KCC's investment and ensure a rent free period.

3) That the Corporate Director for Social Care, Health & Wellbeing, or other delegated officer, to undertake the necessary actions to implement this decision.

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 6th May to 12th August 2014. Local members and opposition groups were briefed during this. Consultation stsupported th e proposals.

DRAFT

The 26 Sept 2014 Adult Social Care & Health Cabinet Committee will consider the recommendation report and make comments to the Cabinet Member.
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

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

Andrew Ireland, Corporate Director, Social Care Health & Wellbeing

To: Adult Social Care and Health Cabinet Committee – 26 September 2014

Decision: 14/00089

Subject: **Personal Health Budgets – Section 75 Agreement**

Classification: Unrestricted

Summary:	The report is seeking the endorsement to enter into a Section 75 agreement with the Kent CCGs. This will allow the CCGs to use Kent County Council financial systems to make health direct payments to adults and children who receive NHS Continuing Health Care.
Recommendation:	Members of the Cabinet Committee are asked to: Endorse the proposed decision to be taken by the Cabinet Member for Adult Social Care and Public Health. The Cabinet Member for Adult Social Care & Public Health will be asked to: AGREE that Kent County Council can enter into a Section 75 with the Kent CCGs, this will allow the CCGs to utilise KCC financial systems to make personal health budget direct payments. DELEGATE the authority to the Corporate Director, Social Care Health and Wellbeing, or other suitable officer to arrange the sealing of the Section 75 agreement.

1. Introduction

1.1 Between 2009 and 2012, The Department of Health commissioned an independent evaluation led by the University of Kent to identify to what extent personal health budgets (PHBs) ensure better health and social care outcomes than conventional methods of service delivery. The evaluation looked at a number of condition areas, which included Chronic Obstructive Pulmonary Disease (COPD), Neurological Conditions, Dementia, Stroke, Maternity, Mental Health, End of Life, Continuing Health Care (CHC), and Diabetes.

1.2 Across Kent and Medway, 164 people receiving health care were offered the opportunity to decide how allocated NHS funding could be spent on meeting their assessed health needs.The evaluation found that people with personal health budgets had better quality of life and spent significantly less time in hospital.

1.3 Following the personal health budget pilot, Government announced that people receiving NHS continuing health care have the right to ask for a PHB from April 2014. From October 2014, this group will further be given the "right to have" a PHB. A "right to have" will guarantee that people in receipt of NHS CHC and those transitioning in from social care or children's services will have continuity of care in the services that they receive. Clinicians can also offer personal health budgets to others that they feel may benefit from the additional flexibility and control. The NHS Mandate commits to a further roll out of personal health budgets to people who could benefit from April 2015.

1.4 Personal health budgets in combination with personal budgets in social care have the potential to drive greater integration of health and social care for individuals and better partnership working between the NHS and local government.

1.5 Personal health budgets enable the seamless transfer of funding arrangements for individuals moving between Adult Social Services and Children's Social Services to CHC. Many individuals accessing Adult or Children's Social Services are in receipt of a direct payment. Before the NHS had the powers to offer direct payments, it was not possible for people receiving CHC to employ their own staff and packages were disrupted or individuals wanted to remain with social services in order to maintain continuity of care and to keep control over their package of care.

1.6 Following the completion of the PHB pilot, 9 sites including South Kent Coast CCG took part in a programme of further learning called Going Further Faster (GFF). This was to understand what it takes to move from pilot phase to mainstreaming PHBs and focused on supporting accelerated learning around a number of key areas, including Integrated Budgets for Long Term Conditions. This programme is now coming to an end with an evaluation report due out in the autumn '14.

1.7 In addition to sharing lessons from implementing personalisation, KCC has assisted with the management of direct payments through its well established systems and therein contributing to the provision of a sustainable infrastructure for PHBs. Otherwise the NHS would have to develop its own systems and processes to support direct payments. People with a PHB were offered the Kent card as the payment mechanism during the pilot. These arrangements operated under a Section 75 agreement between KCC and the Primary Care Trusts, which expired September 2012.

2. Policy Context

2.1 The local delivery of PHBs enables the Kent CCGs and Social Services to meet a number of national policies and directives around care for both adults and children including the NHS Constitution, the Health and Social Care Act 2012, Mandate for the NHS and Everyone Counts, and the Children and Families Bill, some aspects of which will become law in

September 2014. The delivery of PHBs also fits with the Kent Joint Health and Wellbeing Strategy and with the CCG's strategic priorities. PHBs also feature within the Kent Integration Pioneer Programme.

3. Section 75 Agreement

3.1 The CCGs in Kent have signed up to the rollout of PHBs and have commissioned Kent and Medway Commissioning Support Unit (KMCS) to provide support with the delivery. KMCs on behalf of the CCGs approached KCC to enter into a new Section 75 agreement from October 2014, which will allow the CCGs to continue to use KCC financial systems to make direct payments to people receiving NHS continuing health care.

3.2 The initial contract period is for 6 months, the contract can be extended if all parties are in agreement.

3.3 As part of the agreement, KCC will receive £50k per year to manage the additional workload. Resources will need to be reviewed if the figure exceeds 100 people receiving a PHB direct payment.

3.4 The monitoring of the Section 75 agreement will be through an operational Continuing Health Care group. There will be an annual strategic review of the agreement and an update to SC DMT and CCG Accountable Officers.

4. Financial Implications

4.1 PHB DP current and projected spend

Spend p.a. 2013-14	£2.4M	29 people (CHC) pilot cases
Projected 2014-15	£4.9M	60 people (CHC)
Projected 15/16	£10M – £14M	Up to 200 people
Projected 16/17	£14M - £25M	300 - 400 people

4.2 It is anticipated that demand for personal health budgets will be slow but steady mirroring the rollout of personal budgets in social care.

4.3 On request KCC releases the direct payment and invoices the CCG on a monthly basis. However at times there can be a delay with the CCGs making payment as invoices can be placed in dispute. This does create a financial risk to KCC, which is why KCC will only operate this process through a Section 75 agreement. Processes have been put in place between Health and KCC to monitor this system.

5. Legal Implications

5.1 The final version of the Section 75 agreement has been agreed by all the Kent CCGs, KCC legal and finance. The Section 75 will allow KCC and the CCGs to enter into an agreement for the purposes of providing direct

payments to adults and children who are ordinarily resident within the geographical area of Kent for whom the CCGs are responsible. The CCGs will be responsible for commissioning services for recipients and the local authority will be responsible for making such payments to recipients on behalf of the CCGs. Each CCG will be separately and solely liable for any direct payments made under the agreement.

6. Recommendations

(1) Members of the Cabinet Committee are asked to:

ENDORSE the proposed decision to be taken by the Cabinet Member for Adult Social Care and Public Health.

(2) The Cabinet Member for Adult Social Care & Public Health will be asked to:

AGREE that Kent County Council can enter into a Section 75 with the Kent CCGs, this will allow the CCGs to utilise KCC financial systems to make personal health budget direct payments.

DELEGATE the authority to the Corporate Director, Social Care Health and Wellbeing, or other suitable officer to arrange the sealing of the Section 75 agreement.

7. Background Documents

Haris Patel personal health budget story.

Lead Officer/Contact: Georgina Walton, Operational Support Unit, Change Implementation Officer
Tel No: 0300 333 5244
Email: Georgina.walton@kent.gov.uk

Director: Anne Tidmarsh, Director of Older People and Physical Disability
Tel No: 0300 333 6169
Email: patodirectorofoppd@kent.gov.uk

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TAKEN BY	DECISION NO.
Graham Gibbens, Cabinet Member for Adult Social Care and Public Health	14/00089

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: Personal Health Budgets – Section 75 Agreement

Decision:

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

AGREE that Kent County Council can enter into a Section 75 with the Kent CCGs, which will allow the CCGs to utilise KCC financial systems to make personal health budget direct payments.

DELEGATE the authority to the Corporate Director, Social Care Health and Wellbeing, or other suitable officer, to arrange the sealing of the Section 75 agreement.

Any Interest Declared when the Decision was Taken

Reason(s) for decision, including alternatives considered and any additional information
The Section 75 will allow KCC and the CCGs to enter into an agreement for the purposes of providing health direct payments to adults and children who are ordinarily resident within the geographical area of Kent for whom the CCGs are responsible. The CCGs will be responsible for commissioning services for recipients and the local authority will be responsible for making such payments to recipients on behalf of the CCGs. Each CCG will be separately and solely liable for any direct payments made under the agreement.

Background Documents:
Report from Corporate Director and Cabinet Member for Adult Social Care and Public Health

Cabinet Committee recommendations and other consultation:

Any alternatives considered:
The only alternative is to not enter into the agreement. However entering into this agreement will support Health and Social Care Integration and will enable the seamless transfer of funding arrangements for individuals moving between Adult Social Services to NHS Continuing Health Care.

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

....
signed date

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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

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From:	**Graham Gibbens. Cabinet Member for Adult Social Care and Public Health** **Andrew Ireland, Corporate Director for Social Care, Health & Wellbeing**
To:	**Adult Social Care and Public Health Cabinet Committee Meeting 26 September 2014**
Decision No:	**14/00101**
Subject:	The Wellbeing Charge in existing and new Extra Care Schemes
Classification:	**Unrestricted**
Pathway of Paper:	Social Care Health and Wellbeing DMT 27 August.2014
Electoral Division:	**All**

Summary: This paper provides background to the reason for the review of the Wellbeing Charge in Extra Care and sets out officer recommendations to the Cabinet Member for decision.

Recommendation: That Cabinet Committee endorses the proposed decision to be taken by the Cabinet Member for Adult Social Care and Public Health.

The Cabinet Member for Adult Social Care & Public Health will be asked to agree:

1) The Wellbeing Charge at the existing Extra Care Housing Schemes to be set at £15/week from 1 April 2015, with the exception of the particular circumstances at Thomas Place set out in 2) below.

2) The Wellbeing Charge at Thomas Place will remain at £13.91/week for existing tenants, unless they are subsequently financially assessed as being able to meet the full cost of their social care, in which circumstances it will rise to £15/week.

3) For new Extra Care Housing Schemes the Wellbeing Charge will be £15/week with immediate effect.

4) That the Corporate Director for Social Care, Health & Wellbeing, or other suitable delegated officer, undertake the necessary actions to implement this decision.

1. Introduction

1.1. Extra Care Housing is a model of care that requires significant development and improvement in Kent in order to fulfil the conclusions of the Accommodation Strategy and manage demand following the introduction of the Care Act. The improvements required include the physical model of care commissioned, the types of individuals

being referred and accepted to the accommodation and the costs associated including the administration of applying and assessing the charges.

1.2. The Wellbeing Charge was established in the Better Homes Active Lives Housing (BHAL) Private Finance Initiative (PFI) schemes where a set charge was applied to cover the background support and emergency calls outside of the scheduled care package delivery. This was rolled out quickly and not very clearly at the time after some people had already moved in and attracted a number of complaints and Local Government Ombudsman investigations. Subsequently other extra care schemes have opened with care services and background support services commissioned differently (through Provider Managed Services and Direct Payments). This meant in Maidstone there were two extra care schemes both managed by Housing 21 and both had different charging regimes which was very difficult for case managers to operate and difficult for potential service users to understand. With further schemes opening soon with a mix of service provision and potentially charges, KCC wants to apply a considered charge to the service reflective of what other local authorities charge and make the services more attractive and affordable.

1.3. Reports have been presented to the Older People Divisional Management Team on the review of the Wellbeing Charge throughout 2013/14 and the final version with recommendation for change was agreed at the meeting on 7 August 2014.

1.4. A report was presented to the Social Care, Health And Wellbeing Directorate Management Team meeting on 27 August 2014 and the recommendation to reduce the Wellbeing Charge to £15 was supported by this meeting.

2. Background

2.1. In response to reports submitted in October 2013 and March 2014 regarding the Wellbeing Charge, the Divisional Management Team requested that a Task & Finish group be set up to investigate the options, recommend actions and draw up an implementation plan.

2.2. The Task and Finish Group considered the following options:

a) Do nothing and leave the charge as it is.

b) Remove the financial assessment requirement and set a standard lower amount that all tenants are required to pay.

c) Reduce the level of the current contribution from £27.96 per week to a lower amount.

d) Remove the charge altogether

2.3. Option b) was dismissed as this raised legal issues. Under Fairer Access to Care, a Local Authority has to ensure that someone's income doesn't fall below a certain level (Protected Income Level).

2.4. All existing extra care schemes for Older People were included in this work as well as those that are planned to open in the future.

3. Options Appraisal

3.1. The full options appraisal carried out by the Task and Finish Group was:

A) Do Nothing and Leave the Wellbeing Charge as it stands:

Benefits:

This option will continue to provide an income from the Wellbeing Charge of £112k per annum for existing schemes and £195k for those planned.

Risks:
Comparisons with other neighbouring authorities show that the level of the Wellbeing Charge in Kent is high. This could impact on the Authority's ability to implement the Accommodation Strategy and to deliver the extra 2,542 extra care units that are intended.

It could lead to even more high profile complaints and the level of debt accrued against the charge may increase.

B) Reduce the Wellbeing Charge

Benefits:

Reducing the charge to £10 or £15 per week will make extra care a more attractive financial option and support the aims of the Accommodation Strategy. The contribution, whilst reduced, would provide an income of either £36k or £55k. There would not be a requirement to carry out reassessments, as all existing tenants have been assessed already.

Risks:

This will reduce the burden on tenants who are paying the full amount, but it could lead to challenges about the whole principle of the Wellbeing Charge.

C) Remove the Wellbeing Charge altogether

Benefits:

Removing the charge will support the aims of the Accommodation Strategy and in transforming services for the future. It will provide greater choice and lifestyle determination and reduce the barrier that the Wellbeing Charge presents.
This option will provide an opportunity for extra care to contribute to the prevention strategy and increase the number of people who are living in extra care who may otherwise need higher cost residential care. Savings will be made through the implementation of the Accommodation Strategy, outweighing the loss in income.

Risks:

The precedent will be set and there may be difficulty in reintroducing such charges at a later date, if they were required.

4. Why are changes being proposed?

4.1. To facilitate the Accommodation Strategy which will substantially increase the provision of extra care units across Kent making the service offer more affordable to individuals from the outset.

4.2. To respond to the Local Government Ombudsman requirement for KCC to review its Wellbeing Charge.

4.3. To develop a consistent approach to cover all existing and planned extra care schemes to ensure transparency and equity.

5. Policy Context

5.1. The Accommodation Strategy has, as one of its core aims, to substantially increase the provision of extra care units across Kent, with the intention to develop an additional 2,542 units.

5.2. The Accommodation Strategy supports the Transformation Agenda and the Prevention Strategy. It contributes to KCC's commitment to doing things differently and to encourage greater self-independence and reduce the need for expensive residential care.

5.3. The Wellbeing Charge is underpinned by the Policy for Charging for Non Residential Care Services and tenants are financially assessed to identify their ability to contribute to the cost of the 24 hour support that is part of the extra care model. The maximum contribution to the Wellbeing Charge is currently £27.96 per week.

6. Current Financial Situation

6.1. Within the current Better Homes Active Lives (BHAL) schemes, tenants pay an assessed contribution towards the combined costs of their care and the Wellbeing Charge. The majority, 70% have insufficient income to contribute and are assessed as nil payers. 27% contribute and pay the full amount and a small proportion 3%, pay a reduced amount.

6.2. The total contribution from the Wellbeing Charge is £2,100 per week, representing an annual income of £112,000.

6.3. Data from Finance shows that a debt of £17,000 has accrued against the Wellbeing Charge and of the 27% of people who do contribute; 15% have a debt to KCC for their care.

6.4. The cost to KCC of providing the 24/7 core background support service across the 7 BHAL schemes is £14,000 per week (£728,000 per annum). The Wellbeing Charge contributes a relatively small proportion (14%) of the total cost of providing the service.

6.5. For the new extra care schemes that are in development, assuming that the same proportion of people pay the Wellbeing Charge, the potential additional annual income is £196,000.

6.6. Retaining the Wellbeing Charge of £27.96 across existing and planned new extra schemes will provide an annual income of £307,000.

6.7. At Thomas Place, an extra care scheme in Maidstone provided by Housing & Care21, a completely different model of charging for the 24 hour cover exists.

6.8. As part of the tenancy, those living in Thomas Place, pay an across the board amount of £13.91 per week. This funding is currently collected by Housing & Care 21. With the recent change of care provider at Thomas Place, this arrangement can no longer continue. This charge is disregarded in the KCC financial assessment as it is a cost of living meaning that KCC is underwriting this cost in some circumstances.

6.9. Now is a good opportunity to develop a consistent model of charging, across all existing and new extra care schemes.

7. Other Local Authority Charges

7.1. The Housing Learning and Improvement Network (LIN) indicate that there is a very broad range of charges. In the absence of centrally published comparative data about the charges made, it is difficult to make comparisons.

7.2. Medway Council have reviewed the cost of their Wellbeing Charge and set this at £7 per week. East Sussex County Council charge £16 per week and Hampshire County Council charge £18.00 per week.

7.3. Kent's charge of £27.96 per week is high compared to those given above.

8. The Extent to which the Wellbeing Charge acts as a deterrent

8.1. There have been 2 formal complaints about the Wellbeing Charge, one of which was investigated by the Local Government Ombudsman, which recommended KCC review its policy on the Wellbeing Charge. Both complainants were full payers.

8.2. There is anecdotal evidence from Case Managers that when potential tenants consider all the costs of entering extra care they may be put off because of the total cost. A one bed flat in an extra care scheme typically attracts the following significant charges:

Net Rent	£128.46	eligible for Housing Benefit
Service Charge	£ 56.72	eligible for Housing Benefit
Utilities Charge	£ 7.14	(does not include electricity, telephone etc.)
Support Charge	£ 2.28	
Meal Charge	£ 13.94	(per person per week)
Wellbeing Charge	£27.96	
Total:	**£236.80**	

8.3. There have been examples where people who have been nominated for extra care flats decided not to proceed once they have become aware of the full cost involved. It is certainly a deterrent for some low/medium needs clients who do not feel the need to make a payment for on-site support when they feel they do not require it.

8.4. In order to achieve the aims of the Accommodation Strategy, we need to ensure that extra care is an attractive option both from a life choice perspective but also financially so that potential tenants are not excluded.

9. The extent to which Extra Care delivers savings

9.1. The Accommodation Strategy has evidenced that the potential cost savings to the Authority delivered by extra care, as opposed to more expensive residential care, is £6.8m.

9.2. Research shows that a person in residential care would typically need between 10 and 14 hours of individual care per week. The average hourly unit cost for home care is £12, so for an average package of 12 hours, the cost to KCC would be £144 per week.

9.3. The current cost of standard residential care is £350 per week. Once individuals have been financially assessed, it is assumed that the net cost to KCC for residential would be in the region of £250 and for extra care would be approximately £100 per week, demonstrating a saving to KCC of £150 per week per client.

10. Financial Implications

10.1. Officers at both the Divisional and Directorate Management meetings have supported the recommendation that the Wellbeing Charge should be reduced to £15 per week. This brings it broadly in line with what local authorities charge and is a sufficient amount to reduce a deterrent effect, as the monthly cost for full paying tenants would reduce from £112 to £60 over 4 weeks.

10.2. There is minimal impact on the majority of tenants, those that currently pay will pay less and there will not be a need to reassess tenants.

10.3. Consideration needs to be given that if the charge is set at £15 per week, those tenants at Thomas Place, currently paying £13.91 will see their contribution rise to £15 if they are assessed as being fully payers. It is intended that for existing residents their amount will stay the same along with their current agreement with their landlord and for new residents they will pay the new amount to KCC.

10.4. Reducing the wellbeing charge to £15 will see a reduction in income to KCC from £112,000 to £54,600 per annum.

11. Equality Impact Assessments

11.1. An Equality Impact Assessment has been carried out. The impact of making changes to the Wellbeing Charge will have a positive impact on the majority of those who are currently paying it.

12. Conclusion

After consideration of the above officers support the recommendation that the Wellbeing Charge be set at £15 per week for existing schemes (with special circumstances for Thomas Place as detailed at 10.3 above) with effect from April 2015 and for new schemes an immediate charge of £15 per week be applied. Officers support this being submitted to the Forward Plan for decision and presented at Cabinet Committee on 26 September 2014.

13. Recommendation

That Cabinet Committee endorses the proposed decision to be taken by the Cabinet Member for Adult Social Care and Public Health.

The Cabinet Member for Adult Social Care & Public Health will be asked to agree:

1) The Wellbeing Charge at the existing Extra Care Housing Schemes to be set at £15/week from 1 April 2015, with the exception of the particular circumstances at Thomas Place set out in 2) below.
2) The Wellbeing Charge at Thomas Place will remain at £13.91/week for existing tenants, unless they are subsequently financially assessed as being able to meet the full cost of their social care, in which circumstances it will rise to £15/week.
3) For new Extra Care Housing Schemes the Wellbeing Charge will be £15/week with immediate effect.

4) That the Corporate Director for Social Care, Health & Wellbeing, or other suitable delegated officer, undertake the necessary actions to implement this decision.

14. Background Documents

None

15. Report Author

Virginia McClane, Commissioning Manager – Accommodation Solutions – Social Care Health and Wellbeing Virginia.mcclane@kent.gov.uk

Mark Lobban Director of Commissioning Social Care, Health and Wellbeing
mark.lobban@kent.gov.uk

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KENT COUNTY COUNCIL - – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY	DECISION NO.
Graham Gibbens, Cabinet Member for Adult Social Care and Public Health	14/00101

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: : Wellbeing Charge

Decision:

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

1) The Wellbeing Charge at the existing Extra Care Housing Schemes to be set at £15/week from 1 April 2015, with the exception of the particular circumstances at Thomas Place set out in 2) below.

2) The Wellbeing Charge at Thomas Place will remain at £13.91/week for existing tenants unless they are subsequently financially assessed as being able to meet the full cost of their social care, in which circumstances it will rise to £15/week.

3) For new Extra Care Housing Schemes the Wellbeing Charge will be £15/week with immediate effect.

4) That the Corporate Director for Social Care, Health & Wellbeing, or other suitable delegated officer, undertake the necessary actions to implement this decision.

Any Interest Declared when the Decision was Taken

None

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

The Wellbeing Charges at Extra Care Housing Schemes support the background assistance and emergency support available at these schemes. The charges at the various schemes have been developed over time and this decision moves the schemes towards a more consistent approach for all tenants across the county.

Background Documents:
Recommendation Report from Corporate Director to Cabinet Member

Cabinet Committee recommendations and other consultation:

The 26 Sept 2014 Adult Social Care & Health Cabinet Committee will consider the recommendation report and make comments to the Cabinet Member.

Any alternatives considered:

Alternatives considered are listed in the recommendation report

DRAFT

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

....
signed date

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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

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

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

To: **Adult Social Care and Public Health Cabinet Committee Meeting 26 September 2014**

Decision No: **14/00066**

Subject: **Contract Award for Older Persons residential and Older Persons nursing care homes**

Classification: Unrestricted but with Exempt Attachment

Electoral Division: **All**

Summary: To provide Cabinet Committee with the background and process of the older persons residential and nursing care tender and recommend the successful tenderers to progress to contract award.

Recommendation: That Cabinet Committee review the contents of this report and Appendix One and discuss the implications in order for the Cabinet Member to take a key decision.

1. Introduction

Residential and nursing care is the provision of 24 hour care and support provided by professional carers to individuals living in regulated care homes and receiving continued support to maximise their independence in continuing to manage activities of daily living.

The Council is embarking on a journey to transform adult social care in Kent focusing on: Prevention and targeted interventions ensuring that services respond rapidly and are more effective, supporting carers and empowering individuals to do more for themselves. The residential and nursing care service shall deliver a 24 hour, 365 days care provision within a care home environment for older people usually over the age of 65, which will be dependent on their individual needs. The fundamental outcome from the service will be to care for older persons in a safe environment 24 hours a day.

Residential Care services last went out to competitive tender in 2002.The purpose of this tender is to ensure a relevant specification and to update current terms & conditions as well as to show a due regard to the fair cost of care as a result of the Care Bill being introduced in 2015. To understand the current cost of care for providers in Kent a cost model was developed by the Council based on and adapted

to meet the needs of the people in Kent from industry leaders such as Laing & Buisson, Adass and iESE. The Guide Prices were presented to Cabinet Committee on 11 July 2014 and the decision taken by the Cabinet Member on 16 July 2014.

The new contracts will benefit the population of Kent by providing a more fair, genuine and transparent choice from a price and quality evaluated potential list of care homes.

The new contracts will also benefit care home providers as they will have greater access to compete for KCC Clients and also have the opportunity to improve through Contract Management.

2. Background

The Procurement Route selected in January 2014 was to introduce a Dynamic Purchasing System (DPS) which is an electronic process for setting up and maintaining a list of providers. This will allow the Council to add new providers during the lifetime of the contract. To join the DPS providers will need to pass the relevant selection criteria and provide an indicative tender which meets the specification, this is the qualitative criteria and agreement to the Council's guide price.

This route ensures a fair, open and transparent process for all providers as they are given the same opportunity to meet client's needs.

The Council held a number of presentation workshops for providers on the 25th, 26th and 27th February 2014 across Kent before the process began to implement feedback from providers and to also start a relationship as part of the 'no surprises' strategy.

The Council invited expressions of interest from CQC registered providers who can provide this service to the residents of Kent. In addition to the Council, this contract will be made accessible to the Kent Clinical Commissioning Groups (CCG's) and the Kent and Medway Commissioning Support Unit (KMCS).

The Council received 169 Expressions of Interest from Residential Providers between 14th and 31st March 2014.

All of the providers which expressed an interest in this tender opportunity, were automatically issued with access to the Stage One documentation on 1st April 2014. The Council held Tender Workshops on the 3rd, 4th, 9th and 10th April demonstrating how to complete Stage One of the tender process including the cost model and qualification questionnaire and providers were invited to submit a response before the published deadline of midday on 1st May 2014.

The Council received responses to Stage One of the process from 107 providers; however, 4 were subsequently disqualified due to noncompliance as they did not complete the cost model or were not suitably registered with CQC.

103 Providers were invited to tender as part of Stage Two of this procurement process and were automatically issued with access to the Invitation To Tender ("ITT") documentation on 25th July 2014. Again further Tender Workshops were held to aid completion on the 31st July with the aim to get the most of the market to respond.

The Council received responses to Stage Two of the process from 84 Providers before the published deadline of midday on 15th August 2014. .

The Council undertook a full evaluation and moderation process of the quality element of the submission and *the outcome is attached as an Exempt item to this report. The reason for the Exemption is that providers will be notified whether they were successful and their associated ranking based on quality and price following the decision from the Cabinet Member*.

3. Evaluation Process:

The evaluation was split into Price with a value of 50%, Quality & Capability with a value of 30% and Performance with a value of 20% (which is part of the ongoing contract management).

To evaluate **Price** providers were invited to submit an indicative price as part of the Stage Two tender process. This is compared to the Council's guide price which was published before Stage Two commenced. The indicative prices are individually ranked for Providers based on how much greater they are compared to the Council's guide price.

A **Quality & Capability** questionnaire was issued to each provider to evaluate quality. An evaluation team was established consisting of Commissioning Officers and Managers from Strategic Commissioning, case management staff from OPPD including senior practitioners and service managers. The evaluation team scored the 12 quality questions based on Procurement's scoring methodology which was published in the ITT documentation from the 19th to the 26th August 2014. The scoring of 0 – 4 ranges from 'Unacceptable' through to 'Excellent'. Each evaluator had to record a clear justification for each and every score which were moderated from 8th to the 10th September by the Procurement and Commissioning teams. Commentary can be positive as well as constructive so that tenderers can easily identify with the scores that they are awarded.

Providers have been ranked on the weightings calculated for competitive placement allocation based on price and highest quality.

During the process any conflicts of interest that prevented full and unprejudiced participation in this procurement process had to be declared.

4. Financial Implications

The Financial Implications have been previously reported to Cabinet Committee relating to the setting of the Guide Price. For future placements there will be far more clarity on the cost of homes and how much the family or individual will be expected to pay for their care should the contract price be higher.

Through stage two of the process, 29% of providers submitted their indicative price equal to the Guide Prices for their area and service category. When a placement is needed, the homes will price according to the needs of the individual and by making the process competitive the homes will determine the price they can look after the individual which is likely to be closer to the Guide Price in most cases, not their indicative price or contract price (if higher than the guide price).

5. Legal Implications

Following decision from the Cabinet Member, the contracts will be issued to providers and, when returned, sealed by Legal Services.

6. Equality Impact Assessments

An Equality Impact Assessment was completed and shared with Cabinet Committee in July 2014.

7. Property Implications

None

8. Conclusion

The Process has been carried out in accordance with Spending the Council's Money and EU Procurement Regulations. The tender process has been open, fair and transparent and future purchasing of care home placements will be undertaken in the same fair, open and transparent way as previously communicated.

9. Recommendation

That Cabinet Committee review the contents of this report and Appendix One and discuss the implications in order for the Cabinet Member to take a key decision.

Report Author
Christy Holden – Head of Commissioning (Accommodation) – Christy.holden@kent.gov.uk – 07920 780623
Clare Maynard – Procurement Category Manager (Care) – clare.maynard@kent.gov.uk – 07540 668747

Approval to Award Report

Contract Name: SS1331 Older Persons Residential	**Date: 12th September 2014**
To: Graham Gibbens/Andrew Ireland	**Position: Cabinet Member**
From: Clare Maynard	**Position**: Procurement Category Manager

Authority To Award

The Older Person Residential Care Tender process has been scrutinised by DMT and was approved by the Procurement Board in January 2014.

Report Summary:

This report details the stages of the OP Residential Tender in order to provide a comprehensive understanding of the processes used, the decisions made and the impact of these decisions.

Background:

Residential Care is the provision of 24 hour care and support provided by professional carers to individuals living in regulated care homes and receiving continued support to maximise their independence in continuing to manage activities of daily living.

A good Residential care service supports individuals to maintain a good quality of life and helping them to maintain independent, fulfilling lives for as long as possible.

Great Residential care involves putting the Individual (and their primary carer/family) at the centre of decisions about how they are supported and cared for within the care home. Services should be provided in such a way that the Individual feels involved, safe and secure and confident in the care and support delivered to them.

The Council is embarking on a journey to transform adult social care in Kent focusing on: Prevention and targeted interventions ensuring that services respond rapidly and are more effective, supporting carers and empowering individuals to do more for themselves. The Service shall deliver a 24 hour, 365 days care provision within a residential care home environment for older people usually over the age of 65, which will be dependent on their individual needs. The fundamental outcome from the service will be to care for older persons.

The client is Social Care Health and Wellbeing (Commissioning) and in particular the Head of Commissioning for Accommodation, Christy Holden. The lead from Commissioning on this project is Ben Gladstone, Commissioning Manager.

Residential Care services last went out to competitive tender in 2002.The purpose of this tender is to ensure a relevant specification and to update current terms & conditions as well as to show a due regard to the fair cost of care as result of the Care Act being introduced in 2015. To understand the current cost of care for providers in Kent a cost model was developed by the Council based on and adapted to meet the

needs of the people in Kent from industry leaders such as Laing & Buisson, Adass and iESE.

The process will benefit the population of Kent by providing a more fair, genuine and transparent choice from a price and quality evaluated potential list of Care Homes.

The process will also benefit Care Home Providers as they will have greater access to compete for KCC Clients and also have the opportunity to improve through Contract Management.

Procurement Route:

A Dynamic Purchasing System (DPS) is an electronic process for setting up and maintaining a list of providers. This will allow the Council to add new providers during the lifetime of the contract. To join the DPS provides will need to pass the relevant selection criteria and provide an indicative tender which meets the specification, this would be the qualitative criteria and agreement to the Council's guide price (affordability threshold).
This route ensures a fair, open and transparent process for all providers as they are given the same opportunity to meet client's needs.

The Process:

The Council held a number of 'Re-let Presentations' on the 25th, 26th and 27th February 2014 across Kent before the process began to implement feedback from providers and to also start a relationship as part of the 'no surprises' strategy.

The Council invited expressions of interest from CQC registered providers who can provide this service to the residents of Kent. In addition to the Council, this contract will be made accessible to the Kent Clinical Commissioning Groups (CCG's) and the Kent and Medway Commissioning Support Unit (KMCS).
The Council received 169 Expressions of Interest from Residential Providers between 14th and 31st March 2014.
All of the providers that expressed an interest in this tender opportunity were automatically issued with access to the Stage One documentation on 1st April 2014. The Council held Tender Workshops on the 3rd, 4th, 9th and 10th April demonstrating how to complete Stage One of the tender process including the cost model and qualification questionnaire and providers were invited to submit a response before the published deadline of midday on 1st May 2014.
The Council received responses to Stage One of the process from 107 providers; however, 4 were disqualified due to noncompliance.

103 Providers were invited to tender as part of Stage Two of this procurement process and were automatically issued with access to the Invitation To Tender ("ITT") documentation on 25th July 2014. Again further Tender Workshops were held to aid completion on the 31st July with the aim to get the most of the market to respond.
The Council received responses to Stage Two of the process from 84 Providers before the published deadline of midday on 15th August 2014.

The Council undertook a full evaluation and moderation process of the quality element of the submission and the outcome is attached as an Exempt Appendix to this report. The reason for the exemption is that it contains pre-contract information and is commercially sensitive. Providers will be notified whether they were successful and their associated ranking based on quality and price following the decision from the Cabinet Member.

Evaluation Process:

The evaluation was split into **Price** with a value of 50 points, **Quality & Capability** with a value of 30 points and **Performance** with a value of 20 points (which is part of the ongoing contract management), with providers able to enhance their scores through their KPI submissions.

To evaluate **Price** providers were invited to submit an indicative price as part of the Stage Two tender process. This is compared to the Council's Guide Price which was published before Stage Two commenced. The indicative prices are individually ranked for Providers based on how much greater they are compared to the Council's Guide Price.

A **Quality & Capability** questionnaire was issued to each provider to evaluate quality. An evaluation team was established consisting of Commissioning Officers and Managers from Strategic Commissioning, case management staff from OPPD including senior practitioners and service managers.

The evaluation team scored the 12 quality questions based on Procurement's scoring methodology which was published in the ITT documentation from the 19th to the 26th August 2014. The scoring of 0 – 4 ranges from 'Unacceptable' through to 'Excellent'. Each evaluator had to record a clear justification for each and every score which were moderated from 8th to the 10th September by the Procurement and Commissioning teams. Commentary can be positive as well as constructive so that tenderers can easily identify with the scores that they are awarded.

Moderation Process

To ensure the continuity of scores awarded for tenderer's responses to the quality and capability questionnaire, the lead Strategic Commissioning Manager and the lead Strategic Procurement Managers, along with the Head of Strategic Commissioning (Accommodation Solution) and the Procurement Category Manager for Care, met to moderate the scores awarded to tenderers. This moderation panel ensured that all scores reflected the associated commentary; in cases commentary did not clearly justify the score awarded, the moderation panel revaluated answers. Further clarification from evaluators was also provided where necessary. In some cases the decision was made to revise the scores. This was done by Moderation Panel consensus.

Providers have been ranked on the weightings calculated for competitive placement allocation based on price and highest quality.

During the process any conflicts of interest that prevented full and unprejudiced participation in this procurement process had to be declared.

Results:

The Financial Implications have been previously reported to Cabinet Committee relating to the setting of the Guide Price. For future placements there will be far more clarity on the cost of homes and how much the family or individual will be expected to pay for their care should the contract price be higher.

Through stage two of the process, 29% of providers submitted their indicative price equal to the Guide Prices for their area and service category. When a placement is needed, the homes will price according to the needs of the individual and by making the process competitive the homes will determine the price they can look after the individual which is likely to be closer to the Guide Price in most cases, not their indicative price or contract price (if higher than the guide price). In all instance providers will not be able to exceed their indicative price.

The Process has been carried out in accordance with Spending the Council's Money and EU Procurement Regulations. The tender process has been open, fair and transparent and future purchasing of care home placements will be undertaken in the same fair, open and transparent way as previously communicated.

Contract Management:
Name of Contract Manager: Ben Gladstone
Name of Director responsible for Contract: Mark Lobban

Approval to Award

I agree with the award recommendation specified above.

Signed	
Name	
Position	
Date	

Approval to Award Report

Contract Name: SS1332 Older Persons Residential Care with Nursing	**Date: 12th September 2014**
To: Graham Gibbens/Andrew Ireland	**Position: Cabinet Member**
From: Clare Maynard	**Position**: Procurement Category Manager

Authority To Award

The Nursing Care Tender process has been scrutinised by DMT and was approved by the Procurement Board in January 2014.

Report Summary:

This report details the stages Nursing Tender in order to provide a comprehensive understanding of the processes used, the decisions made and the impact of these decisions.

Background:

Nursing Care is open to providers of both Dual Registered Homes (those providing both residential and nursing care) and Nursing Homes.

The Council is embarking on a journey to transform adult social care in Kent focusing on: Prevention and targeted interventions ensuring that services respond rapidly and are more effective, supporting carers and empowering individuals to do more for themselves. The Service shall deliver a 24 hour, 365 days care provision within a nursing care home environment for older people usually over the age of 65, which will be dependent on their individual needs. The fundamental outcome from the service will be to nurse and care for older persons.

The client is Social Care Health and Wellbeing (Commissioning) and in particular the Head of Commissioning for Accommodation Services, Christy Holden. The lead from Commissioning on this project is Ben Gladstone, Commissioning Manager.

Nursing Care services last went out to competitive tender in 2002.The purpose of this tender is to ensure a relevant specification and to update current terms & conditions as well as to show a due regard to the fair cost of care as result of the Care Bill being introduced in 2015. To understand the current cost of care for providers in Kent a cost model was developed by the Council based on and adapted to meet the needs of the people in Kent from industry leaders such as Laing & Buisson, Adass and iESE.

The process will benefit the population of Kent by providing a more fair, genuine and transparent choice from a price and quality evaluated potential list of Care Homes.

The process will also benefit Care Home Providers as they will have greater access to compete for KCC Clients and also have the opportunity to improve through Contract Management.

Procurement Route:

A Dynamic Purchasing System (DPS) is an electronic process for setting up and maintaining a list of providers. This will allow the Council to add new providers during the lifetime of the contract. To join the DPS provides will need to pass the relevant selection criteria and provide an indicative tender which meets the specification, this would be the qualitative criteria and agreement to the Council's guide price (affordability threshold).
This route ensures a fair, open and transparent process for all providers as they are given the same opportunity to meet client's needs.

The Process:

The Council held a number of 'Re-let Presentations' on the 25th, 26th and 27th February 2014 across Kent before the process began to implement feedback from providers and to also start a relationship as part of the 'no surprises' strategy.

The Council invited expressions of interest from CQC registered providers who can provide this service to the residents of Kent. In addition to the Council, this contract will be made accessible to the Kent Clinical Commissioning Groups (CCG's) and the Kent and Medway Commissioning Support Unit (KMCS).
The Council received 77 Expressions of Interest from Nursing Providers between 14th April and 8th May 2014.
All of the providers, which expressed an interest in this tender opportunity, were automatically issued with access to the Stage One documentation on 20th May 2014. The Council held Tender Workshops on the 6th and 8th of May demonstrating how to complete Stage One of the tender process including the cost model and qualification questionnaire and providers were invited to submit a response before the published deadline of midday on 11th June 2014.
The Council received responses to Stage One of the process from 52 providers; however, 13 were disqualified due to noncompliance.

39 Providers were invited to tender as part of Stage Two of this procurement process and were automatically issued with access to the Invitation To Tender ("ITT") documentation on 25th July 2014. Again further Tender Workshops were held to aid completion on the 31st July with the aim to get the most of the market to respond.
The Council received responses to Stage Two of the process from 34 Providers before the published deadline of midday on 15th August 2014.

The Council undertook a full evaluation and moderation process of the quality element of the submission and the outcome is attached as an Exempt Appendix to this report. The reason for the exemption is that it contains pre-contract information and is commercially sensitive. Providers will be notified whether they were successful and their associated ranking based on quality and price following the decision from the Cabinet Member.

Evaluation Process:

The evaluation was split into **Price** with a value of 50 points, **Quality & Capability** with a value of 30 points and **Performance** with a value of 20 points (which is part of the ongoing contract management), with providers able to enhance their scores through their KPI submissions.

To evaluate **Price** providers were invited to submit an indicative price as part of the Stage Two tender process. This is compared to the Council's Guide Price which was published before Stage Two commenced. The indicative prices are individually ranked for Providers based on how much greater they are compared to the Council's Guide Price.

A **Quality & Capability** questionnaire was issued to each provider to evaluate quality. An evaluation team was established consisting of Commissioning Officers and Managers from Strategic Commissioning, case management staff from OPPD including senior practitioners and service managers.

The evaluation team scored the 12 quality questions based on Procurement's scoring methodology which was published in the ITT documentation from the 19th to the 26th August 2014. The scoring of 0 – 4 ranges from 'Unacceptable' through to 'Excellent'. Each evaluator had to record a clear justification for each and every score which were moderated from 8th to the 10th September by the Procurement and Commissioning teams. Commentary can be positive as well as constructive so that tenderers can easily identify with the scores that they are awarded.

Moderation Process

To ensure the continuity of scores awarded for tenderer's responses to the quality and capability questionnaire, the lead Strategic Commissioning Manager and the lead Strategic Procurement Managers, along with the Head of Strategic Commissioning (Accommodation Solution) and the Procurement Category Manager for Care, met to moderate the scores awarded to tenderers. This moderation panel ensured that all scores reflected the associated commentary; in cases commentary did not clearly justify the score awarded, the moderation panel revaluated answers. Further clarification from evaluators was also provided where necessary. In some cases the decision was made to revise the scores. This was done by Moderation Panel consensus.

Providers have been ranked on the weightings calculated for competitive placement allocation based on price and highest quality.

During the process any conflicts of interest that prevented full and unprejudiced participation in this procurement process had to be declared.

Results:

The Financial Implications have been previously reported to Cabinet Committee relating to the setting of the Guide Price. For future placements there will be far more clarity on the cost of homes and how much the family or individual will be expected to pay for their care should the contract price be higher.

Through stage two of the process, 24% of providers submitted their indicative price equal to the Guide Prices for their area and service category. When a placement is needed, the homes will price according to the needs of the individual and by making the process competitive the homes will determine the price they can look after the individual which is likely to be closer to the Guide Price in most cases, not their indicative price or contract price (if higher than the guide price). In all instance providers will not be able to exceed their indicative price.

The Process has been carried out in accordance with Spending the Council's Money and EU Procurement Regulations. The tender process has been open, fair and transparent and future purchasing of care home placements will be undertaken in the same fair, open and transparent way as previously communicated.

Contract Management:
Name of Contract Manager: Ben Gladstone

Name of Director responsible for Contract: Mark Lobban

Approval to Award

I agree with the award recommendation specified above.

Signed	
Name	
Position	
Date	

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TAKEN BY	DECISION NO.
Graham Gibbens, Cabinet Member for Adult Social Care and Public Health	14/00066

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: Contract Award for Older Persons Residential and Older Persons nursing care homes

Decision:

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

AGREE that Kent County Council enter into contracts with the suitable Residential Care and Nursing Care Homes identified through the tender exercise.

DELEGATE the authority to the Corporate Director, Social Care Health and Wellbeing, or other suitable officer, to undertake the actions to implement this decision.

Any Interest Declared when the Decision was Taken

Reason(s) for decision, including alternatives considered and any additional information
Residential Care services last went out to competitive tender in 2002.The purpose of this tender is to ensure a relevant specification and to update current terms & conditions as well as to show a due regard to the fair cost of care as a result of the Care Bill being introduced in 2015.

Background Documents:
Recommendation report from Corporate Director to Cabinet Member for Adult Social Care and Public Health

Cabinet Committee recommendations and other consultation:

Any alternatives considered:
Due to the duration of the previous contract and the changes introduced by the Care Act 2014, the council has to retender these services.

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

....
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

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By: 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 – 26 September 2014

Decision No 14/00120

Subject: **ADULT SOCIAL CARE TRANSFORMATION - PHASE 1 UPDATE AND APPOINTMENT OF PARTNER FOR PHASE 2 DESIGN**

Classification: Unrestricted

Summary: This report provides the 6 monthly update on Phase 1 of the Adult Social Care Transformation Programme and the outcome of the Phase 2 Assessment work. It sets out the basis for the recommended decision to appoint Newton Europe to support KCC in the next element of the work, Phase 2 Design.

Recommendation Adult Social Care & Health Cabinet Committee is asked to:

1. NOTE the update on Phase 1 of Adult Social Care Transformation.

2. NOTE the outcome of the Assessment stage of the Phase 2 of Adult Social Care Transformation.

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

The Cabinet Member for Adult Social Care and Public Health will be asked to:

i). Make the key decision to appoint Newton Europe to support KCC in designing the second phase of adult social care transformation;

ii). Delegate authority to the Corporate Director Social Care, Health and Well Being, in consultation with the Cabinet Member for Adult Social Care and Public Health, to enter into the necessary contracts following final confirmation of funding details and the satisfactory negotiation of detailed terms and conditions, to a maximum value of £2.5m.

iii) That the Corporate Director for Social Care, Health & Wellbeing, or other delegated officer, undertake the necessary actions to implement this decision.

1. Background

1.1 Following a competitive tendering process, a decision was taken to appoint Newton Europe as the Adult Social Care Transformation and Efficiency Partner for Phase 1

(Key Decision 13/00010, 2 April 13), As part of this a commitment was made to provide the then Social Care and Public Health Cabinet Committee with 6 monthly updates. This report provides the latest update.

1.2 Newton Europe started working on site 7 May 2013. During the past 17 months consultants have been working in partnership with KCC staff to deliver the first phase of adult's transformation.

1.3 Phase 1 has been now coming to an end and has been implemented within agreed timescales.

1.4 The 3 main programmes of activity were 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:
- Enablement – support and guidance allowing people to live independently for longer after a change in circumstance (a fall, hospital visit, illness etc.)
- Telecare – allows service users to remain in their own homes for longer with the help of specialist equipment, devices and connections
- Promoting Independence Reviews – a review of care provision to ensure the most appropriate level is provided, based on needs, with a review of voluntary support services which may aid the service user

2.2 These 3 projects have each been successful in their own right but have provided added value when used in combination. Examples of the impact the use of these services have had include:

- A 97 year old lady who fell, broke her hip, was very frightened of returning home after being discharged from hospital. She was reassured that the enablement service would support her twice a day on her return home. After a little while, equipment (and support on how to use them) was provided to help her carry out her daily activities. She is now happy with her progress and managing to live completely independently.

