ADULT SOCIAL CARE AND HEALTH CABINET COMMITTEE

Tuesday, 6 December, 2016

10.00 am

Darent Room, Sessions House, County Hall, Maidstone

AGENDA

ADULT SOCIAL CARE AND HEALTH CABINET COMMITTEE

Tuesday, 6 December 2016 at 10.00 am	Ask for:	**Theresa Grayell**
Darent Room, Sessions House, County Hall, Maidstone	Telephone:	**03000 416172**

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, Mrs P T Cole, Mrs V J Dagger, Mr P J Homewood, Ms D Marsh and Mrs C J Waters
UKIP (2)	Mr H Birkby and Mr A D Crowther
Labour (2)	Mrs P Brivio and Ms A Harrison
Liberal Democrat (1):	Mr S J G Koowaree

Webcasting Notice

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By entering into this room you are consenting to being filmed. If you do not wish to have your image captured please let the Clerk know immediately

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 October 2016 (Pages 7 - 16)

To consider and approve the minutes as a correct record.

A5 Meeting Dates 2017/2018

To note that the following dates have been reserved for this committee's meetings in 2017/2018:-

Tuesday 30 January 2017*
Tuesday 14 March 2017
Friday 9 June 2017
Friday 29 September 2017
Thursday 23 November 2017
Friday 19 January 2018
Friday 9 March 2018

all will commence at 10.00 am at Sessions House, County Hall, Maidstone.

* *this date was changed shortly after the meeting, from 31 January 2017*

A6 Verbal updates by the Cabinet Member and Directors (Pages 17 - 18)

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 Director of Public Health.

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

B1 Your Life, Your Well-being - a Vision and Strategy for Adult Social Care 2016 - 2021 (16/00098) (Pages 19 - 132)

To receive a report and presentation 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 to approve the final draft of the strategy, with the supporting Accommodation Strategy for Adult Social Care and the Community Support Market Position Statement.

B2 Adult Lifestyle Transformation - Living Well/Ageing Well Services for Smoking Cessation, Health Trainers, Healthy Weight and NHS Health Checks (16/00046(3)) (Pages 133 - 142)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Director of Public Health, and to consider and endorse or make recommendations to the Cabinet Member on the proposed decisions to (a) change the service delivery for individual lifestyle services into an integrated service called One You Kent and to (b) extend current contracts for health lifestyle services until 20 September 2017, to take account of emerging changes in the health and social care system.

B3 East Kent Drug and Alcohol Services Procurement (16/00093) (Pages 143 - 148)

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

recommendations to the Cabinet Member on the proposed decision to award a contract for East Kent Drug and Alcohol Services to the successful bidder, following competitive tender.

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

C1 Kent County Council Accommodation Strategy - Better Homes, Greater Choice (Pages 149 - 176)

To receive a report and presentation from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director of Social Care, Health and Wellbeing, on which the committee is invited to comment.

C2 Adult Social Care Transformation and Efficiency Partner update (Pages 177 - 180)

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 which the committee is invited to comment.

C3 Consultation on the Strategy for Adults with Autism in Kent (16/00134) (Pages 181 - 274)

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 draft strategy, on which the committee is invited to comment.

D - Monitoring

D1 Adult Social Care Performance Dashboard (Pages 275 - 292)

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, outlining current performance, on which the committee is asked to comment.

D2 Public Health Performance - Adults (Pages 293 - 298)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Director of Public Health, outlining current performance and actions taken by Public Health, on which the committee is invited to comment.

D3 Commissioned Support Services for Adult Carers (Pages 299 - 306)

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 progress made in supporting adult carers and the work which has started on re-commissioning adult carers' services from 1 April 2018, on which the committee is invited to comment.

D4 Dementia Services - Projects and Initiatives (Pages 307 - 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 on the progress made in supporting people living with Dementia and their carers and work being undertaken with the NHS to ensure that Dementia services in Kent

are of a high quality and consistently available, on which the committee is asked to comment.

D5 Work Programme 2017 (Pages 341 - 346)

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

EXEMPT ITEMS

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

John Lynch,
Head of Democratic Services
03000 410466

Monday, 28 November 2016

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

KENT COUNTY COUNCIL

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 Tuesday, 11 October 2016.

PRESENT: Mr C P Smith (Chairman), Mr G Lymer (Vice-Chairman), Mrs A D Allen, MBE, Mrs P Brivio, Mrs P T Cole, Mr A D Crowther, Mrs V J Dagger, Ms A Harrison, Mr P J Homewood, Mr S J G Koowaree, Ms D Marsh, Mr A Terry (Substitute for Mr H Birkby) and Mrs C J Waters

ALSO PRESENT: Mr G K Gibbens

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

UNRESTRICTED ITEMS

1. Membership
(Item A2)

The Committee noted that Ms Diane Marsh had joined the Committee to fill the vacancy left by the recent death of Robert Brookbank.

2. Apologies and Substitutes
(Item A3)

Apologies for absence had been received from Mr H Birkby. Mr Terry was present as a substitute for him.

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

Mrs A D Allen declared interests as the Co-Chairman of the Dartford and Gravesham Partnership Forum for Adults with Learning Disabilities, and as an observer at 'Choices', North West Kent Women's Aid.

Mr S J D Koowaree declared an interest as his grandson was in the care of the County Council.

4. Minutes of the meeting held on 12 July 2016
(Item A5)

RESOLVED that the minutes of the meeting held on 12 July 2016 are correctly recorded and they be signed by the Chairman. There were no matters arising.

5. Verbal updates by the Cabinet Member and Directors
(Item A6)

Adult Social Care

1. Mr G K Gibbens introduced Hattie Oliver from the Kent Youth County Council, who was shadowing him for the day. He then gave a verbal update on the following adult social care issues:

Launch of Adult Social Care Strategy Consultation
King's Fund/Nuffield Social Care for Older People – this was looking at how social care would need to change in the future.
29 September – Spoke at Hot Potato Dementia Event in Herne Bay, which was seeking to create dementia-friendly communities. A similar event was planned shortly in West Kent.
5 October – Spoke at Safeguarding provider event as part of Safeguarding Awareness Week
Kent Learning Disability Partnership Awards – this had been an excellent event, attended by Penny Cole, which celebrated the achievement of people with Learning Disabilities.

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

Statutory Care and Support Guidance published on 26 September had included new regulations and feedback which would build on the guidance issued with the Care Act.
National Survey on the Care Act would seek people's accounts of personal involvement with the new Care Act and what difference it had made to them.
Consultation on changes to Attendance Allowance – a vital part of local authorities' push to retain 100% of local business rates would be to use some of this money to enhance attendance allowances.

Adult Public Health

3. Mr G K Gibbens gave a verbal update on the following public health issues:

Child Obesity Plan
Parliamentary Select Committee report on Public Health post-2013 reforms
13 September – Attended Public Health England Conference at Warwick University in Coventry - at this, there had been much support for the campaigns for smoke-free play areas and smoke-free school gates. Mr Gibbens added that he would be using some of his Individual Member Grant to help promote these locally.
20 September – Attended roundtable at The King's Fund about the role of pharmacies as a community asset. The National Pharmacies Association had attended all the Party Group conferences in the autumn to promote the role of community pharmacies. In response to questions, Mr Gibbens explained that:

- the issue of community pharmacies would be included in local launches of the Health and Social Care consultation, and would be taken forward as part of this; and
- previous representations about community pharmacies made to the Minister and the Department of Health had received good responses, and there would be a fund made available to support pharmacies in rural and urban fringe areas. A response from the new Minister was currently awaited.

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

Introduction of new Deputy Director of Public Health, Dr Allison Duggal
Diabetes Wellness (DWELL) programme – this work would seek to establish the link between type 2 diabetes and wellness, and assess the impact of lifestyles upon diabetes. £1.6m of European funding for this would be made available over four years.
New Health Profiles published on 16 September – these would become part of standard performance indicators.
World Mental Health Day had taken place on 10 October - as part of this, the County Council would be promoting its 'Release the Pressure' campaign. So far during this campaign, there had been a 56% increase in the number of men calling the helpline, and much support had also come from the media and public.

6. Commissioning of Integrated Domestic Abuse Services (16/00014)
(Item B1)

Ms M Anthony, Commissioning and Development Manager, was in attendance for this item.

Mrs A D Allen declared an interest in this item as an observer at 'Choices', North West Kent Women's Aid.

1. Ms Anthony introduced the report and, with Mr Ireland, responded to comments and questions from Members, as follows:-

a) the increase in the number of recorded cases of domestic abuse was due partly to raised awareness and partly to an increased confidence and willingness to report incidents. To have a reliable overview of patterns across the county would make it easier to target resources and ensure that services covered all areas evenly;

b) the need for alternative accommodation for families escaping domestic abuse was whole-heartedly supported. Individual local councils sometimes struggled to provide such accommodation, so an holistic county-wide approach was needed;

c) cases of domestic abuse among elderly couples would sometimes come to light when domiciliary carers went into their home as part of a general care package. Patterns of abusive behaviour may have become ingrained over a lifetime and become accepted as the norm; and

d) the County Council would work with the Police and Crime Commissioner to shape its approach to service provision, and would work in close partnership with other organisations to ensure that their respective service provisions were mutually compatible. The Council had agreed with its partners that it would retain overall control, management and monitoring of countywide service delivery, to ensure that service provision continued to be appropriate and consistent across the county.

2. The Cabinet Member, Mr G K Gibbens, directed Members' attention to the timing of the tendering process required to serve a contract start date of 1 April 2017, which meant that the key decision to award the contract would need to be taken between meetings of this committee. He offered to provide an additional briefing to any Member who wished to have one. There was general acceptance around the table that this would be the way forward, with an additional special meeting of this committee being convened if necessary.

3. RESOLVED that:-

a) the funding for domestic abuse services from 2017/18 be noted; and

b) the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to commission integrated services for domestic abuse support and to delegate to the Corporate Director of Social Care Health and Wellbeing, or other suitable nominated officer, authority to implement that decision, be endorsed, taking into account the comments made by Members, set out above.

7. Accommodation-based Short Breaks Model (16/00067)
(Item B2)

Ms S McGibbon, Change Implementation Officer, and Ms R Adby, Infrastructure Business Relationship Manager, were in attendance for this item.

1. Ms Southern introduced the report and presented a series of slides which set out the planned development of the service and set out the key aims of the current proposed development, for example, to achieve a smooth transition between children's and adults' services. She reassured Members that there was no proposed reduction to service provision and demonstrated that the accommodation-based short break services were countywide services and therefore accessed based on which service could best meet the needs of the individual, rather than the location of the building.

2. The Cabinet Member, Mr Gibbens, drew Members' attention to the easy-read report, which had been presented in the agenda pack with the usual papers, as had become customary when reporting on a range of public-facing services, and said he would welcome Members' views on how to improve and clarify the presentation of future reports.

3. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to proceed with the accommodation-

based short break model, to end service provision from Osborne Court, to identify alternative services for the 58 service users and family carers and close Osborne Court, and to delegate authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions to implement the decision, be endorsed.

8. Community Day Services for People with a Learning Disability and/or Physical Disability (16/00089)
(Item B3)

Ms S Sheppard, Commissioning Manager, Community Support, was in attendance for this item.

1. Ms Southern introduced the report and, with Ms Sheppard and Mr Lobban, responded to comments and questions from Members, as follows:-

a) it was suggested that the wording in para 2.6 be amended from 'index-related price increase' to 'annual price increase', to clarify how increases would work and how this system would operate;

b) it was confirmed that the open framework for participants in the tendering process would open at intervals of 6, 12, 24 and 36 months and that the paper would be amended to reflect this; and

c) the clarity of the plans for day services was commended and it was suggested that these plans be used as a 'pledge' to people with learning disabilities, in the same way that the County Council had issued a pledge of services and support it would give to children in its care. It was important also that the County Council's partners, including district and borough councils, should be fully involved in these plans so that service users received a consistent message.

2. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to recommission Community Day Services for people with a Learning Disability and/or Physical Disability (External), and to delegate authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to take the necessary actions to implement the decision, be endorsed.

9. Local Account for Kent Adult Social Care (April 2015 - March 2016) (16/00090)
(Item B4)

Ms S Smith, Head of Performance and Information Management, and Ms T Easdown, Project Officer, Performance and Information Management, were in attendance for this item.

1. Ms Smith introduced the report and, with Mr Ireland and Ms Easdown, responded to comments and questions, as follows:-

a) Members who attended the workshop at the end of September were thanked for their contributions, which had been built into the final version of the document which the Cabinet Member would sign off;

b) the local account document included an overview of the number of complaints and compliments received, but more detail of the subject of complaints and the responses to them was set out in the annual complaints and compliments report, which had recently been reported to this committee. Mr Ireland emphasised the importance of the investigation of complaints being approached with an open mind; and

c) the clarity of the document was praised and it was suggested that it be included in the briefing pack given to newly-elected Members. Ms Smith added that the final document would be accompanied by an easy-read version and a series of short videos, all of which would be available on the County Council website.

2. RESOLVED that the draft Local Account document 'Here for you, how did we do?' (April 2015 – March 2016) be endorsed as the final version and it be signed off by the Cabinet Member for Adult Social Care and Public Health.

10. Sexual Health Services - contract extensions (16/00095)
(Item B5)

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

1. Ms Sharp introduced the report and explained that the extension currently proposed would take advantage of a clause already present in the current contract. As the current provider was achieving 100% in relation to mandated performance against key performance indicators, officers had no hesitation in seeking the extension. Ms Sharp and Mr Scott-Clark responded to comments and questions from Members, as follows:-

a) the targeting of the condom programme would be based upon areas where demand was highest; and

b) although the condom programme covered a wide age group, including an increasing number of older people, the age group which most used the service was 20 – 24, with 16 – 19 year olds being the second largest user group.

RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to extend the existing contracts for sexual health services to 31st March 2019, be endorsed.

11. Public Health Adult Substance Misuse Service procurements
(Item C1)

1. Ms Sharp introduced the report and explained the different commissioning arrangements for services in East Kent and those for Her Majesty's Prison Service, which the County Council commissioned on behalf of NHS England. The latter had the challenge of responding to the changing profile and needs of the prison population.

2. RESOLVED that the planned procurement processes for East Kent and Kent and Medway Prisons Substance Misuse services be endorsed.

12. Shaping the Future - Care Quality Commission Strategy for 2016 - 2021
(Item C2)

Mr M Thomas-Sam, Head of Strategy and Business Support, was in attendance for this and the following three items.

RESOLVED that the content of the report be noted.

13. Care Act - update on the implementation
(Item C3)

1. Mr Thomas-Sam introduced the report and he and Mr Ireland responded to comments and questions from Members, as follows:-

a) the County Council had been happy to accept the changes made to its policy and procedures to cover its new responsibilities and ensure that they continued to comply with the Care Act's revised requirements; and

b) carers' safeguarding had been an area of increased activity before the advent of the Care Act, and much work had already been going on to identify future patterns of need.

2. RESOLVED that the extent to which the County Council had embedded, and continued to embed, the statutory requirements into practice, be noted.

14. Your Life, Your Well-being - A Vision and Strategy for Adult Social Care, 2016 - 2021
(Item C4)

Ms J Dixon-Sherreard, Policy Advisor, was in attendance for this item, with Mr Thomas-Sam.

1. Mr Thomas-Sam and Ms Dixon-Sherreard introduced the report and explained that the final draft of the Strategy would be reported to this committee on 6 December 2016, prior to a formal decision being taken by the Cabinet Member to approve it for adoption. Mr Thomas-Sam, Ms Dixon-Sherreard and Mr Ireland responded to comments and questions from Members, as follows:

a) the offer of a Member briefing to explain the detail of the strategy was welcomed. Mr Ireland emphasised the significance of the strategy in predicting and planning for what social care might need to look like in the

next 5 – 10 years, including its offer, its sustainability and the way in which it linked to and integrated with other services;

b) it was important that the strategy take account of the growing number of older carers who were continuing the carer role into their senior years, while also needing to continue working, who would need support to cope with their own health problems; and

c) concern was raised about whether or not respondents would know how to answer the question on the consultation document (included with the strategy) which asked if they considered themselves to be disabled, as set out in the Equality Act of 2010. Mr Thomas-Sam advise that this was a usual question in consultations and had been tested before being included. It gave the County Council the opportunity to identify any special needs and was part of its concern to promote the interests of disabled people and help them to participate.

2. The Cabinet Member, Mr Gibbens, thanked Members for their comments and said he would take account of them when approving the final strategy. He emphasised the growing importance of integrating health and social care, the wide range of issues to be covered within this and the need to consider how effectively this was being pursued. He also offered a briefing on the detail of the strategy to any Member who wished to contact him to request one.

3. RESOLVED that the draft Vision and Strategy for Adult Social Care 2016 – 2012 be noted and Members' comments, set out above, be taken into account when preparing the final strategy.

15. Annual Equality and Diversity Report
(Item D1)

Ms A Agyepong, Corporate Lead, Equality and Diversity, was in attendance for this item, with Mr Thomas-Sam.

1. Mr Thomas-Sam and Ms Agyepong introduced the report and explained that this would be the last such annual report to be made to the Cabinet Committee as equalities work would in future be included in the regular dashboard reports.

2. Mr Thomas-Sam and Ms Agyepong responded to comments and questions from Members and explained that, to help the County Council improve service delivery to gypsy and traveller communities, it was seeking to encourage them to declare their ethnicity and was also seeking to identify and make earlier contact with such communities. This would be supported by improved staff training, to encourage suitable questions to be asked, by reviewing the monitoring guidance currently in use and by continued partnership working with other agencies, and information sharing.