- An elderly woman, with dementia, was prone to wandering into other properties within her sheltered housing complex at night. The warden and family were in favour of moving her into a residential home. An exit sensor was installed on her door, notifying the daughter (who lived nearby) if her mother left the house during set hours. This solution satisfied the concerns of the family, warden and residents and allowed the elderly woman to remain living in her own home.

- A 47 year old lady, living on her own, with physical and mental health difficulties was initially provided domiciliary care, once a day, to help with meals and reminding her to take her medication. On review, she was finding it difficult to pay her contributions towards her care, so she was offered enablement to learn to be more self-sufficient. During this short period of support our enablement provider

identified that telecare could be used to prompt her to take her medication. Her confidence grew and she became totally self-supported.

- A 53 year old lady, who has well controlled schizophrenia, was suffering from ME and dizziness. She was staying in bed all day, due to perceived tiredness and fear of the TV. Her food was being brought to her 3 times a day by carers. The social worker spent several sessions discussing these issues and both agreed that the fatigue was related to poor confidence. After a 3 week period of enablement, she is now able to make her own evening meals and the amount of support she receives has reduced. She is now working on a plan to reduce the support she needs further, with the long term goal of being completely independent.

2.3 A significant number of people have benefited from the aforementioned services between November 2013 and July 2014. These break down into:

- 1,910 people have benefited from enablement – many of whom have been enabled to live independently in their own homes with less or no homecare support.

- 1034 people have had telecare equipment installed which has helped them to remain living independently in their own homes.

- 1820 people have been reviewed under the Promoting Independence review model - with packages being adjusted according to their current needs and making better use of available community resources and other enabling services.

3. Optimisation Programme Update

3.1 Since the start of the project, significant improvements to frontline processes and the efficiency in service delivery were made (including a 70% reduction in lead time from contact to assessment and a 60% reduction in overdue reviews). This has meant that with the natural attrition which occurred over the course of the project, a vacancy freeze could be initiated, resulting in a lower staff base that more closely matched a proposed staffing establishment (reduction of 23% from Sept 2013).

3.2 Following a period of consultation, the new structure was agreed, and staff are currently going through the HR process of interviews, slotting and finding suitable alternative employment. This work is due to complete in November 2014. It is expected that this restructure will cause minimal compulsory redundancies, due to natural staff attrition.

4. Commissioning and Procurement Programme Update

4.1 Following a robust tendering process, the number of homecare providers used to deliver homecare to our service users has reduced from 147 to 23.

4.2 The reduction in providers means that a large number of service users have been moved to new providers. This transfer work will continue in the following months, as the new providers execute TUPE arrangements and employ more staff. Some service users have asked to remain with their current provider. Where the person has

capacity to make this decision, the service user is being transferred to a direct payment, so as to formalise the continuing arrangement.

4.3 As service users transfer to KCC's new providers, both KCC and those clients who contribute towards their care, will benefit from reduced hourly rates.

5. Skills Transfer and Phase 1 Handover

5.1 During the last 17 months Newton Europe has been working closely with both adult and corporate staff to develop new processes, train managers to regularly use the 'improvement cycle, agree key performance indicators, design performance monitoring dashboards and encourage adoption of new behaviours into business as usual activity.

6. Phase 1 Benefits

6.1 In summary, the changes that Newton Europe has helped KCC to deliver have increased productivity, reduced costs and improved service user outcomes.

6.2 The amount of cashable savings that KCC is forecasting from partnership work with Newton Europe is in the region of £30m. These savings will be realised over the current and following financial year.

6.3 It should be noted that this level of benefit has been achieved without cutting any front line services and is above the £26m savings Newton Europe guaranteed they would help KCC make.

7. Adults Social Care Transformation - Phase 2

7.1 Now that Phase 1 transformation is coming to an end, KCC's focus is on moving towards what will be included in the next phase of transformation and how the next set of savings will be delivered. Phase 2 will build on the foundations put in place during Phase 1 and will take KCC closer towards the long term goal of becoming a commissioning authority.

7.2 In order to identify the next steps for Phase 2 transformation, KCC asked Newton Europe to carry out an up to date assessment of the business - including looking at referrals into social care from GPs and those as a result of hospital discharge. This assessment has now ended and the findings have identified the following areas for transformation:

- The development of an effective suite of voluntary services which enable more service users to maintain their independence in their own community;
- A reduction in the number of placements of older people in residential care, through improved decision making and improving the use of step down beds to gain positive outcomes for people being discharged from hospital into short term residential care;

- A more efficient and cost effective enablement service that will allow even more people to live independently, whilst reducing the cost of the service;
- A reduction in learning disability service users being placed in residential care by designing alternative accommodation options which allow them to live independently;
- An improved pathway to smooth the transition of learning disability service users coming from children's services into adult services;
- Improved outcomes for learning disability service users from accessing services such as 'Shared Lives' and 'Pathways to Independence';
- A reduction in the average unit cost of support contracts for learning disability service users.

7.3 Not only will these proposed changes bring benefits to social care users but they will also deliver savings of between £19m and £33m (see fig 1).

Fig 1

Service	Area	Name	Target	Target Total	Stretch	SU Outcomes
Older People, Physical Disability	Acute	Short Term Beds Reduction	£1.20m	£4.14m	£1.60m	*Improved outcomes from acute. Fewer service users requiring long term residential placements*
		Acute outcome improvement	£2.94m		£6.04m	
	Outcomes & Process	Enablement Volume	£1.83m	£7.77m	£2.44m	*Access to enablement service for all service users regardless of referral route. Standardised effectiveness across the service*
		Enablement Outcomes	£3.44m		£4.58m	
		Enablement Efficiency	£0.10m		£0.70m	
		Enablement Outsourcing	£2.40m		£4.60m	
Older People, Physical Disability Total				**£11.91m**	**£19.96m**	
Learning Disability	Reshaping the Market	Alternate Models of Care	£4.10m	£4.84m	£6.64m	*Development of supported living options*
		Reshaping support contracts	£0.42m		£0.83m	*Greater independence for service users*
		Process improvement Shared Lives	£0.32m		£0.49m	*Strategic relationship with housing and support providers*
	Enablement	Pathways to Independence	£1.93m	£1.93m	£5.03m	*Measurement and improvement in outcomes for service users*
Learning Disability Total				**£6.77m**	**£12.99m**	
Adults Total				**£18.68m**	**£32.95m**	

7.4 The amount that KCC realises is dependent on:

- More detailed development of the proposed solutions;
- KCC's risk appetite for implementing the proposed solutions;
- KCC's commmitment to resourcing partnership actitivity;
- The pace at which decisions are made and changes are delivered internally (it should be noted that some of these savings are likely to be realised over a number of years);

- Whether savings come through at the expected level.

7.5 In line with assurance processes set out in 'Facing the Challenge', the output from Newton Europe's assessment has gone through a formal assurance gateway. The checkpoint review team has given assurance that the evidence base for the identified opportunities is sound.

7.6 The next step, in realising the identified opportunities, is to work up the proposed changes in more detail. The 'design phase' will include:

- Refining the scope of Phase 2;
- Further strategic thinking about a possible Phase 3;
- Working with stakeholders to redesign processes;
- Piloting of some new processes and ways of working;
- The agreement of baselines and key performance indicators against which progress/savings will be monitored;
- The development of tools and training to support the 'implementation phase;
- The development of a detailed implementation plan, skills transfer plan and handover plan;the establishment of a KCC run PMO, to support both partnership projects and KCC only projects, to ensure the right change initatives are being delivered and to coordinate the delivery of change initatives in the right way.

7.7 As with Phase 1 of adult social care transformation, KCC does not have sufficent staff with the spare capacity and the specific skill set needed to support design activity (although it should be noted that Newton Europe has been working with KCC to transfer some of these skills to KCC staff). KCC is therefore looking to purchase expertise for the design phase externally. Due to the complexity of the business, the knowledge that Newton Europe has built up over the past 2 years and their track record to date, it is proposed that KCC procure (single source) Newton Europe for the 'design' activity, through the HTE framework.

7.8 Based on the reduced rates KCC and Newton Europe agreed for Phase 1, procuring Newton Europe to support the 'design phase' for 28 weeks is estimated at a one off cost of £2.29m. (It should be noted that the exact cost is dependent on the scope of work that the Adults Portfolio Board agree over the coming months.) The fees for both design and implementation is expected to provice a payback ratio of between 4:1 and 5:1.

7.9 The fees for design phase are guaranteed on a 100% contingent basis. If at the end of the design phase Newton Europe are unable to present an implementation plan with targets to deliver annualised savings in excess of the combined fees to deliver the implementation programme (to include the assessment and design phase fees) then the fees for the design phase will be reduced by 50% (i.e. in recognition that this is a joint programme between KCC and Newton, Newton will share equally with the Council the risk that the opportunities identified in the assessment phase reduce substantially during the design phase.)

7.10 Due to the value of this contract, the Cabinet Member for Adult Social Care and Public Health will be required to make a key decision. The cabinet committee is therefore asked to endorse this decision.

7.11 As the exact costs of the design depends on the scope agreed, we ask that cabinet committee endorses the decision based on the assumption that the spend will be no higher than £2.5m.

8. Policy Context

8.1 Adult Social Care Transformation is crucial to delivering a significant proportion the savings KCC needs to make in order to meet the budget deficit.

8.2 The decision is in accordance with the Policy Framework – specifically the delivery of 'Bold Steps for Kent', 'Facing the Challenge - Whole Council Transformation' and 'Facing the Challenge – Delivering Better Outcomes'.

9. Consultation and Communication

9.1 There is no requirement to consult on the procurement of a supplier.

9.2 A cross party briefing on adult social care transformation phase 2 was provided to leaders of the opposition on 16th September 2014.

10. Financial Implications

10.1 The design phase is required to put KCC in a position to deliver the £19-£33m of savings Newton Europe identified in the Phase 2 assessment.

10.2 Due to the size of adult social care, the success of its transformation activity is critical to KCC meeting its budget deficit.

11. Legal Implications

11.1 Advice has been provided by Corporate Procurement in considering the procurement of Newton Europe for the design phase.

12. Equality Impact Assessments

12.1 There is no requirement to carry out an equality impact assessment for the appointment of a supplier.

13. Sustainability Implications

13.1 There are no negative sustainability implications to identifying and appointing Newton Europe for the design phase.

14. Alternatives and Options

14.1 If Newton Europe are not appointed to support KCC in the design phase, gaining alternative resource will delay both the design and implementation phases. This in turn will delay the transformation of Adult Social Care and the realisation of savings and put pressure on KCC to find alternative and potentially larger savings for 2014/15 and 2015/16.

15. Risk and Business Continuity Management

15.1 If transformation is not successfully delivered, adult social care will be unable to operate effectively within the forecast budget – particularly with the expected increase to the over 65 population and rising levels of dementia. Financial and operational pressures have the potential to affect the safeguarding and support of thousands of vulnerable people. These pressures are also highly likely to impact the large provider market in Kent.

15.2 There is a financial and reputational risk to the Council if this decision is delayed.

16. Conclusion

16.1 Using Newton Europe to support KCC in designing the second phase of transformation will increase KCC's likelihood of successfully delivering improved outcomes to vulnerable people in Kent and of achieving the savings.

17. Recommendation

Adult Social Care & Health Cabinet Committee is asked to:

1. NOTE the update on Phase 1 of Adult Social Care Transformation.

2. NOTE the outcome of the Assessment stage of the Phase 2 of Adult Social Care Transformation.

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

   The Cabinet Member for Adult Social Care and Public Health will be asked to:

   i). Make the key decision to appoint Newton Europe to support KCC in designing the second phase of adult social care transformation;

   ii). Delegate authority to the Corporate Director Social Care, Health and Well Being, in consultation with the Cabinet Member for Adult Social Care and Public Health, to enter into the necessary contracts following final confirmation of funding details and the satisfactory negotiation of detailed terms and conditions, to a maximum value of £2.5m.

iii) That the Corporate Director for Social Care, Health & Wellbeing, or other delegated officer, undertake the necessary actions to implement this decision.

18. Background Documents

18.1 Appendix 1 – Adult Social Care Transformation – Phase 2 Design Partner Appointment – Proposed Record of Decision

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

18.2 Social Care and Public Health Cabinet Committee, 21 March 2013, Item B2 - 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

18.3 Social Care and Public Health Cabinet Committee, 4 October 2013, Item B3 – Adult Social Care Transformation and Efficiency Partner Update
https://democracy.kent.gov.uk/documents/s42746/B3%20-%20ASC%20Transformation%20Update%20October%202013%20v0.2.pdf

18.4 Adult Social Care and Health Cabinet Committee, 2 May 2014 Item C2 – Adult Social Care Transformation and Efficiency Partner Update
https://democracy.kent.gov.uk/documents/s46410/C2%20-%20Adult%20Social%20Care%20Transformation%20Update.pdf

19. Contact details

Report Author
Juliet Doswell, Portfolio Assurance Manager (Adults Portfolio),
01622 221844, juliet.doswell@kent.go.uk

Relevant Director:
Mark Lobban, Director of Strategic Commissioning, Social Care, Health & Wellbeing
01622 694934, mark.lobban@kent.gov.uk

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KENT COUNTY COUNCIL - – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY	DECISION NO.
Graham Gibbens, Cabinet Member for Adult Social Care and Public Health	14/00120

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: : Adults Social Care Transformation - Phase 2 Design Partner Appointment

Decision:

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

1). To appoint Newton Europe to support KCC in designing the second phase of adult social care transformation;

2). Delegate authority to the Corporate Director Social Care, Health and Well Being, in consultation with the Cabinet Member for Adult Social Care and Public Health, to enter into the necessary contracts following final confirmation of funding details and the satisfactory negotiation of detailed terms and conditions, to a maximum value of £2.5m.

3) That the Corporate Director for Social Care, Health & Wellbeing, or other delegated officer, undertake the necessary actions to implement this decision.

Any Interest Declared when the Decision was Taken

None

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

KCC does not have sufficient staff with the skills needed to support design activity (although KCC have been developing these skills during the Phase 1 of Transformation). KCC is therefore looking to purchase expertise for the design phase externally. Due to the complexity of the business, the knowledge that Newton Europe has built up over the past 2 years and their track record to date, it is proposed that KCC procure (single source) Newton Europe for the 'design' activity, through the HTE framework.

Background Documents:
Recommendation Report from Corporate Director to Cabinet Member

Cabinet Committee recommendations and other consultation:

The 26 Sept 2014 Adult Social Care & Health Cabinet Committee will consider the recommendation report and make comments to the Cabinet Member.

Any alternatives considered:

If Newton Europe are not appointed to support KCC in the design phase, gaining alternative resource will delay both the design and implementation phases. This in turn will delay the

transformation of Adult Social Care and the realisation of savings and put pressure on KCC to find alternative and potentially larger savings for 2014/15 and 2015/16.
Any interest declared when the decision was taken and any dispensation granted by the Proper Officer: None

....
signed date

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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

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

Andrew Scott-Clark, Interim Director of Public Health

To: **Adult Social Care and Health Cabinet Committee**

26th September 2014

Subject: **Delivery Plan for reducing Excess Winter Deaths in Kent**

Classification: **Unrestricted**

Summary

More people die in the winter period (December to March) than during the warmer months. Local data analysis has highlighted no significant correlation between winter deaths and deprivation, but some local interpretation suggests that there is a likely relationship between asset rich, but cash poor people.

The Kent programme aims to work in partnership with other KCC directorates, GPs, District Authorities and other health and care colleagues across the entire system, to identify those populations which are most at risk due to colder weather, with the aim of supporting them through a series of interventions. The paper outlines programme delivery plans for 2014-2015.

Recommendations

Members of the Adult Social Care and Health Cabinet Committee are asked to consider the programme delivery schedule for 2014/15 and to promote the programme within local and strategic forums.

1. Background

More people die in the winter months (December to March) in comparison to the summer months. These deaths are classed as excess winter deaths (EWD). England has higher rates of excess winter deaths than some countries with much more severe winters, such as Finland and the Netherlands, and a Eurowinter study suggests this is linked to colder homes and lack of warm clothing when outside[1] . The United Kingdom also performs poorly in relation to other Western European countries for fuel poverty, homes in a poor state of repair and poor insulation[2]. Excess Winter Deaths occur mostly in older populations and can be attributed to a combination of factors including a pre-existing medical condition, a cold home environment and poor uptake of flu vaccination.

[1] Eurowinter Group (1997) Lancet 349: 1341-6
[2] Factfile: The cold man of Europe (2013) Association for the conservation of energy

2. Kent approach

The County Council coordinates a programme (Keep Warm, Keep Well) for reducing adverse effects of cold weather during winter months, particularly for vulnerable populations. A Public Health programme over the last two years has complemented this programme with the aim of reducing the impact of cold weather on health, in particular admissions to hospitals. A media campaign to raise awareness of the importance of keeping warm was accompanied by referrals by the health, social care and voluntary sector. Home visits were provided by the Home Improvement Agency (HIA) to assess the patient's risk of falls or difficulties in staying warm. The HIA held a Public Health Grant for each district to provide emergency support, such as radiators, blankets, small home repairs, such as draft exclusion.

Additionally, over the last year, the Kent and Medway Sustainable Energy Partnership (KMSEP) has led on delivery of the Energy Company Obligation aspect of the Green Deal programme. The Public Health department complemented this programme by providing additional funding, alongside the Kent County Council commissioned housing retrofit framework, to part-fund interventions for those over 65, with a diagnosed health condition, living in a cold home. These interventions included loft and cavity wall insulations, heating systems and draught proof adaptations.

3. Strategic Fit

This programme supports the delivery of the following policies:

- Helps to implement Better Care Fund Plans as this intervention is a key component of integrated care pathways that help people to stay well in their own homes, whilst increasing their quality of life and reducing demand on residential care;

- Supports NHS England and Clinical Commissioning Groups 'Surge Plans' to reduce demands on hospital admissions, particularly at periods of high demand ;

- Addresses fuel poverty through sustainable solutions outlined by Kent and Medway Sustainable Energy Partnership; The Public Health Outcomes Framework to reduce premature death due to cold weather (indicators 4.15i/ii/iii/iv)

4. The Scale of the Problem

Nationally, there are approximately 24,000 excess winter deaths per year[3] and in Kent the average annual number is 865[4]. These deaths are difficult to predict as they occur quite randomly by geographical area, therefore in a district they can be

[3] http://www.nice.org.uk/guidance/gid-phg70/resources/excess-winter-deaths-and-illnesses-guideline-consultatation-draft-guideline-2

[4] Kent and Medway Public Health Observatory

high in a particular period and then drop significantly in the next (see Figure 1, Appendix I). However, local data analysis found 53 electoral wards with a consistently higher ratio of excess winter deaths than the overall Kent and Medway level over the past 10 years (See Figure 2, Appendix I). This analysis also found:

- No consistent relationship between excess winter deaths and deprivation. The data highlighted that EWDs occur in wards with high deprivation but also occur in wards with low deprivation;

- In the last five-year period excess winter deaths fell in Maidstone, Canterbury and Gravesham. However, Tunbridge Wells, Swale, Thanet andTonbridge and Malling experienced substantial increases in the same period, the largest increase being in Tunbridge Wells

- The largest concentration of wards with high excess winter death rates are in Sevenoaks (7) and Canterbury (7), whilst the lowest are found in Thanet (2).

5. Programme Delivery for 2014-15

Programme delivery will commence in October 2014, it will be managed by Public Health and will be supported by District Housing Teams, reporting through the Kent and Medway Sustainable Energy Partnership group.

Kent will build the 2014-15 Winter Warmth programme on previous success, using NICE (draft) guidelines (Appendix II) for recommended practice to include:

- Media campaign, advice and support in cold weather through HIA to support KCC Better Care plan (November to March)

- Work with NHS England, Clinical Commissioning Groups, health and social care professionals and the voluntary sector to identify those at most risk in cold weather, to support 'Surge Planning'

- Work with KCC to develop a single point of access for referrals

- Support the Kent and Medway Sustainable Energy Partnerships by providing sustainable warm home solutions such as insulation and heating, therefore reducing fuel poverty for the most vulnerable. Project reporting and monitoring will be through the Kent and Medway Sustainable Energy Partnerships and the Joint Policy Planning Board.

- Evaluation methods will be identified and undertaken by the Kent and Medway Public Health Observatory

Proposed Interventions supported by Public Health and the local authority can include the following:

A - **Heating and Insulation Improvements:**

A1. Boiler Repairs – vulnerable patients & low energy rating properties

A2. Boiler Service – hospital discharge patients & low energy rating properties

A3. Boiler Replacements

A4. Loft Insulation

A5. Cavity/solid Wall Insulation

B - **Advice and Support:**

B1. Home Visits & Telephone Advice Service

B2. Flu Vaccinations

B3. Winter Checks – prepares homes for winter and mitigates trip hazards

B4. Welfare Benefits Advice and Check

B5. Staff Training – for frontline staff to identify customers living in cold homes

B6. Fuel Bill Grants for Vulnerable People (Surviving Winter Campaign)

B7. Falls Screening and referral into appropriate Falls Prevention Programme

C - Awareness Raising:

C1. Thermometer Cards

C2. Media Campaign

C3. Promotion and Community Group Meetings

D – Adaptations and Assistive Technology:

D1. Provision of Cold Alarms

D2. Home adjustments to prevent falls

6. Identifying those at risk during cold weather

Most recent Public Health England research found that excess winter death is[5]:

- highest in those with a pre-existing condition, such as cardiovascular or respiratory, or who have a disability, or those with mental health conditions, such as dementia, are living alone, are frail and having difficulty to keep warm at home
- most commonly the result of factors such as cold snaps and increased circulation of respiratory viruses, in particular influenza

[5] Excess winter mortality 2012-13 Public Health England

- found predominantly in the over-65 age group, of which over-85 was the highest group

These individuals can be identified through a variety of routes as they are often under the care of a trusted health and social care professionals including:

- GPs
- Primary Care Nurses
- Social Workers
- Community Nurses
- Care Navigators
- The Voluntary Sector
- Home Improvement Agencies
- Specialist Nurses

The referral pathway for this programme is outlined in the diagram below:

Referrals from →	**To** →	→	→
GP/Primary Care specialist Nurses (heart/ respiratory) Social care Home Improvement Agency Kent Fire and Rescue Housing	**Kent Call Centre**	**District Housing Team**	**Kent & Medway Sustainable Energy Partnership (ECO) /Home Improvement Agency /Voluntary Sector**
Role	**Role**	**Role**	**Role**
Screen for vulnerable patients from existing data and knowledge and refer into central Call Centre	**Single point of access on behalf of District Housing teams. Record details, screen and refer into District Housing teams**	**Budget holder Means testing Liaising Referral monitoring**	**Intervention**

Work has commenced with respective teams in the health and care system to identify these individuals, with the aim of reaching those populations who are likely to benefit most through programme intervention.

A detailed Kent action plan outlining the County Council's approach to NICE (Draft 2014-15) guidelines for addressing excess winter deaths and ill health can be found as Appendix II

7. Conclusion

Being unable to afford to adequately heat a home increases the risk of ill health for families and children. It is also believed to be the reason for extra 'winter deaths', particularly for older people or those with disabilities and long term conditions, many of which could be avoided. The Keep Warm, Keep Well programme has successfully been implemented as part of the KCC Winter planning programme. The partnership programme, working with Kent and Medway Sustainable Energy Partnership, will increase energy efficiency and consequently reduce heating costs for the most vulnerable, providing a long-term solution to preventing the cycle of ill-health and demand on services due to cold homes.

8. Recommendation

Members of the Adult Social Care and Health Cabinet Committee are asked to consider the programme delivery schedule for 2014/15 and to promote the programme within local and strategic forums.

Contact details

Malti Varshney
Public Health Consultant
Malti.Varshney@Kent.gov.uk

Kas Hardy
Public Health Specialist
Karen.Hardy@kent.gov.uk

Relevant Director:
Andrew Scott-Clark, Interim Director of Public Health
Andrew.Scott-Clark@kent.gov.uk

Background documents: none

Appendix I

Figure I (Below) illustrates the changes in excess winter deaths over the last 10 years in Districts. For example in the first five years Canterbury shows a high number in the first five years, followed by a low number of deaths in the next five years.

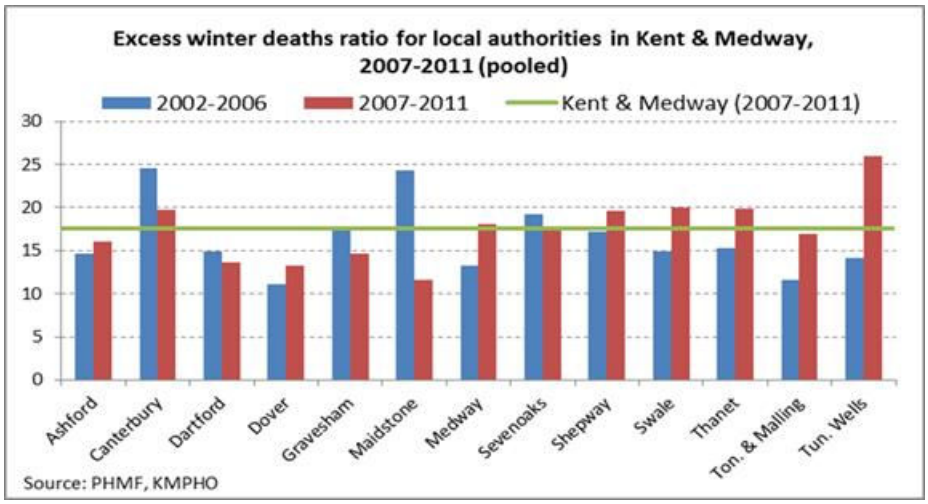
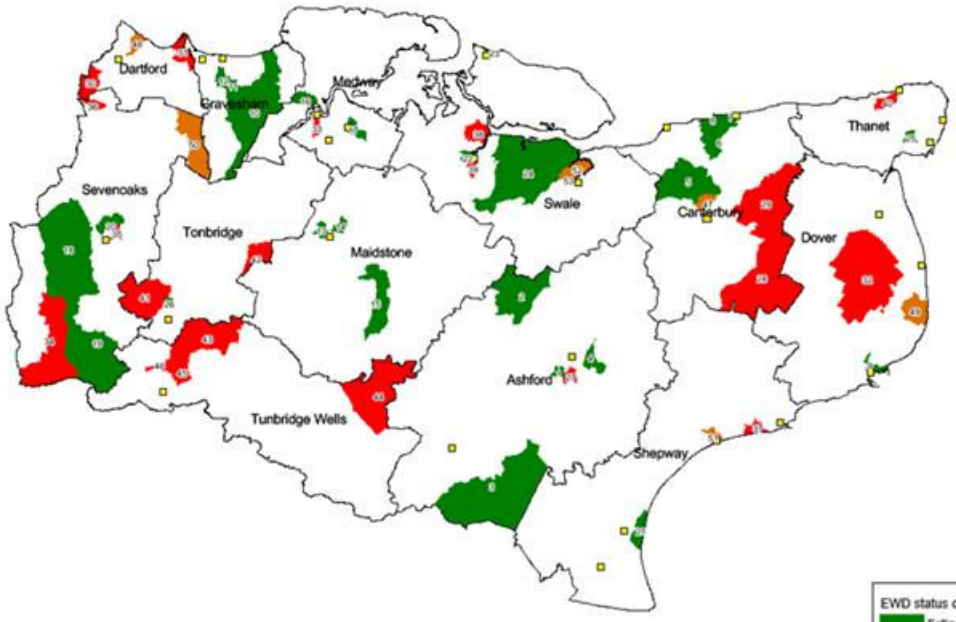


Figure 2 (below) Over the last 10 year period (2002 – 2011) 53 wards had higher than the Kent and Medway average number of excess winter deaths. Although consistently higher than the Kent and Medway average, the status of wards has fluctuated in the last five years as illustrated by colour codes below (Falling; Unchanged; Rising).

Electoral wards where excess winter deaths (EWD) were high in both periods (2002-2006 and 2007-2011)



Source: PHMF, KMPHO

Appendix II - Kent Excess Winter Death Action Plan 2014-15 based on NICE Guidance[6]

NICE (Draft Recommendation)	Stakeholders	Action
1. Strategic Planning	Health and Wellbeing Boards	High level commitment
2. Provide a local health and housing referral service for people living in cold homes	Health and Wellbeing Boards/ Voluntary Sector	Engage partners and develop pathway for referrals
3. Provide services via a one-stop local health and housing referral service for people living in cold homes	Health and Wellbeing Boards/ Local Authorities/Partners	Develop a Kent wide call centre for single point of access
4. Identify people at risk of ill-health from living in a cold home	Health and Social Care Professionals	Identify those at risk in cold homes
5. Health and social care professionals should 'make every contact count' by assessing the heating needs of vulnerable people using their service	Health and Social Care Professionals	Ensure that heating the home is discussed at every opportunity
6. Others visiting vulnerable people should assess their heating needs	Statutory/KFRS/Voluntary Sector	Ensure that heating the home is discussed at every opportunity
7. Use new technology to help reduce the risks from cold homes	Energy Companies/Local Authorities	Identify and promote technology
8. Ensure vulnerable hospital patients are not discharged to a cold home	Public Health / CCGs/Acute NHS Trusts	Pilot project in West Kent with West Kent CCG/MTW NHS Trust
9. Train health and social care professionals to help people whose homes may be too cold for their health and wellbeing	Public Health/Local Authorities	Ensure winter warmth training is provided for professionals
10. Train housing professionals and voluntary sector workers to help people whose homes may be too cold for their health and wellbeing	Public Health/Home Improvement Agencies	Provide winter warmth training as widely as possible to Housing and Voluntary Sector
11. Train heating engineers, meter installers and those providing building insulation to help vulnerable people at home	Kent and Medway Sustainable Energy Partnership/Public Health	Training for Energy Company providers through KCC contracts
12. Raise awareness among professionals and the public about how to keep warm at home	KCC Communications team	Media Campaign (as in previous years)
13. Ensure buildings meet ventilation and other building and trading standards	Kent and Medway Sustainable Energy Partnership/Housing	Ensure all housing retrofit meets safe standards for safety

[6] http://www.nice.org.uk/guidance/gid-phg70/resources/excess-winter-deaths-and-illnesses-guideline-consultatation-draft-guideline-2

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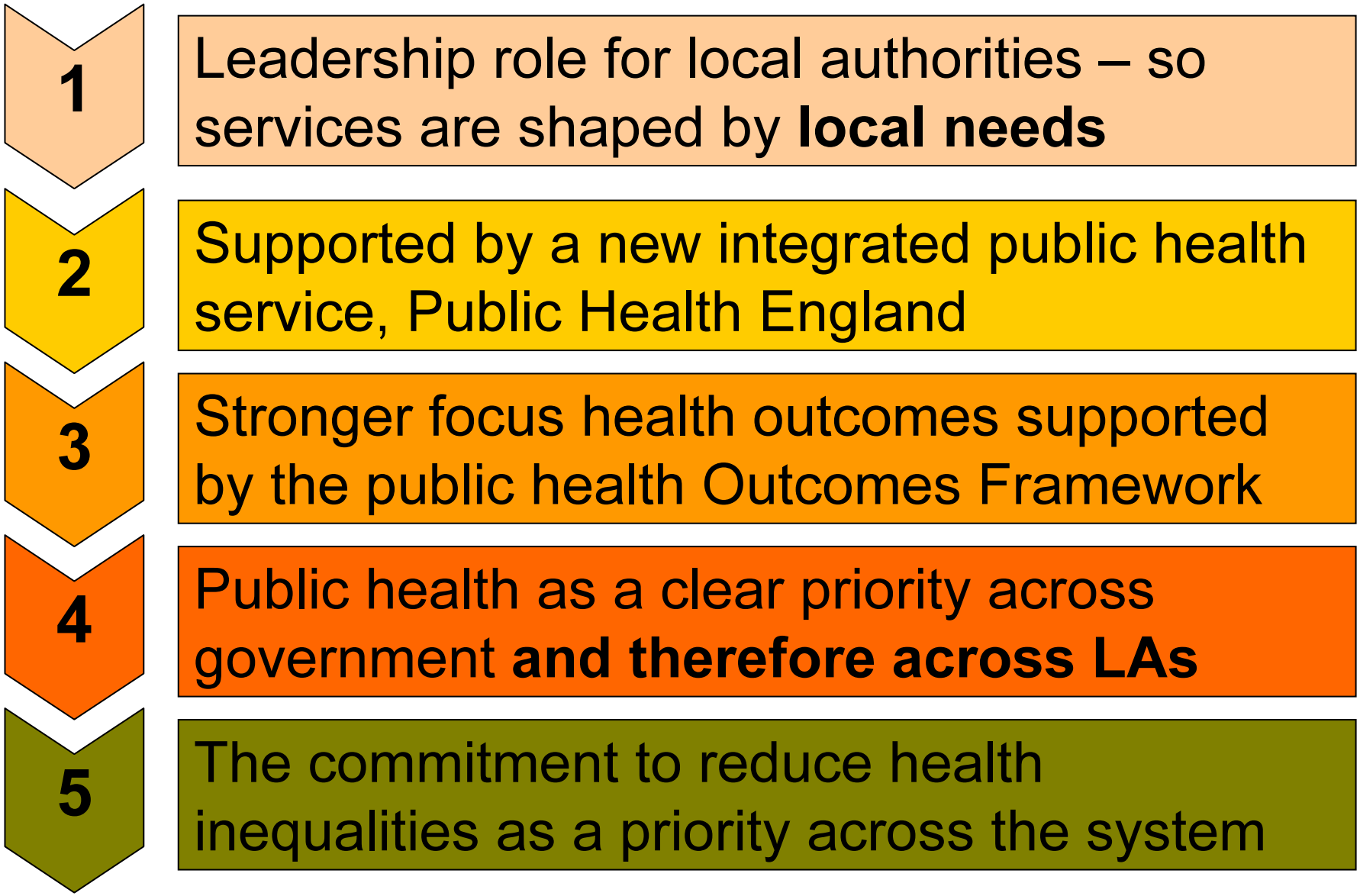
Public Health Strategy

outline for discussion

Andrew Scott-Clark
Director of Public Health (interim)
September 2014

The new national approach to public health



Kent County Council kent.gov.uk

Statutory Public Health Responsibilities

- Set out in the Health and Social Care Act 2012
- Secretary of State has overall responsibility with
  - National functions delegated to Public Health England
- Duty to improve public health
- All upper tier and unitary local authorities – must take appropriate steps
- Regulation 3: Weighing and measuring of certain children in their area
- Regulations 4 & 5: provision or commissioning of health checks for eligible people and the information to be recorded including on dementia
- Regulation 6: provision of open access sexual health services. (HIV treatment, termination, sterilisation stay with NHS)
- Regulation 7: provision of a public health advice service to any Clinical Commissioning Groups in their area.
- Regulation 8: to provide information and advice to certain persons/bodies to promote health protection arrangements against threats to the health of the population, including infectious disease, environmental hazards and extreme weather events

Statutory Public Health Responsibilities

•Section 31: duty to have regard to guidance from SoS (and therefore Public Health England) especially the:

•Public Health Outcomes Framework

•Section 237: compliance with recommendations of National Institute for Health and Care Excellence

•Section 29: Dental services –oral public health, fluoridation

•And duty to help deliver and sustain good health in prison populations

•New Mandation: elements of the Child Health programme 0-5

Specific Duties of the Director of Public Health

•Jointly appointed Director of Public health, whose role is integral to the new duties for health improvement and health protection responsibilities:

•Exercise of any requirements of SoS of Local Authority under Section 6C

•Planning for and responding to emergencies and public health risks

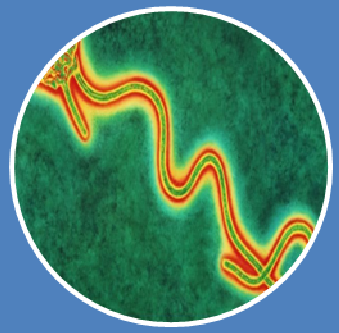
•Co-operating with police, probation and prison services in assessing risk of violent or sexual offender

•Other public health functions that Secretary of State may specify in regulations (e.g. licensing of premises for alcohol supply)

Public Health Practice

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

Health Improvement

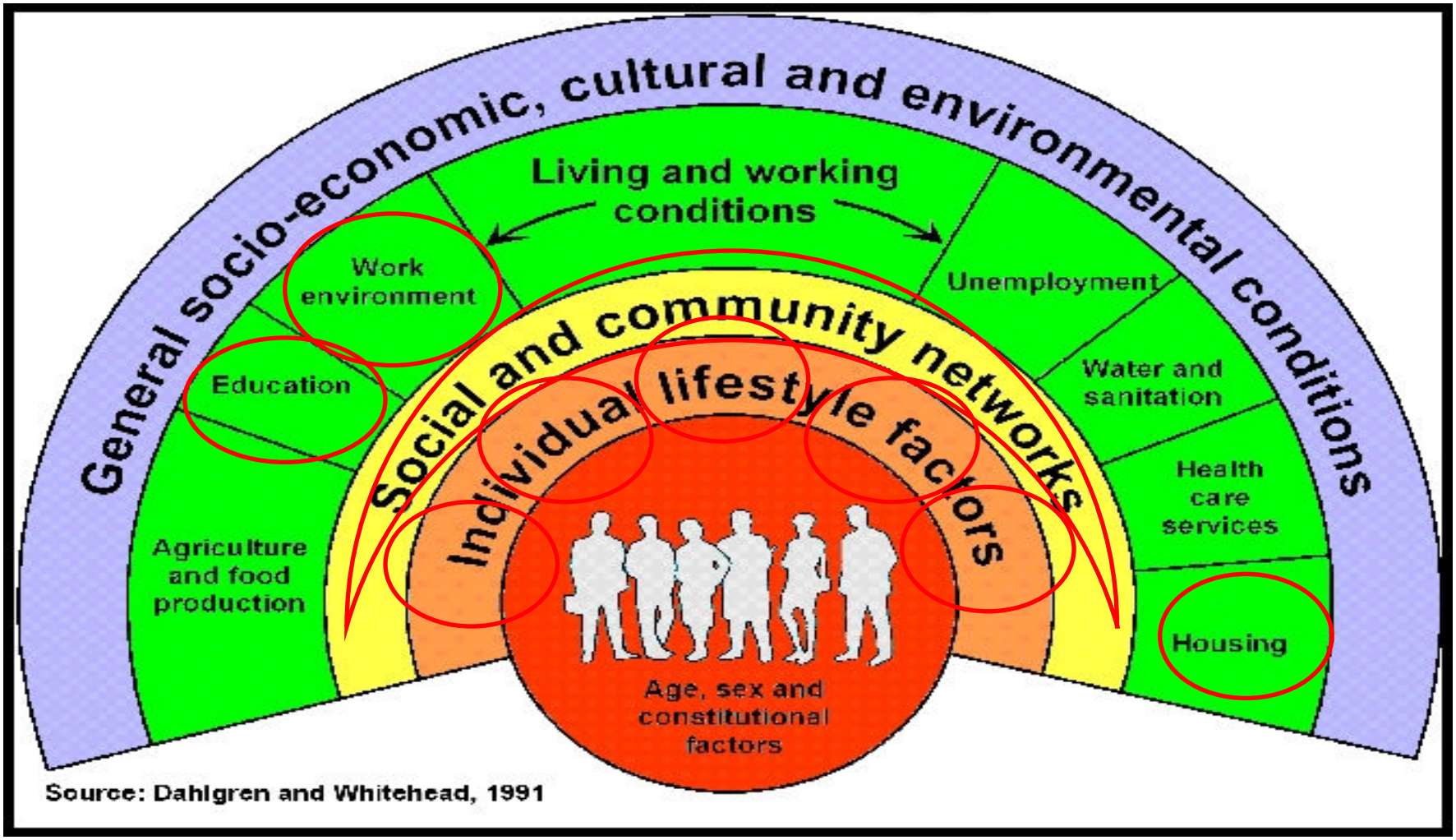


Health Protection

Improving Services

Surveillance, monitoring and analysis of data and information
Disease and Risk Factors

Health Improvement



Health Improvement

- Use an approach which includes:
  - Specific lifestyle behaviours
  - Settings and
  - Life course

- To develop comprehensive set of strategies to underpin delivery of the Kent Health and Wellbeing Strategy

Health Improvement

- Develop Strategies that address key lifestyle behaviours and wider determinants of health:
  - Substance misuse (alcohol completed)
  - Tobacco control plus stop smoking
  - Healthy weight (exercise and diet) and physical activity
  - Sexual health
  - Ageing well
  - Children and families
  - Working age population
  - Suicide prevention

The above list is illustrative and not exhaustive

Health Protection

- Ensure KCC internal response to emergencies fit for purpose
- Ensure robust and exercised plans in place to meet the greatest health threats
  - Pandemic influenza
  - Nuclear/chemical disasters
  - Weather related threats (heatwave, flooding and cold)
- Work with Public Health England in managing local outbreaks and the consequences of such outbreaks
- Work with Environmental Health officers in order to manage environmental health issues; e.g. radon, land contamination
- Work with health sector to oversee infection control
- Oversight of Health Acquired infection, immunisation and NHS Screening programmes

Improving Services

- Work with Social care and CCGs to improve services and service integration
- Align health improvement services with clinical and care services to ensure pathways are fit for purpose and cover prevention, early intervention together with secondary and tertiary prevention
- Develop needs assessment work to include service reviews
- Review equity to ensure positive impact on health inequalities.

Surveillance, Monitoring, Analysis

- Development of Strategic Intelligence environment to support co-comissioning of care.
- Develop KCC as an ASH (accredited safe haven) in order to analyse and inform co-commissioners of needs and service gaps.
  - Acknowledging the importance of ASH status: to have the legal basis of doing needs assessments / needs analysis, using whole population person level linked datasets
- Develop the Joint Strategic Needs Assessment to cover the totality of KCC provided care services in addition to the current cover of health services.
- Develop sector orientated Public Health briefings to support joined up action

Fundamental principles and timeline

- Support delivery of the Kent Health and Wellbeing Strategy
- All strategies will address health inequalities
- All strategies will address life course
- All strategies co-designed with health and care partners
- All strategies will be accompanied by implementation plans based on CCG boundaries and agreed through local Health and Wellbeing Boards
- All KCC PH contracted health improvement programmes are monitored based on need, evidence, quality, performance and financial indicators.

Timeline approval of KCC Public Health Strategy at Cabinet committees (Adult and Children) in February/March

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

Andrew Ireland, Corporate Director Social Care Health and Wellbeing

To: Adult Social Care and Health Cabinet Committee – 26 September 2014

Subject: **Better Care Fund Update**

Classification: Unrestricted

Electoral Division: All

Summary: An update presentation on the Better Care Fund was requested at the last Cabinet Committee.

1. Better Care Fund

1.1 The Better Care Fund (BCF) is the national mechanism that is supporting integration of health and social care by pooling money. Kent's BCF Plan, which covers £5m in 14/15 and £101m in 15/16, was agreed by the Kent Health and Wellbeing Board on 26 March 2014.

1.2 In addition to the local work on the BCF, Kent has been chosen as one of just 14 national Integrated Care and Support Pioneers, with the aim of accelerating this integration.

1.3 Attached, as Appendix 1, is the requested update presentation on the BCF.

Relevant Director:
Andrew Ireland, Corporate Director Social Care, Health and Wellbeing
01622 696083
Andrew.ireland@kent.gov.uk

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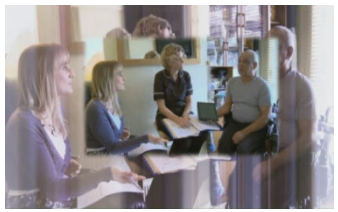
Kent: an Integrated Care and Support Pioneer

Adult Social Care & Health Cabinet Committee

26 September 2014



The Kent Vision

More people are living with multiple long term conditions, this is a challenge locally and nationally to the public's health but also an opportunity to deliver services in a way that improves outcomes, improves experience of care and makes best use of resources.

Using the Integration Pioneer and Better Care Fund the citizens of Kent can expect:

- Better access – co-designed integrated teams working 24/7 around GP practices.
- Increased independence – supported by agencies working together.
- More control – empowerment for citizens to self-manage.
- Improved care at home – a reduction for acute admissions and long term care placements, rapid community response particularly for people with dementia.
- To live and die safely at home – supported by anticipatory care plans.
- No information about me without me – the citizen in control of electronic information sharing.
- Better use of information intelligence – evidence based integrated commissioning.




The Kent Plan 2013 - 2018

An **integrated health & social care 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. (Optimum integrated health and social care pathway, commissioning and provision)

Integrated commissioning of Integrated Provision

Wave 3 Wave 2 Wave 1

5yr strategy, 2yr plan.

Best use of existing systems

Increased breadth of services

Pooled Budget BCF plan 2014 -16

Building shared visions of future services

Embed NHS changes, build relationships and partnerships

Wave 3 Wave 2 Wave 1

5yr strategy, 2yr plan.

Kent County Council kent.gov.uk

Current Operating Model

Other Key Levers:
Year of Care Tariff 2015

Current Operating Model

NHS

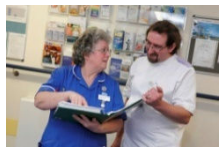
Kent County Council kent.gov.uk

Pioneer Themes of Delivery 2013 - 2018

Wave 1 Systems and Partnerships	Wave 2 Breadth of Services	Wave 3 Integrated Commissioning of Integrated Provision
Principle of culture change and shared vision	Leadership	Outcomes based contracts
Health and Wellbeing Board performance dashboard	Contracting model	New procurement models
Evaluation Framework	Year of Care / Tariff & Pricing	New kinds of services
Innovation Hub	Integrated budgets	Co-production of services
Risk stratification	Integrated care	24/7 Care
I Statements	Integrated contacts and referrals (SPA)	Workforce
Optimisation /Productivity Health and Social Care	Personal Health Records	Integrated IT
Multi-disciplinary team meetings	Systemised self-care	Outcomes based evaluation
Workforce	Housing	Financial risk sharing models/ incentives
Information Governance	End of Life Care	
Urgent Care	Voluntary Sector	
Establish principle of co-production		

Better Care Fund



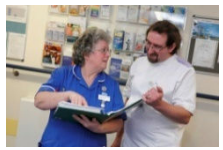



Integration – Whole System Transformation

The building blocks:

- The Better Care Fund – 2016
- The Health and Wellbeing Strategy – 2017
- Kent's Pioneer Programme – 2018
- CCG Strategic Plans – 2019
- KCC's Adult Social Care Transformation Plan

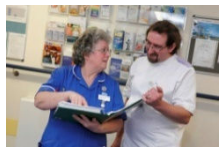


The Better Care Fund - Finance

The June 2013 Spending Round set out the following:	
2014/15 **£5m**	2015/16
A further £200m transfer from the NHS to adult social care, in addition to the £900m transfer already planned	£3.8bn to be deployed locally on health and social care through pooled budget arrangements
In 2015/16 the Fund will be created from: £101m	
£1.9bn of NHS funding	
£1.9bn based on existing funding in 2014/15 that is allocated across the health and wider care system. This will comprise: •£130m Carers' Break funding • £300m CCG reablement funding •£354m capital funding (including £220m Disabled Facilities Grant) •£1.1bn existing transfer from health to adult social care.	