3. RESOLVED that:-

a) the current performance and proposed priorities be noted, and equality governance continue to be observed in relation to decision making;

b) the proposed changes to equality objectives be noted, and revised objectives be received in 2017; and

c) the Cabinet Committee continue to receive the report annually in order to comply with the Public Sector Equality Duty (PSED) and ensure progress against the County Council's objectives.

16. Community Mental Health and Wellbeing Service - Live Well Kent
(Item D2)

Ms S Scamell, Commissioning Manager, Mental Health, and Ms V Tovey, Commissioning Manager, Public Health, were in attendance for this item.

1. Ms Scamell introduced the report and explained that a new contract to work with strategic partners had commenced in April 2016. Outcomes of this initial stage of working would start to become apparent in 2017; currently, data was available only for the first quarter of the 2016/17 financial year, which showed performance above target. The monitoring process was as important as the procurement process. Ms Scamell and Ms Southern responded to comments and questions from Members, as follows:-

a) asked about the extent to which front-line staff were familiar with the new work, Ms Scamell offered to look into specific examples with the questioner outside the meeting; and

b) asked about the classifications, used in the literature, of serious mental illness (SMI) and common mental illness (CMI), Ms Scamell explained that anyone having been seen by a secondary mental health treatment service in the past five years would be counted as having an SMI. The aim was that as many people as possible would be seen earlier than this, by a primary mental health treatment service. Ms Southern added that the contract would clearly identify these categories so that suitable resources could be provided to serve them.

2. RESOLVED that the early progress made in commissioning the new service, the performance information and the strategic direction of the new service be noted.

17. Public Health West Kent Substance Misuse Service Update - Adults
(Item D3)

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

1. Ms Sharp introduced the report and summarised the main differences between the new model and the previous. She outlined changing patterns of activity, including the increased use of technology and an increase in the number of people over 60 accessing services. She explained that this service would link into others, such as the Adult Health Improvement service.

2. RESOLVED that the new service model of West Kent substance misuse services, and the update on the procurement process, be noted.

18. Commissioning options for the re-provision of Dementia Day Services currently provided at the Dorothy Lucy Centre
(Item D4)

Ms S Sheppard, Commissioning Manager, Community Support, was in attendance for this item.

1. Ms Sheppard introduced the report and explained that the market for dementia care services had developed since the decision had been taken in March 2016 to close the Dorothy Lucy Centre and find alternative ways of delivering care.

2. RESOLVED that the proposal to re-provide dementia day care through existing external provision, rather than a block contract, from April 2017, be noted.

19. Work Programme 2016/17
(Item D5)

RESOLVED that the committee's work programme for 2016/17 be agreed.

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, Director of Public Health

To: Adult Social Care and Health Cabinet Committee – 6 December 2016

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

1. Smoke-free school gates
2. Community Pharmacies
3. Social Worker of the Year Awards 2016 – Yasmin Ishaq won the Creative and Innovative Social Work Practice Award for her development of a peer-supported mental health treatment model
4. Occupational Therapy Show Awards 2016 – Jane Miller won the Outstanding Senior OT award

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

1. Sustainability Transformation Plan (STP)
2. Feedback from ADASS South East Branch meeting

Adult Public Health

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

1. Local Government Association Children and Adults Annual Conference in Manchester.
2. Release the Pressure campaign silver award – recognition for the social marketing campaign addressing suicide by men

Director of Public Health – Mr A Scott-Clark

1. Association of Directors of Public Health Conference
2. Pre-Exposure Prophylaxis (PrEP) (HIV)
3. NHS Sustainability and Transformation Plan

From:	Graham Gibbens, Cabinet Member for Adult Social Care and Public Health Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing
To:	Adult Social Care and Health Cabinet Committee – 6 December 2016
Subject:	**YOUR LIFE, YOUR WELL - BEING – A VISION AND STRATEGY FOR ADULT SOCIAL CARE 2016 - 2021**
Decision Number:	16/00098
Classification:	Unrestricted
Past Pathway of Paper:	Adults Transformation Portfolio Board (24 August 2016); Social Care Health and Wellbeing DMT (7 September 2016); Adult Social Care and Health Cabinet Committee (11 October 2016); Adults Transformation Portfolio Board (23 November 2016); Social Care Health and Wellbeing DMT (23 November 2016)
Future Pathway of Paper:	County Council (8 December 2016) Cabinet Member Decision
Electoral Division:	All

Summary: 'Your life, your well-being' is the new five year vision and strategy for adult social care in Kent. This report presents the final Strategy, along with the Easy Read version and Equality Impact Assessment. It also provides information about the public consultation that took place, the feedback received and changes made as a result.

Recommendations: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the final draft Strategy and **CONSIDER** and **ENDORSE,** or **MAKE RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (attached as Appendix A) to:

a) **Approve** Your life, your well-being as the vision and strategy for adult social care from 2016 to 2021 and the supporting Accommodation Strategy for Adult Social Care and the Community Support Market Position Statement;

b) **Delegate** authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to refresh and/or make revisions, as appropriate, to the above documents during their lifetime; and

c) **Delegate** authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions to implement the decision.

1. Introduction

1.1 The 'Blueprint and Preparation Plan' which laid the foundation for the transformation programme in adult social care was endorsed by the County Council in 2012. A great deal of work has been accomplished since that endorsement against the backdrop of significant reduction of funding to local government since 2010. The new 'Your life, your well-being – a vision and strategy for adult social care 2016 to 2021' (Appendix 1), is in line with and supports Kent County Council's 'Strategic Statement' and the 'Commissioning Framework' outcomes and objectives. This new Strategy replaces the previous 'Active lives' Strategy. An Easy Read version of the Strategy relating to this report is also attached as Appendix 2.

1.2 The new Strategy is based on the Care Act 2014. As the Adult Social Care and Health Committee will be aware, the Care Act has broadened the role of councils with adult social care responsibilities to promote the wellbeing of all adults with care and support needs living in their area. The new overarching Strategy for adult social care sits between relevant council-wide strategies (as cited in paragraph 1.1 above) and other specific social care group strategies.

1.3 'Your life, your well-being' builds on our past successes but firmly points to the future in how we intend to work with our partners - people who use our services, carers, providers, voluntary sector, health services, schools and colleges, borough/district councils and other public services - to meet the challenges that we face. This Strategy sets out the overall direction that we intend to follow in the coming years, amidst the financial challenges and the ever increasing demand for services that we know is influenced by the changing demographic needs of the area.

1.4 The vision that the Strategy is based on "is to help people to improve or maintain their wellbeing and to live as independently as possible". The Strategy breaks down our approach into three themes (Promoting Wellbeing, Promoting Independence, Supporting Independence) supported by four building blocks (safeguarding, workforce, commissioning and integration/partnership). The three themes cover all services provided for people with all kinds of social care and support needs and their carers throughout their adult lives.

1.5 A draft version of the Strategy was published for public consultation between 30 September 2016 and 4 November 2016. The draft document was considered by the Cabinet Committee at its last meeting on 11 October 2016 when Members had the opportunity to comment and made some recommendations which have informed the final version.

1.6 The purpose of bringing this item to this meeting of the Adult Social Care and Health Cabinet Committee is to share with Members the feedback from the consultation, and present the final version of the Strategy ahead of the Cabinet Member for Adult Social Care and Public Health taking the key decision to adopt it. The Strategy is scheduled to be presented to County Council for endorsement on 8 December 2016.

2. Financial Implications

2.1 The financial implications associated with the implementation of the Strategy are generally outlined in the Medium Term and Financial Plan 2016-19 and the specific allocation for the adult social care portion out of the Social Care, Health and Wellbeing Directorate budget.

3. KCC Strategic Statement and Policy Framework

3.1 Two out of the three strategic outcomes and supporting outcomes in KCC's Strategic Statement are drivers for the Strategy. The first is the strategic outcome – 'Older and vulnerable residents are safe and supported with choices to live independently'. The second is the strategic outcome – 'Kent communities feel the benefits of economic growth by being in-work, healthy and enjoying a good quality of life'.

4. Consultation and feedback

4.1 Prior to the public consultation, a number of focus groups were held during August and September to inform the development of the draft Strategy. Two focus groups were run with adult social care / health service users and carers organised through Health Watch, and a special meeting of the Chairs of the Older People's Forums in Kent took place. An internal meeting with the Adults Transformation Extended Design Group was also held. This pre-consultation engagement helped to:

- Shape the values and principles in the Strategy
- Develop the case studies to illustrate the three themes in the Strategy
- Inform some of the wording and language used throughout the Strategy to explain the three themes

4.2 The public consultation on the draft Strategy ran from 30 September 2016 to 4 November 2016. The primary aims of consulting on the Strategy were to raise awareness about the new Strategy, gather feedback from stakeholders to inform the final draft, check that people could understand the draft and to find out if anything important was missing.

4.3 The main stakeholders to the consultation were:

- Adult social care service users and carers (through service user and carers groups and forums)
- General public
- Kent MPs

- KCC adult social care staff
- KCC Members
- Other KCC staff
- Statutory partners – including Clinical Commissioning Groups, Acute trusts, Borough/District Councils
- Providers of adult social care services in Kent
- Organisations from the voluntary and community sector involved in providing care and support to adults in Kent (through infrastructure bodies)

4.4 A number of consultation activities were undertaken to reach the target consultees. The activities are set out in a table in Appendix 3. They include internal communication with staff, targeted emails to key stakeholder organisations, press releases and posters to promote the consultation, focus groups with staff, partners and providers and focus groups with some service user groups. A kent.gov page and online consultation survey was set up to allow the majority of consultees to respond to a set of consultation questions online, with alternative formats offered. An Easy Read version of the draft Strategy and the consultation survey was published to support service users, the public and anyone else who prefers this format.

4.5 In total, 119 responses were received to the consultation questions, either using the online survey or via email or hard copy. An additional 23 responses were received using the Easy Read version of the consultation survey. Of the respondents to the main consultation questions, 22 identified themselves as responding on behalf of an organisation, and a list of the organisations is provided in Appendix 4. The other respondents identified themselves as users of social care services (8), carers (22), family members of a service user (15), a social care or health professional (14) and other (38, the majority of whom described themselves as a member of the public or private funder of care services).

4.6 A consultation document has been produced by Lake Market Research who were commissioned to analyse and report on the online and written responses to the consultation questions and to facilitate and report on the qualitative focus groups with staff and partners/providers. The Executive Summary of the report is attached in Appendix 5.

4.7 23 responses were received using the Easy Read version of the consultation survey which has been analysed separately. 21 of the eight respondents were service users, 19 of whom reported that they have a learning disability. The responses suggest that most respondents found the Easy Read version understandable to some extent (nine understood all of it, seven understood some, five did not understand any of it or did not know). Five respondents were unable to answer about whether they agreed with the values and principles and the three main themes in the Strategy, but those that did respond agreed with all of them, with a few suggestions about areas that could be strengthened including staying safe. In the general comments, two respondents raised concerns about the survey itself and one raised a practical concern related to services. This feedback along with detailed feedback on the Easy Read version

of the Strategy from a service user group has been used to make improvements to the Easy Read version, with the aim of making it clearer and more easily understandable.

4.8 In addition, Council staff undertook a number of focus groups with adults with learning disabilities. The respondents agreed that being independent and being able to stay at home rather than going into hospital is best. They also liked the idea of a Community Hub and felt it is important to know where to go for information. The groups mentioned the importance of keeping safe several times, and of the values and principles they felt that getting personalised care that is right for you is most important as it creates a bedrock which supports the other principles. There were some helpful practical comments about the importance of work experience / volunteering, and some of the difficulties that people with learning disabilities can experience with travel training. A discussion was also held with the Tonbridge and Malling Older Person's Forum where people were concerned about the funding of social care for individuals and how integration could improve things.

4.9 The consultation also prompted a number of other responses. Two Kent MPs have written letters – one providing general support for the vision and the other seeking an assurance that residential and nursing care in the constituency would not reduce as a result of the Strategy, which has been responded to. One letter was also received from a carer. Radio Kent covered the draft Strategy extensively in the breakfast show on 11 October 2016, including interviews with the Cabinet Member for Adult Social Care and Public Health, a local Age Concern Chief Executive and volunteer, the Chair of the Local Medical Committee and a University of Kent academic. The majority of the discussion centred on Community Hubs, with general support for the principle but concerns over how they can be delivered practically and whether there will be sufficient funding to achieve the vision. At the Adult Social Care and Health Cabinet Committee on 11 October 2016, the main comments were around needing to take into account the needs of an ageing population of carers and supporting them adequately.

4.10 All the responses to the consultation have been carefully considered and used to make changes to the draft Strategy in order to produce the final version. A 'You said, we did' document has been produced to track the main changes that have been made as a result of the consultation – this is provided in Appendix 6.

4.11 We will use the 'You said, we did' document to communicate about the changes made to the people who responded to the consultation once the final version has been published.

5. Legal Implications

5.1 There are no legal implications associated with this report other than the main responsibilities for Adult Social Care which are defined in the Care Act.

6. Equality Implications

6.1 The findings of the consultation have also been used to update and finalise the Equality Impact Assessment for the Strategy – attached as Appendix 7. It should be noted that due to the relatively low number of responses it has not been feasible to break down the information by respondent type in detail. The Equality Impact Assessment has been kept under review throughout the development of the Strategy and will be fully considered when the Cabinet Member for Adult Social Care and Public Health makes the decision to approve the Strategy.

7. Conclusions

7.1 The Strategy will be presented to County Council on 8 December 2016 for endorsement. Following this, the Cabinet Member for Adult Social Care and Public Health will take the Key Decision to approve the Strategy.

7.2 The publication of the Strategy on kent.gov will be communicated to KCC staff and Members and external partners to raise awareness of it.

7.3 Delivery of the Strategy will be through the next phase of the ongoing Adults Transformation Programme. An implementation plan is currently being developed, the details of which will be reported to Members in due course.

8. Recommendations

8.1 Recommendations: The Adult Social Care and Health Cabinet Committee is asked to: **CONSIDER** and **COMMENT** on the final draft Strategy and **CONSIDER** and **ENDORSE,** or **MAKE RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (attached as Appendix A) to:

a) **Approve** Your life, your well-being as the vision and strategy for adult social care from 2016 to 2021 and the supporting Accommodation Strategy for Adult Social Care and the Community Support Market Position Statement;

b) **Delegate** authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to refresh and/or make revisions as appropriate to the above documents during their lifetime; and

c) **Delegate** authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions to implement the decision.

9. Background documents

Your life, your well-being – a vision and strategy for adult social care 2016 – 2021 consultation
http://consultations.kent.gov.uk/consult.ti/adultsstrategy/consultationHome

Accommodation Strategy for Adult Social Care
http://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/accommodation-strategy-for-adult-social-care

Community Support Market Position Statement
http://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/market-shaping-and-commissioning-of-care-and-support

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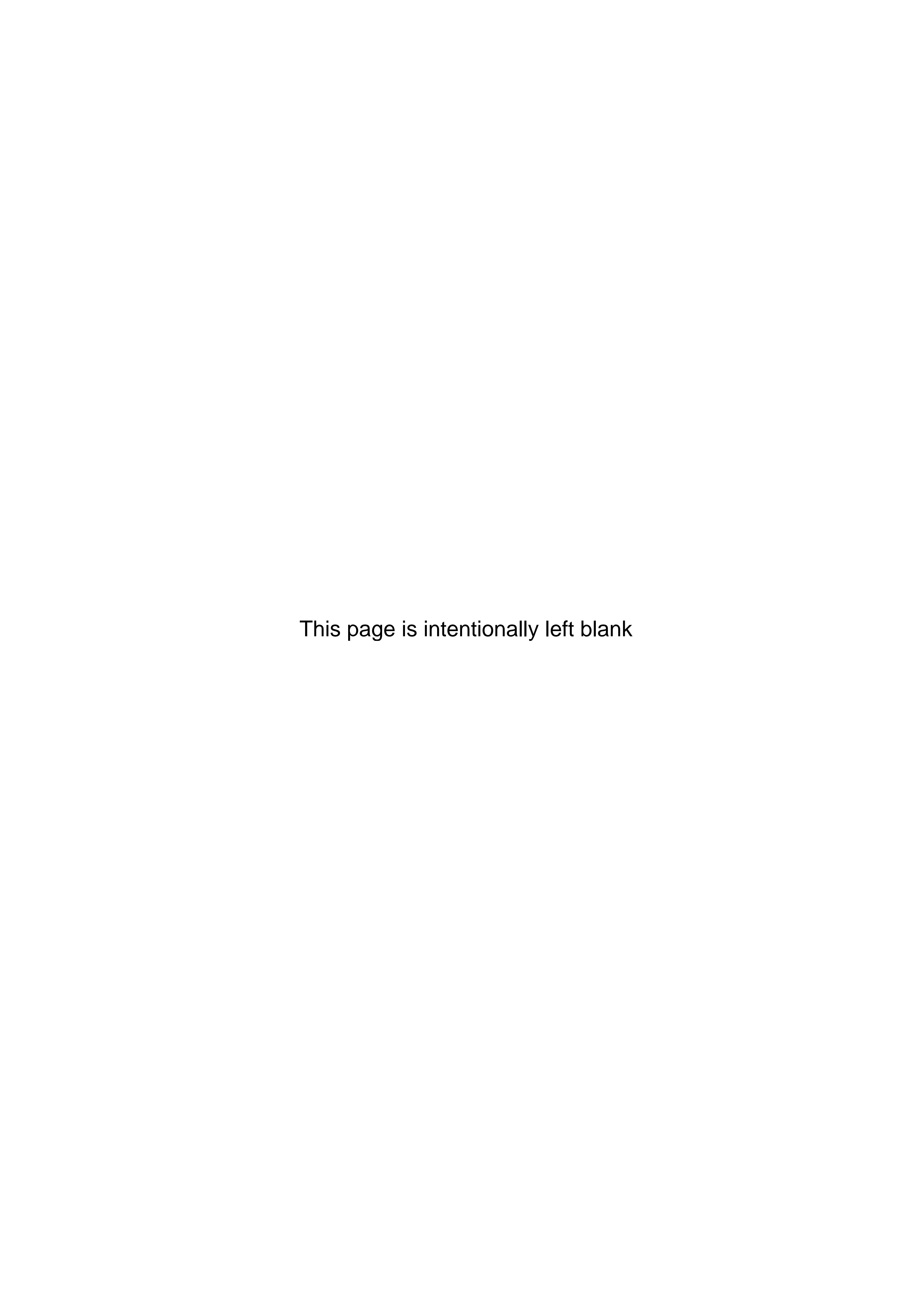
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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Graham Gibbens Cabinet for Adult Social Care and Public Health	16/00098

For publication

Key decision*
Affects all Electoral Divisions in the county and the decision will shape the total expenditure and savings programmes in adult social care.