Our Model of Integrated Services

Integrated Discharge Teams: Acute Hospital sites; 7 days a week working.

Non Acute Bed Provision: Consultant and GP support; Integrated Care Centres; Extra Care; Rehab Units; Community Hospital beds; Private Residential and Nursing bed provision.

Integrated Enhanced Rapid Response: Rapid Response; active reablement; "Going Home Teams"

Crisis Response Services: Access to shared anticipatory care plans by the ambulance service, enhanced rapid response, enablement services and voluntary sector based crisis response services.

"I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me."

Integrated Long Term Conditions/ Neighbourhood teams: 24/7 access to multi-disciplinary teams coordinated by the GP, inc mental health/dementia; risk stratifying patients; access to one shared care plan for patient & professionals.

Integrated Care Home Support: Integrated teams including Consultant and GP support; Use of technology to Care Homes / Extra Care Housing providers.

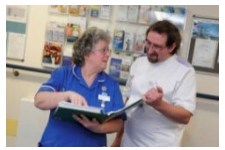
Integrated Access: Integrated Locality Referral Unit; 7 days a week direct access and 24/7 crisis response; Access to shared care plan on an integrated platform.

Integrated Equipment, DFGs, capital adaptations & assistive technologies at the front end of all services, video conferencing with clinicians and development of new pathways.

Improved data sharing Promotion of NHS number, better exchange of health information, use of the health and social care information centre, patients accessing own health records, GPs linked to hospital data.

Operating model: Integrated skill mix, assessors accessing integrated care direct: i.e. nurses accessing social care and case managers nursing care, skills for mental health/dementia/LD.



Locality Implementation

Ashford & Canterbury	• Community Networks • Health & Social Care Coordinators
North Kent	• Integrated Discharge Team • Integrated Primary Care Teams
South Kent Coast	• Prime Ministers Challenge Fund • Integrated Care Organisation
Thanet	• Integrated Care Organisation
West Kent	• Anticipatory Care Plans • Enhanced Rapid Response




Phase 2 Transformation

Phase 3

Phase 2

Phase 1

Current Operating Model

- Panel-focused care pathway
- Traditional system adjusted with independence-promoting services
- Time-consuming internal processes
- Time and task contracting relationships
- Large provider networks

Wave 1: Best use of existing systems

- Improved use of enablement-based services
- Improved internal systems
- Reshape provider markets (incl. rationalisation) to lay the foundations for future transformation

Wave 2: Increased breadth of services

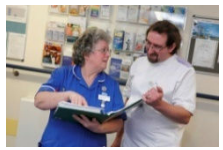
- Broader suite of commissioned services throughout the FSC pathway
- Improved internal systems for efficient delivery of services

Wave 3: Integrated commissioning

- Integrated internal processes in the care pathway
- Work with partners to develop joint strategic commissioning arrangements

Delivering the Future Vision

- Pathway working within the principles of care
- Integrated health and social care pathway, commissioning and provision
- Shaping the market through strategic engagement with key primary suppliers



Phase 2 Transformation

Delivering the Future Vision

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- Integrated health and social care pathway, commissioning and provision
- Shaping the market through strategic engagement with key primary suppliers

Phase 3

Wave 3: Integrated commissioning

- Integrated internal processes in the care pathway
- Work with partners to develop joint strategic commissioning arrangements

Phase 2

Wave 2: Increased breadth of services

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- Improved internal systems for efficient delivery of services

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Phase 1

Current Operating Model

- Panel-focused care pathway
- Traditional system adjusted with independence-promoting services
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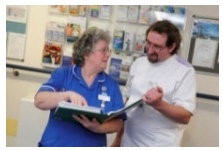
Scope

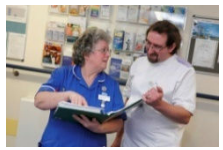
- Demand management through community capacity (Vol. Sector)
- Integration with the NHS as a mechanism to improve outcomes and drive further efficiencies
- Increase breadth of commissioned services, focused on enabling a more holistic approach to care in the community



Barrier Busting

- Information governance – patient held records and work across multiple partners
- IT platforms – need support to find lasting solutions to infrastructure differences
- Improved communications between services, providers and patients
- Contract design
- Flexibility, tariff and pricing – need for new models to be implemented
- Developing additional funding streams.



Measuring Success

- By using The Narrative – measuring against “I Statements” for better outcomes and experience.
- Whole system impact.
- Assessing the impact together – co-evaluation.
- New integrated models of commissioning and procurement.
- Multi-level outcomes measures at HWB, including financial sustainability.

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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 and Health Cabinet Committee – 26 September 2014

Subject: **CARE ACT IMPLEMENTATION PROGRAMME UPDATE**

Classification: Unrestricted

Past Pathway: Adults Transformation Board – 10 September 2014

Future Pathway: None

Electoral Division: All

Summary: This report provides an update on the Care Act Programme since the previous report that was presented to the Adult Social Care and Health Cabinet Committee on 2 May July 2014. The report also focuses on progress to date on calculating the potential additional demand associated with the implementation of the Care Act in 2015/16 and an initial estimate of the costs involved.

In addition the paper covers other important issues of self-assessment, ICT, training, eligibility criteria and charging policies and an update on the consultation on the draft regulations and guidance.

Recommendation: The Cabinet Committee is asked to note progress on the implementation plan in readiness for April 2015 changes.

1. Cost modelling update

1.1 As stated in previous reports, the Government has to date made the following funding announcements:

- 2014-15: £19 million to help local authorities prepare for the changes. Kent received its allocation of £0.125 million at the end of August 2014. Every local authority has been given the same amount of money.

- 2015-16: £335 million from both the Department for Communities and Local Government and Department of Health (DH) for new burdens (new entitlement for carers, national minimum eligibility, deferred payments, better information/advice and safeguarding and other measures). It is understood that this is top-sliced from the main Revenue Support Grant settlement rather than being new money. Kent's indicative funding is about £8.6 million of this based on the breakdown of the total Better Care Fund new burdens allocations announced late 2013. Aspects of this are currently subject to a separate consultation on the funding formulae for implementing the Care Act in 2015/16 and this will inform the final allocation. KCC will be making a response to the consultation by the deadline of 9 October.

• 2015-16: £135 million identified out of the £3.8 billion Better Care Fund. This is earmarked for new burdens under the Care Act. According to Kent BCF plans, this translates to £3.5 million for Kent. That is £12.1 million indicative funding in total for Kent.

1.2 Further announcements are expected in the next Spending Review.

1.3 On the advice of the DH, the 'Lincolnshire Model' has been used to estimate the costs in 2015/16 associated with carers and also the early assessment of about 50% of self-funders for the care costs cap beginning in April 2016. The results of this modelling are that carers' rights are estimated to cost approximately £9.1million and early assessment for the cap approximately £4.1 million. This is £13.2 million in total. As is clear from section 1.1 above, this significantly exceeds the approximate £12.1 million so far announced for 2015/16, even before the additional costs identified in 1.5 are taken into account. These extra costs will be factored in as they become clear. A note of caution concerning the modelling needs to be exercised due to some uncertainty concerning the data entered into the model and some of the requirements of the model itself. This is being noted as an issue within the programme management.

1.4 Increased capital thresholds and introduction of a cap on lifetime care contributions will have the biggest cost impact in 2016-17 and beyond. A standard model provided via the Association of Director of Adult Social Services (ADASS) is being used to estimate the cost of these changes, supplemented by local information. The model predicts aggregate costs rising from £16.6 million in 2016/17 to £19.3 million in 2020/21.

1.5 The costs outlined above do not include the costs associated with the extra assessments beyond 2015/16, the impact on the care market and other costs, such as IT, Training, information advice and guidance, advocacy, deferred payments scheme, safeguarding, new responsibilities for prisons and the introduction of direct payments in care homes. These costs will be included in cost estimates as more information is known and decisions taken.

1.6 The Local Government Association/ADASS/County Council Network consortium is currently undertaking research into the impact of the Care Act on local care markets and Kent is taking part in this. It has been agreed that an independent consultant will be hired to carry out this work.

2. Estimate of additional activity update

2.1 Using the 'Lincolnshire Model' we have estimated that in 2015/16 we may need to conduct approximately 10,000 early care assessments for cap on care costs reasons. The Government has advised local authorities that they should consider undertaking some assessments from October 2015 in order to help with expected influx in the demand for assessment. The assessment would be for people who currently pay all of their care costs (known as self-funders). The 10,000 represents 50% of the expected demand from this group, the other 50% being assessed from April 2016.

2.2 As a result of the additional care assessments mentioned above, the planning assumption is that they would be a need to complete about 7,000 financial assessments on the basis that about 70% of care needs assessments lead to a full financial assessment. The remaining 30% opt not to have this usually because it is clear they have well over the capital limit.

2.3 With reference to the number of additional carers assessments that may be carried out, we estimate this to be a little less than 8,000 during the year on top of what we have been managing on an annual basis. As a result of the extra carers assessments and the increased rights for carers, we calculate that additional carers services (including respite) provided during 2015/16 may be as much as 5,800.

2.4 Work is in progress to complete the full modelling work to factor in the further additional demand for 2016/17 onwards. A report on this will be provided to this Committee at a later date.

3. Other key issues

Self-assessment options

3.1 The requirements of the Care Act (particularly the need to assess all those, including self-funders who wish to take advantage of the care costs cap) mean that there is a strong imperative to develop an on-line self-assessment function as part of the options available.

3.2 On-line self-assessment could be used to direct individuals (both eligible and non-eligible) to information and advice, arrange sources of support such as equipment and also be used as the first stage of a fuller assessment for those for whom it is appropriate.

3.3 Work is under way to develop detailed options for self-assessment.

Resource Allocation System

3.4 Even without the requirements of the Care Act, social care staff need a mechanism to calculate an individual's *estimated* Personal Budget (*e*PB) once their needs have been deemed eligible. Although the *e*PB is only the first stage (and care and support planning will result in a more accurate final *actual* Personal Budget) it is important that the *e*PB gives as accurate an estimate as possible of how much money will be available to meet needs. This will be even more important once the cap on care costs is introduced and the amount in the Personal Budget is used to calculate progress towards the cap.

3.5 Currently a tool known as the Cost Setting Guidance is used to calculate the *e*PB. For various reasons its accuracy is poor, with an average variance from the *actual* Personal Budget of over 110%. It is believed that a more sophisticated points based Resource Allocation System (RAS) would prove to be a better tool to calculate the *e*PB.

3.6 Work is currently underway to consider the various options available for implementing a new points based RAS.

Training proposals

3.7 The Care Act introduces several new duties and powers and makes significant changes to existing duties and functions. This will necessitate a major programme of staff and partner training and development.

3.8 Work is under way to develop the detail of the training programme for the 2015 changes, to be delivered from January to the end of March 2015. Resources provided by the Department of Health and Skills for Care will be utilised where appropriate.

ICT systems

3.9 With regard to the 2015 changes, it is believed that the main change required to the client database (Swift) will be in relation to Deferred Payments. Northgate, the systems developer, will release a Care Act compliant version in December 2014 which will be able to support the required changes. ICT work is underway to develop a contingency plan if the compliant version is not ready to be implemented by April 2015.

Legal Advice (Eligibility)

3.10 KCC legal advice received on the draft eligibility regulations is consistent with the current view in the Directorate and Strategic Policy. That is, that the new criteria "create a threshold that is lower than the current substantial level, and may in fact be a little lower than moderate..". The consensus is that much will rest on the final guidance and interpretation of the phrase "significant impact on well-being". With regard to consultation, Legal Services' view is that if we determine that the new minimum is as generous as our current "moderate" offer, we would not need to consult. If on the other hand we determine that the new minimum is not as generous we would need to consult, probably even if we took the decision to continue to provide down to the moderate level (because of the potential impact on Kent's tax payers). Regardless of whether we need to consult in the end, the decision on eligibility will be a Key Decision to be taken by the Cabinet Member, after discussion at the Cabinet Committee in December (or January if consultation requirements dictate this).

3.11 In order to inform the final decision a series of workshops are being held to test "moderate" cases against the new draft eligibility regulations. It should be noted that we will not know the final definition of the national minimum eligibility until the final regulations are released (expected October this year).

Legal Advice (Charging)

3.12 From April 2015 charging for all services will be a power only and therefore KCC has to actively make a decision on which services it will charge for. Although it is being recommended that we preserve the status quo (at least for the first year) Legal has endorsed the view that a fresh Key Decision will need to be taken by the Cabinet Member. The legal advice is that as there will be in effect no change to what and how we charge, "the arguments in favour of a need to consult are less clear", however, "it may be safest to implement a shorter period of consultation in view of the vulnerable adults who may be directly affected". Further discussions are taking place with Legal over this issue.

4. Consultation on draft regulations and guidance

4.1 KCC submitted our formal response to the consultation on the draft regulations and guidance (for the 2015 changes) by the deadline of 15 August 2014. This can be viewed at the following link:
http://knet/ourcouncil/Documents/Care%20Act%20consultation%20response%20full.pdf

4.2 The draft regulations and guidance for the 2016 changes (i.e. cap on care costs and increased capital threshold) will only be released towards the end of this year. This is seen as an issue in that we do not yet have details of how these major reforms will be implemented.

5. Update on the Independent Living Fund (ILF) closure

5.1 Although the closure of the ILF is not as a direct result of the Care Act, the two issues are related and so an update on this issue is provided at Appendix 1.

6. Recommendations

6.1 Recommendations: The Cabinet Committee is asked to:

A) NOTE progress on the implementation plan in readiness for April 2015 changes.

B) NOTE and **COMMENT** on the latest costs estimates and the forecast of additional activity.

C) NOTE and **COMMENT** on the legal advice regarding eligibility and charging.

D) NOTE that the response to the consultation was submitted by the deadline.

7. Appendices:

Appendix 1 – Update on the Independent Living Fund closure

8. Background documents:

Care Act 2014
Draft Statutory Regulations 2014
Draft Statutory Guidance 2014

9. Contact details:

Michael Thomas-Sam, Strategic Business Adviser to SC (Senior Responsible Officer)
01622 696116
Michael.thomas-sam@kent.gov.uk

Chris Grosskopf, Policy Manager, Policy & Strategic Relationships, (Programme Policy Lead)
01622 696611
Christine.grosskopf@kent.gov.uk

Maureen Stirrup, Business Change Team Manager (Programme Manager)
0300 333 5377
Maureen.stirrup@kent.gov.uk

Anthony Kamps, Finance Business Partner (Finance Lead)
01622 694035
Anthony.kamps@kent.gov.uk

Relevant Director:
Andrew Ireland, Corporate Director Social Care, Health and Wellbeing
01622 696083
Andrew.ireland@kent.gov.uk

Appendix 1 - Update on the Independent Living Fund Closure

1. Background

1.1 The Independent Living Fund (ILF) was first set up in 1988. The ILF consists of:

The Independent Living (Extension) Fund – pre 1993 applicants (Group 1). This group will often also be getting some support from their local authority but this was not part of the eligibility criteria for the pre 1993 applicants so some will have no involvement with KCC. There are currently **21 people** in this group in Kent.

The Independent Living (1993) Fund – post 1993 applicants (Group 2). This group will all be receiving a minimum of £200 per week from KCC. By June 2010 when the ILF closed to new applicants (confirmed in December 2010) the minimum local authority contribution had to be £320 per week. There are currently **146 people** in this group in Kent.

Applicants had to be between 16 and 65 when they first applied for help under the scheme. However payments continue post age 65 if started before.

1.2 Following a delay due to a Judicial Review, the ILF is now due to close on 30 June 2015. From 1 July 2015 responsibility to meet the support needs of the ILF users will be devolved to Local Authorities. It should be noted, however, that the decision is subject to another legal challenge.

2. Transfer Programme

2.1 The ILF has worked closely with local authorities and organisations representing disabled people to develop a code of practice to support users and local authorities with the transfer arrangements. This was put on hold following the initial legal challenge but was reinstated from 6 March ’14 and joint visits with the local authority resumed. To date almost all ILF recipients in Kent have been visited to discuss the transfer arrangements, most of these being joint visits with KCC.

2.2 In addition to these joint visits, all ILF users will need to be reassessed to determine what level of support KCC can provide after the ILF portion of their funding ceases. By the end of this process there should be a clear understanding of how their eligible support needs will be met immediately following the transfer on 1 July 2015.

3. Financial arrangements

3.1 The ILF has confirmed that the net expenditure in 2014/15 will be devolved to the local authority for 15/16. As at July ’14 this amounted to approximately £2.2 Million (net of client contributions which will be lower once there is only one KCC charge). The ILF has stated that the devolved funding will be allocated to the local authority, however not ring-fenced to Adult Social Services. Discussions are underway to determine if this funding can be ring-fenced locally. Funding arrangements from 2016 have not yet been confirmed but the ILF has indicated that KCC will need to bid for this funding in the future.

By:	Graham Gibbens, Cabinet Member for Social Care and Public Health. Andrew Ireland, Corporate Director for Social Care Health and Well Being.
To:	Social Care and Health Cabinet Committee 26 September 2014.
Subject:	**ADULT SOCIAL CARE ANNUAL COMPLAINTS REPORT (2013-2014)**
Classification:	Unrestricted

Summary:	This report provides Members with information about the operation of the Adult Social Care complaints and representations procedure between 1 April 2013 and 31 March 2014.

Introduction

1 (1) Local Authorities have a statutory duty to have in place a complaints and representations procedure for Adult Social Care services. Furthermore, each local authority that has a responsibility to provide social services is required to publish an annual report relating to the operation of its complaints and representations procedure.

(2) This report provides an overview of the operation of the complaints procedure for Adult Social Care services. It includes summary data on complaints and enquiries received during the year. It also provides Members with examples of the lessons learned from complaints which are used to inform and improve future service delivery.

Policy Context and Procedures.

2 (1) The NHS and Community Care Act 1990 placed statutory requirements on local authority social service departments to have a complaints procedure in place. The legislation and associated statutory guidance was prescriptive about how the procedures should operate in practice

(2) For Adult Social Care there was a significant change to the complaints procedure in 2009 with the introduction of Regulations with the objective of delivering a consistent approach to complaints handling for both Health and Social Care.

(3) The key principles of the procedure are **Listening** – establishing the facts and the required outcome; **Responding** – investigate and make a reasoned decision based on the facts/information and **Improving** – using complaints data to improve services and influence/inform the commissioning and business planning process.

(4) Wherever possible complaints that involve health and social care are dealt with via a single co-ordinated response. To facilitate this, a joint protocol was developed by the Complaints Managers in Kent and Medway.

(5) For Adult Social Care the complaint response needs to be proportionate to the issues raised. The only timescale in the process relates to the acknowledgment of the complaint which is within three days from receipt. Thereafter the response time is agreed with the complainant and reflects the circumstances and complexity of the complaint. When appropriate an independent investigator will complete an investigation into the complaint.

(6) A consequence of the 2009 changes to the Adult Social Care procedure was that with the fewer stages within the Local Authority complaints procedure more complainants contact the Local Government Ombudsman if dissatisfied on receiving a response.

(7) All complaints received, along with enquiries and compliments, are recorded on a social care complaints database. The database provides a formal record, enables monitoring of workflow, and is used to produce data on the numbers and types of complaints received. The database is about to be updated to support Windows 7.

(8) The Care Act 2014 will introduce an appeals mechanism. The details of the appeal process and how it will operate with the complaints procedure is still to be determined. The Act gives the Secretary of State powers to make regulations for the appeals process. It is intended that these Regulations will be implemented from April 2016 (although elements of the Care Act will come into force from 1 April 2015).

Total Representations received by Adult Social Care.

3 (1) Appendix one contains information about the number and type of complaints received.

(2) The total volume of complaints and enquiries received are summarised in the Appendices. The figures show a slight reduction in complaints received in 2013-14 compared to the previous year (398 compared to 416 in 2012-13). However, there has been an increase in the number of enquiries received (these are generally enquiries received on behalf of service users or carers – such as letter from MPs). There were 339 enquiries received in 2013-14 compared to 297 in 2012-13. There has also been an increase in the number of issues dealt with through local resolution where the complaints team have resolved or responded to the issue, usually on the day of receipt, without it having to be logged in the formal complaint or enquiry process. It should also be noted that there has been an increase in the number of compliments (or merits) received.

(3) The number of statutory complaints received (398) is relatively small when put in the context that there were 31,592 open adult social care cases at the start of 2013-14 and a further 24,436 referrals were received during the course of the year.

Performance against timeframes

4 (1) The average response time for statutory complaints set within a complaint plan timeframe of 20 working days is 14 working days. Complex cases that require either an off-line/external investigation or a joint response with health colleagues are identified at the commencement of the complaint and a longer timeframe is negotiated. Within Adult Social Care there is no statutory response timeframe to be measured against as the legislation allows for the response timescales to be agreed with the complainant.

(2) 79% of complaints were responded to within the 20 day timescale agreed with the complainant and 97.73% of complaints were acknowledged within the statutory timescale of three working days.

Learning the Lessons

5 (1) Receiving a complaint provides an opportunity to resolve an issue where the service might not have been to the standard required or expected. In addition complaints, along with other customer feedback provides valuable insights that can be used to improve service performance.

(2) The Complaints Team for Adult Social Care is within the Operational Support Unit. This enables the review of practice against service standards and the sharing of information to ensure wider lessons are learned.

(3) Reports on complaint management issues are produced for the Divisional Management Teams. Also, the Quality and Good Practice Group provides a forum to reflect on issues arising from complaints and an opportunity to identify lessons. Operational teams identify a representative for the group who are considered “Good Practice Champions” and take a lead role within their teams for good practice and sharing lessons.

(4) Some of the lessons/issues arising in 2013/14 and discussed at the Quality and Practice Group included:

- The production of a booklet entitled “Your Care Bill Explained”. This was produced as a consequence of a number of complaints and enquiries received from the public about the difficulty in understanding the information contained in the invoices people received about their charges.

- Several complaints were received where people has a reduced level of support following a Promoting Independence Review. Staff were reminded that where a review/re-assessment is completed any changes in levels of need should be recorded on the case file.

- It was evident from some complaints that relatives/family members sometimes felt they were not communicated with regarding decisions or changes in circumstances. (Although the client’s right to confidentiality also has to be recognised).

- The policy on applying a provisional charge was reviewed and withdrawn following the investigation into a complaint.

- Staff were reminded of the need to provide a letter about charges to individuals where arrangements are being made for them to go into residential care.

- There were nine complaints from people who said they had either not been informed about Continuing Health Care (CHC) or were unhappy at the time taken for the CHC assessment to be completed. This was raised at the Quality and Practice group for feedback to teams.

- A complaint was received about the assessment process for Blue Badges. As a result of the complaint the assessment process was reviewed and changed.

(5) Lessons are also learned from the investigation of complaints. Following independent or "off line" investigations, there are adjudication meetings where actions are agreed and the outcomes and any lessons from the complaints are shared more widely as appropriate.

(6) The outcomes from complaints can also lead to training both for individuals or teams.

Publicising the Complaints Process

6 (1) The regulations require the complaints procedures to be publicised and the leaflet, "Have your Say", is made available in hard copy and information is provided on the KCC website. An easy-read version of the complaints booklet is also available.

Themes identified arising from complaints.

7 (1) Some complaints can raise more than one issue and so the total number of "subjects" raised can be more that the number of complaints recorded.

(2) Communication is a theme that crops up in many complaints. This can take many forms such as problems being able to make telephone contact with a member of staff or people not being kept informed or not happy with the way information was communicated. One example was where a person was being discharged from a unit but the case manager was on leave and other staff were not aware that the change in circumstances was taking place. Another example is where a safeguarding investigation was completed but the family felt they hadn't been informed of the outcome.

(3) Complaints are also received as a result of disputed decisions. Examples include where people consider they require more support than has been agreed or where the support has been decreased following a review of needs or where someone is unhappy about the level of charging.

(4) Complaints about delay gave rise to 52 complaints. Examples include delays in adaptations being completed and delays in services being arranged.

The Outcome of Complaints

8 (1) The Local Authority is required to report on the number of complaints that are considered to be "well-founded". This is not always clear as the nature and contents of complaints can vary considerably and many responses provide an explanation where there might be a misunderstanding or a lack of clarity. Nevertheless, 143 complaints were upheld; 127 were partially upheld and 117 were not upheld. Seven complaints were withdrawn.

Off-line and external investigations

9 (1) There were 10 off line investigations carried out during the year. Five were carried out by external Investigating Officers. An external investigator is usually appointed, when the complaint issues are particularly complex, where communication has broken down or confidence in the organisation has been lost. In these cases, the complainant has felt their complaints have been taken seriously and an independent view has been offered.

(2) The remaining five complaints were investigated by internal staff with no line management responsibility for the service being complained about.

Financial

10 (1) A total of £98,966 has been paid out to complainants; this figure includes financial adjustments and settlements. A financial adjustment is made when an error has occurred with the charging process and it is then resolved as part of the complaint remedy. A financial settlement is when an amount of money is offered as a gesture of goodwill to recognise the anxiety and time and trouble to pursue a complaint.

Complaints via the Local Government Ombudsman (LGO)

11 (1) There were a total of 32 new referrals about KCC Adult Social Care made to the LGO during the year. Additional cases were carried forward from the previous year and settled during the reporting year (these are not included in the figures). This is a slight increase from the previous year when 30 new referrals were made.

(2) Of those complaints, where a final decision was received the outcome was:-

- 15 cases where the LGO investigated the complaint and was satisfied with the Council's course of action.
- 2 cases where the LGO discontinued their investigation (lack of evidence of any fault by the Council)

- 1 case where the LGO decision was not in relation to KCC
- 2 cases where the complaint was outside the jurisdiction of the LGO
- 1 case of maladministration and injustice.
- 9 premature complaints
- 2 still to receive the final decision.

(3) In most case the investigation was discontinued. This can be for a number of reasons for example if the LGO investigator was satisfied by the actions taken to either put the error right or acknowledge fault and provide an appropriate remedy.

(4) A public report which found maladministration and injustice, was published by the LGO in May 2013 (this was in response to a specific complaint made in 2012/13). The report related to the application of a policy to make a provisional charge for care prior to a financial assessment being undertaken. The Council accepted the LGO's recommendations and the policy was withdrawn. A financial remedy was provided.

(5) In May 2014, the LGO produced a document entitled "Review of Adult Social Care Complaints 2013". This provides a national picture of the complaints and enquiries received by the LGO about adult social care services. In 2013 the LGO registered 2,456 complaints and enquires about adult social care services in England – an increase of 13.8%. According to the report, adult social care is "the fastest growing area of complaint across our jurisdiction". The report provides information about the number of referrals from different local authorities. The number of contacts from Kent was low (3.1 per 100,000 population). This indicates a relatively low level of dissatisfaction.

Complaints Review

12 (1) The complaints processes are being reviewed to ensure they continue to be efficient and effective within the context of the transformation of adult social care services. As part of the review, process mapping has taken place and feedback has been obtained from services users and carers. The complaints database is being optimised to reflect service changes. The review is also ensuring the processes and procedures remain consistent with legislative requirements and best practice.

Report Conclusion

13 (1) In 2013/14, the Directorate has continued to operate a robust and effective complaint's procedure to meet its obligations under the statutory regulations. The complaints team has logged, administered and responded to complaints, enquiries and compliments.

(2) The emphasis in complaints management is on bringing about a resolution and putting things right for the individual if the service has not been to the standard required. It is also about learning the lessons from complaints to prevent similar complaints from arising again. Complaints are taken seriously by the management team who receive regular reports as well as taking an active role in complaints resolution.

(3) Significant changes are taking place in adult social care including the transformation programme, greater integration with health, the realignment of services and the tendering for home care and residential services. There are also significant budget pressures on services. Nevertheless, managers continue to focus on delivering a high standard of service and dealing effectively with complaints is part of this.

(4) It is expected that there will be changes to the adult social care complaints process as a consequence of the Care Act (although the introduction of an appeal process may not occur until 2016). Planning will take place to ensure conformity and compliance with the regulations when these are issued.

Recommendations

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

Anthony Mort Customer Care and Operations Manager 01622 696363.

Background documents: None

Appendix One

Complaints and Enquiries Received in 2013.14

Total contacts received in 2013-14	
Statutory Complaint	398
Enquiry	339
Compliments	776
Local Resolution by complaints team	106
Safeguarding	25
Total	1,644

(The safeguarding cases relate to contacts received by the complaints team that were diverted to the safeguarding service for investigation).

Complaints - Comparison with previous years				
	2010-11	2011-12	2012-13	2013-14
Complaints	459	425	416	398

Enquiries - Comparison with previous years				
	2010-11	2011-12	2012-13	2013-14
Enquiries	266	295	297	339

Compliments - Comparison with previous years				
	2010-11	2011-12	2012-13	2013-14
Compliments	598	575	716	776

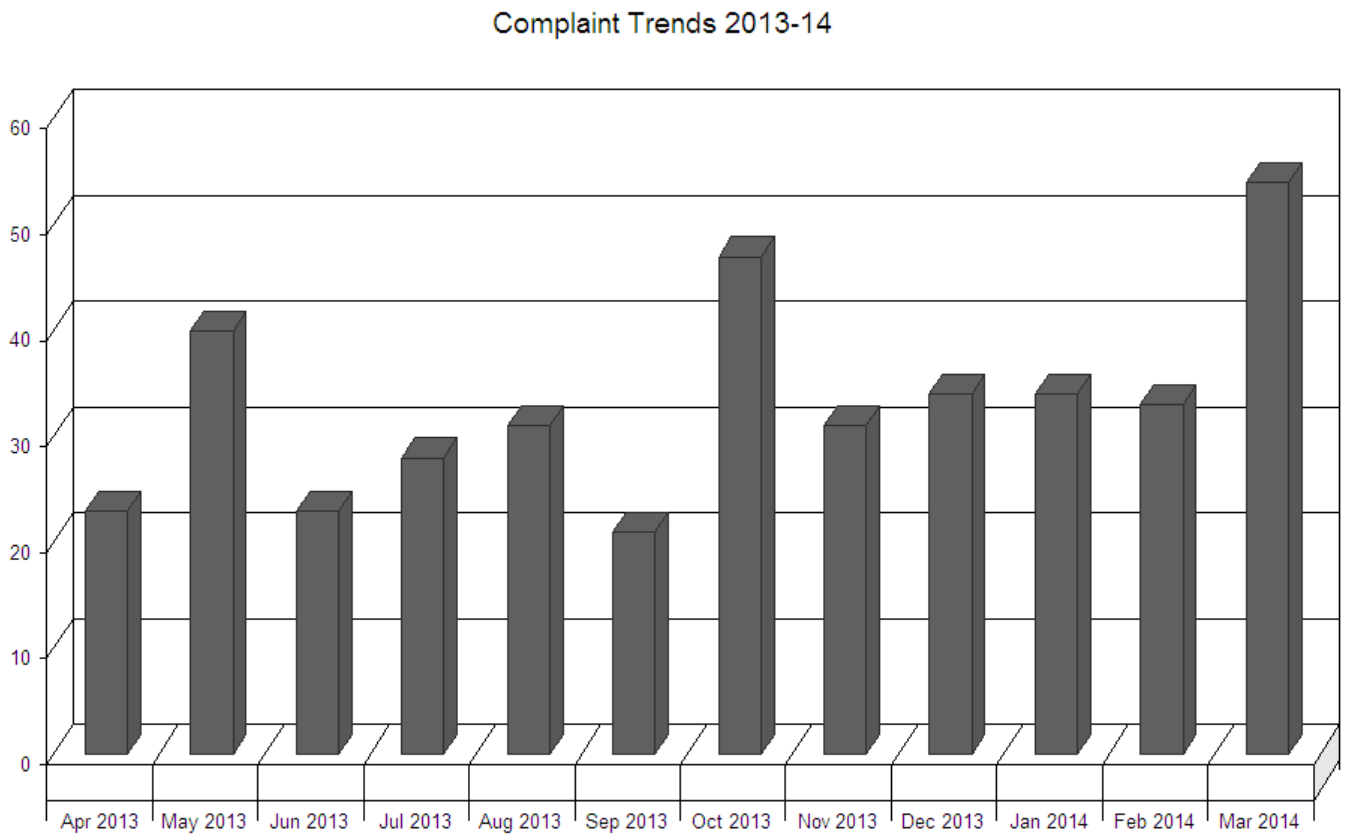
Time scales for responding to complaints and enquiries				
	Total done	Average Time	Done within Standard	Percentage done within standard.
3 Day Acknowledgement	398	0	389	97.73%
20 Day resolution	334	14	264	79.04%
30 Day resolution	46	27	33	71.73%
65 Day resolution	16	54	10	62.55%
3 Day Enquiry acknowledgement	339	0	321	94.71%
Enquiry Response	338	17	233	68.90%

Complaints Outcomes		
Not resolved	2	0.50%
Not upheld	117	29.50%
Partially upheld	127	32.10%
Upheld	143	36.10%
Withdrawn	7	1.80%
Total	396	100%

Subject of Complaint.		
Subject	Complaints	Enquiry
Communication	251	39
Disputed Decision	124	70
External Service	65	13
Delay	52	16
Financial Assessment/Incorrect Billing	28	10
Assessment/Review/PiR	19	14
Request for a Service	14	45
In house service	10	2
Continuing Health Care	9	13
Information required	5	111
Other	40	45
Total	617	378

(Complaints and enquiries can include one or more subjects).

LGO outcomes for KCC adult social care complaints 2013.14	
Decision not in relation to KCC	1
Not enough fault to justify investigating	2
Maladministration and injustice	1
Outside jurisdiction	2
Premature	9
Satisfied with councils course of action	15
Awaiting outcome from LGO	2
Total	32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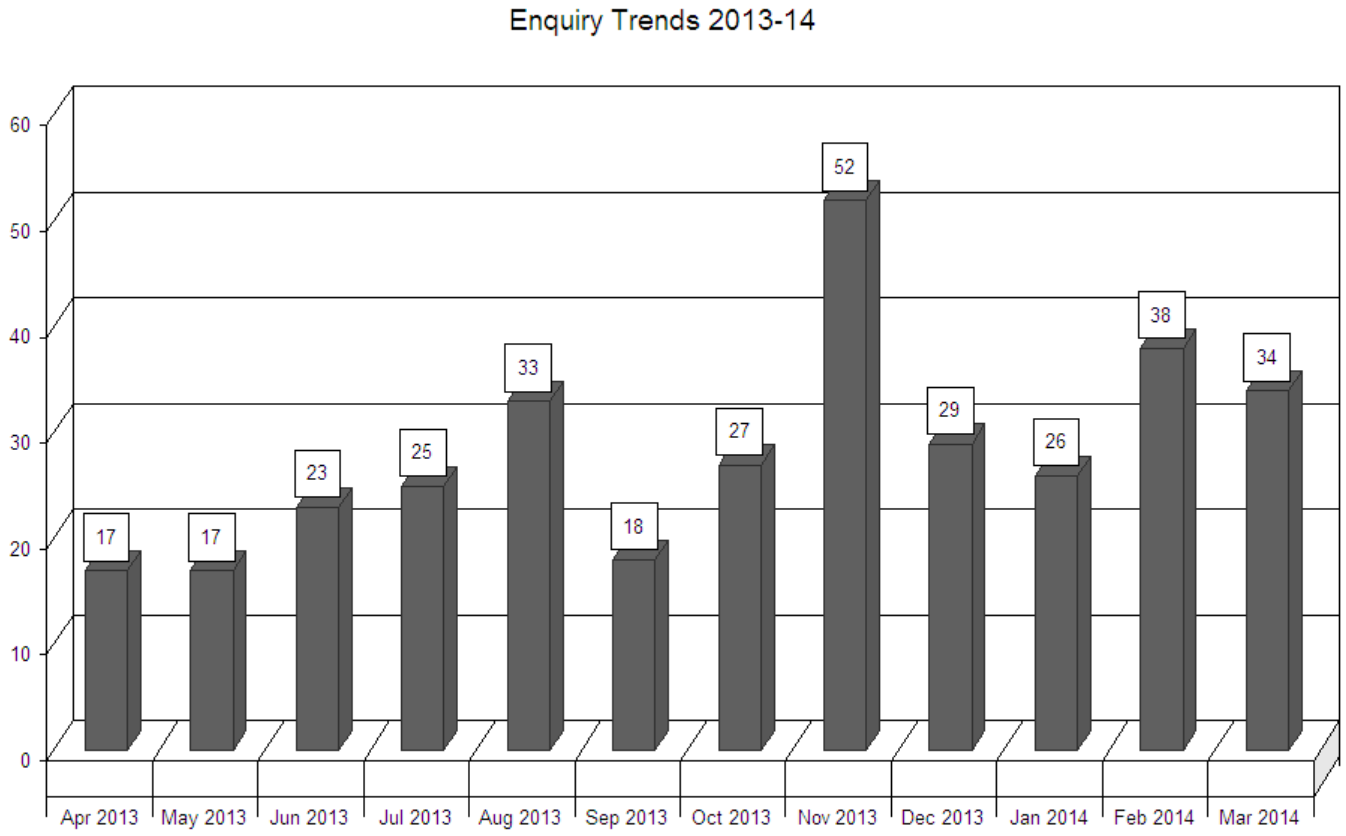
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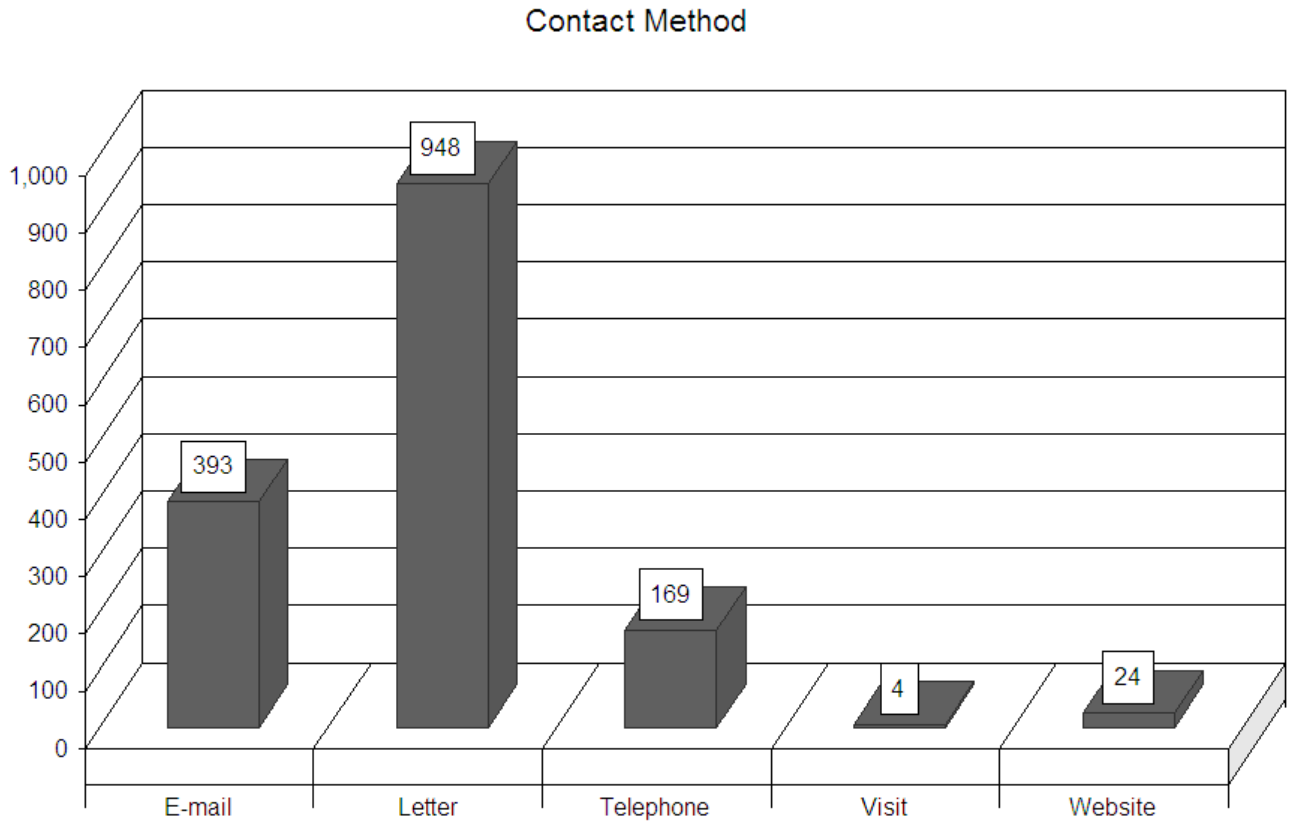
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Letter
Telephone
Visit
Website

Complaints and Enquiries by Division
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400
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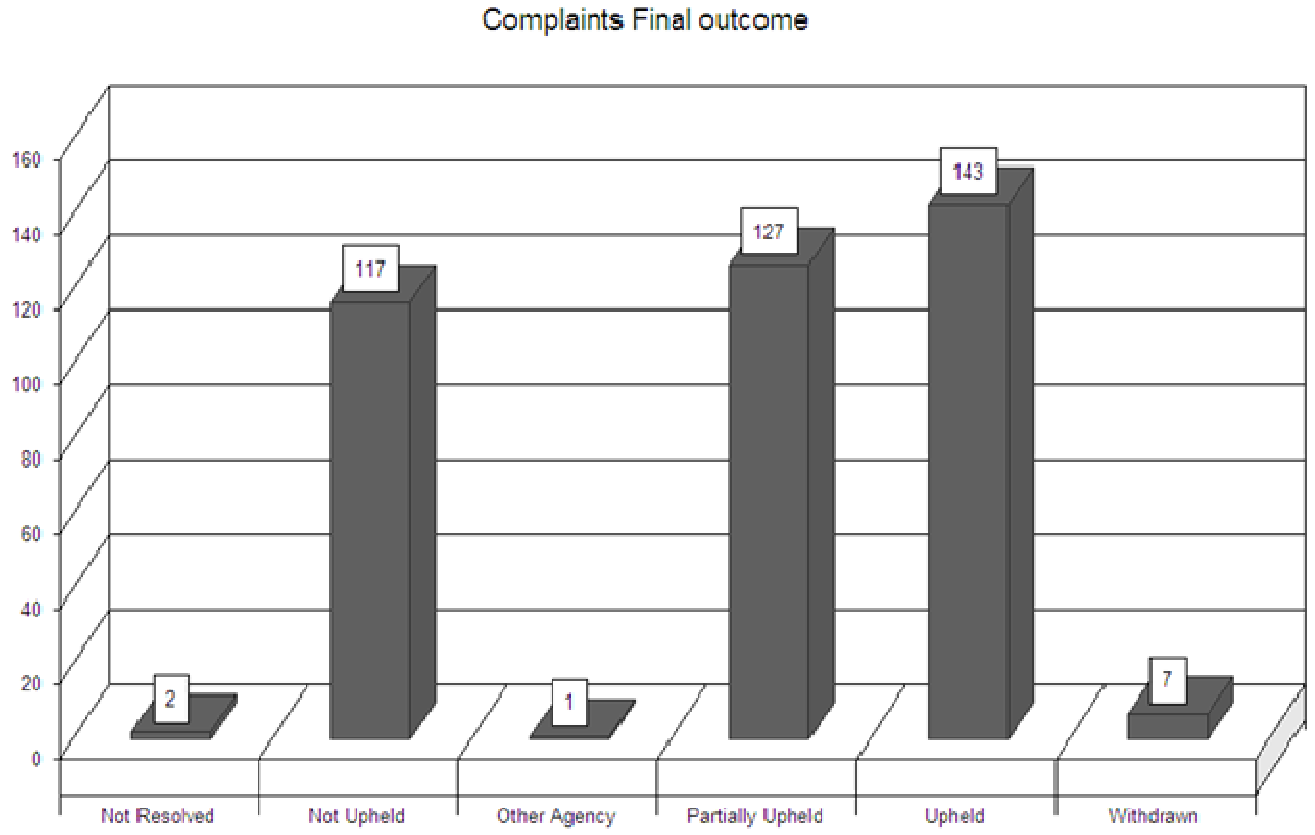
527
25
58
Finance
Learning Disability & Mental Health
Older People & Physical Disability
Operational Support Unit
Strategic Commissioning Unit


Complaints Final outcome
160
140
120
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80
60
40
20
0
2
117
1
127
143
7
Not Resolved
Not Upheld
Other Agency
Partially Upheld
Upheld
Withdrawn

From:	**Graham Gibbens, Cabinet Member for Social Care and Public Health** **Andrew Ireland, Corporate Director Social Care, Health and Well Being**
To:	**Adult Social Care and Health Committee 26th September 2014**
Subject:	**Adult Social Care Transformation and Efficiency Partner Update**
Classification:	**Unrestricted**
Electoral Division:	**All divisions**

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

Recommendation:

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. This report provides the latest update.

1.2 Newton Europe started working on site 7 May 2013. During the past 17 months consultants have been working in partnership with KCC staff to deliver the first phase of adult's transformation.

1.3 Phase 1 has been now coming to an end and has been implemented within agreed timescales.

1.4 The 3 main programmes of activity were 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:

- Enablement – support and guidance allowing people to live independently for longer after a change in circumstance (a fall, hospital visit, illness etc.)
- Telecare – allows service users to remain in their own homes for longer with the help of specialist equipment, devices and connections
- Promoting Independence Reviews – a review of care provision to ensure the most appropriate level is provided, based on needs, with a review of voluntary support services which may aid the service user

2.2 These 3 projects have each been successful in their own right but have provided added value when used in combination. Examples of the impact the use of these services have had include:

- A 97 year old lady who fell, broke her hip, was very frightened of returning home after being discharged from hospital. She was reassured that the enablement service would support her twice a day on her return home. After a little while, equipment (and support on how to use them) was provided to help her carry out her daily activities. She is now happy with her progress and managing to live completely independently.

- An elderly woman, with dementia, was prone to wandering into other properties within her sheltered housing complex at night. The warden and family were in favour of moving her into a residential home. An exit sensor was installed on her door, notifying the daughter (who lived nearby) if her mother left the house during set hours. This solution satisfied the concerns of the family, warden and residents and allowed the elderly woman to remain living in her own home.

- A 47 year old lady, living on her own, with physical and mental health difficulties was initially provided domiciliary care, once a day, to help with meals and reminding her to take her medication. On review, she was finding it difficult to pay her contributions towards her care, so she was offered enablement to learn to be more self-sufficient. During this short period of support our enablement provider identified that telecare could be used to prompt her to take her medication. Her confidence grew and she became totally self-supported.

- A 53 year old lady, who has well controlled schizophrenia, was suffering from ME and dizziness. She was staying in bed all day, due to perceived tiredness and fear of the TV. Her food was being brought to her 3 times a day by carers. The social worker spent several sessions discussing these issues and both agreed that the fatigue was related to poor confidence. After a 3 week period of enablement, she is now able to make her own evening meals and the amount of support she receives has reduced. She is now working on a plan to reduce the support she needs further, with the long term goal of being completely independent.

2.3 A significant number of people have benefited from the aforementioned services between November 2013 and July 2014. These break down into:

- 1,910 people have benefited from enablement – many of whom have been enabled to live independently in their own homes with less or no homecare support.

- 1034 people have had telecare equipment installed which has helped them to remain living independently in their own homes.

- 1820 people have been reviewed under the Promoting Independence review model - with packages being adjusted according to their current needs and making better use of available community resources and other enabling services.

3. Optimisation Programme Update

3.1 Since the start of the project, significant improvements to frontline processes and the efficiency in service delivery were made (including a 70% reduction in lead time from contact to assessment and a 60% reduction in overdue reviews). This has meant that with the natural attrition which occurred over the course of the project, a vacancy freeze could be initiated, resulting in a lower staff base that more closely matched a proposed staffing establishment (reduction of 23% from Sept 2013). Following a period of consultation, the new structure was agreed, and staff are currently going through the HR process of interviews, slotting and finding suitable alternative employment. This work is due to complete in November 2014. It is expected that this restructure will cause minimal compulsory redundancies, due to natural staff attrition.

4. Commissioning and Procurement Programme Update

4.1 Following a robust tendering process, the number of homecare providers used to deliver homecare to our service users has reduced from 147 to 23.

4.2 The reduction in providers means that a large number of service users have been moved to new providers. This transfer work will continue in the following months, as the new providers execute TUPE arrangements and employ more staff. Some service users have asked to remain with their current provider. Where the person has capacity to make this decision, the service user is being transferred to a direct payment, so as to formalise the continuing arrangement.

4.3 As service users transfer to KCC's new providers, both KCC and those clients who contribute towards their care, will benefit from reduced hourly rates.

5. Skills Transfer and Phase 1 Handover

5.1 During the last 17 months Newton Europe has been working closely with both adult and corporate staff to develop new processes, train managers to regularly use the 'improvement cycle, agree key performance indicators, design performance monitoring dashboards and encourage adoption of new behaviours into business as usual activity.

6. Phase 1 Benefits

6.1 In summary, the changes that Newton Europe has helped KCC to deliver have increased productivity, reduced costs and improved service user outcomes.

6.2 The amount of cashable savings that KCC is forecasting from partnership work with Newton Europe is in the region of £30m. These savings will be realised over the current and following financial year.

6.3 It should be noted that this level of benefit has been achieved without cutting any front line services and is above the £26m savings Newton Europe guaranteed they would help KCC make.

7. Recommendation

Recommendation:

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

8. Background Documents

8.1 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

8.2 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

8.3 Item B3 – Social Care and Public Health Cabinet Committee, 4 October 2013 - Adult Social Care Transformation and Efficiency Partner Update
https://democracy.kent.gov.uk/documents/s42746/B3%20-%20ASC%20Transformation%20Update%20October%202013%20v0.2.pdf

8.4 Item C2 – Social Care and Public Health Cabinet Committee, 2 May 2014 - Adult Social Care Transformation and Efficiency Partner Update
https://democracy.kent.gov.uk/documents/s46410/C2%20-%20Adult%20Social%20Care%20Transformation%20Update.pdf

9. Contact details

Report Author
Juliet Doswell, Portfolio Assurance Manager (Adults Portfolio),
7000 1844, juliet.doswell@kent.go.uk

Relevant Director:
Mark Lobban, Director of Strategic Commissioning, SCHWB
7000 4934, mark.lobban@kent.gov.uk

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

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

To: **Adult Social Care and Health Cabinet Committee – 26 September 2014**

Subject: **KENT AND MEDWAY SAFEGUARDING ADULTS ANNUAL REPORT APRIL 2013 – MARCH 2014**

Classification: Unrestricted

Summary: This report introduces the Kent and Medway Safeguarding Adults Annual Report April 2013 – March 2014, which details the work of the multi-agency partnership and how it managed safeguarding adults issues in 2013-2014. The report provides safeguarding activity information and also contains key statements from partner organisations regarding how they dealt with safeguarding issues in their respective agencies.

Recommendations: Members are asked to NOTE and COMMENT on the attached report.

1. Introduction

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

(2) During 2013-2014, the Kent and Medway Safeguarding Adults Board comprised of Senior Officers from the key agencies in Kent and Medway involved in safeguarding, including the Police, Health Service, Medway Council and Kent County Council. The current chair of the Board is the Corporate Director of Social Care, Health and Wellbeing, Kent County Council.

2. Financial Implications

(1) There are no direct financial implications arising from the report.

3. Bold Steps for Kent and Policy Framework

(1) The work of the Kent and Medway Safeguarding Adults Board, which is detailed within the Annual Report, plays a key role in supporting Priority 14 of Bold Steps for Kent:

"Ensure we provide the most robust and effective public protection arrangements".

4. The Report

(1) The report contains a wealth of information from each of the key agencies engaged in the Kent and Medway Safeguarding Adults Board. The following paragraphs give a brief overview of key sections of the report.

(2) **Section 2** provides a summary of a number of key documents published in 2013-2014 which have influenced the safeguarding agenda.

(3) **Section 3** summarises the local context for adult safeguarding in Kent and Medway.

(4) **Section 4** outlines the multi-agency safeguarding training programme supported by the Kent and Medway Safeguarding Adults Board. This section highlights activity and progress towards the training review implementation plan.

(5) **Section 5** provides details of the funding arrangements for the Kent and Medway Safeguarding Adults Board.

(6) **Section 6** summarises the work of each member agency of the Kent and Medway Safeguarding Adults Board.

(7) **Section 7** outlines the activity data for adult safeguarding in Kent and Medway. This includes referral data, the background data in regard to victims and the current trends in relation to adult safeguarding in Kent and Medway.

(8) **Section 8** identifies the key priorities for the Kent and Medway Safeguarding Adults Board for 2014-2015.

5. Conclusion

(1) The Annual Report provides a retrospective view of the work of the Kent and Medway Safeguarding Adults Board and details key safeguarding activity between April 2013 – March 2014.

6. Recommendations

(1) Members are asked to COMMENT on the attached report.

7. Background Documents

(1) None

8. Contact Details

Nick Sherlock
Head of Adult Safeguarding, Families and Social Care
01622 696175
nick.sherlock@kent.gov.uk

Appendix 1: Kent and Medway Safeguarding Adults Annual Report: April 2013 – March 2014

Kent and Medway Safeguarding Adults Board

Annual Report
April2013-March 2014

Contents

As Chair of the Kent and Medway Safeguarding Adults Board I am pleased to introduce our Annual Report for 2013-2014.

The report is published on behalf of the multi-agency Board and provides partners with an opportunity to celebrate their achievements in 2013-14 and plan for the year ahead. The report contains contributions from a range of organisations who are involved in safeguarding vulnerable adults in Kent and Medway.

The Care Act 2014 places adult safeguarding on a statutory footing and states that each Local Authority must establish a Safeguarding Adults Board.

In preparation for the Care Act, the Board underwent a major governance review with partners in 2013. This review established new multi-agency sub groups, focusing on Learning and Development and Quality Assurance.

Our partnership working continues to strengthen our ability to safeguard vulnerable adults and is underpinned by the principles and values outlined in Appendix 1.

I would like to take this opportunity to thank everyone for their contribution to the work of the Board and associated working groups and their commitment to safeguarding vulnerable adults in Kent and Medway.

Andrew Ireland
Corporate Director – Social Care, Health and Wellbeing, Kent County Council
Chair of the Kent and Medway Safeguarding Adults Board

Section 1: Introduction

What is abuse?

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

No Secrets defines a vulnerable adult as:
A person aged 18 years or over "Who is or may be in need of community care services by reason of mental or other disability, age or illness: and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation",

And abuse as:
"A violation of an individual's human or civil rights by any other person or persons".

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

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

Abuse can happen anywhere and take place in any context, for example, in someone's own home, in nursing, residential or day care settings, in hospital, in public places or in custodial situations. Vulnerable adults may be abused by a range of people including relatives, neighbours, other service users, professional workers, friends and strangers.

The Care Act 2014 consolidates provisions from over a dozen different Acts into a single, framework for care and support. It is a fundamental reform of the way the law works. It places the wellbeing, needs and goals of people at the centre of the legislation to create care and support which fits around the individual and works for them.

The Act also provides a new framework for adult safeguarding. It sets out the first ever statutory framework for adult safeguarding, which stipulates local authorities' responsibilities, and those with whom they work, to protect adults at risk of abuse or neglect. These provisions require the local authority to carry out enquiries into suspected cases of abuse or neglect and to establish Safeguarding Adults Boards in their area.

Section 2: National context

A number of key documents published in 2013-2014 have influenced the safeguarding agenda. They include:

Adult Safeguarding and Domestic Abuse (April 2013)

This document makes the connections between adult safeguarding and domestic abuse, addressing situations where an adult with care and support needs is being harmed in a way which could also be defined as domestic abuse.

The guide aims to:

- Improve recognition and understanding of the situations in which adult safeguarding and domestic abuse overlap
- Contribute to the knowledge and confidence of professionals in order to achieve better outcomes for people
- Multiple agencies failed to pick up on key warning signs
- Offer practical advice to staff and managers
- Share organisational developments which can support best practice

http://www.adass.org.uk/AdassMedia/stories/Adult%20safeguarding%20and%20domestic%20abuse%20April%202013.pdf

Making Safeguarding Personal Abuse (April 2013)

This document is the final report of the Making Safeguarding Personal project and brings together the findings from the four test sites and other councils. Making Safeguarding Personal focuses on establishing a person-centred, outcome focused approach to adult safeguarding. The document sets out the following:

- Practicalities and lessons learned from the projects
- Outcomes for people
- Impact on social work practice
- Cost effectiveness

http://www.adass.org.uk/AdassMedia/stories/making%20safeguarding%20personal.pdf

Safeguarding Adults: Learning from Peer Challenges (April 2013)

The report sets out the key themes and issues arising from peer challenges (reviews) in adult safeguarding. It also identifies lessons learned in order to assist the improvement of safeguarding policy and practice. The report focuses on the following:

- Outcomes for, and people's experiences of, safeguarding
- Leadership, strategy and commissioning
- Service delivery, including performance and resource management
- Working together

http://www.adass.org.uk/AdassMedia/stories/Learning%20from%20Peer%20Challenges.pdf

The Care Act (May 2014)

This Act consolidates provisions from over a dozen different Acts into a single, framework for care and support. It is a fundamental reform of the way the law works. It places the wellbeing, needs and goals of people at the centre of the legislation to create care and support which fits around the individual and works for them.

It provides a new focus on preventing and reducing needs, and putting people in control of their care and support. For the first time, it brings carers into the law, on a par with those for whom they care.

The Act also provides a new framework for adult safeguarding. It sets out the first ever statutory framework for adult safeguarding, which stipulates local authorities' responsibilities, and those with whom they work, to protect adults at risk of abuse or neglect. These provisions require the local authority to carry out enquiries into suspected cases of abuse or neglect and to establish Safeguarding Adults Boards in their area. The role of these Boards will be to develop shared strategies for safeguarding and report to their local communities on their progress.

As recommended by the Law Commission, the Act repeals local authority intervention powers to remove adults from their homes. It does not propose any new intervention powers in their place, but recognises the views of some stakeholders that local authorities should have some ability to intervene positively to protect adults from abuse or neglect.

The Care Act received Royal Assent in May 2014 and Guidance was issued in June 2014.

Section 3: Local context

A key activity during 2013 was the completion of the multi-agency safeguarding governance review and subsequent implementation of a new governance structure in preparation for the Care Act 2014.

The Kent and Medway Safeguarding Adults Board has increased its membership to include representatives from KCC, Medway Council, Kent Police, Acute Trusts, Clinical Commissioning Groups, Community Health Trusts, Kent and Medway NHS and Social Care Partnership Trust, Kent Probation, Kent Fire and Rescue Service, Prison Service, both Kent and Medway Community Safety Partnerships, District Councils, Members from both KCC and Medway Council and representatives from independent provider organisations.

New working groups have also been set up including the Learning and Development and Quality Assurance Working Groups. The SCR Panel continues to meet when SCR's are commissioned by the Board. All 3 groups are chaired by members of the Board. The Policy, Protocols and Guidance Review Group continues to meet. In July 2012 the Board commissioned a Serious Case Review (SCR) chaired by Kevin Harrington.
The overview report and recommendations were presented to the Board in June 2013. The report can be found at: http://www.kent.gov.uk/__data/assets/pdf_file/0020/8156/Serious-case-review-Mr-J-2013.pdf

The Policy, Protocols and Guidance Review Group met in May and November 2013 and March 2014 to update the Kent and Medway multi-agency adult protection policy. The policy can be found at: http://www.kent.gov.uk/__data/assets/pdf_file/0018/11574/adult-protection-policies-protocols-and-guidance.pdf

Raising awareness of safeguarding vulnerable adults was the aim of a range of activities that took place during Safeguarding Week in June 2013. Partner agencies worked together across Kent and Medway with exhibitions in shopping centres, libraries, hospitals and supermarkets. Safeguarding Week is planned to take place in October 2014. In October 2013, the 'Abuse and what to do about it' leaflet was officially launched.
The leaflet was co-produced by 'Shout Out', a group of service users with learning disabilities based in Medway.

In November 2013, a delegation from the Ukraine visited Kent to learn about social services and the work done to protect vulnerable people by multi-agency partners. Work has been undertaken in conjunction with Trading Standards colleagues, to identify adults living in Kent, who have been the victim of scams and who are known to KCC. A financial abuse toolkit is being developed with partners to support practitioners with enquiries related to financial abuse.

Section 4: Kent and Medway multi agency training

During 2013-2014 the multi-agency training programme has been supported by the Kent and Medway Safeguarding Adults Board.

This has been provided through the funding of the following posts – one full time multi-agency Training Consultant and one full time multi-agency Administrator.

The multi-agency training structure comprises of 6 levels. The training structure continues to be based on common tasks reflected in the Kent and Medway multi-agency policy, protocols and guidance. It aims to ensure that staff builds on their existing knowledge and skills by adopting a sequential learning approach. It is designed to reflect core and complimentary knowledge and skills within the multi-agency context of safeguarding work. Details of the course aims and objectives are available on the website: www.kent.gov.uk/social-care-and-health/information-for-professionals/training-and-development

All agencies take responsibility for the delivery of Level 2 training to their staff in addition to Level 1. The Level 2 training materials are subject to copyright and have been made available under agreement, for use by all agencies working with vulnerable people in Kent and Medway. Suggested training standards for Level 2 are also available for any agency that prefers to commission or deliver its own version of the current Level 2 course. Levels 1 and 2 training for staff in the private and voluntary sector has been available through KCC Families and Social Care Learning Resource Team. Levels 3, 4, 5 and 6 of the multi-agency training programme have been provided by the multi-agency funded Training Consultant. However, the Level 4 course has been provided in collaboration with specialist trainers within a partner agency.

Table.1. below outlines the level of multi-agency course provision and attendance during April 2013-March 2014.

Course	No of places offered	Total no of persons attending	Attendance by police personnel	Attendance by KCC personnel	Attendance by Medway Council personnel	Attendance by Health personnel
Level 3	234	172	0	82	8	82
Level 4	72	65	28	23	6	8
Level 5	180	131	3	95	8	25
Level 6	162	65	1	48	6	10

Kent and Medway, in partnership with an e-learning provider, make a customised adult protection awareness E-learning training package freely available to anyone working with vulnerable adults in Kent and Medway. Details of how to access the package is are available on the website: www.kent.gov.uk/social-care-and-health/information-for-professionals/training-and-development

Ongoing Developments

A full review of multi-agency training is underway, linking it to the Competency Framework.

Section 5: Funding arrangements

The Kent and Medway Safeguarding Adults Board is funded by 6 partner agencies including KCC Social Care, Health and Wellbeing, Medway Council, Kent Police, NHS West Kent, NHS Medway and NHS Eastern and Coastal Kent. Each of these agencies makes the following percentage contributions:

- KCC, FSC – 33.2%
- Medway Council – 8.3%
- Kent Police – 22.5%.
- NHS – 36%

The multi-agency budget covers the salaries and expenses for the Safeguarding Adults Board Manager, Training Consultant and Administration Officer posts. It also covers the administration costs for the various multi-agency group meetings, Serious Case Reviews and resources for Safeguarding Week.

The table below sets out the budget contributions for 2012-2013 and 2013-2014.

	2011-2012 Actual contribution (£000's)	2012-2013 Actual contribution (£000's)	2013-2014 Actual contribution (£000's)
KCC	63.1	59.0	50.5
Medway Council	15.8	14.7	12.6
NHS Kent	89.5	64.0	54.8
Kent Police	22.9	25.6	21.9
**Kent Fire Service	0.00	3.0	2.6
Shortfall	5.6	11.4	9.8
Total	**191.3**	**177.7**	**152.2**

A decision was made by the Board to use reserves in order to reduce the contributions of partners, given the savings agencies needed to make in the financial year.

**The Kent Fire Service were not represented on the Board in 2012 -2013

Section 6: Partner highlights

Kent County Council, Social Care, Health and Wellbeing

Overview of 2013-2014

In April 2014, the Families and Social Care Directorate underwent a restructure and became Social Care, Health and Wellbeing. Safeguarding is managed in the divisions of Older People and Physical Disability (OPPD), and Learning Disability and Mental Health (LD/MH). A Safeguarding Vulnerable Adults Co-ordinator sits in each Area. KCC Safeguarding Vulnerable Adults Co-ordinators support adult safeguarding within the Kent and Medway Mental Health and Social Care Partnership Trust. The strategic role of the Adult Safeguarding Unit is now fully embedded with a major focus on quality assurance. The Unit supports the functions of adult safeguarding across Social Care, Health and Wellbeing through policy implementation, practice guidance and quality assurance in adult protection, mental capacity and the deprivation of liberty safeguards.

Key Achievements

- The first Countywide Adult Safeguarding Audit was undertaken by the Adult Safeguarding Unit. There were two strands to the audit process – Safeguarding Practice and Mental Capacity Practice. Following the audit, each Area developed an Improvement Plan which will be monitored by the Countywide Safeguarding Group on a six monthly basis.
- KCC was one of 53 Councils which contributed to 'Making Safeguarding Personal', reporting to the LGA sector led project. The pilot was completed between October 2013 – January 2014 and demonstrated that data on the experience of service users and outcomes can be collected and reported on. There was a culture shift in practitioners involved in the pilot, placing vulnerable adults at the centre of their practice. The pilot recognised that locally and nationally, increased practitioner time was needed at the first interview with victims in the safeguarding process to find out what they wanted to happen.
- The adult safeguarding contribution to the Central Referral Unit supports good multi-agency practice in responding to safeguarding concerns. In conjunction with colleagues from Medway, Kent Social Care, Health and Wellbeing continue to process DOLS applications. The Supreme Court Judgement in March 2014 has had a major impact and there has been a significant.

Key Challenges

- Safeguarding activity is increasing.
- Social Care, Health and Wellbeing are dealing with increasingly complex cases.
- Managing safeguarding effectively within agency changes and limited resources.

Future Plans 2014-2015

- To continue monitoring of the Safeguarding Action Plan and Area Improvement Plans.
- To continue with the rolling programme of audits.
- To ensure principles of the Making Safeguarding Personal project are fully embedded into practice.

Medway Council

Overview of 2013-2014

Medway Council has focused this year on developing its administration staff to ensure that they are able to support our managers and staff in their work with vulnerable adults at risk of harm and victims of harm. We have introduced a standard administration process, published new agenda and minute templates, along with delivering a specialist training package and dedicated peer support for all minute takers who are recording safeguarding adult meetings. We have also been working with the business systems support team on developing the new adult safeguarding workflows and associated documents which went live from December 2013.

Key Achievements

- Our Family Group Conference contract for safeguarding cases has resulted in positive outcomes for families by resolving complex family issues and preventing admissions to
- In October, we officially launched the leaflet 'Abuse and what to do about it' which is our Easy Read booklet to support people in recognising abuse, harassment and neglect, and how to report it. The booklet is available in libraries, GP surgeries, community hubs and contact points across Medway.
- Introduced a standard administration process that included the production of standard templates for meeting agenda and minutes.

Key Challenges

- For the Safeguarding Board to review the self-assessment tool and produce a Performance Indicator Dashboard to measure outcomes of safeguarding arrangements.
- To Integrate the Safeguarding Adults Board new Safeguarding Adult Competency Framework into the Children and Adults Directorate's workforce training strategy.

Future Plans 2014-2015

- Medway Council are working with partners to implement The Jigsaw Project, a pilot programme to tackle victimisation by supporting nominated learning disability and autism friends and champions in awareness raising, training and best practice across statutory and third sector agencies such as police, social care, housing, community safety, health, education, local businesses and transport providers.
- Medway Council is a pilot site for Health and Social Care Information Centre (HSCIC) Adult Social Care Safeguarding Survey. As a result of the Zero Based Review (ZBR) on adult social care data returns, the national safeguarding working group recommended that a national outcomes measure should be included in the Adult Social Care Outcomes Framework (ASCOF). The proposed definition of this measure is the number of concluded referrals in a 12-month period where the individual reports 'I feel safer as a result of the safeguarding investigation'. This survey aims to act as a driver for good practice by collecting the views of the individual after case closure and provide a national measure of quality.
- Making Safeguarding Personal is a key component of the improvement work that is being led by ADASS and LGA. Medway Council has applied for funding through DH for further work for the next three years to support both the implementation of the Care Bill and its associated statutory guidance and safeguarding improvement.

Kent and Medway Clinical Commissioning Groups

Overview of 2013-2014

On the 1st April 2013 Strategic Health Authorities and Primary Care Trusts were abolished and in their place Clinical Commissioning Groups (CCGs) and the NHS National Commissioning Board (now known as NHS England) were established. The Safeguarding Team, currently hosted by NHS Medway CCG supports all of the eight CCGs across Kent and Medway:

NHS Ashford CCG
NHS Dartford, Gravesham and Swanley CCG
NHS Canterbury and Coastal CCG
NHS Swale CCG
NHS South Kent Coast CCG
NHS Medway CCG
NHS Thanet CCG
NHS West Kent CCG

CCG Chief Nurses have the accountability for safeguarding on behalf of their Governing Bodies and Designated Nurses for Safeguarding Adults report directly to them. Clinical governance structures have been established across all CCGs and adult safeguarding is reported on a monthly basis. Designated Nurses have been supported by two specialist nurses, focusing specifically on safeguarding in the care home sector.

Key achievements

- All eight CCGs were authorised as statutory organisations from 1st April 2013, and were assessed as meeting safeguarding requirements. CCGs were also required to have a clear line of accountability for safeguarding reflected in CCG governance arrangements, and arrangements in place to co-operate with the local authority in the operation of the Safeguarding Adults Board.
- The CCGs commissioned an independent safeguarding review in the autumn of 2013. The review identified that CCGs needed additional safeguarding resources and as a result another full time Designated Nurse for Safeguarding Adults has been recruited
- CCGs and provider organisations undertook the Adult Safeguarding self-assessment requested by the Safeguarding Adult Board. For the most part the responses were reassuring, indicating that health organisations have a good understanding of adult safeguarding. Where required, CCGs and providers have developed action plans to respond to identified gaps.

Key challenges

- The number of requests for assistance and support in investigating allegations of abuse in the care home sector continue to rise. The specialist nurses for safeguarding in care homes have continued to provide support where possible. The future of these specialist roles is under consideration by CCGs.
- GP awareness of adult safeguarding is improving, albeit from a low baseline. Responsibility for GP training rests with NHS England (Kent and Medway Area Team).
- Ensuring that health organisations remain compliant with current statutory requirements and respond effectively to changes in legislation and best practice.

Future Plans 2014-2015

- Further partnership working with social care partners about how best to encourage improvement in quality and safety in the care home sector.
- Ensure that CCGs are sighted on emerging adult safeguarding risks, including compliance with the Mental Capacity Act, and the implications of the Supreme Court judgement on the Deprivation of Liberty Safeguards.
- Continue to develop GP awareness and response to adult safeguarding concerns, including their training levels and contribution to adult protection processes, working in partnership with NHS England.

Kent Police

Overview of 2013-2014

The comprehensive spending review has instigated further re-structure in Kent Police with the amalgamation of the police response teams with the neighbourhood teams and the custody functions. This does bring some opportunities around consistency and training in respect of mental health and adult protection for officers on the ground.

The Public Protection Units have now been given command of the Missing Persons Liaison Officers and a County co-ordinator has been appointed. This has enabled us to focus more clearly on institutions in respect of clients who go missing and helps us to understand more closely the homes we have in Kent and Medway.

The Central Referral Unit has worked to rationalise referrals to make the process more efficient and encourage local interaction with open cases. Police in CRU have appointed a Safeguarding Vulnerable Adults lead Detective Sergeant to help resolve any issues.

Kent Police have appointed a Detective Inspector to lead the forces response to Mental Health issues. This DI has been working closely with PPU policy and compliance to understand the overlap between mental health and safeguarding.

There have been a number of training events, some held jointly with police and Adult Safeguarding, which have been well received and have brought about closer working practices and understanding of thresholds.

Key achievements

- Improving the efficiency of safeguarding referrals.
- An enhanced police response to Mental Health.
- Joint training - understanding thresholds and the law.

Key Challenges

- To accommodate and understand the new Care Bill.
- Continue to increase our understanding of vulnerable adults within care settings.
- Reaffirm safeguarding principles within a further restructure of Kent Police.

Future plans for 2014-2015

- Continued adult safeguarding training for the workforce.
- Developing strategies to safeguard vulnerable adults who may go missing.
- To examine domestic abuse within the elderly community.

Dartford and Gravesham NHS Trust

An overview of 2013-2014

All registered staff continue to be trained in safeguarding through core induction and mandatory training. The annual safeguarding update for Consultants and new junior medical staff continued throughout the period. KCC training dates for additional safeguarding and Mental Capacity Act and Deprivation of Liberty Safeguards (MCA/DOLS) have been circulated to all relevant Trust staff groups. The Safeguarding Lead continues her own relevant KCC safeguarding training.

Maintenance of the Safeguarding Vulnerable Adults Dashboard for the Clinical Commissioning Group (CCG) up to March 31st 2013, maintenance of Trust AP1 spreadsheet and the quarterly audit of the numbers and outcomes of safeguarding referrals continue. Trust Safeguarding Lead continues to attend case conferences and the Kent and Medway Safeguarding Adults Board as well as associated Kent clinical leads meetings and remains the Prevent Lead for Dartford and Gravesham NHS Trust (DGS).

Key achievements

- 1st Learning Disability Conference.
- Learning Disability: approximately 25 Hospital Passports on Patient Administration System with hospital numbers on key fobs. Created in collaboration with the community learning Disability Liaison Nurse and support worker from Kent Invicta Advocacy.
- Safeguarding Training: South Coast Audit gave the Trust 'Significant Assurance' for the Safeguarding Training it provides to staff.

Key challenges

- Challenging the responsibility of social care colleagues into accepting that patients with non-hospital acquired pressure ulcers should be investigated by them. Helping them to understand that secondary Health do not have access to Primary Health Documentation.
- Ensuring medical staff understand their role under the Mental Capacity Act (MCA).
- Ensuring continued completion of the correct consent form for people who lack capacity with audit undertaken in due course.
- Re-audit of the South East Coast audit into capacity assessments of 2011 now complete.

Future plans 2014-2015

- Deprivation of Liberty Safeguards in view of the recent Supreme Court Challenge – identifying exactly which patients require DOLS.
- Working with the CCG to reduce the risk of non-hospital acquired pressure ulcers.
- Safeguarding: Band 7 Combined Safeguarding and Learning Disability Nurse Business case has been approved in principle. More training via the new Band 7 Post particularly around MCA and Domestic Abuse.

East Kent Hospitals University NHS Foundation Trust

Overview of 2013-2014

- A comprehensive self-evaluation of EKHUFT's promotion of Safeguarding was completed, using the newly created Kent & Medway Self-Assessment for Providers.
- This year's focus has been building on the understanding and compliance with the Mental Capacity Act (2005), raising awareness of the Deprivation of Liberties aspect and Clinical Restraint.
- The portfolio of training and delivery methods, on offer to staff was broadened and adapted to the growing understanding and confidence in the use of the Mental Capacity Act, with training delivered by Kent & Medway trainers.
- Participation in Domestic Homicide review 11.
- 61 safeguarding alerts raised by the Trust 2013-14. 44 alerts raised against the Trust 2013-14, indicating a healthy level of identification and reporting.

Key achievements

- Developing into the new proactive, broader People at Risk Team, which includes Learning Disability and Dementia leads. The new team has initiated the Person Centred Care Project to change the organisational culture of the organisation.
- IMCA Doctor's project, a joint project with Advocacy for All to raise awareness and build relationships between IMCA and doctors.
- Creation of the Written Consent Flow chart for doctors. Participation in Domestic Homicide review 11.
- Restructuring and re defining the use of Patient watch, the team that work with clinical staff to safeguard patients with aggressive behaviours who lack mental capacity.
- Creation of SMART + tool, to identify the Vulnerable Adults cohort with in EKHUFT and outline the key measures staff need to consider when caring for such patients. This was developed in partnership with KMPT. The additional use of Qlikview software, to identify the location of Dementia and Learning Disability patients, is likely to denote a patient vulnerable to confusion.

Key challenges

- Interpretation of Deprivation of Liberty Safeguards within the acute setting, following the 2014 Supreme Court ruling and its implications for care of the confused patient, needing serious medical treatment.
- The development of a new Safeguarding Team known as The People at Risk Team.
- Pressure Ulcer prevention.

Future plans 2014-2015

- Explore the length of time between referral and treatment for patients with Learning Disabilities in accordance with the recommendations of the Death by Indifference" report.
- Launch the Communication support boxes with communication aids on each floor/department demonstrating WECARE values which work in harmony with the principles of safeguarding.
- Undertake the Consent form 4 audits with the surgical division to ensure MCA processes are being followed.
- Roll out the SMART+ tool across the Trust, a new tool to identify vulnerable adults within the hospitals.
- Continue to develop a five year strategic plan, mission statement, objectives and operating standards for the EKUHFT "People At Risk Team" (Adult Safeguarding).

Medway NHS Foundation Trust

Overview of 2013-2014

Compliance with mandatory training for Safeguarding Adults level 1 and Mental Capacity Act (2005) level 1 has been the main focus of Adult Safeguarding at Medway NHS Foundation Trust in 2013-14. The Mandatory Training matrix has been updated to reflect the individual learning needs of clinical and non-clinical staff groups related to adult safeguarding. The portfolio of training opportunities and delivery methods has been expanded to include alternate options for training that recognises the diversity of our working population.

The Trust returned a favourable self-assessment audit for adult safeguarding to the Kent & Medway Safeguarding Adults Board's Quality Assurance Group. This assessment document is now a live document regularly updated, evidencing good safeguarding governance and practice.

Key Achievements

- The weekly Community Dental list is fully supported by the Learning Disability Liaison Nurse promoting a positive patient experience for people with a learning disability and their carers.
- Adult Safeguarding worked in collaboration with Service Development to review outpatient pathways, acknowledging and responding to the specific needs of vulnerable patients.
- The use of best interest meetings to drive the holistic approach to meeting the needs of vulnerable adults and ensuring maximisation of opportunities to promote their wellbeing / independence wherever possible.

Key Challenges

- Ensuring Mental Capacity Act compliance at all levels of clinical practice, including referral for IMCA representation.
- To support the Divisions to own safeguarding at a clinical level.
- To improve safeguarding mandatory training compliance.

Future Plans 2014-2015

- To develop an adult safeguarding team.
- To sustain the multi-agency approach to provision of care and treatment.
- To introduce the Kent and Medway Safeguarding Adults Board Competency Framework for safeguarding.

Maidstone and Tunbridge Wells NHS Trust

Overview of 2013-2014

The Trust continues to declare compliance with Care Quality Commission (CQC) Outcome 7. CQC inspections have highlighted that staff understand how to report concerns, record incidents and speak out safely. The number of alerts raised has increased from 68 alerts in 2012 to 113 alerts in 2013, showing a 64% increase in alerts raised by Trust staff.

The Trust has a Safeguarding Adults Committee with multi-professional/agency representation. The Committee reports to the Quality and Safety Committee. The Trust is represented within the multi-agency setting both strategically and operationally. The Mental Capacity Act and Deprivation of Liberty Safeguards (MCA and DoLS) Policy and Procedure has been reviewed and strengthened in a number of areas to assist practitioners. The majority of the updates to this policy are as a direct result of MCA cases informing us that changes were required i.e. definition of Serious Medical Treatment, when to refer to the Court of Protection. A Trust Domestic Abuse Policy and Procedure has been developed and covers responses for patients and staff.

This will strengthen our safeguards in place for this vulnerable group and their children. There is a developed suite of training programmes ranging from basic awareness at Trust Induction, through to inclusion on the mandatory update programmes. Additional training is in place for MCA and DOLS, PREVENT and Awareness of Domestic Abuse. The Trust is in the process of developing Level 2 Adults Safeguarding Training.

Training is monitored and remains above the Trust target of 85% compliance. MCA compliance continues on an upward trend and it is the intention of the Safeguarding Adults Matron to continue to focus on MCA within the Mandatory Clinical Update. It remains a challenge implementing the MCA into everyday practice.

Key achievements

- Trust staff continue to expand their knowledge and confidence with regards to raising safeguarding Alerts.
- Development of E-Learning Safeguarding Adults, Level 2.
- Restraint Training was developed and procured. All contracted Security Staff, in post at the time, and some frontline staff were trained.

Key Challenges

- To continue ensuring that practitioners are working within the meaning of the Mental Capacity Act 2005 and putting their learning into practice.
- Responding appropriately and timely to judgements e.g. the recent DOLS Supreme Court Judgment.
- Ensuring that the person/patient is kept at the centre of Safeguarding actions and decisions.

Future Plans 2014-2015

- Develop and launch face to face Level 2 Adults Safeguarding training to compliment the Level 2 E-Learning package.
- Launch and embed into practice the Domestic Abuse Policy.
- Effectively include people with a Learning Disability in mock inspections of areas in the Trust and invite to appropriate Trust Committees.

Kent Community Health NHS Trust

Overview of 2013-2014

Throughout 2013/14 the safeguarding service has worked closely with KCHT services and KCC to influence and enable the consistent application of safeguarding thresholds and timely reporting of concerns to facilitate the completion of single/multiagency investigations.

This has strengthened partnership working and enabled the outcomes of referrals to be shared and requisite actions taken to protect and safeguard the wellbeing and rights of vulnerable adults accessing KCHT services. In 2013/14, KCHT staff raised 226 Adult Protection (AP) alerts with social services, that implicated other agencies.

In the same reporting period, 65 Adult Protection alerts were raised implicating KCHT, either by another agency or KCHT itself. The majority of AP referrals implicating KCHT were under the category of neglect and, in the main, related to tissue viability. Following multi-agency investigations, 14 of the cases were confirmed as abuse by KCHT, 9 of which were declared by KCHT as significant incidents requiring internal investigation and route cause analysis.

Whilst 65 Adult Protection alerts for 2013/14 is an increase on the number of alerts raised against KCHT during 2012/13, this is very similar to the number that were raised in previous years and reflects the continued awareness that our frontline services have as to their safeguarding responsibilities and what constitutes a safeguarding concern. This has been borne out by the increase in the number of practitioners proactively contacting our internal Safeguarding service for advice and/or to share concerns.

Key achievements

- Developed clearer internal safeguarding thresholds to support decision-making by all practitioners where concerns are identified about a vulnerable adult, who is or may be at risk of harm and what actions need to be taken to safeguard.
- Strengthened safeguarding within all 12 community hospitals, including Minor Injury Units, through the implementation of named safeguarding practitioners, to support ward staff in fulfilling their responsibility to safeguard and protect in-patients from harm and work in partnership with patients and their carers to achieve positive and timely health and care outcomes.
- Influenced the development of multi-agency thresholds in relation to safeguarding vulnerable adults who develop pressure ulcers. The work has been incorporated as Protocol 19 in the revised Kent and Medway Policy, Procedures and Guidance (KMPPG, January 2014).

Key challenges

- To prevent all service users from experiencing avoidable harm or abuse.
- Changing NHS architecture, in tandem with reviews of external agencies such as Kent Police, KCC and voluntary services, impacting on the multiagency working and the availability and accessibility of support, expertise and capacity of services to safeguard vulnerable people.
- Complexity of case work and increasing volume of consultations and referrals, balanced against the capacity of the Trust's Safeguarding service.

Key actions for 2014-2015

- Further work has been completed in developing multi-agency thresholds in relation to safeguarding and protecting vulnerable adults from medication errors. This work is due to be completed in May 2014 and it is anticipated will be added to the KMPPG in July 2014.
- Work with the Kent and Medway Safeguarding Adults Board to develop and contribute to an audit programme in relation to the protection of vulnerable adults, taking into account legislative changes and case law.
- Promote and champion 'Making Safeguarding Personal' agenda, to ensure service users' wishes and feelings are known and considered when decisions relating to their health and social care needs are being made.

Medway Community Healthcare

Overview of 2013-2014

2013/14 has been a busy year, Medway Community Healthcare has continued to see increased awareness of adult protection, domestic abuse and the use of the Mental Capacity Act across all services as evidenced in higher enquiry rates to the Safeguarding Adults Team.

The team continues to provide mandatory Safeguarding Adults training, co-facilitating Level 2 with Medway Council, and has provided bespoke training for services as required, such as the completion of alert protection alerts or practical MCA assessment workshops. In addition Safeguarding Adults Links and supervisors continue their work with frontline staff to increase knowledge and confidence in the working with adults at risk of harm.

Empowerment of adults at risk of harm has been further improved this year with the development of My Plan, a personalised plan of care for all patients which centres on facilitating health improvements through the setting of personalised goals, My Plan reinforces the need for Mental Capacity Act assessments and Best Interest care planning for those who are unable to consent to care or treatment.

Medway Community Healthcare is represented on the Safeguarding Adults Board, Kent and Medway MCA Local Implementation Network and Medway Council Deprivation of Liberty Safeguards Steering Group.

Key Achievements

- Increased awareness within adult services of domestic abuse issues.
- Successful implementation of My Plan.
- Increased compliance with mandatory Safeguarding Adults training.

Key Challenges

- Improving confidence and competence in implementation of MCA.
- Working in partnership with local mental health services.
- Maintaining the Medway focus within a Kent and Medway Safeguarding Adults Board.

Future Plans 2014-2015

- Auditing the quality of capacity assessments via new community IT system.
- Understanding and implementing the revised test for DOLS across our inpatient facilities.
- Increasing the visibility of Safeguarding Adults issues across all services with the arrival of a new team member.

Kent and Medway Mental Health and Social Care Partnership Trust

Overview of 2013-2014

KMKMPT has continued to focus on achieving robust practice across all aspects of protecting vulnerable adults. The role of safeguarding lead in each integrated community team is now held by social workers.

The structure was reviewed in April 2013. In addition there is clear expectation of which other members of staff are expected to take on the investigators role for the purpose of Adult Protection investigations. We have made some progress with the quality and standard of managing safeguarding cases but it has been slow and this was highlighted in the external audit of November 2013.

This has led to further and ongoing discussions on the structure in which we deliver safeguarding. Alerts and awareness of safeguarding issues remains high across the organisation which is positive and demonstrates staff are confident and competent in recognising potential abuse. Training compliance at Levels 1 and 2 which are delivered internally are now at 92%; the Trust target is 85%.

Key achievements

- KMPT obtained its first excellent case in an external audit.
- Data held by KMPT on safeguarding cases is now much closer aligned to data held on SWIFT and we continue to monitor this.
- We have contributed to the Domestic Homicide Reviews conducted in Kent and more importantly actively participated in the workshops held across Kent and Medway to disseminate the lessons learned.

Key challenges

- With the Cheshire Court judgment on Deprivation of Liberty in March 2014 there is now increased demand on the S12 doctors to complete assessments which have increased greatly. This will need careful monitoring and review of resources and capacity.
- The ongoing review of safeguarding structures in KMPT to support the delegated responsibility for safeguarding vulnerable adults will need to arrive at a conclusion that is robust and sustainable.
- Embed the work of the subgroups of the Kent and Medway Safeguarding Adults Board into daily practice, particularly around the Safeguarding Competency Framework.

Future plans 2014-2015

- Monitoring the work of S12 doctors and increasing numbers trained.
- Review training in line with the Competency Framework.
- Complete the work on safeguarding structure and commence new regime.

South East Ambulance NHS Foundation Trust

Overview of 2013-2014

SECAmb has made 1193 vulnerable person referrals to Kent and 135 to Medway over the past year, which equates to approximately 29% of the 4654 adult referrals generated by SECAmb staff. These were a combination of social care issues (such as increasing care needs) and safeguarding concerns.

SECAmb also piloted a domestic abuse programme, offering support to victims of domestic abuse identified by SECAmb crews. This was delivered in partnership with one of the Domestic Abuse charities in the area.

Key achievements

The Trust has a five year Safeguarding training needs analysis and in accordance with that Level1 Safeguarding Adults training was scheduled in 2012-13, and the figures below demonstrate the delivery for different staffing groups, based on enrolment:

- Accident & Emergency: 94%
- Patient Transport Service: 92%
- 111(non-urgent care): 95%
- Non-operational: 83%
- 2013-14 was focussed on Level 2 Safeguarding children. Further Safeguarding Adults training will take place in 2014-15 in line with the organisational training plan.

Key challenges

- Reviewing how the work undertaken under the domestic abuse pilot could be taken forward and expanded across the whole Trust.
- Looking to launch a web-based reporting tool for crews to refer vulnerable person concerns, replacing the current paper-based system, which will facilitate closer scrutiny of concerns being raised and make reporting against these more robust.
- Introducing benchmarking this year, and will be reporting against anticipated volumes of referrals based on area specific targets, using demographics and national and local reporting figures to determine expected ratio of referrals to emergency calls received. We will use this data to inform targeted programmes of education and information to local crews.
- A full departmental review is also underway, including revision of Trust policy to take into account the most recent Intercollegiate Document publication and the Care and Support Act.

Future plans 2014-2015

- Continued increase in activity across the Trust, particularly from the 111 Call Centres, leaves no resilience within the department from a resourcing perspective. This has a knock-on impact in regard to our ability to respond to information requests in a timely manner and also contributes to these responses not being of the quality we would hope for.
- Improving attendance at LSABs. SECAmb is very aware of the crucial nature of working closely with our partners. This will be supported and informed by the outcomes of the departmental review.

Kent Fire and Rescue Service

Overview of 2013-2014

The service has recently reviewed its Home Safety Visit Criteria to make sure it was targeting the right people in terms of their level of risk from fire. Those most at risk are those who through health and lifestyles are more likely to have a fire or less likely to escape from fire.

Hoarding is a significant risk in terms of fire for both the occupants and attending crews. The service has adopted a clutter rating initiative which enables officers to more accurately risk assess hoarding issues.

The Service's Vulnerable Persons Team works with the most vulnerable members of the community and often raises safeguarding issues or identifies individuals who need additional support to live independently. The team has recently joined forces with the Home Safety section to become one larger group of officers and this will enable an increase in the number of people trained to a higher level in safeguarding.

The Service has signed up to the national Dementia Friends pledge and is rolling out the training across the organisation.

Key achievements

- The Service completed its 10,000 Vulnerable Persons visit.
- New Home Safety Visit Scheme went live early 2014.
- Recruitment and training of 5 safeguarding champions.
- Training on new clutter rating rolled out to relevant staff.
- 200 staff trained as Dementia friends.

Key challenges

- Continuing to encourage other agencies to consider fire when risk assessing their clients.

Future plans 2014-2015

- Develop and launch an on-line Level 1 Adults Safeguarding training for all staff.
- Review the current Vulnerable Persons Policy.

Section 7: Safeguarding activity

7.1 Background to the Data

The data for this report was extracted from the Kent County Council social care system (SWIFT) and the Medway Council safeguarding database. In most cases, the data included in this report is consistent with the Department of Health (DH) statutory returns: Abuse of Vulnerable Adults (AVA) for 2011-12 & 2012-13 and the Safeguarding Adults Return (SAR) for 2013-14. ** 2013-14 data still subject to validation*

The first part of the report looks at new safeguarding adults referrals. A referral is made when a concern has been raised leading to an adult safeguarding investigation. In Kent, only cases that meet the safeguarding threshold are fully investigated and so would be included in this report. In Medway, all safeguarding alerts are investigated as referrals and so are all included in this report. The second part of the report summarises the out- comes of safeguarding referrals in Kent and Medway.

7.2 New safeguarding adults referrals

7.2.1 Number of referrals and rate of change

There were a total of 3491 new safeguarding adult's referrals in the period 2013-2014, which sees a 9.9% increase on the previous year. Kent saw an increase of 10.9% in their referrals from 2012-13 to 2013-14. Medway's rate of referrals remained fairly consistent with a 0.6% increase.

Area	11-12	12-13	13-14	% change between 12-13 & 13-14	% of total in 13-14
Kent	2341	2863	3176	10.9%	91.0%
Medway	415	313	315	0.6%	9.0%
Total	2756	3176	3491	9.9%	100.0%

Table 7.2.1: Number of referrals year on year and rate of change 11-12 to 13-14

7.2.2 Age of alleged victims

In the period 2013 to 2014, the majority of all referrals, 39.3%, were from the 18-64 age group, with the second most prevalent group being the 85+ age category, 27.9%. There has been no significant change in the proportions of referrals across the age groups over the past three years.