Subject: Your life, your well-being a vision and strategy for adult social care 2016 - 2021

Decision: As Cabinet Member for Adult Social Care and Public Health, I propose to:
a) **Approve** Your life, your well-being as the vision and strategy for adult social care from 2016 to 2021 and the supporting Accommodation Strategy for Adult Social Care and the Community Support Market Position Statement;
b) **Delegate** authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer to refresh and/or make revisions as appropriate to the above documents during their lifetime; and
c) **Delegate** authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions to implement the decision.

Reason(s) for decision:
Demand for care and support is increasing which is making finances come under pressure. At the same time, public expectations are changing; people want a life, not a service. Adult social care needs to continue to respond to these challenges, and the new strategy sets out how we will do this. The five-year strategy explains our plans for the future and it provides the basis for health and social care integration which is in progress and aims to deliver more person-centred care and support for people.

The strategy breaks the approach to adult social care into three key themes. These are:
- Promoting wellbeing – supporting and encouraging people to look after their health and wellbeing to avoid or delay them needing adult social care;
- Promoting independence – providing short-term support so that people are then able to carry on with their lives as independently as possible, and;
- Supporting independence – for people who need ongoing social care support, helping them to live the life they want to live, in their own homes where possible, and do as much for themselves as they can.

Four 'building blocks' support the above themes. They are, ensuring effective protection for people (safeguarding), developing a flexible workforce, smarter commissioning and improving the way we work with key partners.

The strategy will be delivered through the next phase of the transformation programme journey that we are already on. The details of how we will deliver it will be set out in an implementation plan which is being developed. In summary, this will include activity over the next 18 months around the following:
- Assessment - this involves investigating the current delivery model and assessing against the proposed alternatives, supported by best practice. It means confirming the expected financial

benefits and the changes needed to achieve the benefits. It also involves developing options to inform the next stage;
- Design – this means testing changes in specific areas and refining the expected financial benefits and, before putting into practice across the county;
- Implementation - this means putting changes into practice across Kent and monitoring the benefits and making sure that performance is consistent.

Legal Implications
KCC is obliged to fulfil its statutory responsibilities as set out in the Care Act 2014 and the associated statutory regulations and guidance alongside a number of relevant legislation such as the Mental Capacity Act 2005, Mental Health Act 1983.

Equality Implications
We have adhered to KCC's legal obligations as defined in the Equality Act 2010 and KCC's Equality and Diversity Objectives 2016 -2020. An equality impact assessment has been completed which will be taken into account in the decision-making.

Cabinet Committee recommendations and other consultation:
The proposed decision will be discussed at the Adult Social Care and Health Cabinet Committee on 6 December 2016, and the outcome included in the decision paperwork which the Cabinet Member will be asked to sign.

KCC has consulted widely on the new strategy which commenced on 30 September 2016 and it closed on 4 November 2016. This included consulting the Adult Social Care and Health Cabinet Committee at its meeting on 11 October 2016.

Any alternatives considered:
This strategy replaces the previous 'Active Lives' strategy which was based on the post-war National Assistance Act legislation. A new strategy based on the Care Act 2014, was required and which also reflect KCC's 'Increasing Opportunities, Improving Outcomes: Kent County Council's Strategic Statement 2015-2020' and the 'Commissioning Framework for Kent County Council'.

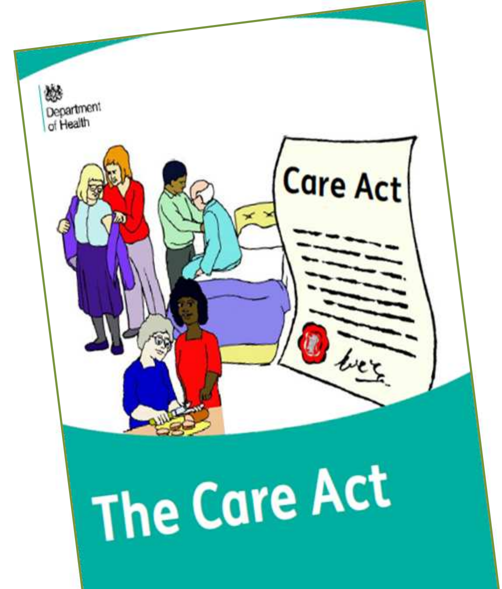
Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

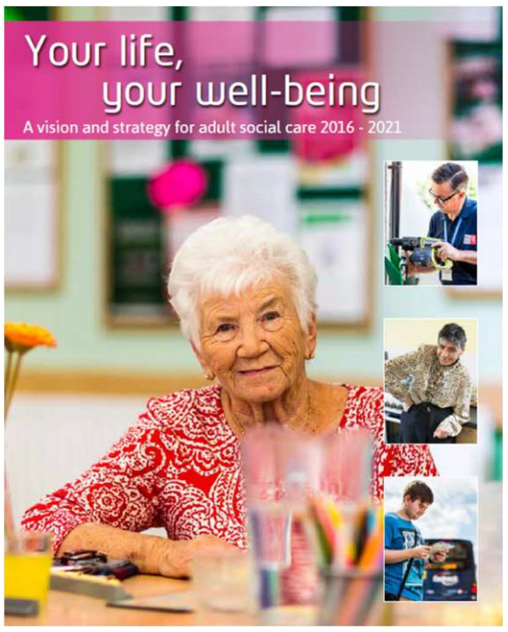
....
signed date

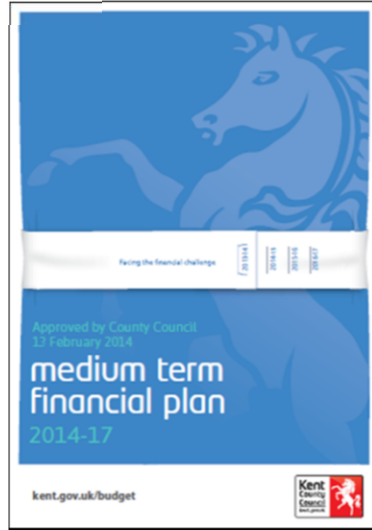
Your life, your well-being

A vision and strategy for adult social care 2016-2021

Context







Kent and Medway Sustainability and Transformation Plan

Why do we need a new vision and strategy?

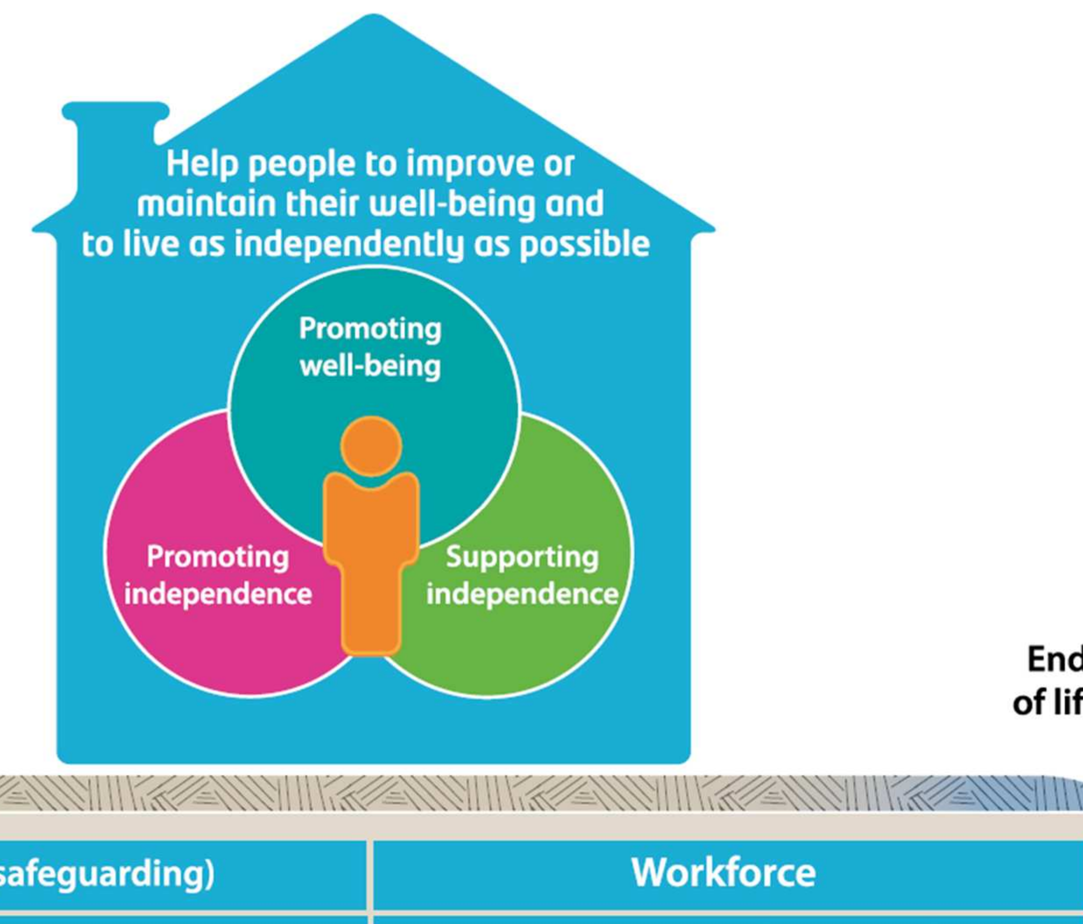
Three main reasons:

1. **Core purpose of adult social care**
   - Care Act 2014 – focus on wellbeing, market shaping
   - Strategic backdrop to Transformation phase 3
   - ‘A life not a service’ – changing expectations

2. **Financial challenge**
   - Budget pressures, commissioning authority
   - Demand increasing and complex of needs

3. **Integration / partnership**
   - Integration by 2020
   - Delivery plan (STP) for NHS 5 Year Forward View
   - Need to be clear about our vision and identity is even more critical

The vision



Age 16-18

End of life

Protection (safeguarding)	Workforce
Commissioning	Integration and partnerships

Supporting KCC's strategic outcome: older and vulnerable residents are safe and supported with choices to live independently

Consultation findings

Pre-consultation feedback

Issues highlighted included:

- Loneliness and isolation, the particular vulnerability of people who live alone
- The importance of all providers of services having an understanding of what is available locally to prevent duplication
- A concern that the focus on independence could lead to the possible withdrawal of help too soon
- Locational equity of services
- The importance of service flexibility, particularly when talking about accommodation
- The need to increase the visibility of carers

Core values: Dignity, Trust, Respect, Communication, Power, Control, Diversity

Testing and building the case studies

Consultation findings

KCC run groups, LD x3 and older people's forum (Tonbridge)

- The vision was in the main seen as clear and positive
- That the core values should be included within the Easy Read version
- That the most important core value is around getting the right support for you, because if this is done other values fall into place.

- The distinction between themes could be hard to understand.
- Issues around confidence were highlighted – and the importance of gaining confidence to be able to interact with the community
- Consultees highlighted the importance of recognising that carers come from different age brackets including children and older people – and the limitations which carers have in terms of needing to look after their own health needs/ employment.

Consultation findings

Online responses

- 119 responses to the consultation survey and 23 Easy Read
- Overall, over half of the respondents felt that the whole document was easy to understand, and 29% felt that most of the document was easy to understand, 33% did not understand something
- Core values were broadly agreed with, however some further values were highlighted as key
- While the key themes were broadly agreed, people were concerned by how these could be achieved, and that in some cases independence could be forced on people

Consultation findings

Focus groups (staff and partners)

- The strategy is aspirational, and would require significant change across NHS and KCC staff to achieve
- Concern expressed around the cost of implementation
- That the document used some terminology which is harder for the general public to access
- More could be done to emphasis the role of the community, and the responsibilities of individuals
- Clarification required around the definition of Community Hubs, and how these would work

You said, we did

Changes include:

- Including an Executive Summary to increase accessibility and working with Plain English to gain the Crystal Mark.
- Revised the core values to include dignity, respect, diversity and choice.
- Increased the emphasis on working with the community and civil society as well as highlighting personal responsibility
- Amended the definition of community hubs
- Reflected on some of the feedback we've had on the case studies and made amendments
- Recognised the changing needs of carers and the support which they might need

Your life, your well-being

A vision and strategy for adult social care 2016-2021

Your life, your well-being

A vision and strategy for adult social care 2016 - 2021

Kent County Council Social Care,
Health and Well-being December 2016

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This document is aimed at members of the county council, our staff, people who use our service, carers, the wider public, providers, the voluntary sector, health services, schools and colleges, district councils and other public services.

This document is available in alternative formats and languages. Please call: 03000 421553 Text relay: 18001 03000 421553 for details or email alternativeformats@kent.gov.uk

Images Kent County Council, NHS photo library page 13,16,19,20,23,26, 29.

1. Foreword

By: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health and Andrew Ireland, Corporate Director for Social Care, Health and Well-being.

Graham Gibbens Andrew Ireland

It is well known that as a society we are living longer and, as a result, an increasing number of people have complex needs and require the support of the health and social care system. This includes increasing numbers of young people with learning and physical disabilities who are moving from Children's to Adult Services and often need high levels of support. These developments are happening at the same time as a dramatic reduction in funding since 2010. All the available information shows that this is likely to continue.

This document sets out how we are going to respond to the changing environment with a new vision and strategy for adult social care. It is a vision and strategy that builds on our past successes but firmly points to the future in how we plan to work with our partners to meet the challenges ahead.

Our vision, to put it simply, is to 'help people to improve or maintain their well-being and to live as independently as possible'. Our strategy sets out the overall direction that we aim to follow in the coming years to achieve this vision. It does not include detailed descriptions of current or proposed new services but forms the basis on which detailed plans will be made from now on.

The measure of our success will be if we are able to deliver more person-centred care and support, keep people safe, help people to have choice and control, make sure that there are enough care and support services available, work in partnership and make better use of our resources.

The new vision and strategy is based on the Care Act 2014. Under this Act we not only have responsibilities towards adults with care and support needs and their carers, but also a broader responsibility to promote the well-being of adults living in the area. This should help prevent some needs arising in the first place and delay their development.

We are already working with our partners in developing new ways of doing things, with the aim of breaking down the barriers between organisations when they get in the way of better care and support. This includes the NHS, and our vision and strategy is part of the broader process of joining up health and social care under the NHS Five Year Forward View work programme.

Working much more closely with the NHS will help to reduce unnecessary admissions to hospital and mean those already in hospital should be able to go back home as soon as they are ready. People will also be able to receive their health and social care from one community place linked to their GP surgery. People with more intense and complicated ongoing needs will have one professional who will lead on co-ordinating their care and build a team of support for the person. This support will include a single assessment (rather than several from different professionals) and enablement which helps people to become more independent by gaining the ability to move around and do everyday tasks.

Finally, in developing our detailed plans we will make the best use of 21st century technology, including digital systems, to share appropriate information between partners and tools such as telecare and telehealth to support those receiving health and social care.

The next five years are going to be very challenging but we are committed to doing all we can to provide the right level of care and support to those who need it.

2. Strategy at a glance

Purpose	Adult social care is there to support people (adults, young people and carers) who need help with daily living so they can live as independently as possible in the place of their choice.
Context	• Efficiency and finance • Quality of care • Outcomes and well-being.
Strategic outcomes from our Strategic Statement	Strategic outcome 3: Older and vulnerable residents are safe and supported with choices to live independently.
Our vision for adult social care	To help people to improve or maintain their well-being and live as independently as possible.
Achieving our vision through three themes	• Promoting well-being • Promoting independence • Supporting independence.
What will make it happen?	• Protection (Safeguarding) • Workforce • Commissioning • Integration and partnerships.
Our values and principles	• Person-centred care and support • Supporting people to be safe • Shared responsibility • Prevention • Quality of care • Integration • Answering for what we do • Best use of resources.

3. Introduction

Over the last 10 years we have been transforming adult social care in Kent, as can be seen from the timeline (on the following page). This strategy replaces the previous 'Active Lives' strategy. Its development took into account the views of service users, providers and partners that had been gathered through our ongoing discussions with these groups. The vision and aims set out in this document strongly link with and support 'Increasing Opportunities, Improving Outcomes: Kent County Council's Strategic Statement 2015-2020' and the principles described in the 'Commissioning Framework for Kent County Council'. It is important to understand that this strategy sits between the council-wide strategies and other specific social-care group strategies such as the Learning Disability Joint Commissioning Strategy, the Strategy for Adults with Autism in Kent and Live Well Kent Principles for Mental Health.

What is the purpose of adult social care?

Adult social care is there to support people who need help with daily living so they can live as independently as possible in the place of their choice. The care and support that adult social care commissions (arranges or provides) is based on needs assessments of adults (including carers and young people during transition) who are supported using public money or pay for their own services. By transition we mean the process where young people with health- or social-care needs move from children's services to adult services.