Age group	11-12		12-13		13-14	
	Number	%	Number	%	Number	%
18-64	906	32.9%	1145	36.1%	1372	39.3%
65-74	364	13.2%	344	10.8%	416	11.9%
75-84	645	23.4%	737	23.2%	707	20.3%
85+	831	30.2%	939	29.6%	974	27.9%
Unknown	10	0.4%	11	0.3%	22	0.6%
Total	2756	100.0%	3176	100.0%	3491	100.0%

Table 7.2.2: Age breakdown of alleged victims for the periods 2011-12 to 2013-14

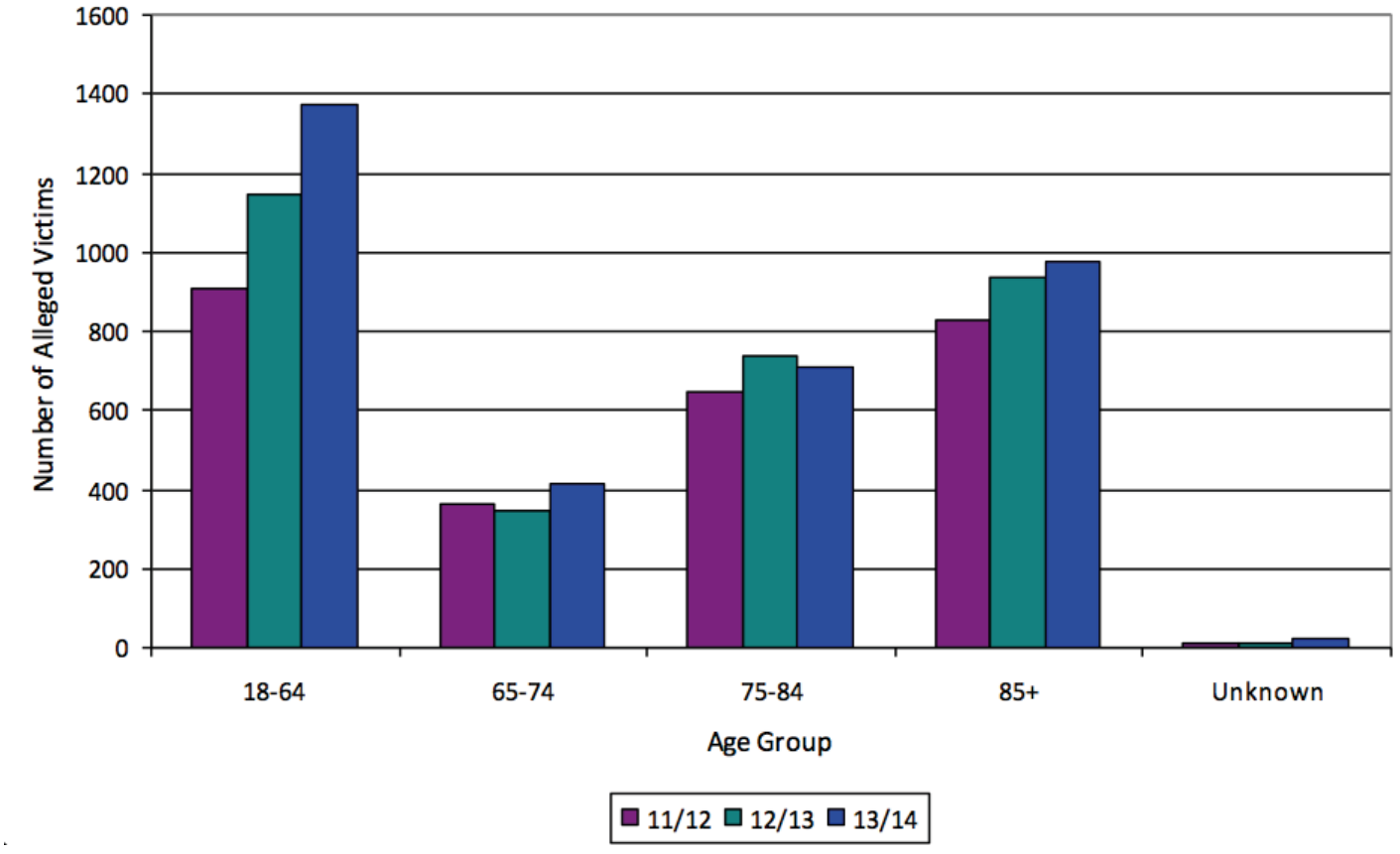


Figure 7.2.2: Age breakdown of alleged victims 2011-12 to 2013-2014

7.2.3 Gender of alleged victims

In 2013-2014, the highest proportion of alleged victims were female at 60.6%. This is consistent with the previous two years of reporting.

Gender	11-12		12-13		13-14	
	Number	%	Number	%	Number	%
Male	1083	39.3%	1193	37.6%	1375	39.4%
Female	1673	60.7%	1983	62.4%	2116	60.6%
Total	2756	100.0%	3176	100.0%	3491	100.0%

Table 7.2.3: Gender of alleged victims over the periods 2011-12 to 2013-14

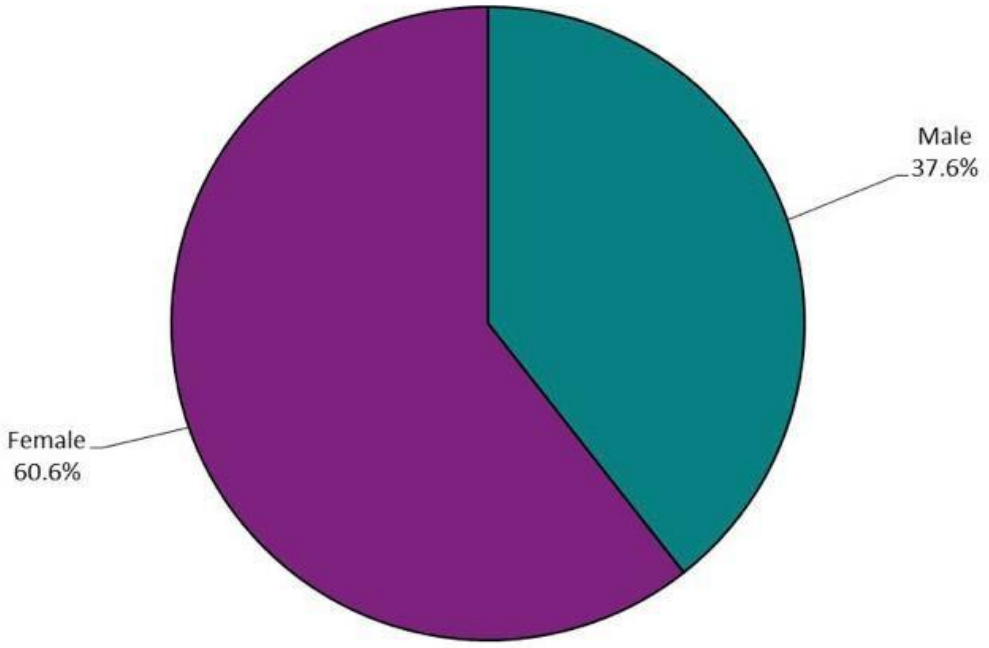


Figure 7.2.3: Gender of alleged victims 2013-2014

7.2.4 Ethnicity of alleged victims

In 2013-2014 the percentage of victims from a black or ethnic minority background decreased from 3.6% to 3.0%. The percentage of alleged victims from a white background has increased slightly from 85.5% to 88.1%. There has been a decrease in the number of alleged victims where the ethnicity was not stated or obtained falling from 11.0% in 2012-2013 to 8.8% in 2013-2014.

For the whole populations in Kent and Medway, the proportion of people who are from a black or ethnic minority background has been between 6 and 10% for the past three years. This suggests that these groups are underrepresented in the figures for safeguarding referrals.

Ethnicity	11-12		12-13		13-14	
	Number	%	Number	%	Number	%
White*	2445	88.7%	2713	85.5%	3077	88.1%
BME **	85	3.1%	113	3.6%	106	3.0%
Not stated/ obtained	226	8.2%	348	11.0%	308	8.8%
Total	2756	100.0%	3174	100.0%	3491	100.0%

Table 7.2.4: Breakdown of Ethnic Group for the periods 2011-12 to 2013-14

**'White' contains the DH ethnic groups of White British, White Irish, Traveller of Irish Heritage, Gypsy/Roma, Other White Background.*
*** 'BME' includes all Asian or Asian British, Black or Black British, Mixed and Other groups*

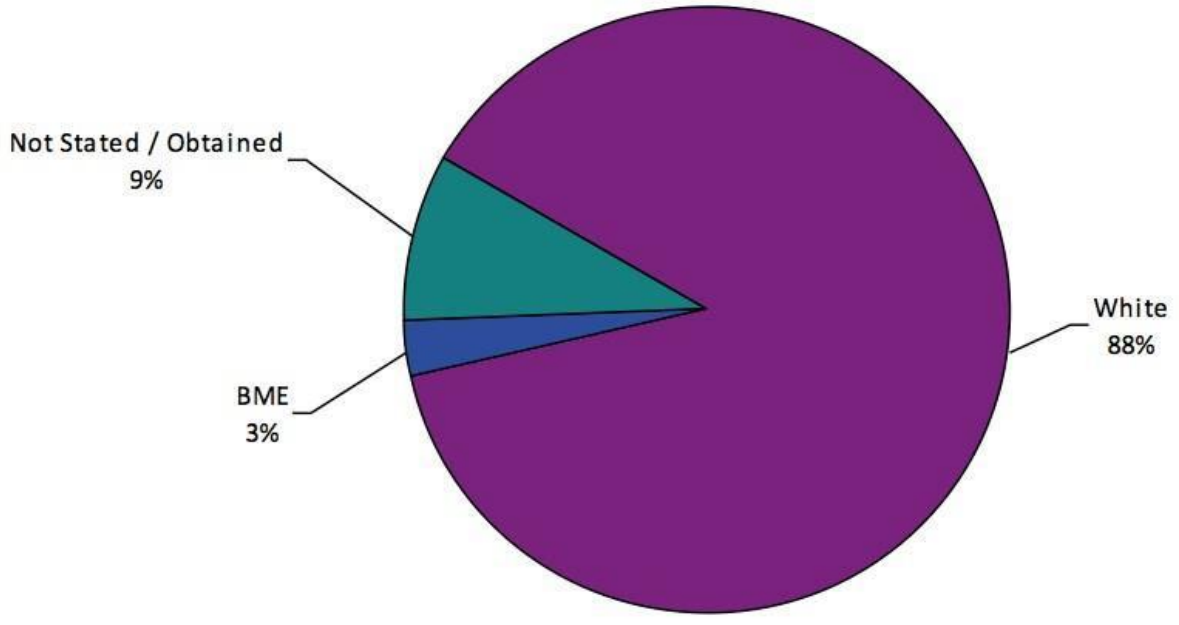


Figure 7.2.4: Ethnic breakdown of alleged victims 2013-2014

7.2.5 Client Category of Alleged Victim

The table below shows the primary client category of alleged victims broken down by age group over the past three reporting periods. There has been a slight increase in 18-64 year olds with a physical disability from 8.0% in 2012-13 to 8.3% in 2013-14 but a slight decrease in the number of alleged victims in the 65+ age group from 42.7% to 39.3%. The proportion of alleged victims with a client category of mental health in the 65+ age group has continued to increase over the past three years.

Client Category	11-12		12-13		13-14	
	18-64	65+	18-64	65+	18-64	65+
Physical Disability	7.5%	46.5%	8.0%	42.7%	8.3%	39.3%
Mental Health	6.3%	13.8%	8.5%	15.6%	9.8%	14.7%
Learning Disability	15.7%	1.5%	15.7%	1.9%	17.7%	1.7%
Substance Misuse	0.2%	0.0%	0.4%	0.1%	0.3%	0.0%
Other Vulnerable People	3.4%	5.1%	3.3%	3.8%	3.4%	4.6%
Total	33.0%	67.0%	36.0%	64.0%	39.6%	60.4%

Table 7.2.5: Breakdown of primary client category for the periods 2011-12 to 2013-14
(A small number of alleged clients with an unknown age group have been excluded from this table)

(A small number of alleged clients with an unknown age group have been excluded from this chart)

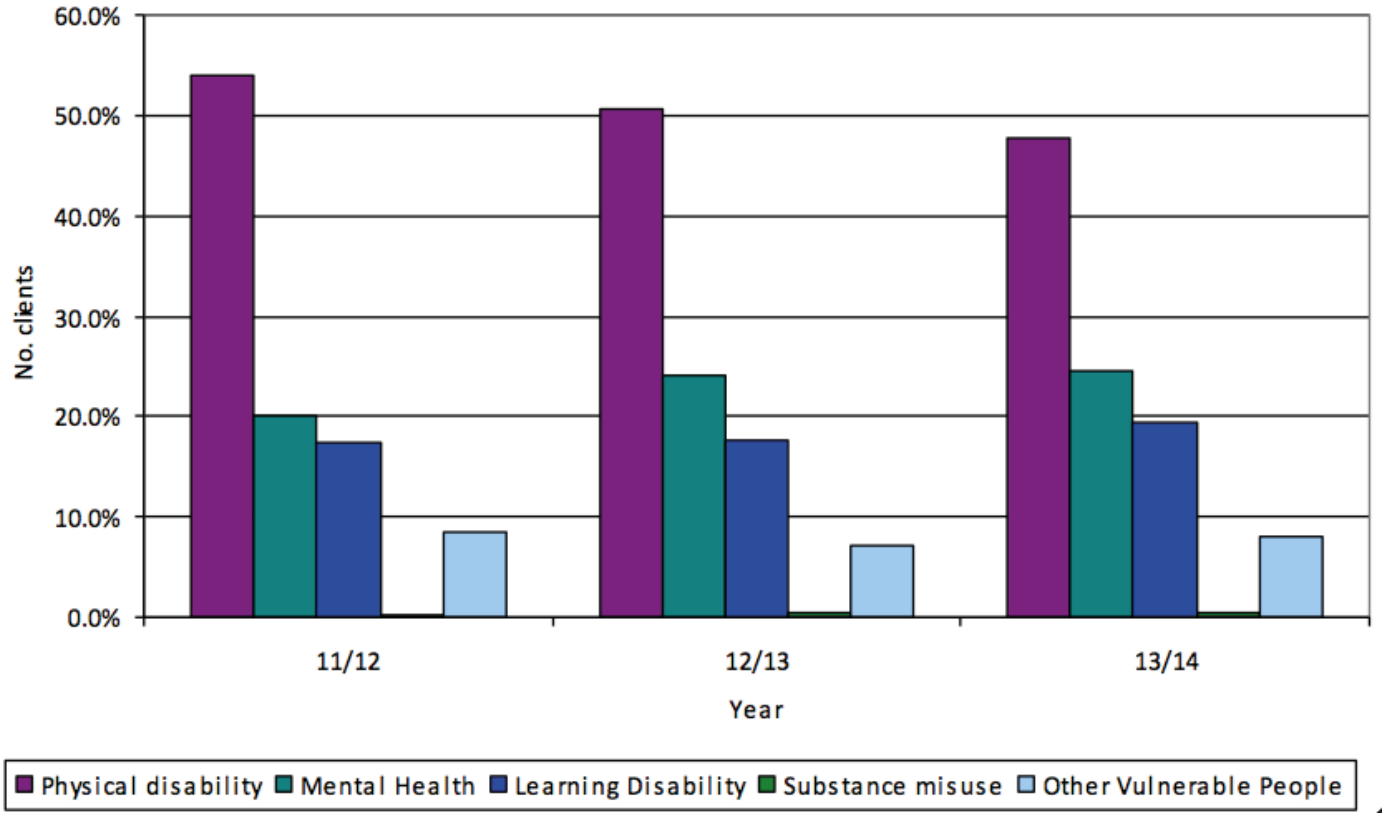


Figure 7.2.5: Client catagory of alleged victims

7.2.6 Location of alleged abuse

In 2013 to 2014 the main location for incidences of alleged abuse was within a residential care home, with 40.5% of referrals occurring here. This is consistent with the reported figures for the previous two years. 34.8% of incidences were reported to be in the alleged victims own home. There has been a 1.6 percentage point increase in the number of incidences reported to be in hospital settings. Incidence of abuse where the location is unknown has increased by 2.2 percentage points. This may be as a result of recording issues within Kent, relating to incidences within a mental health inpatient setting.

Location	11-12		12-13		13-14		% point change 2012/13-2013/14
	Number	%	Number	%	Number	%	
Residential Care Home *	1139	41.3%	1270	40.0%	1415	40.5%	0.5
Own Home	969	35.2%	1161	36.6%	1215	34.8%	-1.8
Supported accommodation	109	4.0%	103	3.2%	63	1.8%	-1.4
Hospital/ Other Health setting **	96	3.5%	125	3.9%	191	5.5%	1.6
Other	103	3.7%	99	3.1%	98	2.8%	-0.3
Public Place	66	2.4%	89	2.8%	71	2.0%	-0.8
Day Centre/ Service	37	1.3%	28	0.9%	46	1.3%	0.4
Alleged Perpetrators Home	31	1.1%	37	1.2%	20	0.6%	-0.6
Mental health Inpatient Setting	7	0.3%	6	0.2%	12	0.3%	0.1
Education/ Training/ Workplace Establishment	0	0.0%	1	0.0%	0	0.0%	0.0
Not Known	199	7.2%	257	8.1%	360	10.3%	2.2
Total	2756	100.0%	3176	100.0%	3491	100.0%	~

Table 7.2.6: Location of alleged abuse for the periods 2012-13 to 2013-14
** All care home settings, including nursing care, permanent and temporary*
*** Acute, community hospitals and other health settings*

7.2.7 Types of Abuse

Physical abuse has remained the category most prevalent over the past three years, with an average of 39.5% of cases involving this type of abuse. The proportion of incidences where financial abuse was a factor has decreased over the past three years by 8.4 percentage points between 2013-14 and 2011-12. Incidences where neglect was apparent have also decreased over the past three years, falling from 31.0% in 2011-12 to 25.2% in 2013-14.

Categories of alleged abuse	2011-12		2012-13		2013-14	
	Number	%	Number	%	Number	%
Physical	996	36.1%	1231	38.8%	1407	33.6%
Neglect	854	31.0%	931	29.3%	1054	25.2%
Financial	684	24.8%	707	22.3%	688	16.4%
Emotional/ Psychological	537	19.5%	765	24.1%	691	16.5%
Sexual	190	6.9%	183	5.8%	206	4.9%
Institutional	111	4.0%	167	5.3%	98	2.3%
Discrimina-tory	33	1.2%	28	0.9%	39	0.9%

Table 7.2.7: Type of alleged abuse by area (a referral may have multiple types of abuse recorded – the percentage figures relate to the proportion of all referrals where each type of abuse was apparent)

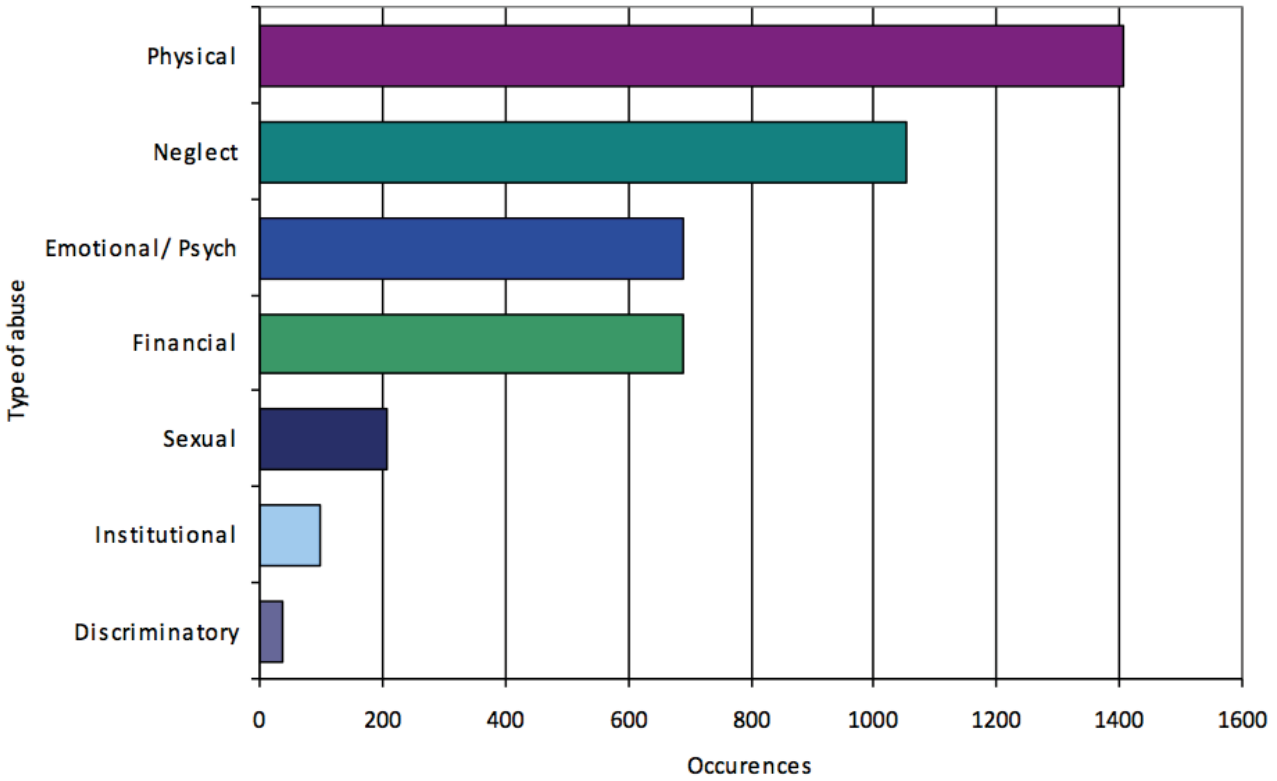


Figure 7.2.7: Types of alleged abuse

7.2.8 Source of Safeguarding Referral

The table below shows the comparison of safeguarding referrals over the past three years. The majority of referrals continue to come from social care staff and there has been an increase from 41.7% in 2012-13 to 48.4% in 2013-14. Referrals from health care staff have continued to decrease, with 20.6% of referrals in 2013-14 coming from health staff.

Referrals from both housing and the police have decreased slightly by 0.7 percentage points in 2013-14. Referrals from the Care Quality Commission (CQC) have increased from 2.0% in 2012-13 to 3.3% in 2013-14 marking a 1.3 percentage point increase.

Source of Referral	11-12		12-13		13-14		Percentage point change 12-13 & 13-14
	Number	%	Number	%	Number	%	
Social Care staff	1039	37.7%	1325	41.7%	1689	48.4%	6.7
Health Staff	696	25.3%	754	23.7%	718	20.6%	-3.1
Self Referral	82	3.0%	97	3.1%	129	3.7%	0.6
Family member	271	9.8%	273	8.6%	271	7.8%	-0.8
Friend/ Neighbour	42	1.5%	37	1.2%	49	1.4%	0.2
Other service user	4	0.1%	3	0.1%	8	0.2%	0.1
Care Quality Commission	69	2.5%	63	2.0%	115	3.3%	1.3
Housing	48	1.7%	64	2.0%	45	1.3%	-0.7
Education/ Training Workplace	9	0.3%	18	0.6%	10	0.3%	-0.3
Police	162	5.9%	163	5.1%	152	4.4%	-0.7
Other	334	12.1%	379	11.9%	298	8.5%	-3.4
Unknown	0	0.0%	0	0.0%	7	0.2%	0.2
Overall Total	2756	100.0%	3176	100.0%	3491	100.0%	~

Table 7.2.8: Source of safeguarding for the periods 2011-12 to 2013-14

7.3 Closed Referrals

7.3.1 Outcome of closed Referrals

In Kent, the highest proportions of cases were substantiated in both 2012-13 and 2013-14. In Medway the highest proportion of cases were unsubstantiated in 2012-13 and 2013-13. Medway Council do not currently distinguish between a safeguarding alert and a referral so are likely to have a higher proportion of cases which are either unsubstantiated or evaluated not adult abuse.

Area	Substantiated		Partly substanti-ated		Un-substantiated		Not determined/ inconclusive		Evaluated not Adult Abuse	
	12-13	13-14	12-13	13-14	12-13	13-14	12-13	13-14	12-13	13-14
Kent	40.2%	40.0%	7.8%	5.3%	21.7%	21.5%	24.4%	23.6%	14.7%	10.7%
Medway	30.6%	32.8%	6.3%	6.8%	46.4%	39.9%	9.5%	13.3%	7.2%	7.1%
Total	36.5%	38.4%	7.1%	5.5%	21.7%	23.4%	21.6%	22.5%	13.1%	10.3%

Table 7.3.1a Outcome of closed referrals in 2012-13 & 2013-14

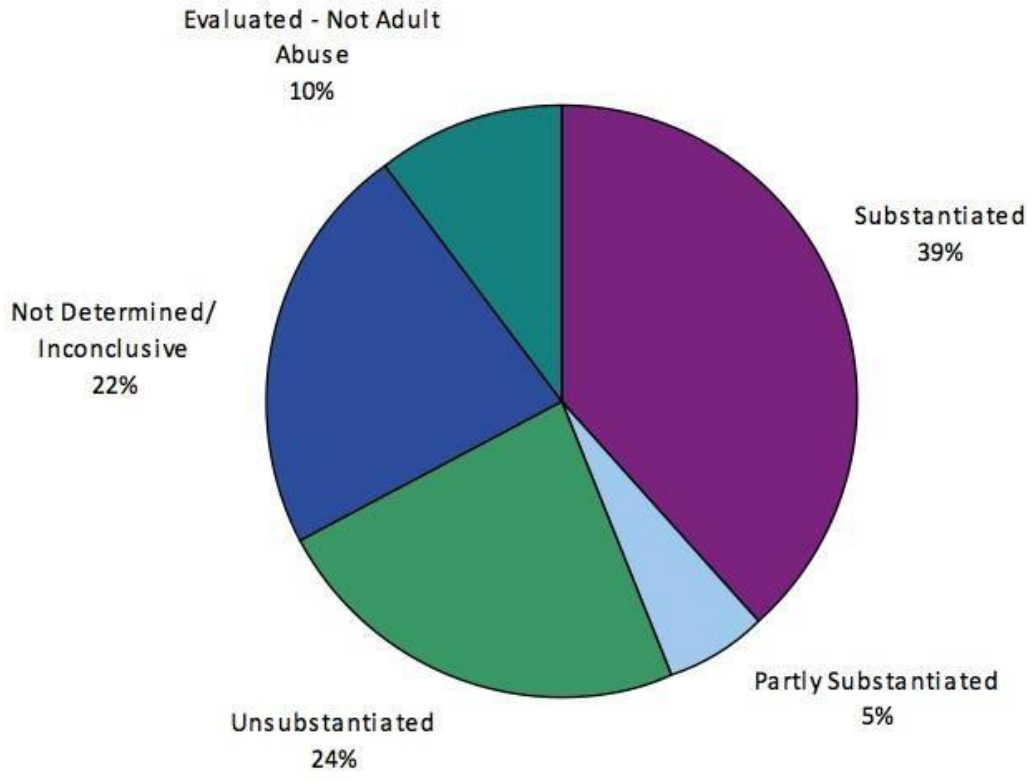


Figure 7.3.1: Outcome of closed referrals

7.3.2 Action Resulting from Closed Referrals

This is measure was introduced this year as part of the new Safeguarding Adults Return (SAR), therefore there is no comparable data with previous years. As this is the first reporting year for this measure it is likely that there may be changes in subsequent years in the proportions as recording and reporting techniques are honed.

Area	No further action under safeguarding		Risk Remains		Risk Reduced		Risk Removed	
	No.	%	No.	%	No.	%	No.	%
East Kent Total	844	59.7%	85	6.0%	286	20.2%	199	14.1%
West Kent Total	691	76.9%	28	3.1%	131	14.6%	49	5.5%
Central Duty Team	242	66.7%	21	5.8%	78	21.5%	22	6.1%
Medway	58	18.8%	17	5.5%	151	49.0%	82	26.6%
Total	1835	61.5%	151	5.1%	646	21.6%	352	11.8%

Table 7.3.2 Actions resulting from closed safeguarding referrals 2013-14

7.4 Population Figures

Medway

The Medway Towns have a resident population of approximately 263,925 people consisting of 166,600 residents aged 18 to 64 and 37,300 aged 65 and over[1]. The overall resident population is predicted to increase by 8.6% in the next ten years[2].

Compared to England and Wales, the proportion of those aged 65 and over is slightly lower in the Medway area[3]. The proportion of people aged 65 and over has increased by 18% since the 2001 Census[4].

According to 2011 Census estimates, 14% of residents in Medway aged 65 and over suffer from a long term health problem or disability. The highest proportion of Medway residents described themselves to be in 'Very Good Health' (45.7%) however, 4% described themselves as being in 'Very Bad Health' compared to only 1% in both the South East and England[5].

The majority of the populations of Medway are classified as White (89.6%), with the largest Black Minority Ethnic group in Medway being Indian (2.7%). The proportion of the population that is white is slightly higher than England but slightly lower than the proportion in Kent. The most prevalent religious category is Christianity with 58% of the population whilst the largest non-Christian religious group is Islam (2%). 37% of the population of Medway either stated they did not belong to any religion or chose not to state a religion[6].

Kent

Kent ranks 102nd out of 152 county and unitary authorities in the English Indices of Deprivation 2010 (ID2010). This places Kent within England's least deprived third of authorities as a rank of one indicates the most deprived area. However, there are areas within Kent that do fall within the 20% most deprived in England. Overall, Kent suffers the most from Barriers to Housing and Services deprivation and suffers the least from Health Deprivation and Disability[7].

With a resident population of just over 1.4 million[8] Kent has the largest population of all of the English counties. People living in urban areas make up 71% of the Kent population but they only occupy 22% of the total land area. The remaining 29% of the population live in rural areas but occupy 78% of the land in Kent[9]. Over the past 10 years Kent's population has grown faster than the national average. The population of Kent has grown by 7.8% between 2000 and 2010, above the average both for the South East (6.7%) and for England (6.1%)[10]. Kent's population is forecast to increase by a further 10.9% between 2010 and 2026[11].

Overall the age profile of Kent residents is similar to that of England. Just under a fifth of Kent's population is of retirement age (65+). Kent has an ageing population[12]. Forecasts show that the number of 65+ year olds is forecast to increase by 43.4% between 2010 and 2026, yet the population aged under 65 is only forecast to increase by 3.8%.

The largest ethnic group in Kent is White. 92.4% of all residents are of white ethnic origin and 7.6% are of Black Minority Ethnic (BME) origin. The largest single BME group in Kent is Indian representing 1.9% of the total population. 75.1% of Kent residents describe themselves as Christian, whilst the largest non-Christian religious group is Sikh (0.6%). 70% of Kent residents describe themselves as being in good health and 16.5% of Kent's population live with a limiting long term illness[13].

1 - ONS mid-year 2011 population estimates by CASSR, **2** - ONS 2010-based Sub-national Population Projections, **3** - ONS 2011 Census Age Structure, local authorities in England, **4** - ONS 2001 Census Age Structure, **5** - ONS 2011 Census, **6** - ONS 2011 Census, **7** - Deprivation in Kent report, **8** - 2010 Mid-Year Population Estimates Bulletin, **9** - 2010 Ward Level Population Bulletin, **10** - 2010 Population Pyramids Bulletin, **11** - KCC Strategy (Oct. 2011) Interactive Population Tool Kit, **12** - 2009 Mid-Year Ethnic Population Estimates, **13**- 2001 Census profile

Section 8: Priorities for 2014-2015

A number of priorities have been identified for 2014-2015

- Reviewing the multi-agency training programme, linking it to the Competency Framework
- Developing a strategic plan for the Kent and Medway Safeguarding Adults Board
- Reviewing the multi-agency policy, protocols and guidance document
- Responding to the recommendations from Serious Case Reviews
- Reviewing the Serious Case Review policy and protocols
- Organising Safeguarding Awareness Week
- Responding to national safeguarding developments

Appendices

Appendix 1

Kent and Medway Safeguarding Vulnerable Adults Principles and values

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

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

Appendix 2

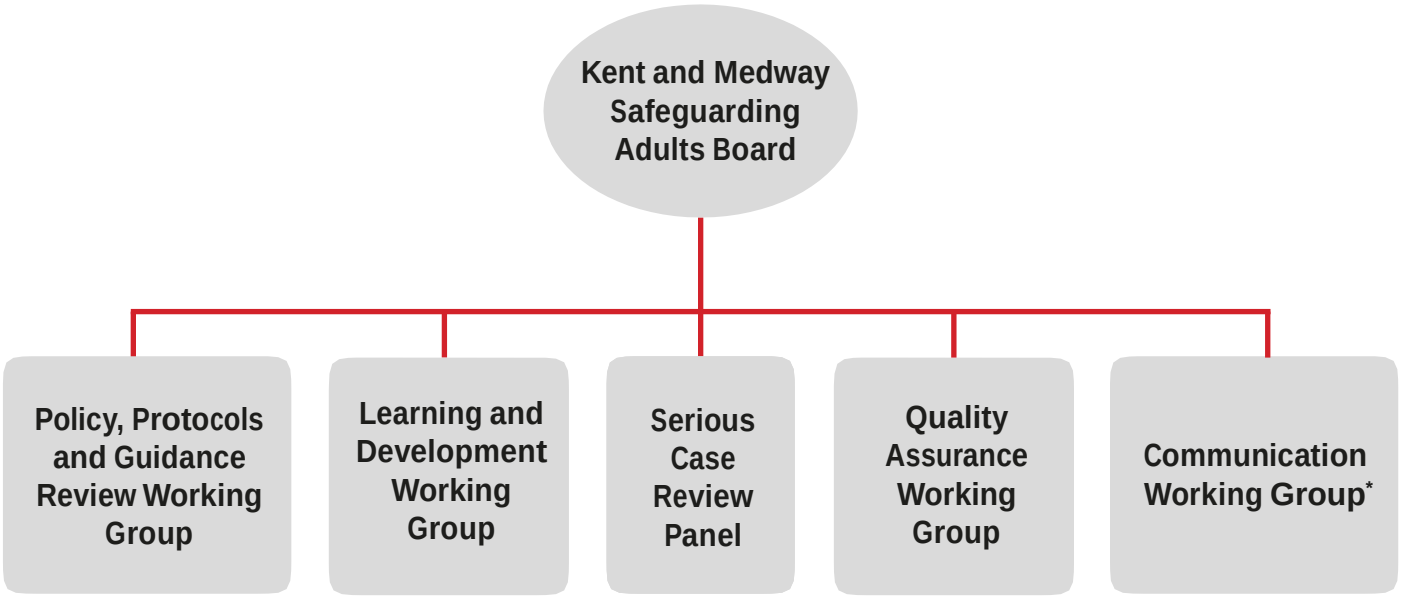
The main forms of abuse

The main forms of abuse are:

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

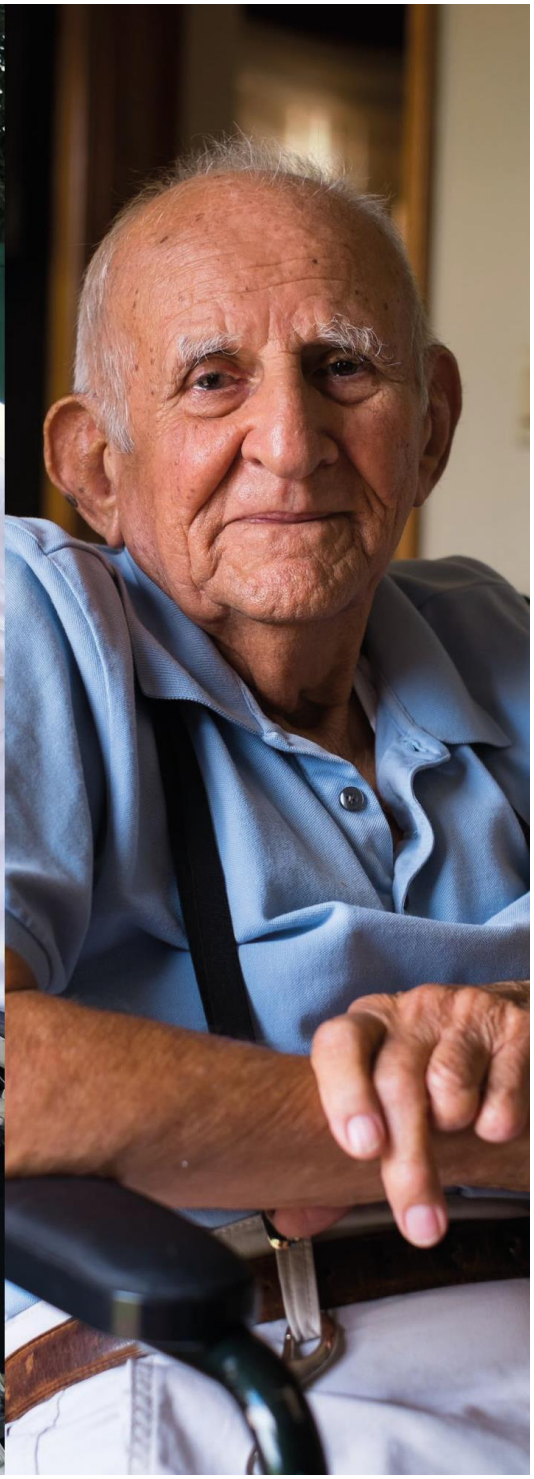
Appendix 3

Kent and Medway Safeguarding Adults Executive Board Governance Structure



* This will be a Task and Finish Group as and when needed





By:	Graham Gibbens, Cabinet Member for Adult Social Care and Public Health Andrew Ireland, Corporate Director, Health, Social Care and Wellbeing
To:	Adult Social Care and Health Cabinet Committee 26 September 2014
Subject:	**KENT COUNTY COUNCIL'S LOCAL ACCOUNT FOR ADULT SOCIAL CARE FOR 2014**
Classification:	Unrestricted

Summary:	This report presents Cabinet Committee with the final draft of the Local Account for 2014, for endorsement. With the withdrawal of the Care Quality Commission (CQC) from assessing and rating Councils with Adult Social Care responsibility, there is now greater emphasis on Councils to work collaboratively to improve performance and outcomes for people. Sector Led Improvement is the national programme designed to do this, and one of the underpinning principles of the sector-led improvement programme in adult social care is a stronger accountability by using increased transparency to promote improvement in services. The publication of an annual Local Account is one means of achieving this.
Recommendation:	Members of the Cabinet Committee are asked to endorse the draft document 2014 Local Account document; "Here for you, how did we do?"

Introduction

1. (1) The Government's approach to the assessment of adult social care performance has changed in recent years. With the withdrawal of the Care Quality Commission (CQC) as the independent assessor of Council performance, there is now more emphasise on requirement for councils to manage their own performance, work collaboratively with the sector to improve performance and outcomes and explain how they have performed to local residents. The Local Account has emerged as standard feature of the new local accountability framework.

Policy Context

2. (1) The Publication of the 'Transparency in outcomes for Social Care' and the 'Vision for Social Care; Capable Communities and Active Citizens' in 2010, set out a future for people receiving support from Social Care which focused on outcomes, transparency and Quality and outlined the seven principles for a modern system of Social Care; Prevention, Personalisation, Partnership, Plurality, Protection, Productivity and people.

(2) The publication of the "Think Local, Act Personal" in 2011, a partnership agreement developed and co-designed by a number of national and local social care organisations, including service users and carers, set out the shared ambitions for moving forward with personalisation and community based support.

(3) More recently, the commitment to the Care Act reinforces these visions, placing emphasis on maintaining independence, choice and control, quality, dignity and respect and clear information advice and guidance.

(4) With accountability moving from being a relationship between Councils and CQC to being a relationship between Councils and their communities, there is an expectation that Councils will work with their local communities, transparently. In addition, a new national performance framework is evolving which will help councils to manage their own performance collectively, through 'Sector Led Improvement' as well as to help Government to monitor the progress with these key priorities. It is expected that Councils will publish a "**Local Account**" to enable their service users, carers and communities to be able to hold them to account.

The 2013-14 Local Account.

2. (1) This is the third year that Kent has produced this document, with significant input and interest from Service users, carers, partner organisations and Members. The final draft can be found at **Appendix A**. Members were informed of the plan for its development at Cabinet Committee in December 2013.

(2) The content and the format of the report have been agreed by our users and carers, and updated through an editorial panel.

(3) Cabinet Committee members were invited to contribute to and agree the draft at an informal Member briefing on 2 September 2014.

Publication and feedback

4 (1) The final document will be ready for publication in October.

(2) An easy read version will also be developed with the Learning Disability partnership board. Additionally, a short video depicting the key messages from the account will be developed to encourage more people to access it and to feedback.

(3) There are already feedback mechanisms in place, including through the Kent County Council website, twitter, email, post and phone. Feedback from these will be used in the development of the next document.

(3) Service users and carers will be encouraged to continue to play a part in the evaluation of the document, and monthly Local Account bulletins will continue to be produced to ensure that all information is as up to date as possible

Recommendations

5. (1) Members of the Cabinet Committee are asked to endorse the draft document 2014 Local Account document; “Here for you, how did we do?”

Background Documents

Transparency in outcomes for Social Care’ 2010
Vision for Social Care; Capable Communities and Active Citizens’ 2010
Think Local, Act Personal 2011
Caring for our future: reforming care and support White Paper, Department of Health, 11 July 2012.

KCC Annual Report (Local Account) 2011-12

Local Account “Here for You, How did we do?” 2012-13

Contact details
Steph Smith
Head of Performance and Information Management
Social Care, Health and Wellbeing
Steph.smith@kent.gov.uk
01622 221796

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Here for you, how did we do?

Local report for Kent Adult Social Care

PROPOSED STYLE OF FRONT COVER

Picture collage to represent wider range of service users

- Older People
- People with physical disabilities
- People with sensory disabilities
- People with learning disabilities
- People with mental health problems
- Carers

April 2013 – March 2014

www.kent.gov.uk/social-care-and-health

Kent County Council

DRAFT

CONTENTS

DRAFT

FOREWORD

By: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health and Andrew Ireland, Corporate Director for Social Care, Health and Wellbeing.

We are pleased to publish "Here for you, How did we do?" the Local Account for Kent County Council Adult Social Care for April 2013 – March 2014.

There continue to be big challenges ahead in adult social care. We are changing the way in which we deliver our services so we can continue to offer quality care and value for money for the future. We are committed to improving social care outcomes within the constraints of a challenging financial climate.

We have already made essential savings and we are working to become even more efficient. We are doing this through reducing paperwork, simplifying processes and cutting red tape, as well as looking at the way we commission services to get better value for users and the council. At the same time, we are making significant investment in vital support services which will help people stay independent for longer, offer greater support for carers and reduce avoidable hospital admissions. We are also working more closely with our partners in the NHS to integrate health and social care.

The people of Kent have told us they want real choice in their care, they want personalised care which suits them and they want to stay independent for as long as possible. We know that quality care matters to people and we will continue to work to find innovative and efficient ways to deliver these services.

This Local Account describes the achievements, improvements and challenges of KCC Adult Social Care in the past year and sets out our vision for the future.

In 2013-14, we have strived to:

- keep vulnerable adults safe.
- work with fewer homecare providers to provide services that are high quality, value for money and support you to live independently in your own home
- increase investment in enablement services (see glossary) and Telecare (see glossary) provision to enable people to regain their independence and remain at home
- reduce the number of permanent admissions to residential care
- support more people through a person-centred process and to receive a personal budget
- support more people with a learning disability into employment
- use surveys and other feedback to look at what we are doing well and what needs further work
- work with health to plan and provide joint services.

Many people, including those who use our services, their carers and voluntary organisations, were crucial in putting this Local Account together and we would like to thank all those who contributed. We will continue to listen to and work with people in Kent to build a sustainable service for the future.

DRAFT

INTRODUCTION

Welcome to this year's annual report for Adult Social Care in Kent. This is the third year that the report that has been produced in partnership with you, the people who use our services and carers, as well as the voluntary sector, members, district councils and staff.

In the past, the Care Quality Commission (see glossary) used to assess how well Local Authorities are performing in Adult Social Care. They no longer do this, and as part of national changes, all Local Authorities are asked to produce a document in partnership with their residents to enable them to hold the authority to account.

As a result "Here for you, How did we do?" has been produced which is based on last year's report. It will provide an update on all the key areas of challenge that were posed last year and report on progress, as well as include all the key topics that you have asked for. It is critical that you know how we are going to tackle any issues in the future, to reform the care that you receive.

In addition, a monthly bulletin will be produced to keep you updated on our progress, achievements and new developments throughout the year. Again, there will be other opportunities for you to feedback.

We would like to thank everyone who contributed to the production of this report; it is paramount that we hear your voice.

Last year, the HOT TOPICS AND FUTURE BOXES showed the areas that you identified as needing progress or development during 2013-14. You will find these updated in the WHAT WE SAID and WHAT WE DID boxes throughout the report.

Alongside this you will also see two symbols, 

for any of our work which links into our Transformation Programme and 

representing developments that are planned for the year ahead or further into the future.

Feedback from you is enormously important. If you have any questions regarding the data or content of this report and would like to submit your comments, there is a feedback form on page 55. Similarly if your personal experience does not match with what we've said in the this report, we'd very much like to hear from you.

This report and the opportunity to feedback are also available via our website.

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KENT AND ITS PEOPLE

Layout will look more like this example once KCC comms team have undertaken the design work.

KCC believes and recognises that the diversity of Kent's community and workforce is one of its greatest strengths and assets. The different ideas and perspectives that come from diversity will help the council to deliver better services as well as making Kent a great county in which to live and work. Further information on the council's objectives for equality and diversity can be found at http://www.kent.gov.uk/about-the-council/strategies-and-policies/corporate-policies/equality-and-diversity

FACTS AND FIGURES ABOUT KENT_(Excluding Medway)

People living in urban areas make up 71% of the Kent population but only occupy 21% of the total land area in Kent.

Kent has an aging population with the number of 65+ year olds forecast to increase by 43.4% between 2010 and 2026.

Just over half of the total population of Kent is female 51.1% and 48.9% are male.

Kent has a greater proportion of young people aged 5-19 years and people aged 45+ years than the national average.

12,128 people aged between 18-64

In Kent there are **32, 303** adults who use our services every year.

(Compared to 33,205 in 2012-13)

This figure consists of:
12,884 Male & 19,419 Females

We support **22,750** people with a physical disability
*This figure now includes older people resulting in an increase from 4,806 in 2012-13

20,175 people are over the age of 65

3,717 people aged 65-74

7,043 people aged 75-84

9,415 people aged over 85

We support **4,208** people with a learning disability
*3,619 in 2012-13

We support **5,324** people who have mental health needs
*3,339 in 2012-13

2,446 Referrals in 2013-14 responded to by Sensory Services

258 Autism referrals (Mar13-Feb14

Out of 32,303 adults who have been supported through Adult Social Care, 1.45% are from an Asian/Asian British background, 0.51% are from a Black African/Caribbean or Black British background, 0.59% from a mixed/multiple ethnic group and 0.61% from other ethnic groups. 89.86% are White/White British and 6.97% whose ethnicity is unknown.