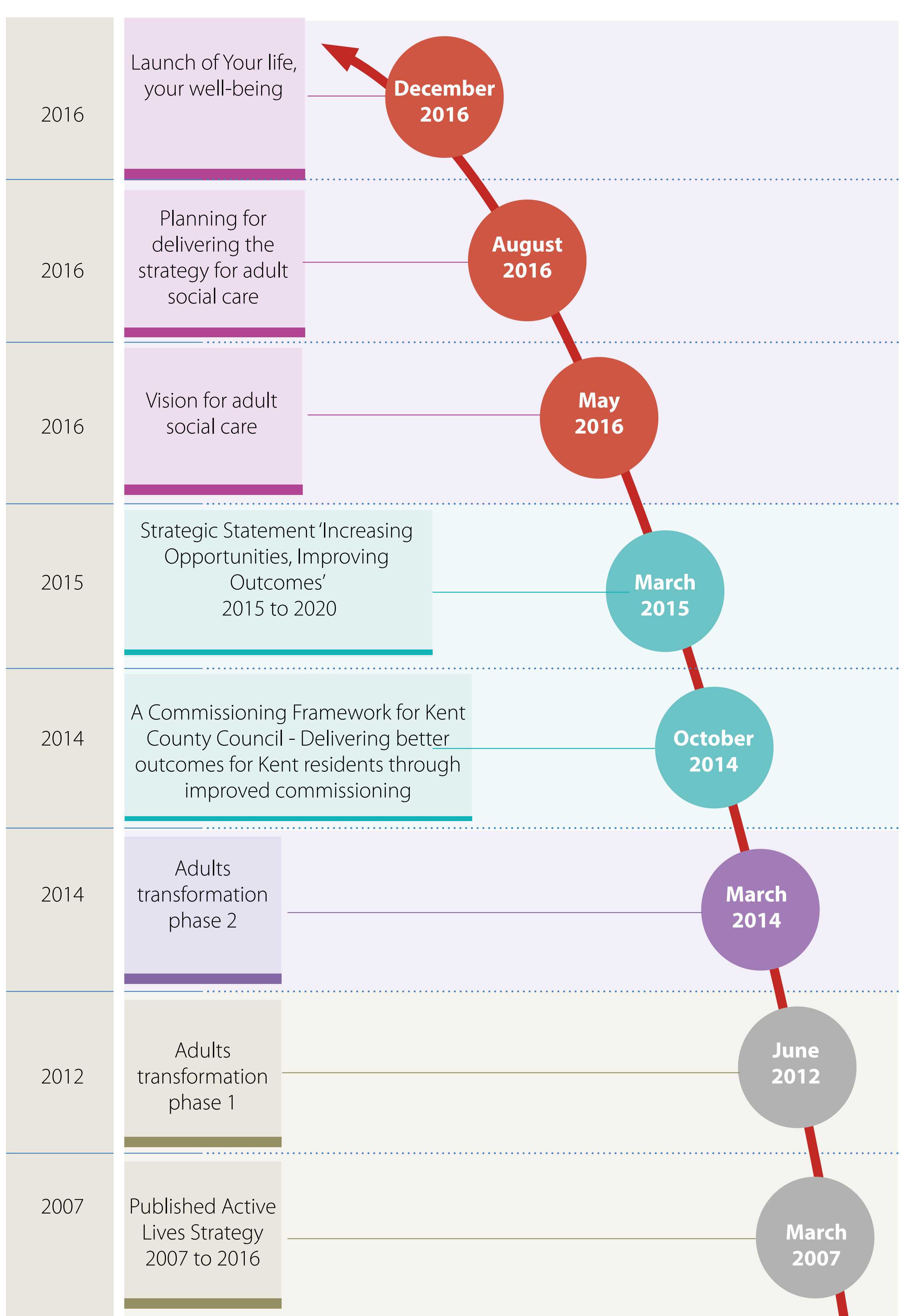
Keeping people safe is an important part of the legal obligations we must meet, and we take this very seriously.

The main responsibilities of adult social care are set out in three main pieces of legislation - the Care Act 2014, the Mental Health Act 1983 and the Mental Capacity Act 2005. As the overarching piece of legislation, the Care Act 2014 lays down new responsibilities and extends existing responsibilities, including:

- promoting well-being;
- protecting (safeguarding) adults at risk of abuse or neglect;
- preventing the need for care and support;
- promoting integration of care and support with health services;
- providing information and advice; and
- promoting diversity and quality in providing services.

Keeping people safe is an important part of the legal obligations we must meet, and we take this very seriously.

Timeline



4. Our vision and strategic approach to adult social care

While we are proud of our past successes, we believe that we must continue to do more to promote people's ability to improve and maintain their health and well-being, live independently, and cope well with deteriorating conditions. We will carry on putting the person at the centre of everything we do, offering a timely and integrated approach to care and support. In short, this is based on the central idea of focusing on 'a life not a service'. We have decided to use this approach based on consistent feedback that current models of support fit people into a narrow band of available services, whereas future support needs to be more personalised so people can achieve the outcomes that matter to them.

Our vision is 'to help people to improve or maintain their well-being and to live as independently as possible'.

This vision supports the delivery of some of our overall outcomes, set out in our Strategic Statement. In particular, it supports the following:

Strategic outcome: Older and vulnerable residents are safe and supported with choices to live independently

Supporting outcomes:

- Those with long-term conditions are supported to manage their conditions through access to good quality care and support
- People with mental health issues and dementia are assessed and treated earlier and are supported to live well
- More people receive quality care at home avoiding unnecessary admissions to hospital and care homes
- The health and social care system works together to deliver high quality community services
- Residents have greater choice and control over the health and social care services they receive

Strategic outcome – Kent communities feel the benefits of economic growth by being in work, healthy and enjoying a good quality of life.

Supporting outcome:

- Physical and mental health is improved by supporting people to take responsibility for their own health and well-being.

As well as supporting our wider outcomes, the delivery of the vision and strategy will link with the aims of our public-sector partners, including district and borough councils. We will continue to work closely with these partners to deliver our common aims to achieve the best outcomes for the people of Kent. Our strategy for adult social care over the next five years breaks our approach down into three themes, supported by four building blocks, as shown in the image over the page. The three themes cover the whole range of services provided for people with all kinds of social-care and support needs, and their carers, throughout their adult lives. Chapters 6, 7 and 8 explain our plans over the next five years for each of the themes, and Chapter 10 describes the building blocks.

Age
16-18

End
of life

Protection (safeguarding)	Workforce
Commissioning	Integration and partnerships

Promoting well-being

This is delivered through services which aim to prevent, delay or reduce people's need for social-care or health support, by helping people to manage their own health and well-being.

- We will promote and build on people's strengths to help them look after themselves, stay independent and live a full life within their community.
- People will be able to make the best use of available resources such as information and advice and local support.

Promoting independence

This involves providing targeted support that aims to make the most of what people are able to do for themselves to reduce or delay their need for care, and provide the best long-term outcome for people.

They will have greater choice and control to lead healthier lives.

- We will promote independence by providing targeted support and adaptations such as community equipment, enablement and other assisted living technology, which are products designed to help people live independently in their own homes.
- Our aim will always be to achieve the best long-term solution for the person.

Supporting independence

This is delivered through services for people who need ongoing support and aims to maintain well-being and help people do as much as they can for themselves. The aim is to meet people's needs, keep them safe and help them to live in their own homes, stay connected to their communities and avoid unnecessary stays in hospitals or care homes.

- More people will receive care at home and stay connected in their community, avoiding unnecessary stays in hospital and care homes.
- We will change the way our services are commissioned and delivered to be more focused on achieving better outcomes for people.

We use case studies to help explain the three themes. These show how people's needs could be met through better use of existing support arrangements and new ways of doing things.

Four building blocks

To deliver the vision and strategy there are important building blocks that must be in place. They are:

- Making sure we provide effective management (with partners) to protect adults at risk of neglect or abuse and making sure staff are well trained and confident to carry out their duties.
- Developing a flexible workforce with the right skills to work across organisational boundaries, including having in place suitable and smooth care pathways (see below) for people.
- Commissioning and providing a range of flexible care and support services based on a strong understanding about what people need and what matters to them, setting the outcomes that need to be delivered, and deciding which organisation is best placed to deliver them.
- Improving the way we work with the NHS through integrated commissioning and provision to promote the well-being of adults with care and support needs, including carers to deliver the ambition of effective and efficient co-commissioning.

Care pathways
By this we mean an agreed plan for caring for and supporting people with a particular health condition so they can move smoothly between services. It is based on evidence about what works to treat and manage particular conditions.

Through these models of care and support, our aim is to:

- improve people's experience and promote their health and well-being;
- end the current crisis-driven model of care (a model of care is a way of providing care based on a set of beliefs and principles about what is right and works best);
- create a value-driven and outcome-focused culture that nurtures creativity and find new ways to meet people's needs;
- support people to access good-quality advice and information that allows them to look after themselves;
- create the right conditions which allow people to find solutions that support their well-being outside of traditional medical- or service-driven models of care and support;
- encourage community development and increase volunteering, befriending and good-neighbour schemes;
- support carers in their vital role by providing advice and individually tailored support;
- provide flexible and responsive models of care and support, including long-term care, that can increase and reduce in size as needed;
- free professionals up from rules and bureaucracy so they can 'do the right thing' and provide person-centred support that promotes well-being; and
- bring services together to make sure there is better communication and effective use of resources which will create a comfortable experience for people.

Prevention, support and managing the move for young people into adulthood

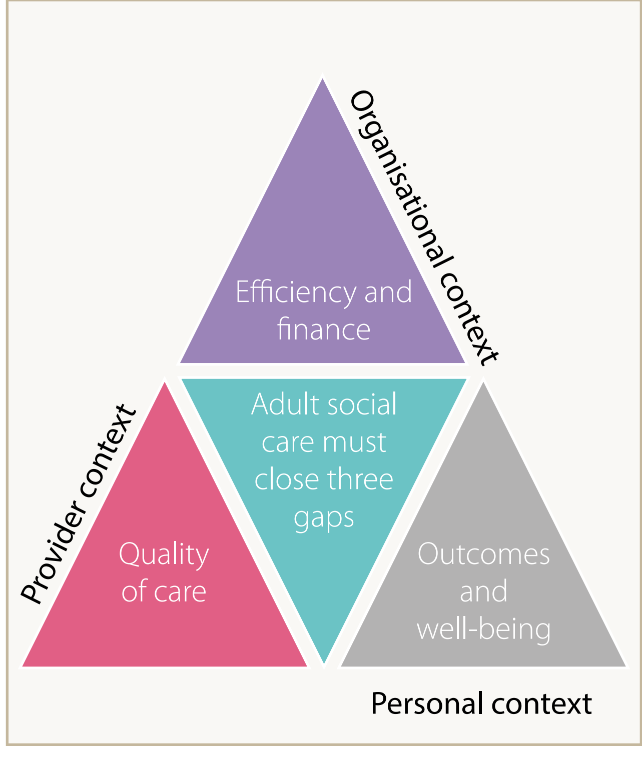
By prevention we mean any act that prevents or delays the need for people to receive care and support by keeping them well.

We recognise the importance of managing the move to adulthood for disabled young people receiving care and support. This can apply up to the age of 25. Our strategic outcome for children and young people is to make sure that they get the best start in life. So, it is vital

that we work with services for young people to make sure that they can have access to the appropriate preventative services as well as having the right links with health, education and housing. Getting this right should mean that we will be able to help young people to be with their families, until they can live independently (which will depend on their development needs).

Background

Like all councils, we are working within severe financial restrictions as well as seeing increased demand for services brought about in part by changes to the population. We know that this will continue for at least the next five years. We will measure our success by how well we manage to close three important gaps that are central to everything that we do. These are shown in the image below.



Organisational background (efficiency and finance gap)

It is great news that people are now living longer than ever. Nationally the number of people aged over 60 is expected to pass the 20 million mark by 2030 and within Kent, by 2026, the number of people who are 65 or over is expected to increase by 43.4%. Improved medical care and higher survival rates following illnesses and accidents also mean that we are seeing significant increases in the numbers of people with complex needs, including the number of younger people with long-term support needs. All of these changes are putting huge pressure on the adult social-care system.

National funding has not kept up with these increases in demand, with significant reductions in spending across services. In the last five years (since 2010) we have delivered over £433million of savings, around £80 to £90million each year, so the percentage of our total budget which is going on adult social care is rising. Where possible, we have made savings by redesigning services and passing funding to front-line services (staff or services who have direct contact with people who need care and support).

So that we can keep providing the services that people need, with reduced funding and increasing demand, we are becoming a commissioning authority. This means examining and reviewing the way we deliver services in partnership with the NHS, district councils and the private and voluntary sector, and looking at new ways of working to make sure that we develop the best services we can. This new approach involves working in a more joined-up way with our partners, including the NHS and providers of services. We will work with the people who use our services and their carers to produce changes in what is provided, where possible. The health and social-care workforce will increasingly work in a flexible way across organisational boundaries to deliver smoother care and support.

Provider background (quality of care gap)

Over 80% of our budget for adult social care is spent through the Kent care market, which is made up of around 500 providers of services in the public, private and voluntary sectors, employing over 40,000 people. We have significant buying power and this can help the economy in Kent to grow. However, the pressures on finances and demand are causing significant challenges for providers with many reporting that they are struggling to maintain their business, recruit staff with the right skills and maintain high-quality services.

As we move into delivering this strategy, we will need to look at our relationship with our main partners to see how together we can deliver what is needed in the most cost-effective way including using new models of care that are clearly based on outcomes. Like all local authorities, we have a duty under the Care Act to shape the local care market. As more people have control over their own care and support by being self-funders or through personal budgets, our role is increasingly focused on supporting providers to understand supply and meet demand.

Our relationship with the voluntary and community sector is changing, as reflected in our new Voluntary and Community Sector Policy. We will work with providers to help them become more sustainable, including by moving long-standing grants to contracts.

Personal background (outcomes and well-being gap)

The Care Act makes very clear adult social care's responsibilities for promoting the well-being of people with care and support needs in the local area. This includes those who pay for their own care. Our commitment to promoting the well-being of people in Kent is reflected in our Strategic Statement and Commissioning Framework. At the moment we know that we do not always make the best use of information

about the benefits our services are bringing to all the people who use them so that we can shape how services could be improved.

Well-being is defined very broadly in the Act and includes personal dignity, physical, mental and emotional well-being, protection from abuse and neglect and control over day-to-day life. We will continue to put the well-being of the person at the centre of everything we do. This means that we will listen and respond to the views and issues that are important to the person when working with them and use information more intelligently, such as identifying people at most risk.

We will also work with people who use our services to design them so that they meet their needs. This is known as co-production, We see a person's care and support as a shared responsibility between the person (and their carers and families) and public services and we will support people to take this responsibility as far as they are able to.

Outcomes for people are influenced by a number of factors including housing, education and lifestyle choices, some of which fall within our responsibilities in terms of public health. This is an area where we believe more needs to be done working with our health partners, district councils and local communities, to reduce health inequalities. By this we mean the differences in health between different population groups, for example, people from less well-off backgrounds tend to suffer from health problems more.

The carers of people with care and support needs (who might be family, friends or neighbours), play an essential role in the well-being of the people they care for and we recognise the important contribution that they make to society. We know that carers can experience significant negative effects on their finances, health (physical, mental and emotional) and employment prospects as a result of their caring role. As part of this strategy we will work with our partners to improve the lives of carers, as set out in Chapter 9.

How the strategy will be put into practice

This strategy explains our vision for adult social care over the next five years. We will deliver it through a wide-reaching programme which works across adult social care. The details of how we will deliver it will be set out in an implementation plan which we are developing for this strategy. In summary, this will include activity over the next 18 months around the following:

Scoping - in other words, defining the issues we are trying to tackle by identifying the span of the project, the resources and costs needed and producing a timeline

Assessment - this involves investigating the current delivery model and assessing against the proposed alternatives, supported by best practice. It means confirming the expected financial benefits and the changes needed to achieve the benefits . It also involves developing options to inform the next stage

Design - this means testing changes in specific areas and refining the expected financial benefits and, after changing the benefits, getting ready for putting into practice.

Implementation - this means putting changes into practice across Kent and monitoring the benefits and making sure that performance is consistent

Sustain - this involves closing the project and making sure that the changes continue as part of day-to-day work in adult social care.

5. Our values and principles

These values and principles guide everything we do to provide care and support to adults and their carers.

- **Person-centred care and support**
  We provide care and support that is tailored to the person so that they can achieve the things that matter most to them. This means putting the person at the centre of everything we do, supporting them to choose and control what care and support they receive. We will treat every person with respect and dignity.

- **Supporting people to be safe**
  Working with people to help them stay safe, including managing the risks of harm, abuse or neglect. This is central in everything we do.

- **Shared responsibility**
  Throughout a person's care journey we work with them and their carers to jointly design their care and support in a way that encourages them to do as much for themselves as possible, including taking responsibility for their own health and well-being and working with family members and carers.

- **Prevention**
  We work with our partners to provide advice and support to prevent problems getting worse. We aim to prevent, delay or reduce people's need for social care by helping them to maintain or improve their well-being and independence, or to cope better with conditions which are gradually getting worse.

- **Quality of care**
  We maintain and improve the quality of the care and support that people receive, no matter which organisation provides it, so that people receive the right support at the right time in the right place. We constantly look for opportunities to make improvements to the ways that people access our services and the ways we design and provide care and support, using information and feedback about people's experiences.

- **Integration**
  We aim to provide care that is 'joined-up' across organisations so that people do not experience duplication of services or delays in accessing support or fall between the gaps. We are open to new ways of doing things and we make the most of the strengths of all our partner organisations – from the public, private, voluntary and community sectors.