WHAT DO ADULT SOCIAL SERVICES DO?

KCC Adult Social Services has a statutory responsibility for the provision of community care services for adults living in Kent, who qualify for social care support. It does this by:

- providing information to citizens about available services
- assessing your needs
- planning your support
- arranging your services, where appropriate

The aim of all the services we provide is to help you lead a life which is as full and independent as possible.

Kent Adult Social Services support:

- older people
- people with physical disabilities
- people with sensory disabilities including dual sensory impairment and autism
- people with learning disabilities
- people with mental health problems
- people moving from children's services to adult services
- people who give voluntary care to family members or friends.

For more detailed information on all of our services you can access '**For You - A guide to Adult Social Care**'. The booklet explains how adult social care works in Kent and includes important information about finding out what your needs are and how you can make the best choices about your life.
Link to "For You – A Guide to Adult Social Care" once published.

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WHAT WE SAID

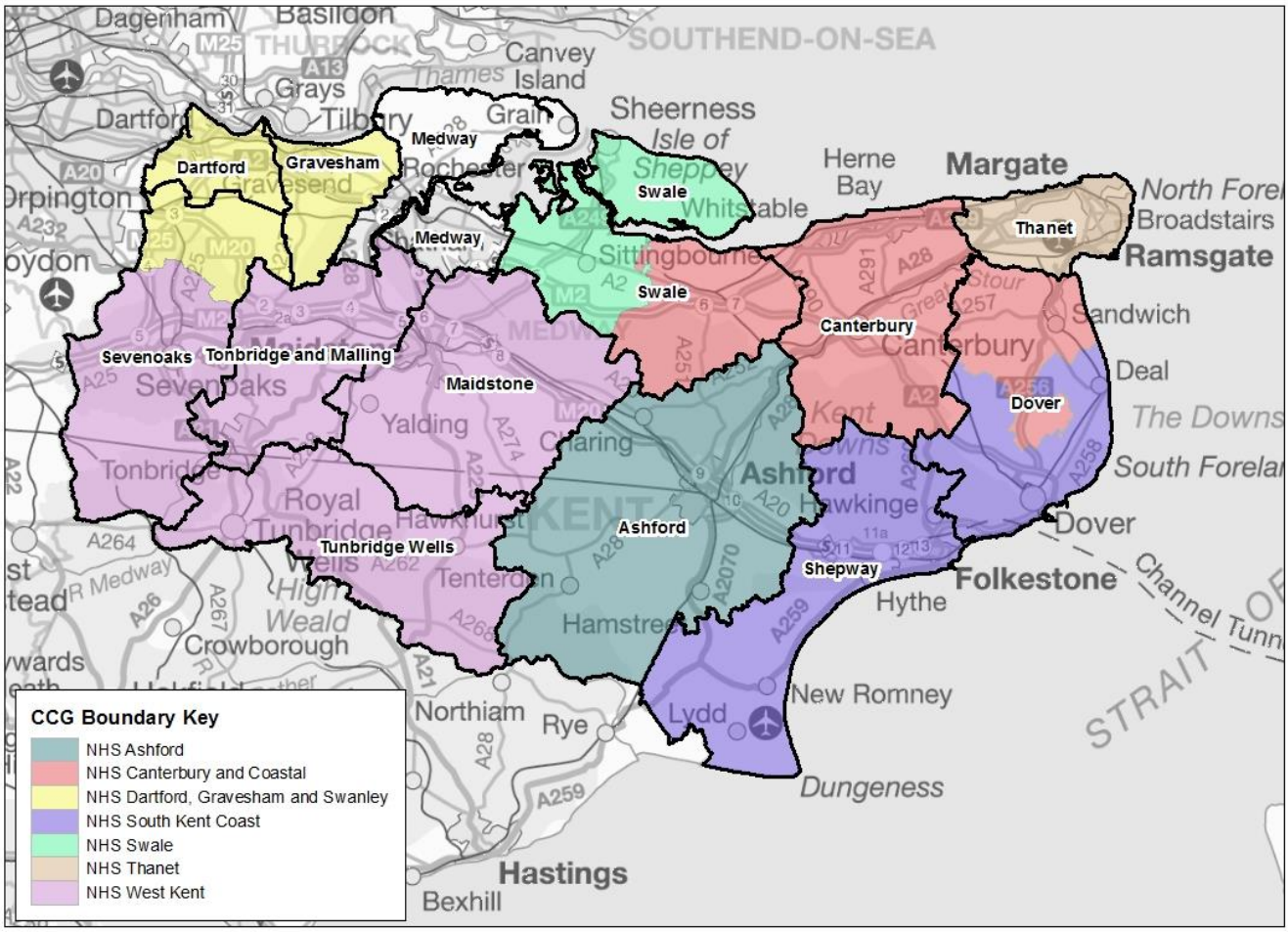
Ensure that Information, Advice and Guidance is easily accessible, including up to date telephone numbers.

WHAT WE DID

An Information Advice and Guidance booklet has been produced '**For You – A guide to Adult Social Care**' which, provides you with important information about finding out what your needs are, paying for Adult Social Care services and staying safe

KCC now offers a wider range of training to help staff and providers better understand who carers are, and what support is available both nationally and in Kent. This will continue into 2014-15.

This map illustrates the new boundaries for adult social care in Kent, which now align with the Clinical Commissioning Groups (see glossary) so it will be easier to provide joint health and social care services.



*Please note the coloured areas detail the CCG boundaries, the black outlined areas are the district boundaries.

CCG	Resident population*	Registered population**
NHS Ashford CCG	120116	126697
NHS Canterbury and Coastal CCG	200329	215736
NHS Dartford, Gravesham and Swanley CCG	249205	254973
NHS Medway CCG	268218	292869
NHS South Kent Coast CCG	202986	202039
NHS Swale CCG	108219	108169
NHS Thanet CCG	135661	142987
NHS West Kent CCG	463650	472767
Kent and Medway	**1748384**	**1816237**

*source: ONS mid-year estimates 2012 **source: PCIS population June 2014

For further information visit: http://www.kent.gov.uk/adult_social_services.aspx

STRUCTURE OF ADULT SOCIAL CARE

Andrew Ireland

Corporate Director

Social Care, Health & Wellbeing

Anne Tidmarsh

Director of Older People and Physical Disability

Penny Southern

Director of Learning Disability and Mental Health

Mark Lobban

Director of Strategic Commissioning

Assistant Directors

Mike Powe – Assistant Director - Ashford and Canterbury and Coastal

Janice Duff – Assistant Director - Thanet and South Kent Coast

Mary Silverton – Assistant Director – West Kent

Sue Horseman – Assistant Director – OPPD Transformation

Jane Barnes – Assistant Director – Dartford, Gravesham, Swanley and Swale

David Oxlade

Head of Operational Support

Mark Walker

Assistant Director, Learning Disability - West Kent

Chris Beaney

Assistant Director, Learning Disability - East Kent

Christy Holden

Head of Strategic Commissioning - Accommodation

Emma Hanson

Head of Strategic Commissioning – Community Services

Cheryl Fenton

Head of Mental Health Social Work

Senior Practitioners

Case Managers

Case Officers

Administration

Care Managers

Senior Practitioners

Social Workers

Advanced Mental Health Professionals

HEADLINE FIGURES

12,128 people aged between 18-64 are supported by Adult Social Care.

This is 0.81% of our population which is higher than the national average.

In Kent there are **32, 303** adults who use our services every year.

This is 2.22% of our population which is lower than the national average

20,175 people are over the age of 65

This is 1.35% of our population which is lower than the national average.

12,107 people of the total 12,128 aged 18-64 have either a learning disability, physical disability or mental health need.

Assessment

15,830 Carers had their needs assessed to identify the support they need to continue caring

(15,350 in 2012-13)

24,973 People received an assessment of their needs.

This is a slight decrease from last year's total of 27,889

Personal Budgets

16,503 People received a Personal Budget (see glossary).

(18,474 in 2012-13)

This is 1.10% of our population, which is lower than the national average.

3,785 People decided to take their Personal Budget as a Direct Payment (See glossary)

(3,808 in 2012-13)

This is 0.25% of our population which is higher than the national average.

1,221 People received their Direct Payment through a Kent Card (see Glossary.

This is higher than last year's 858.

Services in the Community

12,356 People received a home care support service to enable them to stay in their home.

This is 0.83 % of our population which is lower than the national average.

2,660 People received a day care service.

This is 0.18% of our population, which is lower than the national average

8,222 People received enablement services. (see glossary) in comparison to 2012 where approximately 7,052 people received this service.

75% of people could return to their homes due to enablement services (see glossary). A small increase from 2012.

Carers

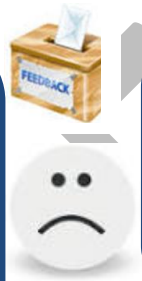
937 Carers received a 'something for me' payment (see glossary); this represents 5.8% of carers who are supported.

Review

As of March 2013, **23,068** people received a review of their needs.

This is 1.54% of our population, which is lower than the national average.

Complaints



398 numbers of statutory complaints received. This represents 1.2% of people who use our services.

Most complaints related to poor communication between our clients and their relatives, as well disputes over decisions.

339 enquiries received.

Enquiries related to request for services, communication, financial assessments, and continuing health care etc.

776 compliments were received regarding our services.

68% of the 398 complaints received were either partially or completely upheld.

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Below is a sample of compliments received about our services.

"All we hear from the 'media' is total negativity regarding any service that may in the slightest way be connected with our NHS or GP services. What you do proves the opposite. You have gone out of your way to make sure that not only have you put me in touch with certain organisations to whom I was unaware but organised them to contact me, offering invaluable help."

"Thank you to the case manager for providing a wide range of support and advice on suitable adaptations making everyday living easer for a client with neurological disorder. The Case manager was a constant provider of professional support."

"The carers have been very patient. They suggest, not demand when helping. They listened, discussed and incidentally make a good cup of coffee. Please give the carers my grateful thanks."

Services in Residential and Nursing Care

970 suppliers provide services in relation to permanent residential placements

251 suppliers provide services in relation to nursing care homes

5,440 people approximately in permanent residential placements in 2013/14. This represents 16.38% of the population who use our services

2,263 people approximately in nursing care homes in 2013/14. This represents 6.8%% of the population who use our services

For more detailed information regarding Kent County Council's performance please refer to the Quarterly Performance Monitoring Reports which can be found on the website. http://www.kent.gov.uk/about-the-council/information-and-data/council-performance

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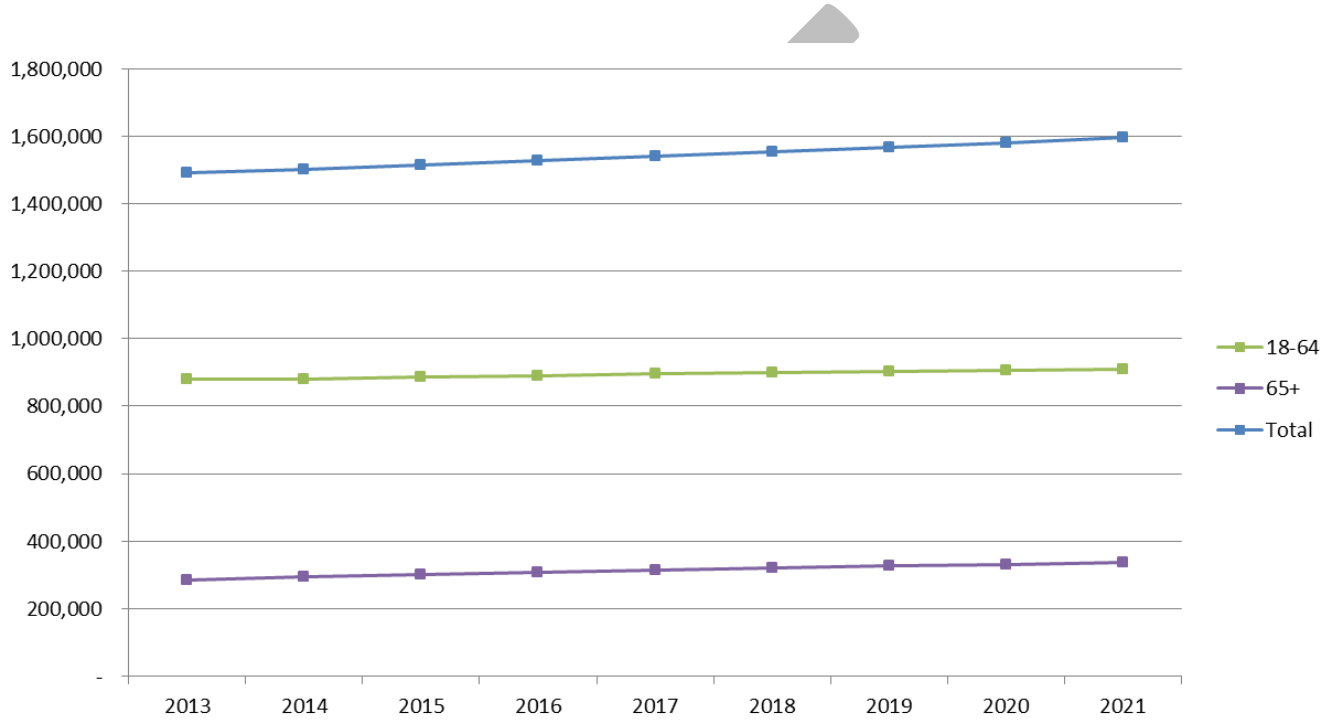
CHALLENGES AND SAVINGS

Public services and Adult Social Care services in particular are facing four huge challenges:

1. people want better quality and choice in the services they use
2. the population is living longer with complex needs putting further demand on social care
3. the financial climate is imposing massive constraints on local authorities
4. there's a real push to deliver with the NHS and other partners.



Age Band	2013	2014	2015	2016	2017	2018	2019	2020	2021
0-17	325,581	327,178	328,622	330,334	332,682	335,824	339,329	343,261	346,951
18-64	879,042	881,434	885,577	890,638	895,479	899,244	902,654	905,882	909,141
65+	286,036	294,092	300,998	307,333	313,161	319,529	325,897	332,152	338,698
Total	1,490,659	1,502,704	1,515,197	1,528,306	1,541,322	1,554,597	1,567,880	1,581,296	1,594,791

TRANSFORMATION PROGRAMME

Kent Adult Social Care needed to see how it could transform existing services, deliver better outcomes for people, work more closely with health and make savings.

Planning for this began in 2012 and there will be three stages of transformation in order to achieve this which will take place over a period of four years.

The biggest challenge is to ensure people are at the centre of their care and live as independent a life as is possible given their needs and circumstances. During the transformation we will work with other organisations, including people who use our services, carers, the public, staff, the NHS, agencies and the voluntary and community sector.

The transformation programme will focus on:

- putting services in place which prevent people from needing social services, making sure people can live independently and preventing people from going into hospital as much as we can
- helping people stay in their own homes but also making sure that they do not become lonely or isolated
- the way our staff work, making them work more efficiently and reducing duplication
- reviewing the way in which we buy the same level of services
- providing more choice in the services available for people known to social care and also for those who support themselves
- more joined up services with health to further reduce duplication. (See section on Health Integration)
- making sure that carers receive the support that they need
- offering a greater variety of accommodation for those who are not able to continue living at home
- making sure that people who live in residential homes can still be part of their community
- supporting people to look after themselves.

The transformation of Adult Social Care will also contribute towards the savings the council needs to make as a whole.

The first stage of the transformation programme is nearly complete and already we've acheived:

- an increase of 40% people receiving an enablement service
- an increase of 120% people receiving a Telecare service (see glossary)
- 2,648 service users have been helped to live more independently after an independence review

- an improvement in the way social care teams work. They can now carry out more assessments and reviews
- a reduction in the number of providers delivering domiciliary care (see glossary). This makes it easier for Adult Social Care to make sure the quality of the service is good.

The next stage of the transformation programme, phase 2, is now beginning and it is hoped it will leading to further savings, whilst improving outcomes and quality of life for the people of Kent.

We will know more about the third and final stage once phase 2 has been undertaken. We will keep you updated with developments in the monthly bulletins throughout the year.

More detail about the transformation programme can be found throughout the document, wherever you see this icon

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Care Act

The Care Act is a new piece of legislation that was given royal assent on 14th May 2014 and places new duties on local authorities in relation to social care. This new law will replace a number of laws passed by Parliament since 1948. The law is expected to come into force from April 2015, when the majority of the provisions of the act will come into being and is only applicable in England. In summary the main changes will be as follows:

1. **New National Minimum Eligibility Criteria:** Based on needs caused by a physical, mental impairment or illness that have significant impact on specific outcomes and the well-being of an adult
2. **New Rights for Carers:** New duties to provide support to carers in addition to existing legal duty to carry out an assessment
3. **Universal Deferred Payments:** Nationally defined universal deferred payments to be administered by local authorities
4. **Prevention:** Legal duties on local authorities to provide information & advocacy to plan and prevent care needs
5. **Statutory Safeguarding Adults Board:** Mandated to fulfil specified duties
6. **Delegation of Social Services Functions:** Power for local authorities to delegate social care functions except safeguarding, decisions on charging, integration and direct payments
7. **Prisoners:** New duties on local authorities to meet the care and support needs of prisoners and people in approved premises.

A new national minimum eligibility criteria will be introduced which will set out who and how people will qualify for care and what type of support is available. There will be new duties to provide support for carers in their own right, if they meet the carer's eligibility criteria. Other measures include a nationally defined universal deferred payments scheme which will be available to people permanently residing in care homes who own property, as well as independent personal budgets for people who pay for their own care and support.

The second phase of the law will come into force from April 2016 with changes including: capping the costs of care and raising the capital/savings level above which people have to pay for their care and support. In summary changes will be:

- **Cap on care costs**
  - £72,000 for those above state pension age
  - A lower figure if needs develop between 18 and pension age. The amount is yet to be confirmed.
  - Free lifetime care if needs develop before the age of 18.
- **Extended means-test (change to capital thresholds)**
  - £27,000 for people living at home and those in residential care whose home is disregarded
  - £118,000 for people in residential care whose home is taken into account.
  - Lower threshold expected to be £17,000 (i.e. the amount that is totally ignored)
- **Extension of Direct payments to residential care**

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KCC is working to keep everyone informed about the changes. Further information can be found on the KCC website as well as through our partner organisations.

http://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/care-act.

Additional information from the Department of Health is available at: *http://careandsupportregs.dh.gov.uk/*

The Department of Health have also produced some useful factsheets which are available at: *https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets*

WHAT WE SAID

The Dilnot Report (see glossary) identified a way to cap the amount people pay for their care. It was proposed benefits would include substantially reducing the financial burden for self-funding families/individuals.

WHAT WE DID

The Care Cap, part of the Care Act, is not due to come into force until 2016 so is still in the planning stages. It's designed to protect people from paying very high care costs and deferred payments resulting in fewer people needing to sell their homes in order to pay for their permanent residential care. The means that the Governments help for individuals will hopefully kick in far earlier than it has done previously. For more information regarding the Care Act see page 16

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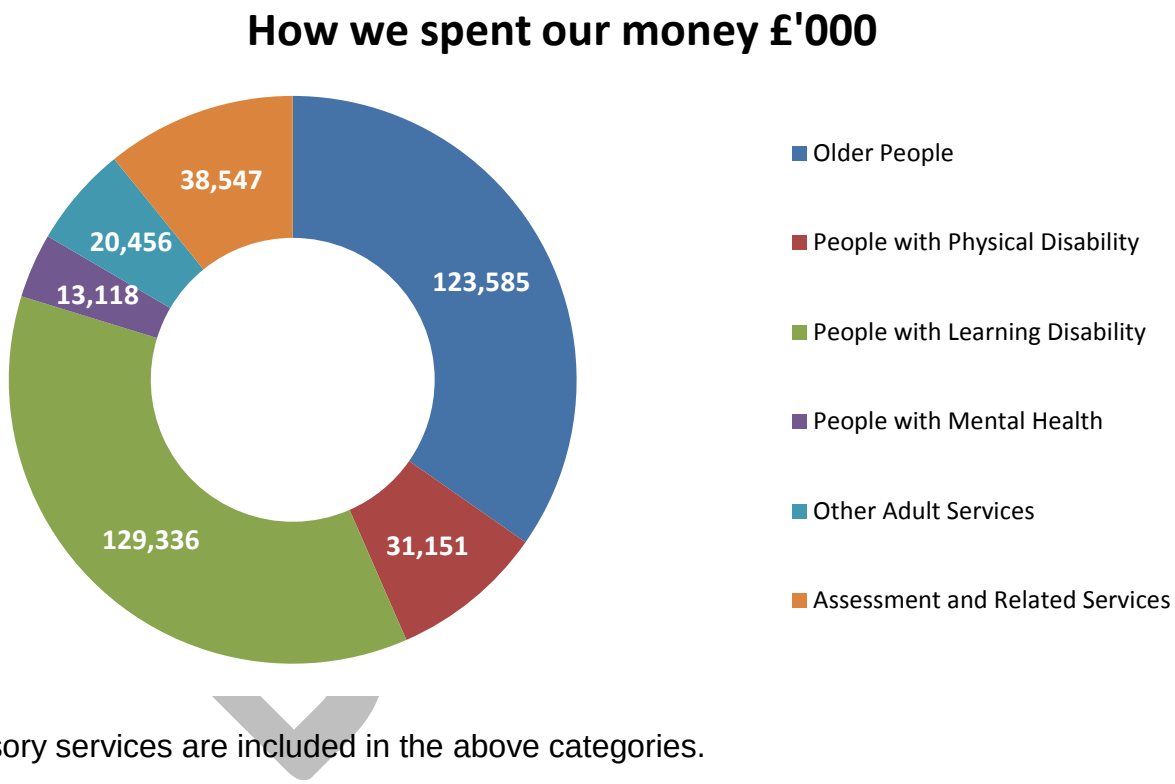
HOW WE SPEND MONEY ON ADULT SOCIAL SERVICES 2013-14

KCC's net expenditure is £1.8 billion and the budget is split into 3 areas:

- direct services to the public - £1.6 billion
- financing items - £129 million
- management, support services and overheads - £101 million.

The Adult Social Care net budget is £356,193m, below is an illustration of how this is spent across all our client groups.

For more detailed information about Kent Council's budget and spending please visit the website: http://www.kent.gov.uk/about-the-council/finance-and-budget/2014-15-budget



*Sensory services are included in the above categories.

	Net (£'000s) 2012-13	Percentage of Budget	Net (£'000s) 2013-14	Percentage of Budget
Assessment Staff costs for carrying out community care assessments, support plans and reviews	40,579	11.55%	38,547	↓10.82%
Occupationary Therapy Equipment & Client Transport	5,806	1.65%	11,758	↑3.30%
Day Care Support access during the day	17,393	4.95%	16,381	↓4.60%
Voluntary Organisations Contributions, preventative services	14,418	4.10%	18,343	↑5.15%
Supported Accommodation Housing that enables people to live independently but with support	31,682	9.02%	34,040	↑9.56%
Residential Care & Nursing Care Including non-permanent care such as respite	160,596	45.72%	156,552	↓43.95%
Management, Commissioning & operational costs	8,834	2.51%	8,698	↓2.44%
Direct Payments Money which is passed directly to the people so they can purchase and manage services to meet their eligible needs	27,429	7.81%	31,519	↑8.85%
Domiciliary Care Care services provided to people in their own homes	35,319	10.06%	27,114	↓7.61%
Enablement Intensive short term support which encourages people to be as independent as possible	7,314	2.08%	11,655	↑3.27%
Extra Care Housing Accommodation With varying on-site support	1,888	0.54%	1,586	↓0.45%
Total Adult Spend	**351,258**		**356,193**	

↑↓ Denotes an increase or decrease on last year's figures.

Your Journey

Getting the right care and support is important and you need to take time to consider the options and information available. Many people will manage their support needs themselves, often with help from family and friends. Some people are not able to do this and need help from Kent Adult Social Services.

If you need support from Adult Social Services, we will work with you to make sure you are in control of the process and have the choice over the options available.

To find out if you are eligible for assistance from us, we must assess you. The first assessment identifies your needs and the second assesses your ability to contribute to the cost of your support. We also have a duty of care so all information provided will remain confidential.

For help in contacting Social Services please refer to page 48.

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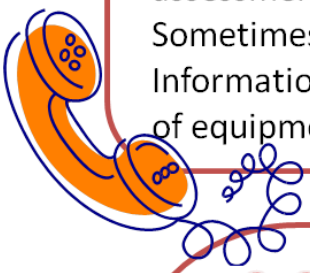
A Customer Journey

1. CONTACT

If you feel you need support for your social care needs, please contact us. A contact can be made to Social Services by a relative, GP, neighbour, friend, etc. When a contact is made, an assessment is started.

Sometimes Your needs can be resolved here with the right Information, advice and guidance, or by providing small pieces of equipment.



2. COMMUNITY CARE ASSESSMENT

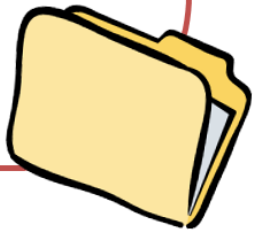
If your needs weren't dealt with when a contact is made, it may mean that a full assessment and support is needed. We will arrange to visit you.

An assessment will be completed which will tell you whether you are eligible for ongoing support from us. The assessment is an opportunity for you to tell us about your situation and how you manage . It will identify your eligible needs and personal outcomes. (What you want to be able to do)

The assessment will include:

- **Enablement** – a short term intensive home care services which can make you more independent . This can be up to six weeks, is free of charge, can also include provision of equipment and we will arrange this.
- **Estimated personal budget** which is the amount of money we think you will need to meet your needs.

If you are not eligible for support from us we will direct you to organisations that may be able to help - you can then arrange and pay for support yourself.



3. FINANCIAL ASSESSMENT

If you are eligible for assistance from us and you need us to be involved in any **ongoing** support you require , you must have a financial assessment.

A financial assessment is an assessment of your ability to pay for the cost of your support and will confirm what contribution we will make towards the cost of your support. It is also an opportunity to check you receive all the benefits and tax credit money you are entitled to.

4. SUPPORT PLAN

If you are eligible for assistance from us we will discuss the options available to you.

You will produce a **support plan,** with our help to set out how you want to meet you r needs and outcomes. Your Personal budget , the amount of money we think your care should cost, will then be agreed. This will include any contribution, if any, you will be asked to make.

5. ARRANGING, MANAGING AND PAYING FOR SUPPORT

Once your support plan is agreed you will:

- arrange the support, as agreed in your support plan
- receive any contribution we agree to make towards your support and use this money to pay for your support
- manage your personal budget in the way agreed in your support plan.

If you are unable to arrange your support yourself, or with the help of others, we can do this on your behalf. We will invoice you each month for any contribution you must pay towards the cost of your support.

SOCIAL SERVICES WORKING WITH HEALTH

Kent County Council is working with many other organisations such as, Kent Community Health NHS Trust, Kent and Medway Partnership Trust and Clinical Commissio Groups, (see glossary) to work with people, carers and the voluntary sector to provide services and funding to help people manage their own health at home and in community. We want you to have a good experience of our joint services and to make sure that you only have to tell your story once.

Integration with Health – providing services with health

Kent is one of fourteen national Integration Pioneers (see glossary). This means that the Department of Health (see glossary) has chosen us to provide joint services with health more quickly than other local authorities. A greater number of people are living with multiple long term conditions which is a challenge locally and nationally to the public's health. It also means that we can work together to provide services in a way that improves outcomes, experience of care and makes the best use of resources by minimising duplication.

The aim is to make health and social care services work together to provide better support at home and earlier treatment in the community to prevent people needing emergency care in hospital or in care homes.

What does this mean for you?

- Better access with Health and Social Care staff working together in GP Practices
- More effective joint services which will lead to greater independence
- Better care at home and fewer admissions to hospital and residential care. This will include rapid community response particularly for people with dementia
- To live comfortably at home and die at home, if that is your wish
- People will know about the information that is held about them and agree to how it is shared with other services. This will enable Health and Social Care services to ensure that people have the right support at the right time and do not have to repeat their story.
-

Health and Social Care Co-ordinators (HSCC – see glossary)

HSCCs are people who work across health and social care and are based in Clinical Commissioning Group (CCG) areas. They help coordinate activity around Multi-disciplinary Teams (MDTs – see glossary) and between GPs and community services. In Canterbury the current service has had over 2,300 contacts, with 700 A&E attendances and 140 admissions avoided. The cost savings to the local health economy are estimated to be worth over £200k. Going forward we're aiming to extend working hours and co-locate to acute sites at weekends.

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Benefits have already been seen from some of the work that has taken place. '**Proactive Care**' (see glossary) started in April 2012 in the South Kent Coast Clinical Commissioning Group area.

Each patient on the programme receives a package of care aimed at improving the management of their long term condition, including improving their confidence to manage by themselves. Patients are supported by a multi-disciplinary team (MDTs – see glossary) which includes among others: GPs, community matron, health care assistant, physiotherapist, occupational therapist, pharmacist, care manager and mental health professionals.

Feedback from the first 134 patients showed:

- a 15% reduction in A&E attendances
- a 55% reduction in emergency admissions
- 37% of the cohort now less likely to be admitted to hospital
- a total of £225,938 freed up to be reinvested
- assessments completed to date show 75% of patients reporting improvement in day to day quality of life
- 40% more people are now feeling less anxious about their condition.

WHAT WE SAID

Further develop joint social care and health teams and neighbourhood care teams.

Increase proactive care on the South Kent Coast, by introducing a 12 week enablement service (see glossary).

WHAT WE DID

The development of joint Health and Social Care teams has started and is now supported by the money set aside in the Better Care Fund (see glossary). This joint working aims to improve patient experience. Over the next 2 years the CCG's will be working with communities on how the Better Care Fund will be delivered.

The Kent Health and Wellbeing Board oversee the delivery of integration supported by the Integration Pioneer Steering Group which is a working group of the board. Kent's local Health and Wellbeing Boards are responsible for ensuring progress of delivery within CCG areas.

There are now 29 out of 35 practices across the South Kent Coast taking part in the proactive care initiative with 459 people having gone through the process to date. We can use this information to identify and work with patients who are most at risk of being admitted to hospital.

For more information about the integration of Health and Social Care Services please visit our website:

http://www.kent.gov.uk/social-care-and-health/health/health-and-public-health-policies/kent-integration-pioneer

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WHAT WE SAID
Working closely with Health we aimed to improve the experience of people needing both health and social care services by reducing multiple referrals.

The introduction of Health and Social Care Co-ordinators (HSCC's) has provided GPs with a direct route to Social Services. The HSCC's have handled more than 2,000 referrals in the last year and have started to work with people most at risk. Referrals are better managed and people only have to tell their story once.

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Independence

We often know that most people want to stay in their homes for as long as possible and remain independent but we also know that people can become isolated. We continue to develop and increase accessibility to community facilities and to a range of services dedicated to increasing independence and supported living. These services include enablement (see glossary) services, intensive and targeted support to ensure people maintain or regain independence, assistive technology (see glossary), adaptations in the home and a wide range of community support services to improve quality of life. This year in particular we have focused on:

Home Care Tender

We needed to review our existing Home Care contracts to make sure that the services we are providing are high quality, value for money and support you to live independently in your own home. The process began in September 2013 and we asked homecare providers to let us know if they would be interested in providing care services. We selected 23 providers who will be contracted from June 2014.

Some of the benefits of the new contracts include:

- making sure that you have a greater say over the way home care is delivered by talking to you about your provider
- providing better value for money
- better continuity of care, including making sure you see the same carers.

If there's been any change to who provides your care, this will take place between June and September 2014. We have been working closely with your current providers and the new providers to ensure a smooth transfer of your service. You will continue to receive the same level of service.

The amount you pay for home care is assessed every year and as a result of the new contracts being in place the cost of your care may change when we reassess you. However, many people will not see a change in their charges, although a few people may see a slight increase or decrease. We will always write to you beforehand to make you aware of any changes to your care or payments.

There is an easy read factsheet about the Home Care Retender which, can be found on our website: http://knet/Change/Documents/easy-read-factsheet.pdf (Can only access this via KNet please locate and add Kent.gov link.)

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WHAT WE SAID

A sensitive issue that was raised in the previous Local Account was the percentage of people who did not feel that the required standards had been met in relation to personal care.

This was an area that needed to be tackled so we could meet the standards you expect. We aimed to combat this by reviewing and allocating more time in relation to completing personal care tasks. We also planned to develop occupational therapy (see glossary) assessments and provide the necessary equipment for self-assessment with the focus being on personal care and independence.

WHAT WE DID

In relation to the Home Care retender and in response to the Promoting Independence Reviews (see glossary), we have seen a steady rise in the number of people who feel that their standards of care are being met. Figures are up from 55.6% in 2011 to 62.1% in 2013. We will continue to deliver the reviews and improve standards during 2014-15.

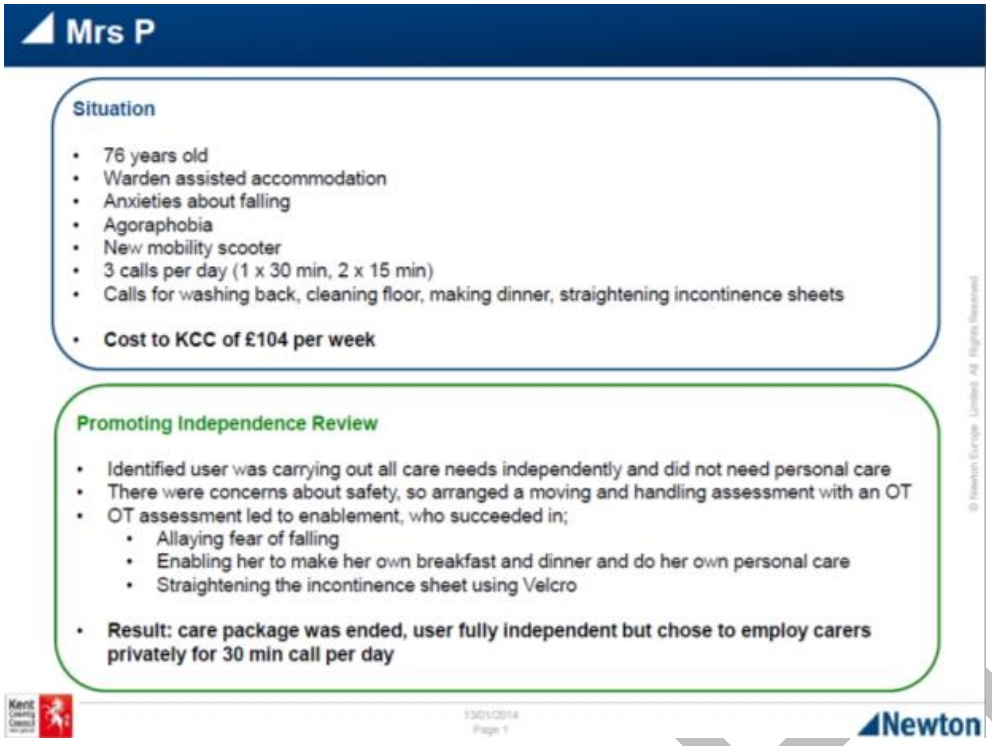
Promoting Independence Reviews

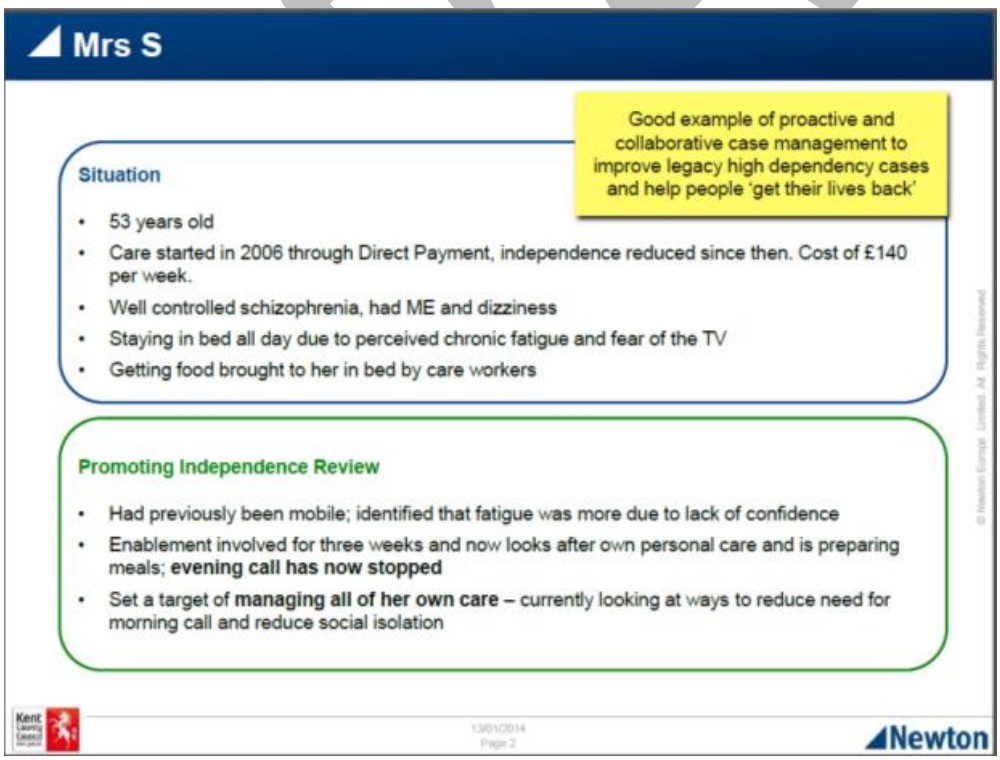
The Promoting Independence Review project makes sure that everyone has a thorough review of their needs and services to ensure that they are becoming more independent and are happy. In many cases people no longer rely on the same level of support as they are able to manage better themselves.

Over 400 reviews have been completed in Thanet and South West Kent since the pilot began back in the summer of 2013. In 40% of cases, there has been an increase in independence meaning the individual's support could be reduced and they've been freed from potential dependency. This in turn has freed up just over £500,000 which can be reinvested into services.

The project was so successful that we decided to roll it out across the county from January 2014, starting in Canterbury, Ashford, Folkestone, Dover, Gravesend, Sittingbourne and Maidstone and Malling.

CASE STUDIES:





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WHAT WE SAID
Improve the way in which reviews are carried out by introducing new methods.

WHAT WE DID
Following the Promoting Independence Review (See glossary), reviews are now carried out with a more focussed aim of supporting individuals to be more independent using services such as Telecare and Enablement. We're working with individuals and their carers to find ways to provide care and support which, is much more aligned to the person's individual needs.

We are also asking our staff to review the quality of services and residential support to enable us to record information about the environment and other things managers observe which are not directly about the care of a person. This information will help us to build a picture of a home. We can then work with homes much earlier if we need to.

Telecare

Telecare (see glossary) can support you to keep your independence and can be used alone or in combination with other care and support. For safety in your own home and peace of mind for those who care for you, there are a number of electronic sensors, detectors, monitors and alarms available. These can keep track of either your home environment (like fire or carbon monoxide alarms) or your own health and mobility (like movement sensors and fall detectors).

These are known as Telecare and can automatically call for help if needed by linking to a 24 hour monitoring centre and can also send reassurance to your family and friends that you are safe and well.

As of June 2014 KCC support about 3,637 people in Kent using Telecare services. We anticipate that this will have increased to about 5,000 people by April 2015. We have appointed a new monitoring service provider this year, Centra Pulse, to get better value for money for Kent residents without compromising quality.

People have told us that they want to feel safe when going out and about in their local communities. Some people with dementia or who have learning disabilities do not feel confident going out and returning safely so stay at home and therefore become lonely and isolated.

During 2014/15 we will be investing in new kinds of Telecare and hope to start using a wider variety of more complex equipment. For example:

- watches and key fobs that are fitted with GPS tracking that can be used outdoors and activated if someone needs help or becomes disorientated
- Telecare for people living with Dementia
- medication reminder equipment linked to monitoring services.

We are also working with NHS organisations in Kent to find a way of bringing Telecare and Telehealth services (see glossary) together, where you can monitor your own health so that you are more in control of looking after yourself and if you do need help from professionals, your care can be coordinated in a better way.

WHAT WE SAID

We aimed to increase and improve the way in which Telecare is delivered.

WHAT WE DID

KCC currently support over 3,000 people using the Telecare service. Our monitoring service contract was recently retendered and a new provider is now in place delivering better value for money for Kent citizens. They will be working with us to pro-actively monitor people using Telecare services and alert case managers about any changes in circumstances so we can provide more timely support and prevent crisis.

WHAT WE SAID

In 2012-13 we acknowledged we needed to increase the percentage of people who had a support plan set up to arrange their care and support in a personalised way

WHAT WE DID

We're pleased to report this figure has risen from 76% to 88% over the past year and we hope it will continue to rise as we change the way we work through the Adult Social Care transformation programme.

Shared Lives - New Day Support Service

If full-time residential care (or other more formal care services) are not for you but managing life in your own home is causing you problems, you could benefit from what we call 'Shared Lives' (see glossary). Shared Lives is available to adults with a range of different needs, such as older people, people with disabilities, people with mental health problems or people with dementia. It is somewhere safe and supportive for you to stay at the times that suit you, whether it is for a few hours during the day or evening, overnight, for a weekend or even longer.

Shared Lives is now able to offer Day Support sessions to individuals, either half day up to 2 hours or a full day, up to 5 hours. Sessions can also be provided on an ad hoc basis. This means support can be provided at times and on the days that suit the needs of the person and their family. The cost of support would need to be calculated and is determined by the person's needs.

Case Study: A recent enquiry the team received was for a couple who had been together for over 30 years, the lady had Chronic Obstructive Pulmonary Disease (COPD) and the man was living with Dementia. He liked to play golf and this was his main hobby but his partner was unable to take him any more due to her health condition. He was unfortunately unable to travel alone and was no longer driving. His partner desperately needed a break but the man did not want to go to any group activities and they both wanted to stay together. Shared lives were able to offer support to ensure the gentleman got to fulfil his hobby and his partner had a break from caring for him.

For further information please contact Shared Lives Tel: 01233 652401 or email: sharedlives@kent.gov.uk or visit www.kent.gov.uk/sharedlives

Pathways to Independence

The Pathways to Independence pilot started in April 2013 at Dover, Thanet, Dartford, Gravesham and Swanley Community Learning Disability Teams. The service is delivered in-house, forms part of the assessment process and is non-chargeable. The Pathways to Independence is an intensive, short term, targeted intervention that assists people with learning disabilities to regain, maintain or develop daily living skills and the confidence to carry these out to the best of their ability, enabling them to become more independent and have more control in their daily lives. The programme takes place in a person's home and in their local community for up to 12 weeks. The Pathway provider will develop a support programme with the individual to underpin how the outcomes will be met. The pathway does not provide therapy or medical intervention.

The project aims are:

- focus on short term interventions
- to support people to develop their skills, increase community participation and presence
- reduced community support packages
- improved health and wellbeing
- increased opportunity for employment, and getting ready for work
- a reduction in people requiring traditional services.

Case Studies

Lizzie, gaining confidence

Lizzie was referred by her care manager for support with travel training by bus from the day service to her voluntary job in Gravesend once a week. Lizzie used to travel independently by bus from her home, but due to a few incidents she had lost all her confidence to travel alone. Lizzie did very well in her five weeks training and during this time she covered what to do if she needed to ask for help, if she got on the wrong bus, or if the bus broke down. She carries a mobile phone which has various numbers on speed dial including her parents and the day service.

A system was put into place so that if Lizzie did not turn up at work, the staff at the hotel would call the day service and they would follow procedures if required.

Lizzie says, “I felt safe and Connie helped me when I was a bit nervous about getting the right bus to the hotel. I was very happy when I could do it all by myself and Connie was very good”

.

A few months after her Enablement Support ended, Lizzie started to travel independently from Vigo to Gravesend Day Service by bus once again, four days a week.

Jean, gaining independence

Jean was referred by her care manager to enablement for support in tidying her bedroom and sitting room. Together with her worker, Jean set up a rota choosing suitable days and times for each practical task. The rota had pictures and clear instructions to make it easier to understand.

Jean decided to finish her enablement support after seven weeks when she felt confident to do her housework on her own. Jean’s support finished in May and she still sends text messages to her worker to say that she has done her tasks.

New mental health service for Kent

Following a period of review the Kent and Medway Partnership Trust (KMPT) have launched a new county wide service.

An AMHP (Advanced Mental Health Professional) is either a mental health social worker or a Community Psychiatric Nurse (CPN) who has been trained to carry out assessments under the Mental Health Act and KMPT deliver this service on behalf of KCC.

The new Kent AMHP Service is a 24 hour dedicated service supported by mixed role AMHPs who will be on the rota a week at a time to the service and whilst based in the Community Mental Health Teams (CMHT).

The service is based at St Martins Hospital, Canterbury and Priority House, Maidstone, working closely with colleagues in the Acute Service and Crisis Resolution and Home Treatment (CRHT). The new Kent AMHP service will deliver a more responsive and flexible service, managing the demand for mental health assessments across the county.

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Quality of life

Our aim is to enhance quality of life by personalising the way individuals are able to access the support they need. It is also important that we measure how well we are meetings people's needs, monitor outcomes and strive to continually improve this, despite the challenges.

Kent Supported Employment

Kent Supported Employment (KSE) supports people with disabilities to have the same opportunity to get jobs as non-disabled people. It does this by providing appropriate support so that both the employer and the employee have a positive experience. Individuals are provided with a named advisor who they will meet with regularly to receive tailored help to prepare them for work, to find and keep paid employment.

WHAT WE SAID

Invest in more employment services.

WHAT WE DID

Kent Supported Employment receives funding each year to deliver a supported employment service across the county. The referral age to KSE for people with learning disabilities has now been lowered to people from 16yrs of age plus and includes people with Autism.

The KCC Apprenticeship scheme also includes funding for individuals with a learning disability, to participate in an "Assisted Apprenticeship Scheme", who may not meet the required academic criteria of having an NVQ at Level 2.

Winterbourne View

On 31st May 2011, a BBC Panorama television programme showed people with challenging behaviour being abused by staff at a private hospital called Winterbourne View in South Gloucestershire. As a result of this programme being aired the hospital has now been closed.

Paul Burstow was the Minister of State for Care Services at the time that the programme was shown. He asked Department of Health officials to carry out a full review into what happened at Winterbourne View hospital.

The aim of the review was to look into what happened at Winterbourne View hospital so that lessons could be learnt by all counties, and to look into how people with challenging behaviour are supported in every Council in England.

In Kent, a joint meeting with people from KCC, Health, Safeguarding (see glossary) and Children's services looked at the review, the actions we needed to take and monitor in the future, in certain patient assessment units, although lessons learnt apply to all care settings. Kent is one of several authorities to receive an in-depth review. This review took place on 6th May and feedback was very positive.

To date, we have:

- produced an action plan to monitor progress
- reviewed all our facilities to make sure the risks are identified
- made sure all the right people are involved, including GPs.
- designed care pathways for people with learning disabilities and mental health issues, challenging behaviour or forensic needs
- made care providers aware of the issues
- examined the views of current inpatients
- provided regular reports to the Department of Health.

Accommodation

We have recently looked at our Accommodation strategy which supports our transformation programme and changes the way in which we provide services. The strategy focuses on integrated community-based services which support people to stay in their own homes for as long as possible. It also takes into account the demand for housing, how care and support needs will be met and how KCC will work positively with all providers to ensure that Kent has 'suitable, appropriate and attractive' accommodation. The strategy will inform providers about where and what investment is needed so they can best target resources, to make sure Kent's vulnerable population can live as independently as possible in their own communities.

Case Study

The Monson's Court development in Herne Bay opened in January 2014, consisting of 6 one bedroom apartments for individuals with mental health needs, as well as communal areas for staff and tenants to use. Staff from Kent and Medway NHS and Social Care Trust worked with each resident, their care co-ordinator and family members to develop an appropriate support plan.

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WHAT WE SAID

Work towards increasing supported living placements to 1,000 while reducing residential placements to below 1,260 for people with a learning disability.

WHAT WE DID

As of March 2014 we'd exceeded this target with a total of 1056 placements.

There has also been a reduction in the number of residential placements for people with a learning disability. As of March 2014 we had 1,245 placements.

Case Study: Holly Lodge

Holly Lodge is a unique housing development of five state of the art self-contained flats in Hildenborough, for people with learning disabilities and autism who present with challenging behaviour. The flats were tailor made for each tenant and fitted with assistive technology such as movement and flood sensors, telesupport and Telehealth provision if required, all of which give residents greater independence and security. The building was developed in consultation with challenging behaviour therapists, KCC, MCCH (see Glossary), staff, families, occupational therapists and our partner Avenues Group. Its innovative bespoke design features soft impact finishes to curved walls, removable magnetic handles for kitchen units, recessed mood lighting and all utility panels are located on the exterior of the building to avoid residents being disturbed by contractors. The development is also environmentally friendly. The open plan approach with no internal doors lends itself to a 360° escape route from each room in the event of an incident, as well as creating a feeling of a larger space.

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Other projects aimed at improving quality of life

The Good Day Programme

WHAT WE SAID

Continue the Good Day Programme (see glossary) so people with learning disabilities can engage in mainstream opportunities in the community.

WHAT WE DID F

The people of Kent wanted to see a change in the way people accessed day services. The Good Day Programme has implemented a number of projects over the last year leading to an increase in the range of opportunities available. We plan to continue the Good Day Programme in 2014-15 so people with learning disabilities can have greater opportunities in their communities. .

Good Day Programme Developments in 2013-14 include:

Folkestone Sports Centre

- The sports centre had an accessible platform lift installed, a hub space created featuring a kitchenette and Changing Place toilet. A large sensory room to support people with complex needs has also been installed.
- With these enhancements, the sports centre was able to host the Paralympics regional bench-press championships; attracting £15,000 military covenant funding to provide a 6 roomed enhanced changing facility.

F We will develop partnerships and accessible facilities within community buildings in Dover and Swale during 2014-15.

Trinity Arts Theatre

Located in the centre of Tunbridge Wells, Trinity Arts Theatre is a vibrant theatre offering a range of events and performing arts. The Good Day Programme contribution provided:

- A full changing place suite with ceiling track hoist and changing bench
- Refurbishment to the bar and restaurant area. With an agreement in place to provide two people with learning disabilities, each year for a 10 year period, the opportunity to undertake training and work preparation in catering and hospitality.
- A small area for designated space.

HOT TOPIC UPDATE

The Rethink Sahayak Project (see Glossary) provides for people with mental health issues in BME (see glossary) communities in north Kent. Over the last year the service has focused on reaching out to wider communities, has seen an increase in referrals from Eastern European communities and has developed an independent Rethink Mental Illness registered BME Service User Group **- Rethink Sangam Group.** Sangam means unity in the Hindi language and it is aimed at those who need support to maintain their mental well-being to combat isolation, raise confidence and promote independence. This is achieved through a set of activities chosen by group members collectively.

"We all come from different backgrounds but what is great about Sangam is the opportunities it provides in maintaining my mental health. I now enjoy going to the leisure centre for a swim with the group members whereas before I was always anxious doing things for myself.

This way I know I gain confidence, form friendships and can find techniques to manage my anxiety. I feel more pro-active towards my physical health".

Carers Rights

The role of a carer is very important. Carers need to be able to access information and support, and this is an area that we have focused on during the last twelve months.
KCC has launched a new information booklet for more than 150,000 people who care for others.
To access the Kent Carers' Booklet please visit our website:
http://www.kent.gov.uk/__data/assets/pdf_file/0003/14268/Kent-carers'-information-booklet.pdf

KCC and the NHS, along with the voluntary sector have invested in new carer assessment and support services, as well as short break services. We recognise that caring can be difficult at times so we have commissioned a new service for carers who are in need of some emergency support in their home and which enable carers to have replacement care so they can prioritise their own health and wellbeing. In the first year of this new service (2013/14), we have identified 3,563 new carers and 1,070 of those have received an assessment to see what support they need.

For the first time carers will be recognised in law, in the same way as those they care for. Carers in Kent may be entitled to support services, if eligible, from 1st April 2015 onwards when the Care Act comes into force.

Kent County Council has the responsibility to ensure that an assessment happens, to identify whether the carer has support needs and what those needs may be. It will also consider things that a carer wishes to achieve in their own day-to-day life, whether that person can continue to care for an individual, whether they work or would like to work or study and if they would like to do more socially.

During 2014/15 Kent County Council will be working with its stakeholders to implement the Care Act in Kent, this means that we will be working with Carers, providers, and other partners to understand what services carers need so they can have a life of their own and continue to care for someone else.

If you are a carer and want more information about your rights as a carer then contact your local carers support service.
http://www.kent.gov.uk/social-care-and-health/caring-for-other-people/local-carer-organisations

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WHAT WE SAID

In order to tackle the issue of how easy it is to access information, we said we would develop a carers information booklet that was consistent across the county.

Using this tool we aimed to promote increased awareness of the issues carers face and involvement as this will be an important part of development and improvement.

WHAT WE DID

A carers information booklet has been developed, called the, 'Kent Wide Carers' Publication' (see glossary) which contains information on a wide range of topics and services that are available to carers. It can be found at local public access points such as GP surgeries, hospitals, gateways and via our website.

KCC ran a big marketing campaign during Carer's Week 2013, to promote awareness of whom carers are and support them to identify themselves as carers so that they can be informed of the support services available.

Carers' organisations far exceeded their target to identify new carers in 2013-14.

WHAT WE SAID

There needs to be significant emphasis on the need to record and improve communication.

We aimed to make sure all carers received an assessment of their needs and issues, alongside the person they care for.

WHAT WE DID

Under the new Care Act, carers are entitled to receive an assessment of their needs. KCC has commissioned providers to undertake carers assessments and support is a key factor. We have four providers, Carers First, Voluntary Action Maidstone, Carers' Support Canterbury, Dover and Thanet and Carers' Support Ashford.

We want to increase the amount of carers assessments currently given so KCC and providers will continue to promote the benefits of this type of assessment.

WHAT WE SAID

Improve the percentage of people and carers who think it is easy to find information about our services.

WHAT WE DID

The percentage has remained the same for 2013-14 at 70%, with the national average being 74.7%. We want to improve upon as this and ensure our information is easily accessible to everyone who uses our services. It is hoped that the publication of the carers booklet and introduction of more information services will help.

Quality of Services

Monitoring the quality of care and support that is provided is vital in maintaining high standards of services. Over the last year, we have reviewed the way in which we monitor the quality of services, particularly when we have looked to renew our contracts with providers.

WHAT WE SAID

Continue to ensure the multi-agency approach and open lines of communication between Police, Health and KCC colleagues by highlighting quality issues. This will allow prevention and early intervention especially in terms of safeguarding the vulnerable.

WHAT WE DID

We have established a Quality in Care Project Board with people from health and social care, who work together to develop and agree 'quality in care' standards. These will sit alongside Safeguarding standards. The board will also establish a monitoring and reporting system, with agreed information sharing across agencies and to the public, to help people make an informed choice when they are searching for social care services.

WHAT WE SAID

Further develop and continue to introduce processes that address more accountability and increase proactive monitoring of services.

WHAT WE DID

As part of the re let of homecare, residential and nursing services, KCC is introducing a set of quality indicators that all contracted providers will be required to complete. These indicators will be reported to the public, professionals and providers to help build a picture of the relative quality of services across Kent.

Ladder to the Moon.

The Ladder to the Moon (see glossary) programme is about engaging and increasing the wellbeing of residents with Dementia. It provides training that enables health and care organisations to develop active, creative, vibrant care services that incorporate creativity and the arts. The programme has recently commenced at Ashley Gardens Care Home in Maidstone and will run for a period of 12 months. Ashley Gardens will submit feedback to KCC on a monthly basis and reports so far, indicate that the programme has had a positive impact on residents at the home.

WHAT WE SAID

Review, update and re-launch the Kent Transition Protocols (see glossary) to identify gaps in transition services and work in partnership with education and children services. We planned to introduce a transition board to bring different organisations together to make the move from child care to adult care as smooth as possible.

WHAT WE DID

Transition arrangements are being updated to reflect organisational changes and the implementation of the Children's and Families Act 2013. A key piece of work has been to make information available in 'Easy Read' to assist people and their carers through the transition process.

The 'Becoming an Adult' Guide takes people through the main considerations for those going through transition. For more information and to access the guide please visit the website: http://www.kent.gov.uk/__data/assets/pdf_file/0007/13759/sen_transition_easyread.pdf

WHAT WE SAID

Work with providers to ensure consistency and share best practice.

Introduce Dementia Care Mapping (see glossary) so staff can better understand the experience and needs of their residents and ensure those needs are met.

WHAT WE DID

KCC has continued to work in partnership with care providers to part fund training programmes to highlight the benefits to residents of personalised dementia care. Two programmes included the second phase of the Excellence in Care project and 'Ladder to the Moon', a theatre based project. Both programmes have had a positive impact on the staff and residents living in these homes.

Dementia Care Mapping has been and is being used to record care from the resident's point of view. Commissioning Officers are also visiting specific homes to promote the benefits of working with partners and mapping where there are issues with residents and Quality in Care.

The impact of Dementia Care Mapping Case Study:

Some Dementia care research and mapping proved to be very successful but not all of it worked in practice. This was mainly down to the lack of time and support to implement the findings. The mapping project identified the fact that it is very important to have good communication with, family carers. By engaging with and supporting cares, there is a real chance to make a difference to the lives of the whole family.

One home carried out Dementia Care Mapping for a resident who was causing disruption by taking other residents bags. Following a mapping exercise they established that the resident simply wanted something to hold and has now been issued with a blanket to carry around, putting an end to other residents bags being taken.

Another home had a resident who was agitated and continually pacing around. They undertook mapping and established that the issue was lack of occupation. A small cleaning station has now been set up in the corridor where the resident will happily sit and polish and clean bits and bobs. The resident is now much less agitated and no longer pacing around.

HOT TOPIC UPDATE

The Excellence in Care Project ran for two years, working with providers in all care settings and aimed to improve the knowledge and skills of staff in person centred care. Staff attended courses where they learnt more about what Dementia is, therapeutic interventions and interactions, and about making difficult decisions particularly in relation to how the law supports people living with Dementia.

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Safeguarding

Safeguarding is about protecting children, young people and vulnerable adults from abuse or neglect. Abuse is a breach of a person's rights, and may be a single act or happen repeatedly over a period of time. Abuse may be deliberate, but may also happen as a result of poor care practices or ignorance. It can happen anywhere.

To make sure that everyone is treated with the dignity, care and respect they deserve, safeguarding (see glossary) is a top priority.

Making Safeguarding Personal

Over the last year we have reviewed our processes to make sure the person is fully involved. Kent was one of 46 councils that participated in a national pilot project last year. The project aimed to ensure individuals are at the centre of safeguarding activity and have the opportunity to discuss the outcomes they want to see, at the beginning of the process. Through follow up discussions, we can then see to what extent these have been met and provide reports to boards that are meaningful and include the experiences of the individual.

The main findings (also reflected by other councils)
Better practice, through greater understanding between the individual and professionals. Clear direction was achieved by working towards the outcomes the individual wanted. We found that the language used was important because 'adult abuse/protection' was more greatly understood by service users than the term 'safeguarding'.

We discussed with people at the beginning of the process what outcomes they would like to see. As a result of this happening and outcomes being recorded, 100% of these were fully or partially achieved by the end of the process. Where outcomes had not been discussed achievement rates were lower at 60%.

If you would like to read more about what the process involves there are a series of case studies available online using the following link:
http://www.local.gov.uk/documents/10180/5854661/Making+Safeguarding+Personal+2013-2014+-+Case+Studies/2460d283-90e6-4a4e-92e6-e3b27ae6fc71

Our commitments to you:

1. We will ask you at the beginning what you want to happen.
2. We will listen to you.

3. We will be polite and respectful.
4. Your privacy will be respected.
5. We will tell you what we are doing and why.

6. We will make enquiries carefully and sensitively.
7. We will tell you what our findings are and provide you with the support you require.
8. We will ask for your views again at the end to see if we have met these standards.

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Next Steps
KCC aim to introduce "Making Safeguarding Personal" principles throughout Kent by 2015, which will also support the principles of the Care Act.

For more information about safeguarding please visit our website http://www.kent.gov.uk/social-care-and-health/information-for-professionals/adult-protection

What should you do if you suspect or have witnessed a vulnerable adult being abused?

You should contact social services and ask to speak to the duty officer in Adult Social Services on **03000 41 61 61 for Kent and 01634 33 44 66 for Medway**. We advise against approaching the person directly.

If you wish to discuss your concerns outside normal office hours you may contact the out of hours team on **03000 41 91 91 for Kent and 08457 62 67 77 for Medway**.

If you think that they may be at immediate risk of harm then you should contact the police by calling **999**.

For more information visit: http://www.kent.gov.uk/social-care-and-health/report-abuse

An Easy Read guide for vulnerable adults with learning disabilities is now also available. The guide tells you how to get help from someone who is trusted and can be found at local libraries and council contact points. It is written in plain English and uses simple colour pictures to describe the different types of abuse and forms of hate crime.

Alternatively you can request a copy via: The Multi Agency Safeguarding Adults section, Kent County Council, Brenchley House, Week St, Maidstone, ME14 1RF.

For more information, email kristina.rolfe@kent.gov.uk.

3,176 safeguarding referrals were received in comparison to 2012 when there were 2,838.

*In addition to this another 3,186 safeguarding contacts were received but did not meet the criteria to be referred for investigation.

21.3% of the referrals investigated had insufficient evidence to confirm or discount them. This is a slight decrease from 2012 where the percentage was 22%.

*This does not mean no action was taken, improvement areas may well have been identified and taken forward by the safeguarding teams.

34.3% of those referrals were not evaluated as abuse or discounted.

This is a slight increase in comparison to 2012 where the percentage was 32%.

44.3% of those referrals had abuse confirmed or partially confirmed.

WHAT WE SAID

We established the Central Referral Unit, a multi-agency unit consisting of Social Services (children and adults), Police and Health to deal with new safeguarding referrals

WHAT WE DID

Our programme of regular audits (see glossary) to check the quality of practice has continued throughout the year. Improvement Plans have been developed across the county and these are monitored by the Countywide Safeguarding Group (see glossary). A review of safeguarding training is taking place. Advocacy provision is closely monitored to ensure that it is available equitably across Kent.

WHAT WE SAID

Following the announcement in the Queen's speech that legislation will be introduced which focuses on safeguarding; we will work with partners to ensure that our processes reflect these changes.

WHAT WE DID

The Care Act 2014 places adult safeguarding on a statutory footing and states that each Local Authority must establish a Safeguarding Adults Board (see glossary). For some years, Kent and Medway have had a joint Safeguarding Adults Board. In preparation for the Care Act, the Kent and Medway Safeguarding Adults Board underwent a major review with partners in 2013. This review has established new Multi-agency sub groups focusing on Learning and Development and Quality Assurance.

This means that there is a continuous monitoring and review by all partners to ensure that Kent has effective safeguarding arrangements in place to provide protection for the people of Kent.

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WHAT WE SAID

Look at ways in which we can obtain feedback in a sensitive way from people who have been the subject of a safeguarding investigation and use their experiences to improve practice.

WHAT WE DID

Kent has supported national research projects, including 'Making Safeguarding Personal'. Pilot projects have proved successful and are now being rolled out across the county where practice initiatives are in place to encourage and support individuals to be at the centre of safeguarding practice. For more information regarding the 'Making Safeguarding Personal' initiative please see page 42.

DRAFT

Sensory and Autism Services

Kent Social Services has its own specialist unit for deaf, deafblind and autistic people. The unit also works with the voluntary organisations; Kent Association for the Blind (KAB – see glossary) and Hi Kent (see glossary) to provide services for all visually impaired, deaf and autistic people.

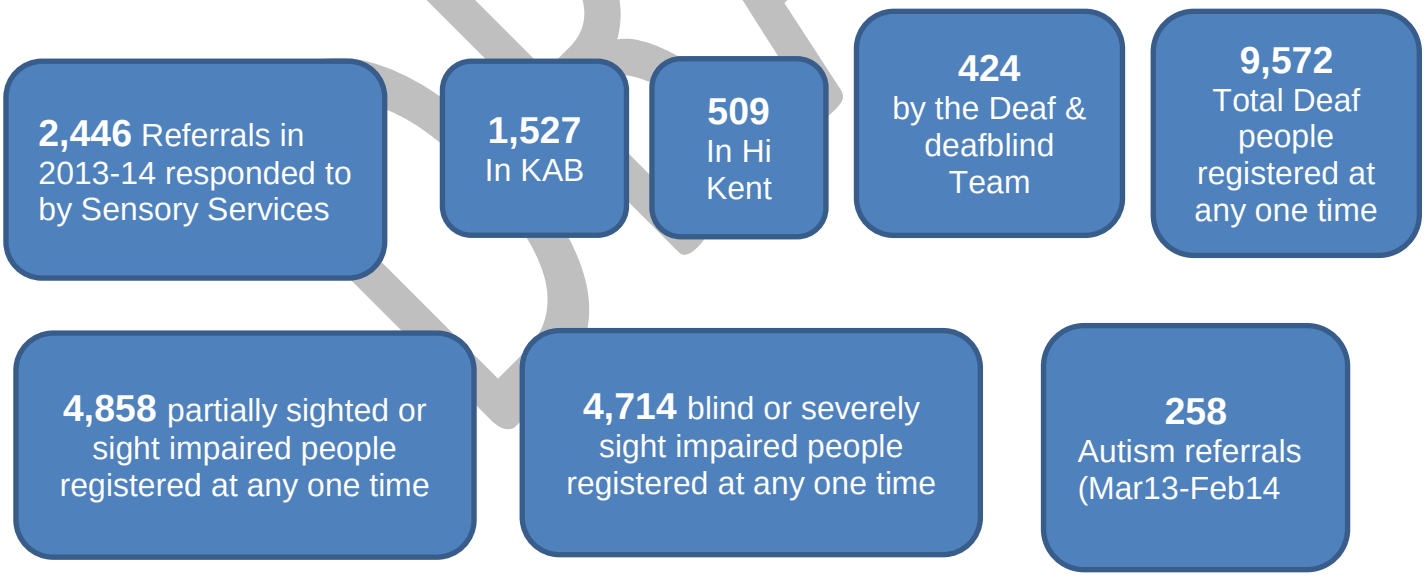
There are two Deaf Services teams in Kent, one in West Malling and one in Folkestone as well as one countywide Deafblind team. These provide:

- support work including Supporting People Programme (see glossary)
- specialist deafblind services to meet the requirements of "Section Seven" (see glossary).

The voluntary organisation Hi Kent provides resource centres in Maidstone and Canterbury, as well as hearing aid maintenance clinics. The RAD (Royal Association for Deaf) provides interpreting services and advice and guidance delivered in sign language. Kent Association for the Blind (KAB) provides:

- rehabilitation training – mobility/daily living skills and communication skills
- registration as sight impaired (blind/partial sight)
- resource centres in Maidstone and Canterbury
- guide communicator service (PA service for deafblind people)

The Autistic Spectrum Conditions Team (ASC – see glossary) provides assessment for people with Autism or Asperger's.



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WHAT WE SAID	WHAT WE DID
- Identifying the needs for sensory services to feed into commissioning strategy	The Kent Sensory Strategy is currently being developed in partnership with a range of stakeholders. The strategy aims to help improve the eye and ear health of people with learning disabilities, making sure people get help and support before their sight and hearing gets worse and helping people to feel included and live as part of their community.
Ongoing development of services such as Gateway clinics for Deaf people, KAB (see glossary) expert patient initiative (see glossary)	Self-management and peer support initiatives have been developed for people with autistic spectrum conditions and d/Deaf, deafblind, and sight impaired people. A conference has also been held to share the learning. Gateway clinics for Deaf people are now available in 6 locations across Kent and “pop up” clinics are held as and when required.
- Improving services to sensory impaired people in BME (see glossary) communities and carers of sensory impaired people.	We’ve undertaken some outreach work with BME communities.
- Establishing a planning group to address the needs of people with learning disabilities & sensory impairments.	The planning group for people with sensory impairments and learning disabilities has completed its work and a report with recommendations has been compiled. An action plan is currently under development which aims to improve access to services for this group. We will provide a further update in a future monthly bulletin.
- Working in partnership with HearingLink (see glossary) to provide an intensive rehabilitation programme for people with acquired profound deafness and self-management programmes for partially deaf people	Two Intensive Rehabilitation programmes for people with acquired profound deafness took place in 2013-14, in partnership with Hearinglink and a third is planned for 2014-15. Two self-management programmes for deaf people have also been run. The outcomes for both have been very positive.
- Developing new equipment and assistive technology (see glossary) solutions for sensory impaired and autistic people	A sensory and autism equipment redesign project has been exploring new assistive technology solutions for sensory impaired people and those with autism, and transforming services to be more efficient and effective.
- Development of a Kent Autism Strategy (see glossary) and raised awareness.	An Autism Collaborative (see glossary) has been established with the aim of developing an Autism Strategy for Kent and improving services for people on the autistic spectrum.

Contact Details

Getting in Touch: There are several ways for you to contact us.
Telephone- For non-urgent calls please contact us Monday to Friday between 8.30am and 5.00pm

- **Call our contact centre**
  The contact centre is based in Maidstone and is open for business **24 hours a day, 7 days a week**.
  Telephone 03000 41 61 61

- **Text relay**
  A text relay service is available for Deaf, hard of hearing and speech impaired customers and is available 24 hours a day, 7 days a week.
  Text Relay: 18001 03000 41 61 61

- **Out of hours service**
  Not every crisis occurs during office hours. Kent and Medway Social Services provide for these times with our out of hours service that can offer advice, support and help to ensure that vulnerable people are not left at risk.
  Telephone 03000 41 91 91

Calls from landlines are typically charged between 2p and 10p per minute; calls from mobile typically cost between 10p and 40p per minute.

Email
You can email us with queries or questions about any of our services or information.
social.services@kent.gov.uk

Visit a Gateway
Gateway is the new way for you to find public and voluntary services with the added convenience of being in a town centre or high street location. Comfortable, modern places make it easier to reach over 40 specialists, voluntary and charitable agencies.
There are currently nine gateways across Kent:

Ashford Gateway Plus
Dover Gateway
Gravesham Gateway
Maidstone Gateway
Sheppey Gateway
Tenterden Gateway
Thanet Gateway Plus
Tonbridge Gateway
Tunbridge Wells Gateway

Swanley is currently under development and will open in 2015.

To make a complaint or compliment please contact the Adults Complaints Team:

KCC Complaints Team
Brenchley House,
123-135 Week Street,
Maidstone, ME14 1RF
Tel: 0300 333 5903
Textphone: 01622 694883
Email: Website: www.kent.gov.uk/adultsocialservices

Equality and Diversity

Our commitment to equality and diversity ensures that Kent County Council treats all people who use, or are in partnership with our services, with fairness, dignity and respect in accordance with the equality act 2010.

DRAFT

Glossary

Assistive Technology: These technologies help to maintain independence. Telehealth provides equipment and devices used to remotely monitor aspects of a person's health in their own home. Telecare can be a combination of remotely monitored passive alarms and sensors to maintain independence at home

ASC (Kent Autistic Spectrum Conditions Team): This integrated specialist team aims to address the unmet needs of adults with autism, including those with Asperger's Syndrome, who do not meet the eligibility of Learning Disability services. The service is jointly commissioned by Kent County Council (KCC) and Kent and Medway NHS and Social Care Partnership Trust.

Audits: Regular audits will include the police, adult social services and health, they determine where improvements can be made, to ensure the policies and procedures are being followed, to complete reports, identify training needs and review the process on a 6 monthly basis.

Autism Strategy: (Beryl P to provide brief overview.)

BME: Black Minority Ethnic residents in Kent.

Better Care Fund: The Better Care Fund (BCF) worth £3.8 billion was announced by the Government in the June 2013 spending review. It is designed to support the transformation and integration of health and social care services, to ensure local people receive better care.

Care Quality Commission (CQC): The CQC is now responsible for the inspection and registration of services including, care homes, independent health care establishments and the Adult Placement Scheme.

Clinical Commissioning Groups (CCG): A Clinical Commissioning Group is the name for the new health commissioning organisation which replaced Primary Care Trusts in April 2013. This makes it easier for us to work directly with our partner organisations and make the best use of resources.

Countywide Safeguarding Group: This is a meeting for senior managers within Kent County Council chaired by the Director of Commissioning for Social Care, Health and Wellbeing. The group reviews safeguarding activity across the county, to ensure that robust systems are in place to provide appropriate support to individuals who raise allegations or concerns about adult abuse.

Dementia Care Mapping (DCM): is a set of observational tools designed to evaluate quality of care from the perspective of the person living with dementia.

The Department of Health (DH): helps people to live better for longer. They lead, shape and fund health and care in England, making sure people have the support, care and treatment they need, with the compassion, respect and dignity they deserve.

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The Dilnot Report: Back in 2010 the Government commissioned an independent body, chaired by Andrew Dilnot, to look at how to reform the funding system for Adult Social Care. Their findings and suggestions were compiled into the Dilnot report.

Direct Payment: Direct Payments are cash payments to individuals who have been assessed as having eligible social care needs that require support from KCC. The amount paid is less any contribution that is required by the individual following a financial assessment.

Domiciliary Care: Domiciliary care can help people with personal care and some of the practical household tasks that help them to stay at home and be as independent as possible.

Enablement: Enablement is a short term, intensive service that can help you remain independent in your own home or regain independence if you have been in hospital.

Expert Patient Initiative: is a self-management programme for people who are living with a chronic (long-term) condition. The aim is to support people by increasing their confidence; improving their quality of life and helping them manage their condition more effectively.

The Good Day Programme: This programme gives people with learning disabilities in Kent more choice in their lives, it helps people to, choose what they want to do during the day, evenings and weekends, have support when and where they need it, and feel equal as citizens in their local community.

Health and Social Care Co-ordinators (HSCCs): Aim to prevent hospital admissions, allow patients to continue to live independently in their own homes and improve the wellbeing of patients and their families. They do this by providing a range of services or suggestions for equipment that could assist you, or refer you to other teams and services that can support you live independently.

Hearinglink: Hearing Link is the UK organisation for people with hearing loss and their families. We make it easy to find information, services and support, and to connect with others to share experiences and advice.

Hi Kent: Is a registered charity for deaf and hard of hearing people, they work in partnership with Kent County Council who fund them to carry out assessments of need for people over 65 years old on their behalf. They provide advice and can also provide equipment.

Integration Pioneers are looking at innovative ways of creating change in the health service, which the Government and national partners want to see spread across the country. Kent is an integration pioneer.

KAB: Kent **A**ssociation for the **B**lind is a rehabilitation service for people who are blind or partially sighted in Kent. They aim to provide a quality service sensitive to the individual needs to help attain the highest levels of independence.

Kent Card: The Kent card is a secure way of receiving Direct Payments without the need to open a separate bank account. The card is a chip and pin visa card and works in the same way as a visa debit card. It can be used to pay a Personal Assistant (PA), makes record keeping easier and reduces paperwork.

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Kent Transition Protocols: Kent's transition protocols set out our commitment to disabled young people to make sure that our resources provide new and more personalised services and opportunities that promote independence and can support young people to lead full and purposeful lives and easily make the move from child services into adult services.

Kent Wide Carers' Publication: is an information booklet for carers about the range of support available in your local area.

Ladder to the Moon: provides workforce and service development that enables health and care organisations to place activity, creativity and wellbeing at the heart of care services, with a focus on developing staff attitudes and skills. Through their Vibrant Communities package they aim to support organisations to improve customer satisfaction, achieve high levels of staff engagement and make them stand out in the marketplace.

MCCH: Maidstone **C**ommunity **C**are **H**ousing provides support for people with learning disabilities, Autism and mental health needs. They give support and advice about housing options, carry out maintenance to ensure properties are safe and provide advice on adaptations in the home.

MDTs: **M**utli-**D**isciplinary **T**eams are joint teams between Social Care and Health that will minimise duplicate referrals.

Occupational Therapy: The Occupational Therapy Service provides assessment, advice, equipment and adaptations for disabled people living in their own homes.

Personal Budget: A Personal Budget is money paid by us (Kent Adult Social Services) to you so that you can arrange your own care and support.

Proactive Care: is a model of care based on national and international evidence of best practice. It aims to achieve whole system health and social **care** integration, in order to support and deliver better outcomes for customers/patients.

Promoting Independence Reviews: will assess your abilities and difficulties with managing every day activities. We will work with you to identify what you are able to do and what you hope to be able to achieve, in order to continue to live independently. The Promoting Independence Service will help you to maximise how much you can do for yourself, helping you regain or learn new skills before any decisions are made about your ongoing support needs. It will also give you time to regain confidence in your own abilities and understand what you need to do to stay safe and well.

Safeguarding: Is a policy which aims at tackling how adult abuse can be prevented through community cohesion, communication and good practice; it sets out to ensure that everyone is treated with dignity and respect.

Safeguarding Adults Board: The board consists of representation by senior management from the council, Clinical Commissioning Groups, Police, carers, voluntary and private sectors for the area. A range of these partners may be involved in an investigation/enquiry regarding suspected abuse or neglect. The board also arrange serious case reviews (which will become Safeguarding Adults Reviews under the Care Act) where there is concern that safeguarding arrangements could have been more effective.

Sahayak Project: Working together to help everyone affected by severe mental illness, including schizophrenia, to recover a better quality of life. The Sahayak project supports people from the Minority Ethnic Community who have a Mental Health difficulty or those who care for them. There is a befriending service providing one to one support and carer monthly groups.

Section Seven: Social care for Deafblind Children and Adults (2009) under section 7 – Local Authority Social Services Act (1970) details statutory guidance for example local authorities should ensure that deafblind people are able to access specifically trained one-to-one support and provide information about services in formats and methods that are accessible to deafblind people etc.

Sensory Strategy: (Beryl P to supply brief overview)

Shared Lives: This scheme helps vulnerable adults who want to live as part of a family or household, it is similar to fostering but for adults rather than children. Placements can either be on a long term basis, respite or as a stepping stone to independent living. http://www.kent.gov.uk/adult_social_services/your_social_services/services_and_support/carers'/shared_lives_carers'.aspx

'Something for me' payments: Carers' 'Something for me' payments are not for the purchase of Community Care Services. They can be made annually (from the date of assessment) up to the value of £200 according to assessed need. Such payments are available to purchase anything that the Carer decides will help make life easier for them. http://www.kent.gov.uk/adult_social_services/social_services_professionals/resources_and_documents/carers'_direct_payment_faqs.aspx#access

Supporting People Programme: deliver a range of services for partnerships across the County of Kent which enable vulnerable people to maintain their housing situation, manage their finances, co-exist successfully in their community, acquire independent living skills, stay safe, liaise with other agencies, and access training, education, and employment.

Telecare: describes any service that brings health and social care directly to a user (generally in their homes) enabling people, especially older and more vulnerable individuals, to live independently and securely in their own home by providing them with personal and environmental sensors in the home, and remotely, which monitor them 24 hours a day. Should something happen like you have a fall a warning is sent a response centre and the required help is sent to assist you.

Telehealth: is part of this, but relates specifically to remote monitoring of a person's vital signs, including blood pressure, weight and blood glucose.

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Transformation: Over the next four years KCC will be looking at how their existing services currently operate, the difference they make, and if there's a better way. They will also bring services together to avoid duplication and improve efficiency, shaping them around people and place. This is known as Transformation.

Data Sources

ONS mid-year estimates 2012

PCIS population June 2014

Health and Social Care Information Centre (HSCIC) website

Office of National Statistics (ONS) website

Direct Payment services report

Residential Monitoring and Non Residential Monitoring services report

KCC Annual return reports

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Feedback

Your view is important to us. This is your opportunity to have your opinion about the content of this annual report. With your feedback we can make the necessary improvements for next year's annual report containing information that is relevant to you.

The following questionnaire asks for your opinion about the annual report for adult social services 2013/14.

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1. **I am…..** (please tick appropriate box below)

- An adult who has received or is currently receiving care services in Kent…… ☐
- A Carer, informal, family, unpaid. …… ☐
- A provider of adult social care services in Kent…… ☐
- A member of staff employed by Kent County Council…….. ☐
- Other (Please Specify)…….. ☐

2. **Please advise us which sections you found most helpful and informative?**

……

……

3. **Please advise us which sections you found least helpful and uninformative?**

……
……

4. **Is there any aspect of the annual report you do not understand?**

……
……

5. **Are there any issues that you feel are not addressed?**

……
……

Continued on following page……

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6. **Overall how would you rate this annual report? With 5 being excellent and 1 being poor, or use the faces below.** Please circle your choice.

1 2 3 4 5

If you have any additional comments please include them here.

……
……
……
……
……

Thank you for taking part in this questionnaire.

Please send completed questionnaire and return with provided prepaid envelope to:

Address: Local Account Feedback,

Performance and Information Management Team

Strategic commissioning

Families and Social Care

Kent County Council

3rd Floor Brenchley House

Week Street

Maidstone

ME14 1RF

Email: kentlocalaccount@kent.gov.uk

Twitter: You can follow us on twitter, www.twitter.com/@Kent_cc

Online: You can also complete the feedback online at: http://www.kent.gov.uk/adult_social_services/your_social_services/services_and_support/carers'/local_account.aspx and click on 'feedback form'

Your feedback is essential in developing the annual report in the future! Thank you.

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From: **Graham Gibbens, Cabinet Member for Specialist Children's Services**

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

To: **Adults Social Care & Health Cabinet Committee**

26 September 2014

Subject: **Annual Equality and Diversity Report**

Classification: **Unrestricted**

Electoral Division: All divisions

Summary: This report sets out a position statement for services within Social Care, Health & Wellbeing regarding equality and diversity work and progress on KCC Equality objectives for 2013/14.

Recommendation(s):

Note current performance

Continue to ensure that equality governance is observed in relation to decision making

Note the proposed changes to Equality Objectives and agree to receive revised objectives

Agree to receive this report annually in order to comply with the Public Sector Equality Duty (PSED).

1. Introduction

1.1 Publication of equality information is compulsory in England for all public authorities. Proactive publication of equality information ensures not only compliance with the legal requirements, but also greater understanding by the public of the difficult decisions an authority faces, and why it takes those decisions. Gathering equality information and using it to inform decision-making can also enable authorities to achieve greater value for money in the services they deliver through better targeting of services.

2. Financial Implications

2.1 There are no financial implications in producing an annual report.

3. Policy Framework

3.1 Advancing equality and reducing socio-economic inequalities in Kent contributes towards Council's Medium Term Plan, 'Bold Steps'. As such the objectives correspond with existing council priorities and the objectives

support the aims of, helping the Kent economy to grow, putting the citizen in control and tackling disadvantage.

3.2 The council published its equality objectives in 2011/12. Each service was asked to provide equality information and to demonstrate how they complied with equality legislation between 1 April 2013 – 31 March 2014, and what performance measures they have in place to achieve the KCC Equality Objectives.

4. Adult Social Care

4.1 Despite a continuing, difficult financial climate at the Council we remain committed to achieving fair and equitable outcomes for all our residents, no matter what their background and shaping services accordingly

4.2 Adult Social Care demonstrates its commitment by embedding equality throughout the organisation to ensure that the needs of all communities are considered in the delivery and commissioning of services.

4.3 KCC leads by example to influence our partners, contractors, local businesses and residents, and by embedding equality as an integral part of our policies and programmes.

4.4 In addition, we believe the following principles are important:

- Focus on outcomes rather than process
- Focus on prevention and addressing underlying causes rather than symptoms
- Focus on evidence based policy and practice

4.5 It is not surprising then, that a time when we are facing significant reductions in our resources and demands on our services are increasing, that we are focused on supporting the most vulnerable groups living in Kent: older people, people with learning disabilities or physical disabilities, people with mental health needs and other vulnerable adults.

4.6 The changing population, combined with the limits on finances, means that we need to be increasingly creative about how we respond to the needs of residents which will include promoting greater independence and resilience for local people.

4.7 A key challenge in Adult Social Care has been to gain a better understanding of the diversity of our service users. Whilst the service works on a personal basis with many clients and has an understanding of an individual's care needs, we recognise an ongoing need to better understand change in population and the broader patterns of experience to help us plan our resources for the future. This information will be used to reflect more fully the local communities we work with in future additions of our Local Account Annual Report. .

5. Key Achievements

5.1 Achievements in adult social care are published in our Local Account Annual Report 2013-14. This report has been discussed today (Item D4, Appendix 1) and illustrates how, during that year, we worked hard to:

- Keep vulnerable adults safe
- Monitor the quality of services
- Enable people to regain their independence and remain at home
- Reduce the number of permanent admissions to residential care
- Support more people through a person-centred process and receive a personal budget
- Use surveys and other feedback to look at what we are doing well and what needs further work
- Work with health to plan and provide joint services.

5.2 Some examples of these achievements are highlighted below to show how adult social care work covers nine protected characteristics of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, marriage and civil partnership sex and sexual orientation where relevant to the service provided.

5.3 The Ladder to the Moon programme is about engaging and increasing the wellbeing of residents with Dementia. It provides training that enables health and care organisations to develop active, creative, vibrant care services that incorporate creativity and the arts. The programme has recently commenced at Ashley Gardens Care Home in Maidstone and will run for a period of 12 months. Ashley Gardens will submit feedback to KCC on a monthly basis and reports so far, indicate that the programme has had a positive impact on residents at the home.

5.4 A carers information booklet has been developed, called the, 'Kent Wide Carers' Publication' which contains information on a wide range of topics and services that are available to carers. It can be found at local public access points such as GP surgeries, hospitals, gateways and via our website. KCC ran a big marketing campaign during Carer's Week 2013, to promote awareness of whom carers are and support them to identify themselves as carers so that they can be informed of the support services available. Carers' organisations have exceeded their target to identify new carers in 2013-14.

Making Safeguarding Personal

5.5 Over the last year we have reviewed our processes to make sure the person is fully involved. Kent was one of 46 councils that participated in a national pilot project last year. The project aimed to ensure individuals are at the centre of safeguarding activity and have the opportunity to discuss the outcomes they want to see, at the beginning of the process. Through follow up discussions, we can then see to what extent these have been met and provide reports to boards that are meaningful and include the experiences of the individual.

5.6 The main findings (also reflected by other councils) are better practice, through greater understanding between the individual and professionals. Clear direction was achieved by working towards the outcomes the individual wanted. We found that the language used was important because 'adult

abuse/protection' was more greatly understood by service users than the term 'safeguarding'. We discussed with people at the beginning of the process what outcomes they would like to see. As a result of this happening and outcomes being recorded, 100% of these were fully or partially achieved by the end of the process. Where outcomes had not been discussed achievement rates were lower at 60%.

5.7 About 28,000 adults in Kent have a learning disability and more than 4,000 are supported by KCC. The publication Adult Learning Disabilities in Kent - review 2013 captures the work we and our partners, including Kent Community Health Trust and Kent and Medway Partnership Trust, do for people. The service also works to make learning disability part of everyone's planning with services that are inclusive and personalised.

5.8 KCC recently invested in a project to review the Easy Read information provided by the council to make it more understandable and familiar. The Easy Read project is one of the ways the council is helping people who may need information presented in a way which is easier to understand. It spent six months working with service users, staff and partner organisations to produce targeted information for people with learning disabilities - not a 'one size fits all'.

5.9 KCC has new guidelines on how to write Easy Read, an image bank to help support the information, templates for staff to use and a cheat sheet of difficult words for them to use when producing letters, care plans and personal information for clients with learning disabilities. At the end of the project there will be a range of professionally produced information about council services they can access.

5.10 Following a period of review the Kent and Medway Partnership Trust (KMPT) have launched a new county wide service. An AMHP (Advanced Mental Health Professional) is either a mental health social worker or a Community Psychiatric Nurse (CPN) who has been trained to carry out assessments under the Mental Health Act and KMPT deliver this service on behalf of KCC. The new Kent AMHP Service is a 24 hour dedicated service supported by mixed role AMHPs who will be on the rota a week at a time to the service and whilst based in the Community Mental Health Teams (CMHT).

5.11 The service is based at St Martins Hospital, Canterbury and Priority House, Maidstone, working closely with colleagues in the Acute Service and Crisis Resolution and Home Treatment (CRHT). The new Kent AMHP service will deliver a more responsive and flexible service, managing the demand for mental health assessments across the county.

5.12 The role we play in improving health and wellbeing has become more prominent. The new Health and Wellbeing Board has bought together organisations to coordinate and oversee the development of integrated approaches to the commissioning of services. KCC has a lead responsibility for a range of local public health improvement and prevention work. Addressing health inequalities and ensuring access to public health information is now our responsibility. Healthwatch will be the consumer voice for health and social care. Through these arrangements, the voices of people at risk of discrimination and inequalities will be heard to be heard.

5.13 Equality and Diversity information relating to staff is already reported to Divisional Management Team meetings as part of routine HR reporting. Any specific issues are picked up through this route for management action. KCC Personnel Committee Report receive an annual report on staffing figures: **https://democracy.kent.gov.uk/documents/s46832/Item%205%20Annual%20Workforce%20Profile%20-%20report.pdf**

6. Key Challenges

6.1 In addition to the demographic and resource pressures covered in Section 4, adult social care is facing its biggest change in a generation with the introduction of the Care Act. This will mean that the council will be undertaking potentially an estimated 8,000 additional assessments of individuals.

6.2 Plans are underway to ensure that there is a proportionate response to manage the additional workload..

7. Governance

7.1 In 2012 governance arrangements were agreed to ensure compliance with the Public Sector Equality Duty (PSED) following an internal audit. Governance is based on decisions having an EqIA at both Departmental Management Team and Member levels. If decisions are taken without full equality analysis the authority is open to potential Judicial Review

7.2 KCC continues to use EqIAs to capture and evidence our analysis on the impact of our decisions and policies on the People of Kent. The Equality Act abolished the need for EqIAs but is clear on the need to undertake equality analysis in order to demonstrate that due regard has been paid to our Equality duties and KCC evidences this by way of an EqIA. EqIAs assess the impacts and or needs of policies, procedures and services on staff, Members and customers.

7.3 It has also been noted that there is no process in place regarding Officer decisions under delegated authority to ensure that Officers making decisions can evidence compliance with the Equality Act and the PSED. Arrangements are now being reviewed to ensure that all decisions have the outcomes of an equality analysis as part of the reports

8 Future reporting

8.1 It is proposed that KCC revises and consults on its equality objectives during 2014/2015. The objectives will be incorporated in to the new Strategic Commissioning Plan and the accompanying Outcomes Framework so that KCC can embed equality monitoring in to the core performance framework.

8.2 This will result in greater compliance in relation to the delivery of organisational priorities and core services. Critically outcomes will be monitored through core performance management frameworks which will result in greater efficiency and accountability in relation to the delivery and

outcomes of the objectives and services to customers. Performance monitoring is to be reported to the relevant Committees and this will meet the statutory duty under the Equality Act 2010.

8.3 Duplication will be reduced through ensuring KCC's equality duty is included in other published reports such as in the *Here for you, how did we do?* – the Local Account for Kent Adult Social Care and in the Adult Learning Disability in Kent Review.

9 Legal Implications and Risk Management.

9.1 The Public Sector Equality Duty (Section 149 of the Equality Act 2010) requires the Council to publish its Equality Annual Report each year.

10 Equality Impact Assessment

10.1 There is no requirement to undertake an Equality Impact Assessment because this paper reports performance monitoring on the previous year's work and internal governance arrangements.

11. Conclusion

The annual report has been able to identify progress on the relevant equality objectives. The Directorate can demonstrate that it provides accessible and usable services but it needs to continue to improve its governance arrangements and review how it communicates and provides information with service users.

12. Recommendation(s)

Recommendation(s): (select relevant wording from below)

The Adults Social Care & Health Cabinet Committee is asked to:

Note current performance.

Continue to ensure that equality governance is observed in relation to decision making.

Note the proposed changes to equality Objectives and agree to receive revised objectives.

Agree to receive this report annually in order to comply with the Public Sector Equality Duty.

13. Background Documents

13.1 Kent County Council Equality Objectives.

http://www.kent.gov.uk/about-the-council/strategies-and-policies/corporate-policies/equality-and-diversity/equality-and-diversity-objectives

13.2 2013-14 Local Account – Here for you, how did we do?

14. Contact details

Relevant Director:
Anne Tidmarsh, Director for Older People and Physical Disability
anne.tidmarsh@kent.go.uk
0300 333 6169

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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. 26 September 2014
Subject:	Risk Management – Adult Social Care.
Classification:	Unrestricted
Past Pathway:	Previous report presented 11 July 2014.
Future Pathway:	None
Electoral Division:	All

Summary: This paper presents the risks for Adult Social Care and sets out the Directorate approach to risk management.

Recommendation(s): The Cabinet Committee is asked to consider and comment on the risks presented.