- **Answering for what we do**
  We answer to the people we provide care and support to, their carers and the whole community. We communicate clearly about our responsibilities and policies and we are honest and open about our performance.

- **Best use of resources**
  We make the most of the resources (money and our staff) we have available to promote people's well-being by focusing on the outcomes they want to achieve, including by influencing other organisations and the community. We use information intelligently to plan services that achieve outcomes in the most cost-effective way.

6. Promoting well-being

Providing the right response so people can manage their own need for care and support within their communities.

Many older and vulnerable adults are able to manage their care and support needs themselves and continue to live in their own homes and communities. However, to do this, they may need information and advice about the help that is available. This could include information on benefits, facilities available in the community, aids they can buy to use at home and outside, and advice on how to maintain or achieve a healthy lifestyle (what we can call 'well-being' services).

This type of early intervention aims to prevent or delay people from entering the formal social-care and health system, by helping them to manage their own health and well-being. Well-being services are based in local communities and use local resources. They help to prevent the issues that lead to people needing formal care and support, such as social isolation, falls and where the person's carer is not able to cope. Access to good-quality information and advice will be the cornerstone of our well-being services, helping people to identify and access the support that they want so they can keep on living fulfilled lives in their own homes.

At the same time as helping people to take more responsibility for their own health and well-being, we need to strengthen communities to support the vulnerable adults living in them. We need to support communities so they can better use their own assets and help each other.

How things are today

- Although there are various sources of support for people outside of the formal care system, it is not always easy to find out what is available locally and how to access it. Even GPs and other health and social-care professionals find it difficult keeping on top of all that is available in the community to support people's well-being.
- As a local authority we provide a range of useful information and advice in a number of places. But currently the system is broken up and it is not easy to access all of the information that a person may want or need. This is based on feedback from people stating that they have not always been told about support that exists in their communities.

How we want things to be in the future

By 2021 we want to have developed, with our partners, a wide-ranging information and advice system so that people can access all the information they need from wherever they ask for support. We also want to have significantly developed the community and voluntary sector to make best use of community resources and improve the range of support offered. We talk more about this in the integration and partnerships section of the Building blocks chapter in this strategy.

We will continue to make information and advice an important part of the 'community hubs' we plan to have across Kent. People will be able to get information about all the health and care services and activities in their local area and advice about living healthily and planning for future care needs.

Community hubs are a way of delivering health and care services locally. They are at the heart of our future strategy. The hubs will be a cluster of GP surgeries working together as one to provide quick, co-ordinated access to a wide range of services including therapies close to or at home.

We expect these hubs will be developed locally to reflect the needs in different areas of the county. The exact number of hubs is still to be decided. The aim is to improve the access and quality of care, reduce avoidable demand on hospitals (for example A&E departments) and provide better support in care homes. As a result they will help to reduce avoidable hospital admissions and care home placements in the longer term. They will be made up of the following typical services.

- GPs and paramedic practitioner services, which will support home visiting for those not able to go out.
- Integrated nursing and social-care services including home care, community and specialist nursing, occupational therapy, mental-health services, crisis care and palliative (end-of-life) care and support.
- Out-of-hospital services such as diagnostics and same-day treatment for minor illnesses and injuries.
- Prescribing medicines.
- Information and advice services to help with preventing health problems getting worse and promote good health.
- Support for carers in tackling their different needs.
- Access to voluntary and other community services including through social prescribing (see the definition on page 15).

We will make sure information and advice can be accessed through a variety of channels and formats, including, for example, advice lines, drop-in services, websites and health professionals.

We will make sure that when people ask for information or support services, all agencies either hold the information needed or know how to get hold of it.

We will greatly improve the information available to people who pay for their own care (self-funders) so that they are fully aware of all the options available to them and know which support is provided free of charge. This support includes assessment, enablement (helping people become more independent by gaining the ability to move around and do everyday tasks), and some equipment. It also includes information on what level of support people are likely to receive if it was arranged by us.

We will expand the use of 'care navigators', or other forms of community worker that we arrange using voluntary organisations. Care navigators give advice and information about what services are available in a person's area so that the person can choose to arrange the care and support that best meet their needs. Their role is to help people manage their own health and well-being by accessing local community-based services, aids and equipment, benefits and other sources of support.

We will continue to expand the role of 'trusted assessor'. These are people who have been trained to assess whether a person could benefit from simple aids and equipment or adaptations and take full advantage of new technology, to support qualified occupational therapists. We recognise that getting the right aids, equipment and technology can make a huge difference to a person's ability to stay independent and safe.

We will be looking at how medical and social-care professionals can use social-prescribing models more widely. An example of social

prescribing could be GPs prescribing a course of exercise classes rather than, or as well as, medication for someone with mild depression or anxiety.

Promoting well-being is also about encouraging and supporting people to live healthy lives, which has benefits for the person in the short term and can prevent a range of health problems in the longer term. Working with our partners, we will continue to promote public-health campaigns and programmes that encourage people to change their behaviour, such as taking more exercise, stopping smoking and attending health screenings that are offered. Well-being is also influenced by wider issues including housing, employment and education, and we will continue to work with partners to make improvements in these areas that will promote well-being.

Social isolation and loneliness can lead to ill health and we will be developing schemes which help people get together for mutual support, activity and fun. Keeping people connected helps to keep them well. We will work with the community and voluntary sector to make best use of our combined resources, encourage volunteering, befriending and good-neighbour schemes. Our focus will be on strengthening communities, making use of other social support networks where necessary to improve the range of support offered.

Case Study

George's story:
Promoting well-being in the future

George is 87 and, since his wife died two years ago, has been living on his own in the house he had shared with her for the previous 40 years.

Over the last year he has started to put on weight as a result of not walking as much as he used to when his wife was alive. This has also been due to the arthritis in his hips which has been slowly getting worse (but is not yet bad enough to need a hip replacement).

George generally manages to look after himself, but getting in and out of the bath can sometimes be painful and he often feels lonely and isolated. He has a daughter and son but they both live over 100 miles away and so only visit occasionally. His daughter worries that her father is becoming depressed. He doesn't want to move from his home or the area as he knows it very well, it is within walking distance of several shops and he does have some friends in the area that he sees occasionally.

George belongs to his local Neighbourhood Watch as do most people in his area. Recently they have decided to add to what they do by looking out for their more vulnerable members, including older people, like George, who live alone.

The local council provided some training for them and other local groups in recognising signs of social isolation, dementia and other problems among older people and also where to go for information and advice to help with these things. As a result, one of George's neighbours invites him for tea and suggests that he goes to or phones his GP practice which is now part of a community hub and can provide information, guidance and support to help people stay healthy and look after their own well-being.

As a result, George is given information on joining a befriending group organised by Age UK as well as information on joining his local University of the Third Age. This is a self-help organisation for retired and semi-retired people providing leisure, educational and creative activities which holds all sorts of regular group activities, including teaching people about using information technology to keep in touch with relatives. George also gains information on arranging for the appropriate equipment to be installed in his bathroom, which helps him to keep clean and manage his other personal needs. He also gets information on a scheme where a volunteer driver will take him, once a week, to see a friend who lives about five miles away.

George is encouraged to see his GP who advises him to go on a diet to lose weight. He also talks to the GP about his feelings of isolation and it is agreed he should return to see him after two months of taking part in the above activities to see if he has improved. The GP is concerned that George may be becoming depressed but decides to wait to see how the various activities help before deciding what to do next.

7. Promoting independence

Providing the right targeted action when it is needed and the right environment so people can care for themselves.

Not everyone who needs support needs it all the time. Some people only need help for a short period, either once or sometimes more often. This could be to help them get back on their feet after an illness or operation, to help them recover from a period of illness (physical or mental) or, if they have a carer, to give that person a break from caring.

Some people may need adaptations to help them manage without the need for formal support. This could include grab rails in the bathroom or the more sophisticated telecare services, for example to sense if someone has left the gas on or someone with dementia has gone missing from home.

People with long-term conditions (mental or physical) or disabilities may need training to help them be as independent as possible so they do not have to rely on formal care systems.

Our aim in promoting independence is to increase the availability of this type of support and to target it more effectively, at the right time, before a person's condition gets to the point that they need ongoing, long-term support.

How things are today

- There are already services in place to provide some of the short-term support needed and to promote independence in the home. This includes enablement services (both for those who have physical needs and those with a mental-health problem), which we currently provide to some people. However, we need to significantly expand this type of support.

Enablement services are provided to respond intensively for a short period of time to help a person get back their independence or to make significant steps towards being as independent as possible. They can help with physical problems, such as after an accident or illness when a person might need help getting out of bed, washing, dressing and so on. They can also help people suffering from mental-health problems who need an intensive period of support to help them regain their confidence or ability to interact with people and continue with what matters most to them such as work, study or family life. Help could also include aids, equipment and telecare. These services are available for a specific period of time, which can vary from a few days to a number of weeks.

- For several years we have provided telecare services to people we believe could benefit from them. For most people this involves using personal alarms that are triggered when help is needed (for example, after a fall, the bath being overfilled or the gas being left on). Telecare is an area of continual innovation and we need to do more to make sure we are making best use of the new technology becoming available.
- We have also tried to improve our referral, assessment and review practice to increase opportunities to make the most of a person's independence at every stage that we have contact with them. Rather than expecting a person to go on needing the same level of support for the rest of their lives, we are encouraging our staff to consider ways to reduce people's reliance on formal care and support. However, there is much more that we want to do.

How we want things to be in the future
By 2021 we want to have the systems and culture in place so that everyone we come into contact with is helped to be as independent as possible and this will be an ongoing process.

The starting point for all assessments will be to consider, with the person and any carers, what their specific goals are, what is important to them and what they would like to be doing that they cannot do at the moment. The above approach is supported by the Care Act which puts a person's well-being at the heart of the assessment. We will encourage people to make the best use of support from their own community, including voluntary organisations, as explained in the chapter on Promoting well-being.

Having considered what is important to someone, we will work with them to help them be as independent as possible and reduce, where we are able, the need to rely on the formal care sector. Clearly there will be some people who do need ongoing support and we will provide this when needed (see the section on Supporting independence), but we will provide much more targeted support for people at the crucial points when this is needed in the future.

Care and support, whether it is only short term or ongoing, will be co-ordinated from the community hub (see box on page 15). The hubs will provide access to equipment and assistive technology. We will look to combine occupational therapy services we and the NHS provide to improve access and remove the risk of duplication and variation in assessments and services. We will continue to develop the use of more sophisticated telecare and other technology and will work with professional organisations to increase the range of equipment on offer.

We will work on the basis that 'your own bed is best', and that in most cases people are more comfortable in their own homes and so recover and get their independence back more quickly if they can receive good-quality therapeutic support at home. If we get this right, it will reduce unnecessary stays in hospital and allow people to leave hospital as soon as they are medically fit to do so.

We will try to increase independence when we first make contact with a person and then continue to do this throughout the care journey. At every opportunity we will see if there is more that we can do to help people be independent. This will be done through assessing needs and responding to change. While continuing to review the support we provide in this way, we will also be sensitive to the fact that people need some certainty about the help they will be given. Because of this, we will make it clear that, while the aim of any support is to encourage independence and that some support might be short term, it can also be increased when needed.

Case Study

Ben's story:
Promoting independence in the future

Ben is 23 and lives with his parents who are in their 60s. He has always lived with them and has not had any experience of living alone.

Ben has fragile x syndrome (a genetic disorder linked to the x chromosome – one of the most common forms of inherited learning disability). He also has epilepsy, which is fairly well controlled with medication. Fragile x syndrome affects Ben in several ways.

Ben has attention deficit disorder and this and his hyperactivity have affected his ability to learn and hold on to information. While Ben can make himself understood, he gets very irritable quickly and this sometimes leads to aggressive and inappropriate behaviour. He can travel on his own on some simple routes but easily gets lost if he doesn't know the route well, or if the route changes.

Ben went to a special school until he was 19 and later a local college until age 21 where he was well-supported by the Additional Needs Unit in the college. He managed to get a certificate in basic computing and also gardening which is something he really enjoys.

He went to college for three days a week, and on the other two days he used some of his personal budget to pay for a support worker to go with him to a local garden centre where he carried out work experience. For the last six months of his college course he walked to the garden centre himself and stayed there on his own without his support worker. He was helped to do this by having a GPS locater on his wrist which would alert certain people if he got lost on the journey to and from the garden centre.

Towards the end of his time at college several meetings were held with Ben, his family and the main professionals involved in his care. Ben got a part-time paid job at the garden centre. He used his personal budget for short-term support from a support worker, who also helped him when he had to learn new tasks and went with him to a local club for all abilities on Saturdays. He has made friends at work and now calls on his support worker less and less.

Ben has recently said he would like to live with friends in his own flat. He and his parents are also keen that he moves into his own place. Jane, Ben's mother and carer, is finding it increasingly tiring supporting Ben and she doesn't like to leave him alone in the house for more than about an hour.

Ben and his family have started to look at options for independent living, including living in a shared house with other people with learning disabilities and on-site support if needed. He is spending short periods in one of these units to see how he gets on, which gives his parents a break. He has also gained new skills through support from the Kent Pathways Service.

As a result of the support being offered to Ben, his mum's situation as a carer has been helped. Jane has been given a personal budget and can use this in a way which best meets her needs to ease the stress of caring. She has also joined a local carers' support group.

8. Supporting independence

Providing effective ongoing support

Supporting independence is the final part of our strategic approach to adult social care and is aimed at those who need ongoing care, whether at home or in a residential setting. It aims to meet people's needs while allowing them to live in their own homes where possible, stay connected to their communities and avoid unnecessary stays in hospitals or care homes. Supporting independence is delivered though services that aim to maintain individual well-being and keep people safe, help people do as much as they can for themselves and allow people to live and be treated with dignity.

How things are today

We have a health and care system that is not responsive enough. This can unintentionally lead to people becoming more dependent on services than they need to be, which does not always lead to the best outcomes for them.

- The system is not always flexible enough to respond to changing needs, which can result in providing too much or not enough care.
- In spite of the progress on joining up health and social-care services across Kent, there are still areas where duplication of services could be avoided, more information could be shared and services could be better designed to provide more effective care.
- We need greater choice and availability of other accommodation options rather than long-term residential and nursing care. We need to work with partners to develop other options such as Extra Care housing and specialist accommodation for people who have dementia.
- Young people with disabilities and ongoing care needs can experience a lack of connection between children's and adults' services as they grow up. We have started to manage this by bringing together our services for disabled children and adults, but there is more to do.

We are developing new models to provide more independent living options in the community, including **Your Life Your Home** which aims to move adults with learning disabilities out of residential care, and **Shared Lives** which provides supported placements for adults with care and support needs within a family home. At the moment these new models are helping a small number of people with ongoing care needs.

- Currently we spend about £7million a year jointly with the NHS to provide support for carers whose health and well-being is affected by their caring responsibilities. The assessments and services provided are good quality but there are long waiting lists for some support such as sitting services to provide respite (a break from caring).

How we want things to be in the future

We will always make sure that people who need ongoing care and support receive it, while at the same time working with people to help them do as much as they can for themselves. By joining together health and social-care services in Kent, people who need ongoing care will receive personalised care and support that is focused on helping them achieve the outcomes that are important to them. More people will receive care in their communities or, wherever possible, in their own homes.

People who need the most intense and specialist care will be admitted to hospital or residential care, and the emphasis will be on moving people back to the community if they are able. For those people who do need to live in residential accommodation (which includes group homes, care homes, Extra Care housing and other types of residential accommodation), ongoing care will be designed, paid for and delivered to keep them as independent as possible.

Working with the person and their carer, all the professionals who are involved in providing care to the person will assess their needs and share their records meaning there will be no duplication or gaps and the person's mental capacity will be taken into account (following the Mental Capacity Act). (Mental capacity deals with a person's ability to make decisions for themselves. The law says that a person may lose their right to make decisions if this is in their best interests).

People with more intense and complicated ongoing needs will have one professional who will lead on coordinating their care and build a team of support for the person. They will be the first point of contact for them and their carers. Information, advice and guidance will be available at the right time for everyone to support people in making decisions about their care.

The services provided in the community hub will be flexible enough to adapt to a person's changing needs immediately and step up or step down the intensity of care they are receiving. Services will also be able to work together to identify people who might be at risk of becoming more unwell and offer support before a problem happens. All the organisations involved in providing care and support will be spending their money with the aim of achieving the same outcomes, improving the care we are able to provide to people with ongoing needs.

Bringing health and social care together will mean that people will be able to access a joint health and social-care personal budget where appropriate, giving them choice and control over all of their care. People will be supported to get the best use from their personal budgets to meet their needs. There will be a wide range of quality care and support services for people to choose from.

For young people with ongoing care and support needs, services will be as smooth as possible as the person moves from being a child to an adult, so there will be no need for specific support over that period. For example, throughout their life, people with autism and attention deficit hyperactivity disorder (ADHD) will be cared for and supported along the right pathway that is understood and followed by all the services involved. This will bring together psychological, social and medical assessment and support so the person receives care that meets all of their needs and is consistent as they move from childhood to adulthood.

If people need care at home to help them with daily living, this will be focused around supporting the person to achieve the outcomes that are important to them, rather than being based on specific tasks. Over the next five years we will develop more home care that is nurse-led. This will bring together nurses from the NHS with the home-care providers we pay to provide services. This means that people will receive homecare that responds to their needs for social care and health care and can provide specialist care at home.

We will routinely use technology to help keep people safe and maintain their health and well-being at home. We will continue to work with our providers to identify and, where helpful, put into place cutting-edge assistive technology. We will also make better use of technology to help people keep in touch with loved ones and stay connected with their community and the things that matter to them.

The aim is for fewer people to live in residential or nursing homes because there will be an improved choice of accommodation options that allows people with ongoing care needs to have their own homes. We will work with our partners, including district councils, to arrange accommodation in the right areas. There will be specially designed housing to meet the needs of people with ongoing care including people with mental-health problems, learning disabilities, physical disabilities and autism. Housing options will be available for young people to support them through the move into adult life and independence. We also hope to increase the amount of Extra Care housing available. Accommodation will have assistive technology built in, which uses telehealth and telecare. Options like Shared Lives will continue to be developed and will be available across the county where this best meets the needs of the person.

More people with ongoing care and support needs will stay in or enter education, training and employment. This is important to people's well-being and can help people keep or regain their confidence and independence and improve their health. The support we provide will be tailored according to the person's goals, strengths and situation. For people with ongoing mental-health problems, supported employment or education will be linked to their clinical treatment to support their recovery.

People with ongoing care needs will be able to access a range of activities in their local community to keep them active and doing things they enjoy. We will have a new model for day-care services that provides activities and opportunities that people with ongoing care needs want and that is of consistent quality across the county. We will work with providers, including in the voluntary and community sector, to build and maintain the market so people can access the day activities they want, when and where they want them.

For people who need to be in residential care, services from the community will go into care and nursing homes to provide specialist support to residents and to help staff develop skills and confidence. This will include enablement and rehabilitative care services and nurse-led home-care services coming into care homes and using assistive technology. The community hubs will also aim to promote activity that involves care-home residents in their local communities.

Extra Care housing is designed for people who need care and support to help them live their daily lives. People who live in Extra Care housing have their own homes with their own front doors. Homes are usually provided as a block of flats or houses built together. Support such as personal care and help around the home is available from on-site staff. Extra Care housing usually includes facilities for people who live there, for example, a restaurant and health and fitness facilities.

Anita's story: Supporting independence in the future

Anita is 59 with a degree in French. She was born with cerebral palsy and uses a walking frame to get around but this is becoming more difficult. Later in life she has developed diabetes, and due to problems with her eyesight brought on by this condition, over the last year has had to stay in hospital frequently. Anita needs support with daily living, including her personal care, cooking and help around the house. Up until recently she has been able to manage living on her own, in her own home, with visits from a home-care worker every other day. However, she has started to struggle to cope being on her own in the house between home-care visits and is in need of some further adaptations to her house. She also now needs support a couple of times a day to help manage her medication and monitor her blood-sugar levels.

As Anita has complex ongoing conditions, she has been allocated a care co-ordinator from her local community hub. This is the person leading the planning of Anita's care and support. Anita's care co-ordinator, James, meets with Anita to understand what is important to her, how she would like to live her life and the goals she would like to achieve. James has access to all of the assessments and records that the different health, and social-care professionals who have been involved in Anita's care and support have made. Based on this and what Anita has told him about her goals, James brings together a team of health and social-care professionals with the right skills to support Anita, including her GP, her community nurse with diabetes specialism, home-care worker and occupational therapist. Together they create a plan for Anita's care and support.

It is important to Anita that she has her own home with her own front door that she can stay in for the foreseeable future, but she also now needs a higher level of support. She is offered a home in a new Extra Care housing development that has just been built in her town. The on-site staff have caring and basic nursing skills and so can help Anita with her medication. Her new flat is completely accessible for her walking frame and a wheelchair. Telecare sensors are already installed that help to keep Anita safe while she is on her own in the flat, and she wears an alarm that she can press to call the on-site staff for help in an emergency. The flat also comes with telehealth technology, which Anita uses to monitor her weight and blood sugar and send this information to her nurse and GP so they can help her manage her blood sugar levels and act quickly if there are any signs that problems may be developing.

James and the team of professionals continue to monitor Anita and adapt her care and support plan as needed. If Anita needs some medical treatment, this is planned and all of the team know so they can arrange any extra support she might need afterwards. Anita now feels that she has regained her sense of independence and feels confident that she has the support she needs to keep safe and well. Since moving to her new home and the start of her new care and support plan, Anita has only had to stay in hospital in an emergency once, which is a huge improvement.

9. Supporting carers

We recognise that the vast majority of care is provided by relatives and friends. Making sure those carers are supported in their role is a critically important part of this strategy as supporting carers is one of the most effective way of achieving our overall vision – so people can improve or maintain their well-being and live as independently as possible.

We will continue to work with carers' organisations in Kent to help identify and assess carers who could benefit from support. The age profiles of carers show that they are getting older and the overall number of carers is increasing. Many carers may be reaching the point where their needs may change so they may not be able to carry on. We recognise that this may lead to an increase in demand for services that support carers.

Over the next five years we will work with carers to develop a new set of services and support for them. The new services will provide support for carers in all areas of their life that are affected by their caring responsibilities, helping them to achieve the things that are important to them. This should allow them to continue their caring role and also protect their own health and well-being, something which the Care Act puts at the very centre of care and support . This will also apply to carers who care for someone who is not receiving formal care and support.

We will continue to expand the use of personal budgets for carers of people with ongoing support needs. This will allow carers to choose and control the support they receive to best meet their needs and preferences.

We will also help carers by providing the right sort of support for the person or people they care for. Support for carers will be part of the community hub model described earlier, meaning that they are fully joined up with all of the care and support that the person they care for is receiving. This will allow information to be shared and support managed together for the person with ongoing care needs and their carer, leading to better care for both.

The team of professionals involved in providing care will respect and value the skills, knowledge and commitment of carers of people who need ongoing care.

10. Building blocks

To deliver the vision and strategy there are important building blocks that must be in place. These are shown below.

- Protection (safeguarding)
- Workforce
- Commissioning
- Integration and partnership

Protection (safeguarding) - 'keeping you safe'
We have no greater duty than to help people exercise their right to live safely and we take our legal responsibilities in this area seriously. In carrying out our safeguarding duties, we aim to stop abuse or neglect wherever possible; prevent harm and reduce risk of it happening and allow adults at risk to have choice and control in how they live their lives. We recognise that adults may need protecting from many forms of danger that can affect their safety. It is part of our main business to work with other partners to take necessary action to protect adults who may be at risk of abuse or neglect, whether they live in their own homes or in care homes. We consider our protection and mental capacity responsibilities as one of the building blocks or foundations which form the backbone of our vision and the strategy.

It is important that our protection work puts the outcomes a person wants at the centre of our action and, where possible, we take action before a vulnerable person is harmed. This approach is in line with the principles of the national guidance on 'making safeguarding personal'. We know that taking effective action works best where we work with communities in helping to prevent or report incidents of abuse or neglect.

As a member organisation of the Safeguarding Adults Board, we will continue to promote the principles that rightly govern how protection should be treated and carried out.

- It is every adult's right to live free from abuse in line with the principles of respect, dignity, autonomy (being able to control their own actions), privacy and equity (fairness).

- All agencies and services should make sure that their own policies and procedures make it clear that they have zero tolerance of abuse. In other words, they will not put up with it at all.
- We will give priority to preventing abuse by raising the awareness of adult-protection issues and by fostering a culture of good practice by providing support and care, commissioning and contracting.
- Adults who are vulnerable or subjected to abuse or mistreatment will receive the highest priority for assessment and support services.

To continue to do this work well, we need to have competent and confident social-work staff who have the necessary skills and tools to do their jobs. Importantly, it will be expected that staff use an 'asset-based' approach, which is focused on what people can do, to identify the person's strengths and use meaningful community networks that can help them and their family in making difficult decisions and managing complicated situations.

We also recognise that we share these protection responsibilities with other partners and providers, the NHS, the police and the

community in general. To this end we will work to make sure that the collective roles and responsibilities are clear and continue to build on the already strong multi-agency framework in place for protecting vulnerable people. This means not only promoting strong multi-agency partnership working but also making sure we provide a supportive learning environment. By doing so we aim to break down cultures that are afraid of risk and clarify how we will tackle responses to protection concerns from poor-quality care or inadequacy of services and issues of safety of the person.

Workforce - 'getting the people right'
Without the right health and social-care workforce, we cannot deliver anything in this strategy. The Kent social-care market employs over 40,000 staff, most of whom are employed by private, voluntary and independent sector providers. The workforce needs to be appropriately skilled and competent to meet local needs, be sustainable and flexible. Staff will need to put outcomes for people first, and their performance will be assessed against this rather than a task-based approach. When we refer to 'workforce' in this document, we mean all staff who work in and deliver care and support services in the public, private, community and voluntary sectors.

Delivering tailored care that focuses on supporting people to achieve their outcomes will involve some changes to the skills, working practices and culture of the social-care workforce. We will make sure our staff and staff in partner organisations have the skills and knowledge needed so that people can have as much choice and control as possible. The emphasis will be on what works best to meet a person's outcomes, rather than what services are available that we can fit a person into. So we will encourage staff to be imaginative in the solutions they develop. People who provide care will take a new and creative approach in supporting people to maintain their independence. This will include the ability to design services alongside those receiving them and others involved in providing services.

It also involves a sophisticated understanding of people's right to choose to take risks so they can lead the lives they want.

Currently, the social-care sector is experiencing many challenges – one in five social-care workers is aged 55 or over, each year there is a high turnover of staff in some roles and recruitment and retention can be difficult particularly in some areas of Kent. Given this pressure, levels of training, skills and status are falling compared with other professions. We need to give more attention to the kind of job roles available and how career pathways are designed to meet the changing needs of the service, and the people it will help and serve.

Social care and health will increasingly work together so staff will need to work across organisational boundaries, which will help reduce current duplication in assessments and other activities. We will need to support changes in culture so we can achieve this and support staff to make the best use of digital technology to share information appropriately between partners and as a tool for those receiving social care. If the team is to work as one, the planning and management of the workforce needs to take a whole-system

approach. We are working with the NHS on developing our workforce to be ready for the future, and some of our agreed priorities include the following:

- Existing and emerging gaps – identifying where we currently have a shortfall in the workforce we need and where we are likely to have a shortfall in the future, including succession planning (finding and developing people with potential to move into important roles in organisations)
- New models of care – making sure that, as new ways of delivering services are developed, the right workforce will be available to deliver them
- Recruitment and retention – making sure that Kent can recruit the people it needs and, once it has done so, keep hold of them
- All this will need a shift towards focusing on the skills needed by a given workforce rather than how many of a particular staff group are needed. Care and health professionals will work as a team with colleagues from a range of other organisations and sectors as equals. Where appropriate they will take a co-ordinating role, managing the contributions of a range of professionals to meet a person's needs. We will develop specialist roles where needed and they will play an important part in the care and support team for people with complex ongoing needs.

To achieve this, we must treat the health and care workforce as one. We have already begun this process and examples include integrated discharge teams in all Kent and Medway hospitals to support roles that bring together health-and-social-care skills, joined-up working and a better career path. We have also introduced nurse-led outcome-based domiciliary care in a group of GP practices in Whitstable (Vanguard). These practices use new models of care which offer a more attractive career path for domiciliary care workers and blended roles with health-care assistants. This will also provide opportunities to train professionals who have traditionally worked in either social care or health so that they can meet all of the ongoing social-care and health needs of the people they care for in their own homes. This could include training home-care workers and carers to carry out medical procedures such as giving insulin injections to people who would otherwise also need a daily visit from a nurse.

We are using analysis of long-term hard-to-recruit professions to help us plan future care so that we move away from relying on locums or overstretching the current workforce. We are currently developing a strategic workforce action plan for health and social care together.

Commissioning - 'arranging services'

Driving our strategy forward is a new approach to commissioning – in other words, deciding what kinds of services should be provided to local populations, who should provide them and how they should be paid for. Traditional commissioning often involved paying for certain activities to be carried out by a provider and this left little room for the specific needs of an individual to be taken into account. An outcome-based approach identifies what outcomes matter most, and payment to providers depends on achieving the outcomes and is not simply based on activities. Under this model, there is an incentive for different providers across health and social care to work together to achieve outcomes. Prevention activities are also given a clearer priority than is currently the case.

As we move towards becoming a commissioning authority, we will be in a good position to adopt this model, and will do so by working with the NHS. Clinical commissioning groups and NHS England are also shifting their approach to commissioning to an outcome-based approach. When this is done jointly, the entire assets of a community or neighbourhood can be considered and made best use of. Where a good community network or organisation exists and can contribute to achieving the outcomes of this vision, it will be able to play its part and benefit from this approach. This

could be from the voluntary or community sector, or from a wider range of providers and public-sector organisations than currently delivers services for health and care. We recognise that making the shift from the current way of working to the future outcome-based commissioning approach will be a challenge for commissioners and all providers. It will also involve having appropriate IT systems in place, capturing and analysing information and tracking and monitoring quality.

In many cases, as direct payments and personal health budgets continue to develop, the person will be able to choose which services are provided.

Focusing on outcomes means that we, as commissioners, will have better information as to what does and doesn't work. This will mean that services improve steadily over time as further investment is directed to those services that work and away from those that do not contribute to the outcomes. Our role as commissioners will be to see how the market is delivering and decide how best to tackle any gaps in quality. This will support us in fulfilling our market-shaping responsibilities under the Care Act. Market-shaping responsibilities are where we look at what care and support needs people have in the local area and consider what services are available – working out where there are any gaps and how they can be filled.

The changes planned mean that we will need to develop new and effective ways of monitoring and managing contracts to achieve the best value for money from the resources we have available. The changes may include looking at new commissioning arrangements across both health and social care.

Increasingly our commissioning will be led by 'care pathways' for defined groups of users with similar characteristics and needs, for example young adults with long-term care needs or older people with dementia. We will be clear on our overall commissioning responsibilities

and approaches, which consider the needs of the whole population, and which are different from place-based commissioning to meet local needs.

Integration and partnerships - 'working together'

Kent has a good track record of health and care working together in partnership. It was one of the original 14 Integration Pioneers named in 2013 and this has continued through the Better Care Fund and the current Sustainability and Transformation Plans (STPs) which are to be the plans for delivering the NHS Five Year Forward View. The Five Year Forward View and the STPs give a name and framework to what Kent had already been moving towards. This involves approaching the health and care of the population as a whole system and breaking down barriers between sectors and organisations where they get in the way of better care and support.

This shift is necessary both to deliver the quality of care we want to see the people of Kent receive, but also to make sure that the finances of health and social care are secure. In spite of this strong track record of partnership working, there are some barriers that we must work hard to overcome, such as a lack of common

language, different culture of practice and shared priorities, multiple IT systems, different performance frameworks and budget cycles. These all combine to make what we want to achieve more difficult at the current time. Our vision for adult social care is built on existing work with social-care professionals, clinicians, carers, the public, and other partners in developing possible new models of care for the future. As a result, our visions is part of the broader process of joining up health and social care.

The new approach to commissioning is helping to develop a number of new models of care in Kent as set out in the Five Year Forward View. Particularly relevant to this vision for social care is the development of multi-specialty community providers (MCPs). These MCPs bring together GPs, nurses, other community-health staff, social-care, mental-health and acute hospital staff and services together to create fully integrated out-of-hospital care. At the heart of this are the 'community hubs' already discussed.

To deliver our ambition to work more with NHS services to provide smooth care and support will mean we need to overcome some substantial challenges including:

- finding the money to invest in the changes, including creating the 'community hubs';
- sharing information, which is vital for high-quality, integrated care, but must be carefully managed in ways that keep to the Data Protection Act 1998 and various other laws;
- finding incentives and targets that work across health and social care, given the different audit systems and payment models which can result in conflicting interests, and problems in agreeing how evaluation will be measured; and
- differing workforce practices. These range from different employment terms and conditions through to different organisational cultures and attitudes.

We will work through these challenges with our NHS colleagues and we will work together on effectively planning for and managing our buildings (including through One Public Estate). For example, delivering services out of hospital that would have previously been delivered in hospital will need access to digital technology to support remote consultation, diagnostics and virtual multi-disciplinary teams (remote consultation is when professionals give advice about a person's care and treatment without the need for a face-to-face visit. A virtual multi-disciplinary team is a group of staff who are members of different professions work from different locations and who each provide specific services to the person.)

Private and voluntary-sector organisations that provide social care and support will need to work more flexibly in future, putting the needs and outcomes of the people they support at the centre of their services. To support this approach, our contracts with providers of care will be focused on outcomes. We will ask providers of services, including homecare, to show how they are helping to achieve outcomes for the people they care for (for example, to help a person regain their independence following an operation, or to reduce social isolation), and we will reward them as a result. This is in contrast to many

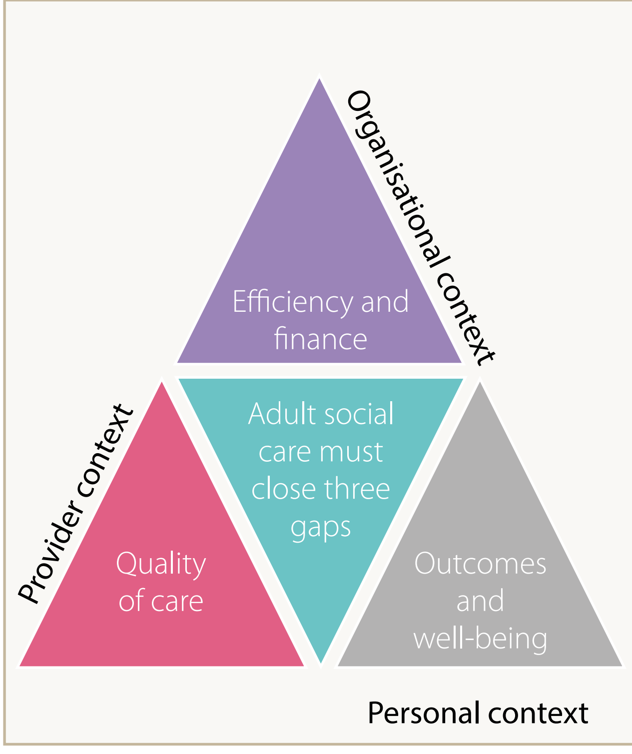
current contracts that reward providers according to the time spent with a person and the tasks carried out. As a result, partners will need to be flexible and responsive enough to meet the challenge of working with commissioners, and being commissioned on an outcomes-focused basis.