1. Introduction

1.1 Kent Adult Social Care, along with similar services in other Local Authorities, is facing a time of significant challenge and change. This gives rise to a number of significant risks including the risks associated with:

- The Transformation Programme
- Austerity and the need to make substantial savings
- The need to safeguard vulnerable adults
- Integration with health
- Planning for the introduction of the Care Act
- The re-alignment and re-organisation of services
- Shaping and influencing the wider social care market

1.2 In addition to the more strategic risks outlined above, the service also has to be prepared for, and responsive to, operational risks. One example is a Supreme Court Judgement on 19 March 2014 relating to Deprivation of Liberty. The Judgement broadened the criteria for Deprivation of Liberty (DoL) cases and this has resulted in a large

increase in the number of DoLs assessments required and associated costs.

1.3 The risk registers are “live” documents to reflect changes in the types and levels of risk.

2. The Social Care Health and Wellbeing Risk Register

2.1 The key Adult Social Care risks are included in the Social Care Health and Wellbeing Risk Register which is attached to this report (Appendix1).

2.2 The Social Care, Health and Wellbeing Directorate Management Team formally reviews the risks, including progress against mitigating actions, on a quarterly basis, although individual risks can be identified and added to the register at any time.

2.3 There are currently 15 strategic risks featured on the Social Care, Health and Wellbeing risk register. The risks reflect the current challenges and changes taking place. The risks have controls and planned actions in place to manage them. Many of the risks highlighted on the register are discussed implicitly as part of regular items to Cabinet Committees.

2.4 Inclusion of risks on the Directorate register does not necessarily mean there is a problem. On the contrary, it can give reassurance that they have been properly identified and are being managed proactively.

3. Managing risk

3.1 KCC has a county wide approach to risk management and it forms part of the Council’s Internal Control Framework.

3.2 In addition to the Directorate wide risk register, risks registers are also monitored and reviewed at Divisional Management Meetings and as part of significant Directorate programmes and projects.

3.3 Key Directorate risks are included in the Corporate KCC risk register.

4. Recommendation

Recommendation:

The Cabinet Committee is asked to consider and comment on the adult social care risks in the Social Care, Health and Wellbeing risk register.

5. Contact details

Report Author

- Anthony Mort Customer Care and Operations Manager
- 01622 69696363
- Anthony.mort@kent.gov.uk

Relevant Director:

- Andrew Ireland
- 01622 696083
- Andrew.ireland@kent.gov.uk

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Social Care Health and Wellbeing

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Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	RiskLevel	Target Risk Level
SCHW 01 Transformation of adult social care services	Financial Operational Strategic	Transformation of adult social care services.	The transformation programme is being implemented in adult social care. Adopting new ways of working and implementing a programme of significant change is not without risk. Significant savings need to be made and carrying out the transformation is a demand on resources. If the transformation programme does not meet targets then this will lead to further pressures on the service and on budgets.	If the transformation programme does not meet targets this will lead to significant pressures on the service and on the directorate and local authority budgets. How the phases of theTransformation Programme are managed and implemented is crucial as it has a major impact on the service.	Andrew Ireland; Mark Lobban	H16	M9

Controls

Control	Control Measure Description	Control Owner
Governance Arrangements	A Transformation Portfolio Board is established with agreed Governance arrangements. As part of phase two there is a proposal to have a project management element to ensure the right change intiatives are being delivered in the right way.	Andrew Ireland Mark Lobban
Oversight and monitoring in place	Oversight and monitoring by Transformation Advisory Group Programme Board, Budget board and Cabinet.	Andrew Ireland Mark Lobban
Reporting	6 monthly reporting to Cabinet Committee and monthly programme reporting to portfolio board and TAG.	Andrew Ireland Mark Lobban
Separate risk register for Transformation.	There is a separate risk register and issues log at portfolio, programme and project levels.	Andrew Ireland Mark Lobban
Support of Efficiency partner.	Support of Efficiency partner with diagnostics, design and implementation of the Transformation agenda.	Andrew Ireland Mark Lobban
Transformation Programme in place	Transformation Programme in place with links and interdependencies with the KCC Transformation /Facing the Challenge Programme.	Andrew Ireland Mark Lobban

Actions

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	RiskLevel	Target Risk

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Communication	Ensure effective two way communication re the Transformation Programme. Need to ensure staff are informed and there is "ownership" of the message. A 6 weekly communication bulletin is produced and disseminated.	Accepted	Mark Lobban	01/10/2014
Efficiency Partner	On going work with an Efficiency Partner	Accepted	Mark Lobban	01/10/2014
Implementation	Implementation and roll out phase of Transformation: Optimisation, Care Pathways, Commissioning. Roll out of "Sandbox" methodology. Handover to business as usual to ensure the continued realisation of the benefits of the changes made.	Accepted	Anne Tidmarsh	01/10/2014
Manage the interdependencies.	Manage the interdependencies and relationship between transformation and other Corporate and Directorate programmes.	Accepted	Andrew Ireland	01/10/2014
Phase 2 design	Working with Newton Europe on the design of Phase 2. Assessments completed and assured by a Facing the Challenge Checkpoint Team. The Business Case for phase 2 to be considered at a Portfolio Board in September. Decision required before Newton Europe can start work on the design.	Accepted	Mark Lobban	31/03/2015

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	RiskLevel	Target Risk
SCHW 02 Transformation of children's services	Political Operational	Transformation of children's services	SCS Transformation to make continuous improvements to services for vulnerable children and young people in Kent.	Failing to Transform and Continuously improve services could adversely impact on vulnerable children and young people	Andrew Ireland; Philip Segurola	M9	L6

Controls

Control	Control Measure Description	Control Owner
Frameworks in place	Performance framework, operational framework, quality assurance framework and early intervention and prevention strategy in place.	Andrew Ireland Philip Segurola
Practice Development Programme	Practice Development Programme rolled out including masterclasses/training. Programme being evaluated.	Andrew Ireland Philip Segurola
Robust performance monitoring	Robust performance monitoring	Andrew Ireland Philip Segurola
SCS Transformation.	Children's Transformation is part of the over-arching cross-directorate 0-25 Portfolio. Children's Transformation is underpinned by the Social Work Contract, and all activity is robustly monitored via SCS Div Mt and the Children's Transformation Board. The Social Work contract is being implemented via a "worforce optimisation" workstream of children's transformation.	Andrew Ireland Philip Segurola

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Audits	Rolling programme of audits of services. Peer review audits re children in need. Track progress against previous audits. Results presented to SCS Div MT.	Accepted	Philip Segurola	31/10/2014
Recruitment.	Recruitment to permanent Social work and Managment vacancies. New website produced, recruitment events.	Accepted	Andrew Ireland	01/10/2014
SCS Transformation Programme.	Needs to be clear links between Transformation and Prevention. Support of Newton-Europe as an Efficiency Partner.	Accepted	Philip Segurola	01/10/2014

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	RiskLevel	Target Risk
SCHW 03 Safeguarding - Protecting vulnerable children and adults	Political Operational Reputational	Safeguarding - Protecting vulnerable children and adults.	The Council must fulfill its statutory obligations to effectively safeguard vulnerable children and adults.	Its ability to fulfill this obligation could be affected by the adequacy of its controls, management and operational practices or if demand for its services exceeds its capacity and capability.	Andrew Ireland; Mark Lobban; Philip Segurola; Penny Southern; Anne Tidmarsh	H16	M9

Controls

Control	Control Measure Description	Control Owner
Capability Framework	A tender process taking place to supply a capability framework for safeguarding and MCA for adult social care. This will revise the training for staff and ensure it is consistent with changes associated with the Care Act.	Mark Lobban Penny Southern Anne Tidmarsh
Deep Dives	Deep dives for constructive challenge by Senior Managers of front line services. More Deep dives planned.	Andrew Ireland
Extensive Staff Training	Extensive Staff Training. In SCS a Capability Framework to be launched with a Safeguarding element.	Andrew Ireland Mark Lobban Philip Segurola Penny Southern Anne Tidmarsh
Multi-agency working.	Multi-agency public protection arrangements in place.	Andrew Ireland Mark Lobban Philip Segurola Penny Southern Anne Tidmarsh
OPPD Safeguarding Improvement Plan	OPPD Safeguarding Improvment Plans in place	Anne Tidmarsh
Regular Reporting on Safeguarding.	Quarterly reporting to Directors and Cabinet Members and Annual Report for Members	Andrew Ireland Mark Lobban Philip Segurola Penny Southern Anne Tidmarsh
Safeguarding Boards	Safeguarding Boards in place for children's and for adult social care services, providing a strategic countywide overview across agencies.	Andrew Ireland Mark Lobban Philip Segurola Penny Southern Anne Tidmarsh
Scrutiny and Performance monitoring.	consistent scrutiny and performance monitoring through Divisional Management Teams, Deep Dives and audit activity.	Andrew Ireland Mark Lobban Philip Segurola Penny Southern Anne Tidmarsh
Transformation Plan in SCS	Children's Transformation Plan in SCS part of the wider 0 to 25 Portfolio.	Andrew Ireland Philip Segurola
Winterbourne	In Kent a joint Kent Winterbourne Steering Group has been established to learn the lessons from Winterbourne. The Steering group has established its own risk register and action plan.	Penny Southern

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	RiskLevel	Target Risk

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Audit feedback sessions	Audit feedback sessions taking place.	Accepted	Andrew Ireland	01/10/2014
Capability Framework	Preparation for the introduction of a Capability Framework for safeguarding and MCA in adult social care.	Accepted	Mark Lobban	31/12/2014
Cross-County file audits	Cross-County file audits	Accepted	Andrew Ireland	01/10/2014
Internal Audit (adult safeguardiing practices).	Implement the outcomes of the internal audit report (adult services). Has been through the assurance processes and actions to be included in the Safeguarding Action Plans.	Accepted	Mark Lobban	01/09/2014
Practice development programme to strengthen practice across children and families	Practice development programme to strengthen practice across children and families. Delivery of Phase 4 Improvement Plan Actions.	Accepted	Andrew Ireland	30/09/2014
Recruitment programme	Active recruitment programme in place to attract and retain high calibre social workers and managers	Accepted	Andrew Ireland	01/10/2014
Safeguarding training for the relevant staff.	Ongoing provision of safeguarding training for the relevant staff.	Accepted	Andrew Ireland	01/10/2014
Transformation in SCS	Transformation in SCS to get the business processes right to assist practitioners.	Accepted	Philip Segurola	01/10/2014

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	RiskLevel	Target Risk
SCHW 04 Austerity and pressures on public sector funding	Financial Operational Reputational	Austerity and pressures on public sector funding impacting on capital and revenue budgets.	Public sector finance pressures and the need to achieve significant efficiencies for foreseeable future impacting on capital and revenue budgets. Partner organisations and private sector providers also experiencing funding challenges potentially putting joint working at risk. Increased stress on some families due to financial pressures.	Major funding pressures impact on the delivery of social care services. The capital strategy putting specific projects at risk.	Michelle Goldsmith; Andrew Ireland	H25	H16

Controls

Control	Control Measure Description	Control Owner
More efficient use of assistive technology	More efficient use of assistive technology	Michelle Goldsmith Andrew Ireland Mark Lobban Penny Southern Anne Tidmarsh
Robust debt monitoring	Robust debt monitoring	Michelle Goldsmith Andrew Ireland
Robust financial and activity monitoring.	Robust financial and activity monitoring regularly reported to DMT and budget reporting within the DIv MTs	Michelle Goldsmith Andrew Ireland
SCS Transformation Board	Children's Transformation Board has been given a wider scope /TOR to include improvement of Business as usual functions. To manage budget reductions including care cost reduction and placement reconfiguration and improve business processes.	Philip Segurola
Strategic Priority Plans.	Strategic Prioirty Plans in place for 2014/15 along with Divisional Plans.	Andrew Ireland
Transformation programme	Transformation programme to ensure efficiencies and the best use of available resources.	Michelle Goldsmith Andrew Ireland Mark Lobban Penny Southern Anne Tidmarsh

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Building community capacity	Building community capacity. In LD services the GDP programme moving from segregated facilities to inclusive settings with partners.	Accepted	Andrew Ireland	01/10/2014

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	RiskLevel	Target Risk

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Business Plans for capital projects.	Business Plans for specific LD capital projects to demonstrate the efficiencies and value.	Accepted	Penny Southern	01/10/2014
Commissioning arrangements	Developing robust commissioning arrangements to manage /shape the social care market.	Accepted	Mark Lobban	01/10/2014
Continue to work innovatively with partners to identify any efficiencies.	Continue to work innovatively with partners, including health services, to identify any efficiencies.	Accepted	Andrew Ireland	01/10/2014
Development of appropriate incentives within the commissioning framework	Development of appropriate incentives within the commissioning framework	Accepted	Mark Lobban	01/10/2014
Focus on prevention, enablement and independence for vulnerable adults.	Focus on prevention, enablement and independence for vulnerable adults.	Accepted	Andrew Ireland	01/10/2014
High Cost Placements	Continue to review and ensure value for money from residential and IFA placements.	Accepted	Mark Lobban	01/10/2014
SCS Transformation Board.	SCS Transformation Board. To continue to manage budget reductions including care cost reduction and placement reconfiguration. Improve business processes	Accepted	Philip Segurola	01/10/2014
Transformation and modernisation agenda	Continued drive to deliver efficient and effective services through transformation and modernisation agenda.	Accepted	Andrew Ireland	01/10/2014

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	RiskLevel	Target Risk
SCHW 05 Health and Social Care integration Pioneer and BCF	Political Operational Strategic Reputational	Health and Social Care integration	Strategic developments and changing processes to develop integrated services will have a significant impact on ways of working.	This is a major strategic development that will impact on ways of working and the delivery of services.	Anne Tidmarsh	M12	L6

Controls

Control	Control Measure Description	Control Owner
Better Care Fund	The Better Care Fund will help the integration programme and the development of joined up working and commissioning.	Anne Tidmarsh
Integrated Care and Support Pioneer.	Kent is one of the 14 Integrated Care and Support Pioneers. This is giving renewed imputus to the integration programme in Kent. An Integration Pioneer Steering Group is in place.	Anne Tidmarsh
Local Delivery Groups.	Local Better Care Fund delivery groups in place covering the CCG areas. Locality action plans in place.	Anne Tidmarsh
Programme management.	Programme management arrangements in place with a Programme Plan and local action plans based on the Programme Plan.	Anne Tidmarsh
Reporting Arrangements in place.	Reporting and inputting to Transformation Board but also to Health and Well Being Boards, and CCG based programme boards for BCF delivery programmes.	Anne Tidmarsh

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Agreeing integrated performance measure and monitoring	Developing integrated performance measures and monitoring	Accepted	Anne Tidmarsh	01/10/2014
BCF Delivery	Local BCF delivery groups working on local action plans.	Accepted	Anne Tidmarsh	01/10/2014
Better Care Fund	The Better Care Fund plan has been produced and agreed by the Health and Wellbeing Board and submitted to NHS England. A further update required by the Health and Wellbeing Board for September 2014.	Proposed	Jo Frazer	30/09/2014
Connectivity of information systems	Working towards greater Connectivity of information systems via a shared Care plan.	Accepted	Anne Tidmarsh	01/10/2014
Joint work with CCGs	Work closely with the CCGs to focus on long term conditions to improve people's ability to self care.	Accepted	Anne Tidmarsh	01/10/2014
Pioneer Status	Kent has Pioneer Status for Health and Social Care Integration. This will widen the integration programme to include commissioning and provision. Further work to be done to develop and take forward the integration programme and wider Pioneer work.	Accepted	Anne Tidmarsh	01/10/2014

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	RiskLevel	Target Risk
SCHW 06 Health and Social Care Act 2012	Financial Operational Legal Strategic	Health and Social Care Act 2012	Working arrangements and health architecture following the Health and Social Care Act.	Significant implications for the delivery and provision of social care and health. Emergence of Clinical Commissioning Groups and the transfer of public health functions to Local authorities has required building new relationships and working arrangements. Could be increased diversity of practices to reflect the CCG areas. Possible implications for Section 75 agreements. Risks of potential cost shunting.	Andrew Ireland; Mark Lobban; Penny Southern; Anne Tidmarsh	M12	M9

Controls

Control	Control Measure Description	Control Owner
Close working at leadership level	Close working at leadership level seeking to build a shared transormation plan. Health and Well Being Board in place. FSC Directors meet with the CCG Accountable Officers.	Andrew Ireland Mark Lobban Philip Segurola Penny Southern Anne Tidmarsh
Existing partnership working with Health	Existing partnership working and joint initiatives with Health which are leading to shared improvements.	Andrew Ireland Mark Lobban Philip Segurola Penny Southern Anne Tidmarsh
JSNA to support health and social care commissioning	JSNA to support health and social care commissioning	Andrew Ireland Mark Lobban Philip Segurola Penny Southern Anne Tidmarsh
Maintain close links with commissioners	Maintain close links with commissioners to ensure application of continuing health care and Section 117 arrangements.	Andrew Ireland Mark Lobban Philip Segurola Penny Southern Anne Tidmarsh
Potential Cost Shunting	Ensure adherence to CHC framework. Monitor joint working arrangments.	Mark Lobban Philip Segurola Penny Southern Anne Tidmarsh
Review of locality boundaries	Restructure of OPPD boundaries and restructure of teams in progress.	Anne Tidmarsh
Section 75 agreements.	Ensure Section 75 agreements are monitored in new arrangments.	Mark Lobban Philip Segurola Penny Southern Anne Tidmarsh

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	RiskLevel	Target Risk

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Alignment of the commissioning plans	Alignment of the commissioning plans for SC and Clinical Commissioning Groups. Use of the Health and Well Being Strategy.	Accepted	Andrew Ireland	01/10/2014
Continued joint working with Health	Continued joint working with Health following the changes to the health architecture. Working with the CCGs and other health providers.	Accepted	Andrew Ireland	01/10/2014
OPPD boundary realignment.	OPPD boundary realignment work taking place on phased basis to align boundaries with CCGs.	Accepted	Anne Tidmarsh	01/10/2014
PHBs - Section 75 Agreement	A new Section 75 agreement produced including Personal Health Budgets. To implement the new agreement subject to approvals.	Accepted	Anne Tidmarsh	01/10/2014

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	RiskLevel	Target Risk
SCHW 07 Increasing demand for social care services	Financial Operational Reputational	Risk that demand will outstrip available resources.	Risk that demand will outstrip available resources. Fulfilling statutory obligations and duties becomes increasingly difficult against rising expectations. Increased demand due to: - demographic changes in population i.e. more people living longer, more people with dementia and an increase in clients with complex needs. Austerity potentially leads to more stress, family breakdown and need for support from specialist children's services. More reliance on informal carers leads to strain on families and individuals	Austerity potentially leads to more stress, family breakdown and need for support from specialist children's services. More reliance on informal carers leads to strain on families and individuals	Andrew Ireland; Mark Lobban; Penny Southern; Anne Tidmarsh	H20	H16

Controls

Control	Control Measure Description	Control Owner
Community Capacity	Developing community capacity	Andrew Ireland
Continue to explore roles and functions	Continue to explore roles and functions	Andrew Ireland Mark Lobban Penny Southern Anne Tidmarsh
Contracting and Procurement controls	Contracting and Procurement controls	Andrew Ireland Mark Lobban Penny Southern Anne Tidmarsh
Early intervention and Preventative services	Early intervention and Preventative services aimed at reducing demand-enablement, fast track minor equipment, short term care with step down and step up support.	Andrew Ireland Mark Lobban Penny Southern Anne Tidmarsh
Joint planning and commissioning with partners	Joint planning and commissioning with partners	Andrew Ireland Mark Lobban Penny Southern Anne Tidmarsh
Modernisation of older peoples and Learning Disability Services	Modernisation of older peoples and learning disability services	Andrew Ireland Mark Lobban Penny Southern Anne Tidmarsh
Representation being made regarding persons being placed into Kent.	Continued representation to central government and other agencies regarding the disproportionate number of people in need across the age ranges (children and adults) being placed by other local authorities into Kent.	Andrew Ireland Philip Segurola Penny Southern

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	RiskLevel	Target Risk

Control	Control Measure Description	Control Owner
Robust reporting and analysis to DMT and Business Planning	Robust reporting and analysis to DMT and Business Planning	Andrew Ireland Mark Lobban Penny Southern Anne Tidmarsh
Transformation Programme	Implementation of Adults Transformation Programme underway including: Care Pathways, Commissioning and Procurement and Optimisation.	Andrew Ireland Mark Lobban Penny Southern Anne Tidmarsh

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Adult social care Transformation Programme	Adult social care Transformation Programme - tracking and monitoring the impact of delivery -on going.	Accepted	Andrew Ireland	01/10/2014
Assistive Technology (Telecare)	Continued use and development of Assistive Technology (Telecare). Extend scope of Telecare.	Accepted	Andrew Ireland	01/10/2014
Continue to invest in preventative services	Continue to invest in preventative services through voluntary sector partners.	Accepted	Andrew Ireland	01/10/2014
Managing prices:	Managing Prices: Re-tendering for home Care and Residential Care.	Accepted	Mark Lobban	01/10/2014
Modernisation of Services	Continued modernisation of Older People Services and of Learning Disability Day Services through the Good Day Programme.	Accepted	Andrew Ireland	01/10/2014
monitoring demand	to monitor demand for services including new referrals and people requiring services for longer -often with complex needs.	Proposed	Penny Southern	01/10/2014
Ordinary Residence	Checking cases to ensure that where SCHW is approached to take cases on then the individual case does "qualify" under the Ordinary Residence guidance - on going.	Accepted	Andrew Ireland	01/10/2014
Review of care	Review of care ensuring good outcomes linked to effective arrangements for support. monitoring of trusted assessor arrangements eg carers assessments.	Accepted	Andrew Ireland	01/10/2014
Working to ensure children in care are supported with a permanency plan.	Continued working to ensure children in care are supported with a permanency plan. Early help for families. Promoting adoption and permanency where it is right for the child.	Accepted	Andrew Ireland	01/10/2014

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	RiskLevel	Target Risk
SCHW 08 Managing and working within the Social Care Market.	Financial Political Operational	Managing and working within the Social Care Market.	SCHW adult services commissions about 90% of services from outside the Directorate. Many of them from the Private and Voluntary sector. Although this offers efficiencies and value for money it does mean the directorate needs the market to be buoyant to achieve best value and to give service users real choice and control. Develop and promote the Children's social care market to ensure the sufficient supply to meet the needs of children in need and children in care.	Lack of capacity impacts on choice to support the personalisation agenda. Impact on P&V sector if we are contracting a range of different services in the community through personal budgets/direct payments creates a level of uncertainty for the P&V sector.	Andrew Ireland; Mark Lobban	M12	M9

Controls

Control	Control Measure Description	Control Owner
A risk based approach to monitoring providers	A risk based approach to monitoring providers	Andrew Ireland Mark Lobban
Commissioning framework for children's services	Commissioning framework for children's services	Andrew Ireland Mark Lobban
Commissioning in partnership with key agencies (health)	Commissioning in partnership with key agencies (health)	Andrew Ireland Mark Lobban
Commissioning Plans	Develop commissioning plans for specific service areas to determine if a tendering process is required and then implement.	Mark Lobban
Home Care Re-let	Separate Project Risk register held. Working with legal services and corporate procurement. Regular briefings to staff and communication with service users. monitoring the mobilsation phase of the home care re-let.	Mark Lobban
Independent Fostering Agencies	Every provider has signed the National Fostering Framework agreement and KCC'service specification.	Mark Lobban
Procurement and contract controls	Procurement and contract controls	Andrew Ireland Mark Lobban
Regular market mapping and price increase pressure tracking	Regular market mapping and price increase pressure tracking	Andrew Ireland Mark Lobban
Regular meetings with provider and trade organisations	Regular meetings with provider and trade organisations	Andrew Ireland Mark Lobban
Residential re-let	Commencing the reisdential relet	Mark Lobban
Reviewing relationships with voluntary organisations	Reviewing relationships with voluntary organisations	Andrew Ireland Mark Lobban

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	RiskLevel	Target Risk

Control	Control Measure Description	Control Owner
Strategic Commissioning and Access to Resources.	A strong Strategic Commissioning and Access to Resources function across FSC to ensure KCC gets value for money - whilst maintaining productive relationships with providers.	Andrew Ireland Mark Lobban

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Children's high cost placements.	Continue to review high cost placements in IFA and residential. Developing a commissioning framework for children's residential care.	Accepted	Mark Lobban	01/10/2014
Continued review of high cost placements	Continued on going review of high cost placements in Learning Disability Services to ensure value for money. Efficiency Partners involved in the review.	Accepted	Mark Lobban	01/10/2014
Ensuring market is able to offer choice in the new market conditions opened up by personalisation	Ensuring market is able to offer choice in the new market conditions opened up by personalisation	Accepted	Mark Lobban	01/10/2014
Home Care Re Tender	Home Care Re Tender taken place to ensure providers meet quality and financial standards. Communicating with staff to keep them informed. Close monitoring of data to ensure there are arrangements in place for each client. Mobilisation phase commenced.	Accepted	Mark Lobban	01/10/2014
Quality In Care	Project to improve quality of care in independent sector. Framework to be produced.	Accepted	Mark Lobban	01/10/2014
Residential and nursing home relet.	Preparations taking place for a tender for residential and nursing home care.	Accepted	Mark Lobban	01/10/2014

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	RiskLevel	Target Risk
SCHW 09 Information Technology	Operational Technological	Need to ensure that information systems are fit for purpose and support business requirements.	There is a risk that the ICT systems will fail.	If information systems are not fit for purpose then it can impact on the business and the delivery of services.	Andrew Ireland; Philip Segurola; Penny Southern	H16	L6

Controls

Control	Control Measure Description	Control Owner
An ICS board established.	An ICS board was established to oversee the procurement and integration of the new system.	Philip Segurola
ICS system is being project managed.	In specialist childrens services the new ICS system has been implemented.	Philip Segurola
Programme infrastructure being developed for AIS/SWIFT upgrade.	Upgrade to latest version of SWIFT/AIS for compelling technical reasons and the need to ensure the system meets Care Act requirements.	Penny Southern
Systems group is in place	Systems group is in place with clear governance arrangements to manage demands for changes to the system and to ensure operational resilience.	Penny Southern
Tender for an adult social care system.	It is recognised as a risk that the contract with the current system provider is time limited and the procurement procedures are to be implemented to prepare for a tendering process.	Penny Southern

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
ICS system.	Any issues and risks regarding the new ICS system are to be dealt with in the Programme board	Accepted	Philip Segurola	01/10/2014
Adult Social Care - client database.	The contract with the current provider is time limited. A number of actions are now required. 1) A specification to be developed that reflects the Care Act/Transformation/SEND changes 2) A strategic decision making group to consider the direction of travel and the scope of business requirements. 3) Initiate and follow the procurement processes.	Accepted	Penny Southern	31/12/2014
Upgrade to SWIFT/AIS	Project management arrangements in place and working towards an upgrade of SWIFT/AIS. System user involvement to assist with the design and testing of an upgraded version of SWIFT/AIS.	Accepted	Penny Southern	01/10/2014

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	RiskLevel	Target Risk
SCHW 10 Information Governance	Operational Legal Technological	With New Ways of Working, flexible working and increased information sharing across agencies there are increased risks in relation to data protection.	The success of health and social care integration is dependent upon organisations being able to share information across agencies boundaries. Such working means that client information may be shared with other organisations which may have an implication on information sharing protocols. Also flexible working could lead to increased risk of loss of data or equipment.	This could lead to breaches of the Data Protection Act if protocols and procedures are not followed.	Andrew Ireland; Mark Lobban; Penny Southern; Anne Tidmarsh	M9	L6

Controls

Control	Control Measure Description	Control Owner
Caldicott Guardians	Caldicott Guardian in place for FSC and Caldicott Guardian Guidance and register in place.	Andrew Ireland
E Learning training	E Learning training for staff to raise awareness. All staff to complete the e-learning training.	Andrew Ireland Mark Lobban Penny Southern Anne Tidmarsh
Employment contracts.	Clause in employment contracts requiring compliance with data protection requirements.	Andrew Ireland Mark Lobban Penny Southern Anne Tidmarsh
Information sharing agreements.	Information sharing agreements and protocols for some specific projects are in place.	Andrew Ireland Mark Lobban Penny Southern Anne Tidmarsh
Organisational policies.	Organisational policies on IT security and the principles of Data Protection in place.	Andrew Ireland Mark Lobban Penny Southern Anne Tidmarsh
Systems Development for newly commissioned services.	Policy impact Assessment for the information governance aspects of projects such as the residential re-let.	Andrew Ireland

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Communication	In SCS regular communication with staff to remind them of data protection requirements and the need to use secure e-mails etc. Also topic discussed at SCS Div MT.	Accepted	Philip Segurola	01/10/2014

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	RiskLevel	Target Risk
	Action Plan Description		**Action Plan Type**	**Action Plan Owner**	**Action Date**		
Information Governance Update	Information Governance reports to DMT with updates.		Accepted	David Oxlade	01/10/2014		
Information sharing agreements	All projects need to have information protocols and agreements where information is to be shared across agencies.		Accepted	Andrew Ireland	01/10/2014		
Information sharing with health	On going work with health partners regarding information sharing through the Pioneer Programme.		Accepted	Anne Tidmarsh	01/10/2014		
Production of SOPs	Standard operating procedures being produced with organisations that are to be data processors with access to adult social care client database information.		Accepted	Anne Tidmarsh	01/10/2014		
Raising awareness	Need to continue to raise awareness across staff groups		Accepted	Andrew Ireland	01/10/2014		

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	RiskLevel	Target Risk
SCHW 11 Business disruption	Financial Operational Legal Technological Reputational	Possible disruption to services	Impact of emergency or major business disruption on the ability of the Directorate to provide essential services to meet its statutory obligations.	Such an event would impact on the customers of our services and possibility the reputation of the service would suffer	Andrew Ireland; Penny Southern	M9	M9

Controls

Control	Control Measure Description	Control Owner
Business continuity in the independent sector.	Business continuity planning forms part of the contracting arrangements with private and voluntary sector providers	Andrew Ireland Penny Southern
Business Continuity Plans	Business Contniuity plans reviewed annually or in light of significant changes or events.	Andrew Ireland Penny Southern
Business Continuity Systems and Procedures are in place	Business Continuity Systems and Procedures are in place	Andrew Ireland Penny Southern
Business Impact Analysis.	Business Impact Analysis and Risk Assessment is reviewed at least every 12 months or when substantive changes in processes and priorities are identified.	Andrew Ireland Penny Southern
Partnership working at all levels	Good partnership working at all levels for emergency planning.	Andrew Ireland Penny Southern
Training	Crisis/emergency planning training available for staff.	Andrew Ireland Penny Southern

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Adverse Weather	Learn lessons from the response to the adverse weather events that occurred in 2013/14.	Accepted	David Oxlade	01/10/2014
Business continuity in the independent sector.	Business Management Team to work with strategic commissioning and corprate procurement to ensure contracted services have business continuity arrangements in place.	Accepted	David Oxlade	01/10/2014
Business Continuity Risk Assessment	Business Continuity Risk Assessment identifies actions at divisional level	Accepted	Andrew Ireland	01/11/2014
Regular review and update of continuity plans	Regular review and update of continuity plans	Accepted	Andrew Ireland	01/10/2014

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	RiskLevel	Target Risk
SCHW 12 KCC KMPT partnership agreement	Financial Legal Reputational	Partnership agreement with KMPT to deliver mental health services.	Risk that a failure to meet mental health statutory requirements would have legal, financial and reputational risks for the Local Authority and would impact on service quality for service users.	Legal, financial and reputational risks for the Local authority and impact on service users.	Penny Southern	M9	L6

Controls

Control	Control Measure Description	Control Owner
Governance and performance monitoring	Improved governance and performance monitoring arrangements in place.	Penny Southern
Monitoring at Divisional Management Team	Div Mt oversight of the joint operating plan and improved data quality to monitor services.	Cheryl Fenton Penny Southern
Operating Agreement	Operating Agreement developed and established between KCC and KMPT.	Mark Dinwiddy Cheryl Fenton Penny Southern
Safeguarding arrangements	Safeguarding posts in place. Safeguarding audits take place and regular performance monitoring.	Penny Southern

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Deliver the personalisation agenda	Continue to promote the personalisation agenda with social care clients in mental health services. Including increase in social care clients with a personal budget - some increase in the number of DPs. SDR service restructured. Training on personalisation provided, teams producing action plan re promoting personalisation.	Accepted	Cheryl Fenton	01/10/2014
mental health social care responses in primary care.	Develop the mental health social care responses in primary care; project management arrangements developed. A steering group is looking at models for the delivery of primary care/social care (clusters 1, 2 and 3)	Accepted	Penny Southern	01/10/2014
Operating Agreement	Operating Agreement between KCC and KMPT monitored through Div MT on an on-going basis.	Accepted	Cheryl Fenton	01/10/2014
Reporting KPIs	Monitor KPIs -focus on red indicators and exception reports. Address IT issues - action plan to do this. On-going monitoring, discussion and action planning re KPIs in place. Learning from audits.	Accepted	Cheryl Fenton	01/10/2014

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	RiskLevel	Target Risk

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Social Care Staffing in KMPT	Improve the supervision and support for social care staff - Arrangements for professional supervision in place. Induction for restructured posts in place and being implemented. Supervision audits on-going. Various workforce reviews undertaken - to monitor outcomes. Targeted recruitment plan re posts that are hard to recruit to.	Accepted	Cheryl Fenton	01/10/2014

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	RiskLevel	Target Risk
SCHW 13 Preparation for legislative change	Operational Legal Reputational	Care Act and Children and Families Act.	Care Act - Significant implications for adult social care services. It establishes a new legal framework for care and support services. An emphasis on early intervention, prevention and increasing choice and control and changes to charging. New duties to be introduced to provide support services to carers. Children and Families Act introduced, implications for - assessments for children with SEN, adoption services and contact and residence plans.	The Care Act when implemented will have a significant impact on services. The Children and Families Act has implications for some SCS services and a significant impact on SEN services.	Andrew Ireland; Michael Thomas-Sam	M9	L6

Controls

Control	Control Measure Description	Control Owner
Care Act	Transactional, activity and financial implications of the Act are reported to DMT. Implications of the Act also reported to CMT to inform the 2015/16 budget. Programme Plan went to the Transformation Board, Corporate Board and Cabinet Committee in July.	Andrew Ireland Michael Thomas-Sam
Care Act Programme	A Care Act Programme established to ensure KCC is well placed to deliver the new responsibilities. A programme board in place with representatives from across KCC and the efficiency partner. Regular briefings for elected Members and other stakeholders held.	Michael Thomas-Sam
Children and Families Act	Children and Families Act implemented. Working with colleagues in SEN services on the changes.	Philip Segurola Penny Southern
Increase awareness of the Welfare Reform Act.	Reports to Corporate Board and DMTs. Also to Policy and Resources Committee and Kent Joint Chiefs meeting.	Michael Thomas-Sam

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Care Act	Workshops and training to be arranged on the implications of the Care Act.	Accepted	Michael Thomas-Sam	01/10/2014
Care Act Programme Plan	An outline programme plan in place with a number of projects including: costs modelling; communications;workforce capacity; commissioning; financial assessment and charging; safeguarding; IT and information systems	Accepted	Michael Thomas-Sam	01/10/2014

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	RiskLevel	Target Risk
	Action Plan Description		**Action Plan Type**	**Action Plan Owner**	**Action Date**		
Care Act progress	To continue to prepare for the Care Act. Project plans in place with workstreams for key areas. To determine the implications of the Act and the associated regulations and guidance for KCC. To prepare for implementation when the Act in enacted in 2015.		Accepted	Andrew Ireland	01/10/2014		
Children and Families Act	Further input to an SEN pathfinder project and development of a "local offer".		Accepted	Andrew Ireland	01/10/2014		
reporting and communication	To keep DMT and Div Mts informed of developments and preparations for the Care Act. To communicate through briefings and updates to staff.		Accepted	Michael Thomas-Sam	01/10/2014		
Transformation programme.	The principles contained in the Care Act to inform the Transformation programme. .		Accepted	Michael Thomas-Sam	01/10/2014		

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	RiskLevel	Target Risk
SCHW 14 Organisational Change	Operational Strategic	Significant amount of organisational change.	Several major change programmes underway at the same time.	Possible impact on service delivery and could lead to unclear responsibilities	Andrew Ireland; Mark Lobban; Philip Segurola; Penny Southern; Anne Tidmarsh	M12	M12

Controls

Control	Control Measure Description	Control Owner
Centralisation of key support services e.g finance, training function, business support, ICT, communication.	Business support arrangements in place. On going engagement in management team.	Andrew Ireland
Facing the Challenge	Facing the Challenge: Delivering Better Outcomes. Transformation Plan - version 1 produced and disseminated. Phase 2 now in progress - report went to the county council on 27 March with a progress report and update.	Andrew Ireland
New Ways of Working	New ways of working is leading to changes in KCC accommodation arrangements and where people are based. A New Ways of Working Risk Register exists to log risks. FSC has representation on the New Ways of Working Programme Board.	Andrew Ireland
OPPD boundary realignment and optimisation restructuring.	Programme Management arrangements in place with implementation groups and careful communication and engagement of stakeholders. Working closely with the Efficiency Partner on the Optimisation Programme and Transformation. Staff briefings and consultation have taken place and the implementation phase has commenced.	Anne Tidmarsh

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
Centralisation of Support Services	Continue to maintain close working with support services e.g finance, ICT, training, communication.	Accepted	Andrew Ireland	01/10/2014
KCC Transformation Plan	Corporate transformation team set up, further workshops being delivered for staff. New Directorates took effect from 1 April 2014. Phase 2 of Facing the Challenge in progress.	Accepted	Andrew Ireland	01/10/2014
New Ways of Working	To continue to communicate the implications of New Ways of working for the Directorate and workplace management team to develop a NWW risk register. Key risks will then escalate to the SCHW risk register.	Accepted	Penny Southern	01/10/2014
OPPD Boundary Realignment and Optimisation Restructuring.	Phased approach to the project. Links to other programmes including Transformation, Access to Services and the HASCIP Pioneer Programme. Implementation phase taking place with a programme plan and area plans.	Accepted	Anne Tidmarsh	01/10/2014

Risk	Risk Types	Source/Cause of Risk	Risk Event	Consequence	Risk Owners	RiskLevel	Target Risk
SCHW 15 MCA and Deprivation of Liberty Assessments	Financial Operational Legal Reputational	A judgement by the Supreme Court has implications for the number of Deprivaton of Liberty Assessments that are required.	The number of Deprivation of Liberty assessments has significantly increased. This could lead to DOLs applications and Best Interests Assessments not being done within the statutory framework.	This could result in some people living in circumstances where they are deprived of their liberty based on the new legal interpretation but without a DoLs assessment. This could be detrimental to the individual and could result in a challenge based on the Supreme Court judgement.	Mark Lobban	H16	M8

Controls

Control	Control Measure Description	Control Owner
Briefing issued to staff regarding the Supreme Court judgement.	Briefing issued by Corporate Director.	
Briefing to DMT regarding the Supreme Court judgement.	DMT briefed on the judgement and its implications.	

Actions

	Action Plan Description	Action Plan Type	Action Plan Owner	Action Date
DOLs/MCA resource	Staff recently completed BIA training are now on the rota. More training to be commissioned. Interim staffing proposal accepted by DMT to increase the level of staffing. Recruitment underway.	Accepted	Mark Lobban	01/10/2014
Initial Analysis	An initial analysis to identify the likely extent of demand completed. The number of referrals has doubled and some providers have requested assessments of all their residents. Further work commissioned to revisit original estimates of inceased flows of referrals using in part data since the Supreme Court ruling.	Proposed	Mark Lobban	01/11/2014
Review the MCA/BIA work.	Review the MCA/BIA work to identify any efficiencies that can be made in the processes or ways of working. Process mapping work completed examining work flows and organisation. New systems introduced and development of new module within AIS underway. This work to inform the steering group looking at the possible longer term options for managnig MCA/DoLs work.	Accepted	David Oxlade	01/12/2014
Wider context	As this risk is the result of a national judgement - most Local Authorities will be facing similar challenges. To keep abreast of any national (DH) or regional developments.	Proposed	Mark Lobban	31/10/2014

From: Peter Sass, Head of Democratic Services

To: Adult Social Care and Health Cabinet Committee – 26 September 2014

Subject: **Work Programme 2014/15**

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: Standard item

Summary: This report gives details of the proposed work programme for the Adult Social Care and Health Cabinet Committee.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to consider and agree its work programme for 2014/15.

1. Introduction

1.1 The proposed Work Programme has been compiled from items on the Forthcoming Executive Decision List, from actions arising from previous meetings and from topics identified at agenda setting meetings, held six weeks before each Cabinet Committee meeting in accordance with the Constitution and attended by the Chairman, Vice-Chairman and the Group Spokesmen. Whilst the Chairman, in consultation with the Cabinet Member, is responsible for the final selection of items for the agenda, this item gives all Members of the Cabinet Committee the opportunity to suggest amendments and additional agenda items where appropriate.

2. Terms of Reference

2.1 At its meeting held on 27 March 2014, the County Council agreed the following terms of reference for the Adult and Social Care and Health Cabinet Committee:- '*To be responsible for those functions that sit within the Social Care, Health and Wellbeing Directorate and which relate to Adults. The functions within the remit of this Cabinet Committee are:*

Strategic Commissioning Adult Social Care
Quality Assurance of Health and Social Care
Integrated Commissioning – Health and Adult Social Care
Contracts and Procurement
Planning and Market Shaping
Commissioned Services, including Supporting People
LASAR (Local Area Single Assessment and Referral)
KDAAT (Kent Drugs and Alcohol Action Team)

Older People and Physical Disability
Enablement
In-house Provision – residential homes and day centres

Adult Protection
Assessment and Case management
Telehealth and Telecare
Sensory services
Dementia
Autism
Lead on Health integration
Integrated Equipment Services and Disability Facilities Grant
Occupational Therapy for Older People

Transition planning

Learning and Disability and Mental Health
Assessment and Case management
Learning Disability and mental health In-house Provision
Adult Protection
Partnership Arrangement with the Kent and Medway Partnership Trust and Kent Community Health NHS Trust for statutory services
Operational support unit

Health - when the following relate to Adults (or to all)
Adults' Health Commissioning
Health Improvement
Health Protection
Public Health Intelligence and Research
Public Health Commissioning and Performance

2.2 Further terms of reference can be found in the Constitution at Appendix 2 Part 4 paragraph 21, and these should also inform the suggestions made by Members for appropriate matters for consideration.

3. Work Programme 2014/15

3.1 An agenda setting meeting was held on 28 July 2014, at which items for the September meeting were agreed and future agenda items planned. The Cabinet Committee is requested to consider and note the items within the proposed Work Programme, set out in the appendix to this report, and to suggest any additional topics that they wish to considered for inclusion to the agenda of future meetings.

3.3 When selecting future items the Cabinet Committee should give consideration to the contents of performance monitoring reports. Any 'for information' or briefing items will be sent to Members of the Cabinet Committee separately to the agenda or separate member briefings will be arranged where appropriate.

4. Conclusion

4.1 It is vital for the Cabinet Committee process that the Committee takes ownership of its work programme to help the Cabinet Member to deliver informed and considered decisions. A regular report will be submitted to each meeting of the Cabinet Committee to give updates of requested topics and to seek suggestions for future items to be considered. This does not preclude

Members making requests to the Chairman or the Democratic Services Officer between meetings for consideration.

5.	**Recommendation:** The Adult Social Care and Health Cabinet Committee is asked to consider and agree its work programme for 2014/15.

6. Background Documents

None.

7. Contact details

Report Author:
Theresa Grayell
Democratic Services Officer
01622 694277
theresa.grayell@kent.gov.uk

Lead Officer:
Peter Sass
Head of Democratic Services
01622 694002
peter.sass@kent.gov.uk

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Last updated on: 16 September 2014

ADULT SOCIAL CARE AND HEALTH CABINET COMMITTEE – WORK PROGRAMME 2014/15

Agenda Section	Items
4 DECEMBER 2014	
B – Key or Significant Cabinet/Cabinet Member Decisions	• **Adult Healthy Weight review** decision report for endorsement or rec (part-exempt) • **Healthy Living Pharmacies** decision report for endorsement or rec (part-exempt) • **Alcohol Strategy for Kent** • **Live it Well Strategy refresh** •
C – Items for Comment/Rec to Leader/Cabinet Member	• **Budget** • **Care Quality Commission consultation on new inspection regime** – report on outcome of consultation (Cttee will have had input between meetings, via briefing with Graham) • **Winterbourne/self-assessment framework** • **Care training and recruitment to meet future needs** (added by Tom Maddison 28/7/14)
D – Monitoring	• **Adult Social Care Performance Dashboards** now to alternate meetings **and mid-year business plan Monitoring** • **Public Health Performance Dashboard - Health Improvement Programme Performance report** now to alternate meetings • **Care Act Update – various decisions to be taken** • **Work Programme**
E – for Information - Decisions taken between meetings	•
JANUARY 2015	
B – Key or Significant Cabinet/Cabinet Member Decisions	• **Suicide Prevention Strategy** decision report for endorsement or rec (part-exempt)
C – Items for Comment/Rec to Leader/Cabinet Member	• **Health Inequalities update** *(12 months on from report at Jan 2014 mtg)* • **Draft Revenue and Capital Budgets 2013/14**
D – Monitoring	• **Local Account Annual report** • **Work Programme**
E – for Information - Decisions taken between meetings	•
SPRING 2015	
B – Key or Significant Cabinet/Cabinet Member Decisions	• **Suicide Prevention Strategy** decision report for endorsement or rec (part-exempt) •
C – Items for Comment/Rec to Leader/Cabinet Member	• **Transformation and Efficiency partner update –** *regular six-monthly*
D – Monitoring	• **Strategic Priority Statements** incl **Risk Registers** • **Adult Social Care Performance Dashboards** now to alternate meetings • **Public Health Performance Dashboard - Health Improvement Programme Performance report** now to alternate meetings • **Work Programme**

E – for Information - Decisions taken between meetings	
SUMMER 2015	
B – Key or Significant Cabinet/Cabinet Member Decisions	•
C – Items for Comment/Rec to Leader/Cabinet Member	• **Transformation and Efficiency partner update –** *regular six-monthly* •
D – Monitoring	• **Local Account Annual Report** • **Risk Registers** • **Work Programme**
E – for Information - Decisions taken between meetings	
AUTUMN 2015	
B – Key or Significant Cabinet/Cabinet Member Decisions	•
C – Items for Comment/Rec to Leader/Cabinet Member	•
D – Monitoring	• **Adult Social Care Performance Dashboards** now to alternate meetings • **Public Health Performance Dashboard - Health Improvement Programme Performance report** now to alternate meetings • **Work Programme** • **Local Account Annual report** • **Complaints and Compliments annual report** • **Safeguarding Vulnerable Adults annual report**
E – for Information - Decisions taken between meetings	

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of the Local Government Act 1972.

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