We will work with providers to increase and maintain the market in areas where we need greater choice and availability of services for people with ongoing care needs. This will include community activities and opportunities to help people keep active and involved in things they care about and enjoy. Working with providers, there will be an improved range of accommodation options to allow people to continue to live in the community including Extra Care and supported housing to meet specialist needs.

We will continue to work with the voluntary and community sector (VCS) who will play an even more significant role in supporting people's independence and well-being. We will continue to support the sector so it can cope with the changing and increasing demands for care and support in the communities that it works with. The way in which we want to work with the VCS in the future is set out in our Voluntary and Community Sector Policy. This sets out our commitments to support the VCS both to respond to communities' needs and as a key partner in delivering services on our behalf. To achieve this, we want to continue to build an ongoing, two-way dialogue with the sector, provide infrastructure support that is flexible and responds to the sector's needs, and be clearer about funding. Some of the more specific things we want to do to support the proposals in this strategy include encouraging new enterprises (for example, befriending schemes) and working with existing organisations to help them expand to new areas (for example, Neighbourhood Watch schemes, allotment societies and so on).

11. Monitoring our performance

As explained in the Introduction, this strategy explains our vision for adult social care over the next five years and we will set out the full details of how it will be delivered in an implementation plan which we are developing for this strategy. It is important that we understand the difference that we are making through delivering the vision and strategy. Our success will be measured by how well we manage to close the three important gaps that are central to everything that we do.



We will monitor performance by looking at outcomes. This will include existing methods for monitoring performance plus the experience of people who use our services, including using the following:

- Measures of success – a one-page activity, finance and performance information report used by adult social-care managers on a monthly basis to keep track of progress
- Progress on our transformation programme – a report produced for the Adults Portfolio Board and our members to account for progress against the priorities in the transformation implementation plan already mentioned
- Local Account – an annual public report of how well adult social care is doing, produced with people who use our services and their carers, main partners and staff
- Corporate & Directorate performance management – a wide-ranging report for our members and senior management produced on a regular basis which the public have access to
- User surveys – surveys of people who use our services, and their carers, on their views on outcomes and experience of services
- Deep dives – an in-depth examination of the main service areas with the aim of improving service delivery
- CQC – service quality and other information put together by the Care Quality Commission, the independent regulator of health and social-care services
- KCC Strategic Statement Annual Report – an annual report on adult social care's contribution to achieving our strategic objectives which is produced with input from our partners
- Health and Well-being Board – a report on adult social care's contribution to the progress on outcomes in the Joint Kent Health and Well-being Strategy and this strategy
- Health Watch - through independent monitoring of how well health and social care services are being provided.

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Social Care, Health and Well-being
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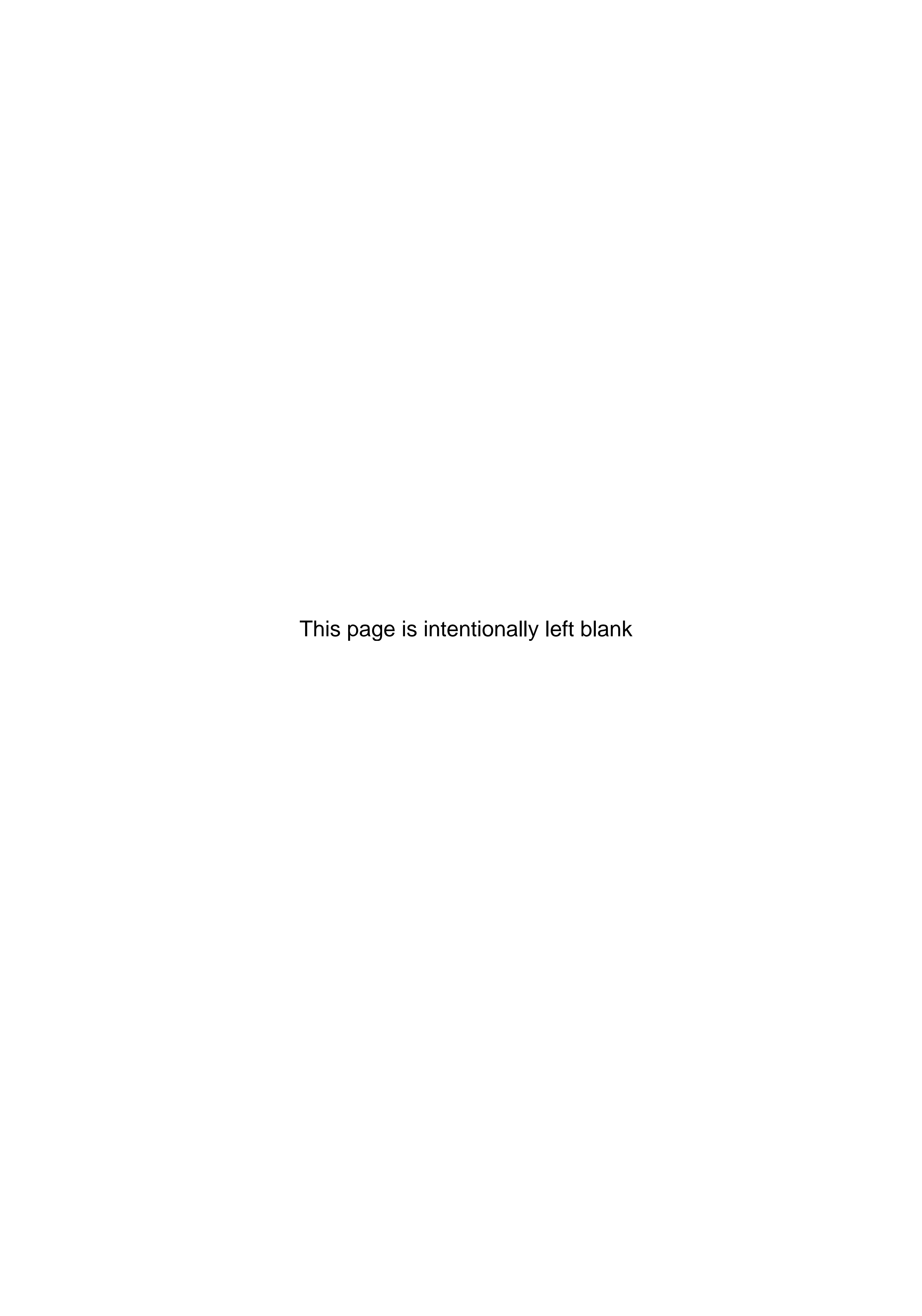
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Your life your well-being

A vision and strategy for adult social care 2016 -2021

Easy Read

Kent County Council Social Care, Health and Well-being
December 2016

Hello,

We (Kent County Council) would like to tell you about our strategy for adult social care, 'Your life, your well-being'.

A strategy is like a plan and tells you what we need to do and how we will do it.

This is a shorter version of our main document. You can read the executive summary and full version on our website.

Difficult words are put in **bold**. There is a list of these at the end on page 17.

You might need some help with this document.

Please contact us if you would like this document in an alternative format or language.

Telephone: 03000 421553
Textphone: 18001 03000 421553
Email: alternativeformats@kent.gov.uk

Graham Gibbens

Andrew Ireland

Foreword

By Councillor Graham Gibbens
Cabinet Member for Adult Social Care and Public Health and Andrew Ireland, Corporate Director for Social Care, Health and Well-being.

People are living longer now than ever before.

This is good news. But it means people need more care and support.

There is more need for services.

But less money to go around.

To make sure we can continue to give people the right services we need to bring together our ideas for the future.

This document tells you about our ideas over the next 5 years, and the vision we hope to achieve.

We will set out how we will make this happen in a plan. This will be published separately.

We want people to 'improve or keep their well-being and live as independently as possible'.

Introduction

We help people who have care and support needs.

This includes:

- People with physical disabilities
- People with sensory disabilities
- People with learning disabilities
- Older people
- People with mental health problems
- People with autism
- Carers
- People moving from children's to adults' social care.

How do we support people?

- We talk with the person to understand their needs.
- we talk to people about how it will be paid for
- We support and arrange it for them.

We will continue to check that everything is going well.

Our vision

We would like people to have good well-being and to live as independently as possible.

We would like people to be fully involved in arranging their care and support.

So they have the best service for them.

We will do this by:

Promoting well-being
To support people to look after themselves safely, be independent and part of their community.

Promoting independence
Give support for a short time to keep people independent.

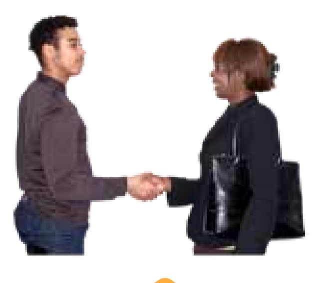
Supporting independence
Give ongoing support when people need it. Where possible keeping them in their own home.

These are some of the areas which will support our vision.

Safeguarding - keeping you safe
Staff will look out for people vulnerable to abuse.

Workforce - getting the right people
We will make sure staff have the right skills.

Commissioning - arranging services
We will make sure bought services are right for people.



Integration and partnerships - working together
We will work closely with other organisations so our services are joined up.

By following this we aim to keep people healthy and happy for as long as possible in their own home.

Our values and principals

These statements guide everything we do to provide care and support.

- **Person centred care and support**
  Make sure care and support is right for the person. And they are involved in choosing it.

- **Supporting people to be safe**
  Work with people to manage risk of abuse or neglect.

- **Shared responsibility**
  Work with people to give them the right care and support. So they can do as much for themselves as possible.

- **Prevention**
  Give advice and support at the right time so problems don't get worse.

- **Quality of care**
  We improve and check that care is always of good quality.

- **Integration**
  We work with other organisations to make sure services are joined up.

- **Account for what we do**
  Be open on how well we are delivering services.

- **Best use of resources**
  We make the most of our resources (money and staff) to do the best we can.

Promoting Well-being

Many people can manage their own care and support needs themselves.

To do this they need good information and advice. This might be on:

- benefits
- community activities
- **home adaptations**
- advice on living a healthy lifestyle
- support with training or employment.

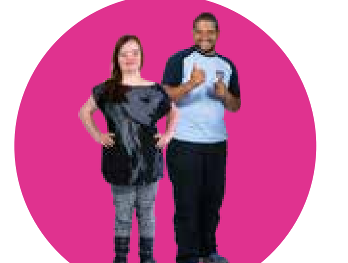
We have lots of good information, but it is not always easy to find.

In the future we want it to be much easier to get the right information.

We want to make sure help is available to support people experiencing things like loneliness or falls at home.

We want to make sure that carers are supported.

We will work with people in the local area to make sure that everyone knows what support is available.



Promoting Independence

Not everyone needs support all the time.

It could be they need support just once or for a few weeks, like learning how to cook a new recipe.

At the moment we have some good short term support in place.

We check to make sure people are supported to be as independent as possible.

But there is much more we want to do.

In the future we need to keep checking back with a person to see how we can work together to improve independence.

An example is by using technology such as an alarm that lets people know if someone needs help at home.

We believe 'your own bed is best' and people recover more quickly when they are at home.

Supporting Independence

When people need ongoing support we need to make sure their support works to keep them as independent as possible.

People should be able to live in their own homes where possible and be part of the community.

We should try to avoid people going into hospital or care homes unless it is vital.

Some of the things we are doing:

We are bringing services together for young people with care and support needs.

This will give them a better care experience.

People with more complex needs will have one person who will lead on planning their care and be their first point of contact.

There will be more choice for people to live in supported accommodation that better meets their needs.

Nurses, doctors and social care staff will work together so that people only have to talk about their needs once.

Supporting carers

We recognise that most care is provided by family and friends.

Making sure carers are supported is very important to us.

We will continue to work with carer's organisations in Kent to see who could benefit from support.

In the next 5 years we will work with carers to develop the right services to support them.

These services will help protect their health and well-being. This is part of the Care Act.

Support for carer's will be part of our joined up services and '**community hubs**', so that the person receiving care and their carer's needs can be looked after together.

Workforce

Without the right health and social care workforce, this strategy cannot be delivered.

Social care and health will work closely together. This means having more **integrated** teams.

We will:

- look at any gaps in the workforce and how we can fill them
- make sure staff have the right skills.

We already have integrated teams in Kent and Medway hospitals.

Safeguarding

We promote the **principles** that:

- it is every adult's right to live free from abuse
- agencies and services we work with do not tolerate abuse
- we will raise awareness of adult protection
- adults who are vulnerable or subject to abuse will have the highest priority for assessment and support.

Safeguarding is everybody's responsibility.

Commissioning

Commissioning is arranging a service for you.

We will look carefully at how we do this, so:

- services are planned around the individual
- we can check the service is delivering the right outcome.

We will work closely with the NHS so that we commission services together.

And also make the most of community and voluntary services.

More and more our commissioning is led by '**care pathways**'.

This is where you arrange services for people who have similar needs for example older people with dementia.

Integration

Kent has a good record of working in partnership with health.

We will continue this.

We will support closer working.

We will set up one place in the local community where people can get health and social care advice and services.

These will be part of the '**community hubs**'.

To have joined up working we need to;

- invest in the changes and 'community hubs'
- share data in line with the law
- join up workforce practices

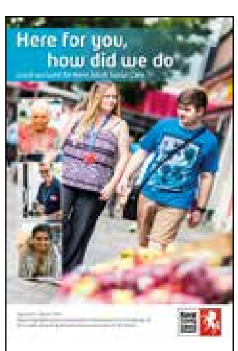
We will work with the voluntary and community sector to support people's independence.

How we will check it is being done

This strategy tells you about our vision for adult social care over the next 5 years.

There will be a plan on how we will do what we have said.

We will report on how we are doing including:



- The Local Account which comes out every year to tell the public how we are doing
- User surveys - asking people using our services about their experience
- KCC Strategic Statement Annual Report - an annual report with a section on adult social care.

Want to know more?

Read the full report on our website at:
www.kent.gov.uk/careandsupport

Difficult words

Care Act
A law passed by the Government which makes health and social care more straightforward in England and Wales.

Care Pathways
The way someone's care is managed by health professionals. With different stages at different times.

Community Hubs
One place where people can get health and social care advice and services.

Home adaptations
Things like grab rails or raised toilet seats.

Integrated
Joined up, working together.

Principles
A list of things that you follow, like rules.

Please contact us if you would like this document in an alternative format or language.
Telephone: 03000 421553
Textphone: 18001 03000 421553
Email: alternativeformats@kent.gov.uk

PJ22/11/16 FINAL

Appendix 3
Table of consultation activities undertaken for the consultation on the draft 'Your life, your well-being' strategy

Pre consultation activity:

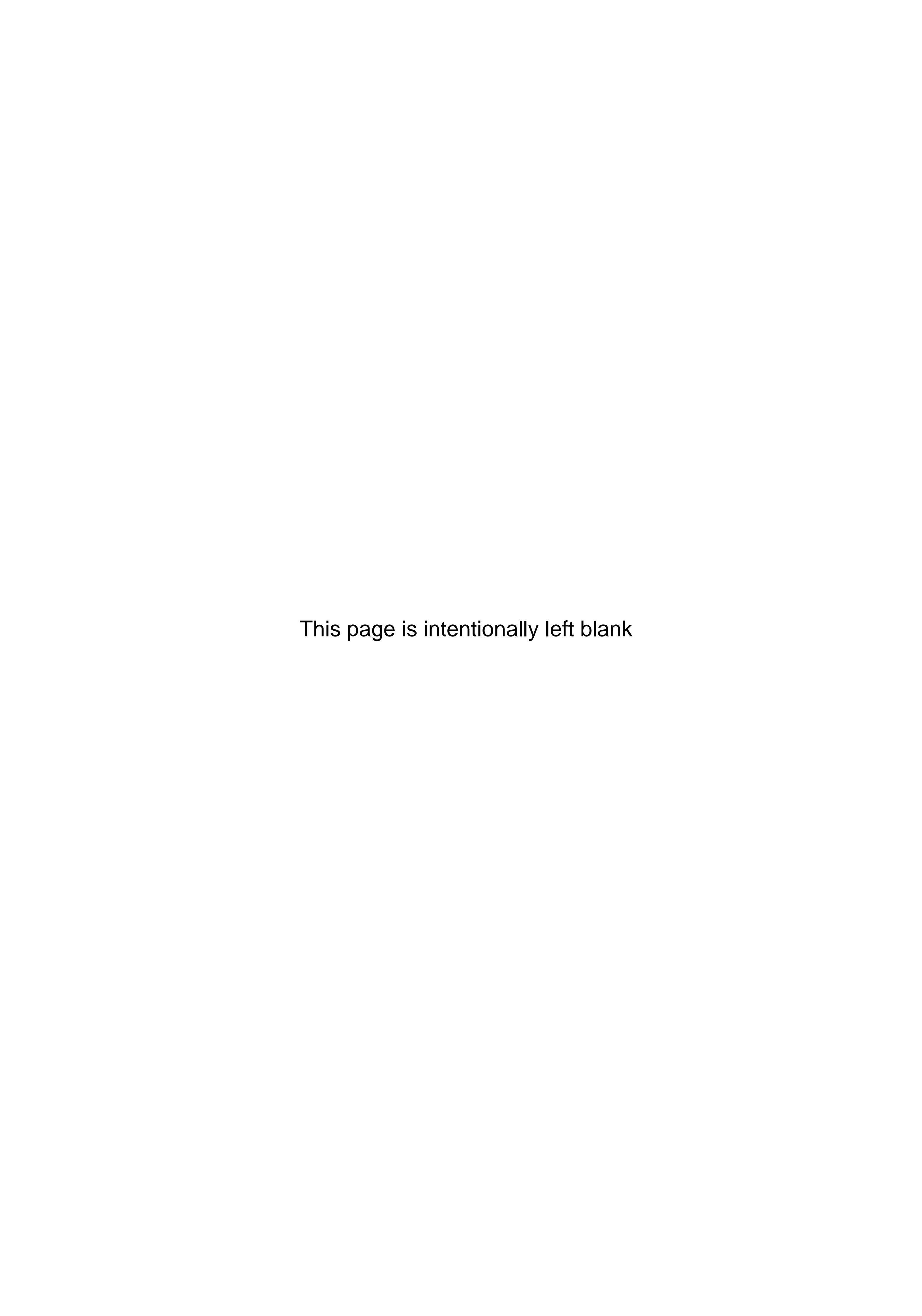
Activity	Target consultees	Dates
Focus groups organised by Health Watch	• Service users, residents and carers	Aug 4th (Maidstone) and Aug 26th (Thanet)
Older people's Forum – invitation to the Chairs	• Representatives from Older People's Forums	September 23rd (Maidstone)

Formal consultation activity:

Activity	Target consultees	Dates
Kent.gov page and online consultation survey launched including Easy Read versions of the strategy and survey	• All stakeholders • Easy Read versions for service users and anyone who prefers this format	30 September to 4 November
KCC press releases to promote the consultation at the beginning and near the end	• All stakeholders	30 September and 26 October
Posters put into town centre libraries across Kent to promote the consultation	• General public • Adult social care service users and carers	From 30 September
Promotion of the consultation through KCC Community Liaison Managers including through Twitter feeds	• General public • Adult social care service users and carers • VCS organisations	From 30 September
KNet page and features, KMail features, features in Adults Transformation Newsletters, a personal email to SCHWB staff and posters up in KCC buildings to promote the consultation	• KCC adult social care staff • KCC staff	30 September and ongoing until 4 November
Facilitated focus group with KCC adult social care staff for qualitative feedback on the draft strategy	• KCC adult social care staff	17 October (Maidstone) 20 October (Ashford)
Letter sent to all KCC Members to invite them to	• KCC Members	30 September

comment and publicise the consultation		
Item at Adult Social Care and Health Cabinet Committee to invite comments	• KCC Members	11 October
Letter sent to all KCC Members, District Council Leaders and Kent MPs to invite them to comment	• KCC Members • Kent District Council Leaders • Kent MPs	30 September
Emails to representatives from statutory partner organisations to invite them to comment	• Kent District Council Chief Executives • Health and Wellbeing Board Members • NHS Acute Trusts • Kent Police and Police and Crime Commissioner • Kent Fire and Rescue • SEC Ambulance Trust • Kent Community Health NHS Foundation Trust • Kent and Medway Partnership Trust • STP Boards • Clinical Commissioning Groups • Kent and Medway Safeguarding Adults Board	30 September, reminder email on 24 October
Emails to representatives from service user and carers groups to invite them to comment and cascade the message to service users and carers	• Adult social care service users and carers	30 September, reminder email on 24 October
Focus groups with service users with learning disabilities to get qualitative feedback on the draft strategy	• Adult social care service users and carers	Dartford District Partnership Group for adults with learning disabilities (KCC) – 13 October Dartford, Gravesham and Swanley service users forum for adults with learning disabilities (KCC) – 1 November Thanet ‘Speak up’

		Mencap group for adults with autism and Asperger Syndrome – 2 November
Presentation and discussion at Tonbridge and Malling Older Person's Forum to get qualitative feedback on the draft strategy	• Adult social care service users and carers • General public	28 October
Emails to representatives from voluntary and community sector infrastructure bodies / networks to invite them to comment and cascade the message to service users and carers	• Organisations from the voluntary and community sector involved in providing care and support to adults in Kent	30 September
Emails to current KCC adult social care providers and notice on the Kent Procurement Portal for all providers registered as having interest in adult social care to invite them to comment	• Providers of adult social care services in Kent	30 September
Facilitated focus group with partners and providers of adult social care in Kent for qualitative feedback on the draft strategy	• Providers of adult social care services in Kent • Organisations from the voluntary and community sector involved in providing care and support to adults in Kent	18 October (Maidstone) 3 November (Canterbury)
Review of Easy Read version of the strategy for clarity	• Adults with learning disabilities (MenCap group for adults with Autism and Aspergers Syndrome)	12 and 19 October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Appendix 4 –

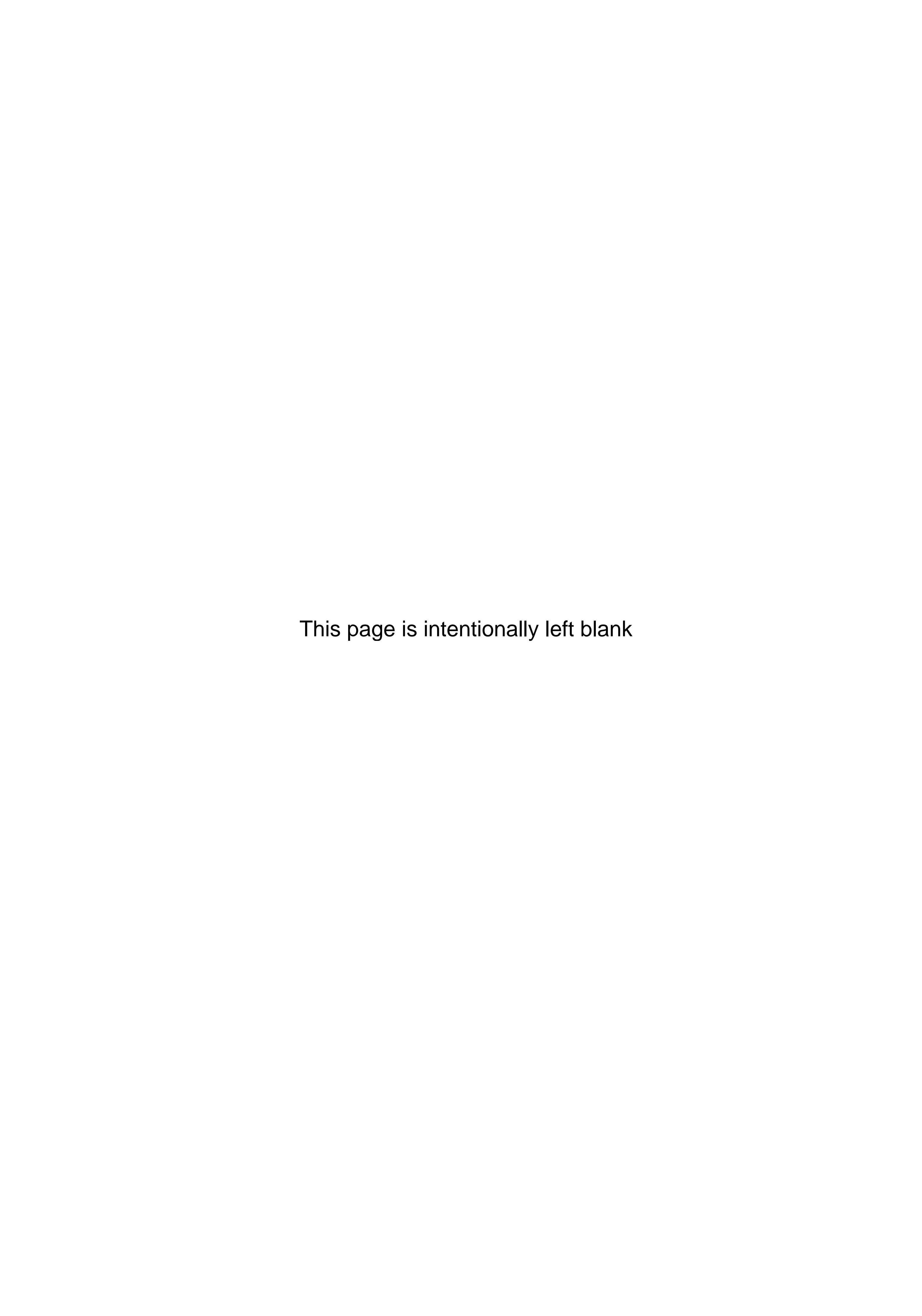
Organisations who responded to the consultation on the draft 'Your life, your well-being' strategy and organisations that attended the partner/ provider focus groups

Organisations who responded to the consultation questions (written or online feedback):

- Heart Homecare Ltd
- Belmont Sandbanks Care Group
- Porchlight
- West Kent Housing Association
- Royal British Legion. Paddock Wood & District Branch
- West Kent Mind
- KCC
- Shepherdswell with Coldred Parish Council
- The Royal Association for Deaf people
- Affinity Trust
- Caring All together on Romney Marsh
- United Response
- Kent & Medway Fire & Rescue Authority
- Disabled Living Foundation
- Tonbridge and Malling Green Party
- RNIB
- Kent Cohousing
- Carers Support - Ashford, Shepway and Swale
- East Kent Carers Consortium
- Bupa Care Homes Ltd
- Sevenoaks District Council
- Carers' Support - Canterbury, Dover & Thanet

Organisations registered to attend the focus groups for partners/ providers:

- Kent & Medway NHS & Social Care Partnership Trust
- MG Homes
- Carers Support (Ashford, Shepway & Swale)
- Avante Care
- Carers Support (Ashford, Shepway & Swale)
- Compaid
- Pine Lodge
- Involve Carers
- Advocacy For All
- Belmont Sandbanks Care Group
- Crossroads Care Kent
- Involve Older People's Service
- Home Group
- Accommodation Yes
- Charing Healthcare
- Ageing Well Sub Group of Maidstone's Health and Wellbeing Group
- Age UK Sevenoaks & Tonbridge
- Age UK Tunbridge Wells
- Age UK Whitstable
- 121 Care and Mobility Ltd
- Active Lives
- Age UK Faversham & Sittingbourne
- Avalon Enterprise Ltd
- Bupa Care Services
- Dartford Housing Services
- Kent and Medway NHS
- L'Arche Kent
- MCCH
- Meritum Integrated Care LLP
- Nicholas James Care Homes
- Porchlight
- Thanet Mental Health Unit
- Thanet Volunteer Bureau
- The John Graham Centre
- Westminster Homecare Limited



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KENT
COUNTY
COUNCIL

Executive Summary Report

Adult Social Care Strategy Consultation

Prepared by Lake Market Research for Kent County Council

Executive Summary Report – December 2016

Kent County Council (KCC) is consulting on a new strategy for adult social care. The strategy explains KCC's vision for how KCC want adult social care to be over the next five years. Kent County Council's vision is to help people to improve or maintain their well-being and to live as independently as possible.The strategy breaks down their approach to adult social care into three themes that cover the entire range of services provided for people with social care and support needs and their carers:

- Promoting well-being – supporting and encouraging people to look after their health and well-being to avoid or delay them needing adult social care.
- Promoting independence – providing short-term support so that people are then able to carry on with their lives as independently as possible.
- Supporting independence – for people who need ongoing social care support, helping them to live the life they want to live, in their own homes where possible, and do as much for themselves as they can.

The strategy also explains the building blocks that underpin what KCC must have in place in order to achieve the vision namely, effective protection (safeguarding), a flexible workforce, smarter commissioning and improved partnership working.

Prior to this consultation (and also during this consultation) a number of activities took place aimed at engaging a variety of audiences to give feeedback and views on the strategy. These are fully outlined in Appendix 1.

This element of the consultation consisted of an online survey to provide quantitative data managed by KCC and the second part consisted of qualitative focus groups with selected key partners and providers as well as KCC staff. All attendees were recruited by Kent County Council.

The consultation ran from 30thSeptember 2016 to 4thNovember 2016.

Online Survey – Key Points

- In total, 119 people responded to the consultation questionnaire. These were split as carers, service users, family members, social care/heath professionals, organisations, members of the public and some other types of respondents (sheltered housing resident, parish council representative and a District Council).
- Overall, over half of the respondents felt that the whole document was easy to understand, and 29% felt that most of the document was easy to understand. 3% felt it was not easy to understand at all.
- For the people (33% of all respondents) that felt they did not understand something in the document, the main issues mentioned were: the lack of detail about howthe strategy would be achieved, the fact that it was difficult to read, with others mentioning issues over funding, along with concerns that some of the public would notunderstand the document.
- Testing the values and principles within the strategy showed that the majority of people agreed with; Person centered care and support (92% agree); Supporting people to be safe (93% agree); Promoting independence (92% agree); Prevention (93%); Quality of care (95%); Integration (90%); Answering for what we do (90%) and Best use of resources (92%).

- Specific comments from respondents that did not agree with the values and principles were focused on execution (how it is going to work), funding, and concerns over how this is going be staffed, resourced and implemented.

- Testing the three themes that cover the range of services provided for those with social care and support needs which are: promoting well-being; promoting independence; supporting independence, showed positive levels of agreement, with 92% of respondents agreeing with promoting well-being; 90% agreeing with promoting independence and 89% agreeing with supporting independence.

- The respondents that were not happy with the concept of the three themes focused on a variety of areas but were mainly concerned with the lack of detail on how these will be achieved, concern that independence will be forced onto people, and concerns over where the funding will come from.

- Other more general comments on the strategy are outlined in the report,but concerns were focused on funding and where this is coming from, wanting more detail on how this is going to work, concerns over community hubs and what they will look like/contain and a concern that the reliance on the voluntary sector was not expressed/mentioned in the strategy.

Qualitative Groups – Key Points

- For both staff and partners/providers the strategy was well recieved at a general level. Many felt that the document was very aspirational, but in reality both staff and parters/provders felt it would be incredibly hard to implement and would require significant change across the board from NHS staff, KCC staff as well as providers and partners to enable implementation.

- Concern existed from both groups of respondents regarding where the funding is going to come from and who will be responsible for commissioning in the future.

- There was also an overriding conclusion from staff and providers/partners that the document in its current format was not suitable for service users (the general public) and also some partners/providers. Many felt that this was much more of a staff and partners/providers document, due to the terminology and phraseology employed. If this was going to be for the general public they felt much of the terminology and phrasing needed to be simplified.

- There was a sense from both staff and partners/providers that this was a strategy aimed at the elderly and the strategy was not as encompassing as perhaps it could be. Some felt that there were various facets missing from the strategy and this was the issue of supporting those who could no longer be independent anymore. Some partners/providers also felt that the 'own bed is best' policy was at odds with those families or individuals who need respite care from their own bed.

- Partners/providers raised the issue that some of the strategy seemed at odds with person centered care and focused on achieving a 'one size fits all' approach. There was also the issue raised of whether the strategy was focused on person centered social care and support or person centered social care, support and healthcare. They felt this needed to be clarified.

- A general comment from all parties was that there was not enough onus on the community and the role that the communty can play to help with support (eyes and ears) to many people that may need help. Also many felt that the involvement of the voluntary sector was not portrayed more in the strategy going forward.

- A number of staff (and a few providers/partners) had the view that there needed to be a greater focus on individuals taking responsibility for themselves and their care rather than just it being the Council's responsility.

- One of the most discussed areas in the strategy was that of community hubs. While many staff and partners/providers liked the concept of these hubs, in reality they felt these would have a raft of issues, with some of those being; accessibility, specifically for those who struggle to be mobile or for adults with learning difficulties. Also of concern was what these hubs would contain and whether the services there would be easily accessible. Simply, people wanted to understand exactly how these would work.

- There were also concerns raised over the name of the community hubs as these are already in place in different areas of social care and mean something very different to the proposed community hubs. Respondents felt this needed to be clarified to avoid confusion.

- Funding; many concerns (from all respondents) were raised about where the funding would come from and most importantly who would manage the funding and who would then take on commissioning once integration had occurred.

Appendix 6 – You Said, We Did for 'Your life, your well-being'

Name of the Strategy

You Said	We Did
Three alternative titles for the strategy were suggested: 'Your life, your well-being, our partnership', 'Supporting your life and well–being' and 'Supporting physical health and well-being'	We came up with the original title through pre-consultation work that we carried out. We considered the suggested alternative titles but decided because the 'Your life, your well-being' puts the right focus on a person's life and well-being we should not change it.

General Comments

You Said	We Did
Strategy is vague with no detail on delivery and how these proposals would be funded	We make it clear that the strategy sets out our vision for the future. We need to take time to develop detailed implementation plans which may involve working with the NHS and other partners. We have to deliver services with the budget available recognising that government funding to local government has fallen in the last few years and may continue. We have made these facts more prominent in the document
Was the vision and draft strategy developed with the involvement of service users and providers?	The development of the vision and the strategy took into account the views of service users, providers and partners that had been gathered through our ongoing engagement with these groups. Other influences that have informed this work include the National Voices 'I' Statement and Market Position Statements which were developed with partners. We have now provided a clearer explanation in the revised document
Too long and too much jargon resulting in the document not being suitable for the public	The information in the document has been subject to the Plain English Campaign for assessment for clarity. A number of changes were made in response and it is now deemed to have met the criteria for the Plain English Crystal Mark. We have not included a glossary because we have put explanation of key words in the document. Furthermore, we will produce a shorter version of the document in the form of an Executive Summary

Core Values

You Said	We Did
Are these the right values and principles?	We have reflected on this question and as a result we have made some changes to the way the values and principles are explained. These include: Reflecting the importance of dignity and respect and choice within person centered care and support. We agree that getting the right care and support in the right place and at the right time is important. The revised document now reflects that we will work with relevant partners to make sure this is achieved. Shared responsibility has been made a distinct core value within the core strategy which acknowledges it's centrality to the strategy. We have registered the importance of community capacity demonstrated through the key role of the voluntary and community sector.
The definition of supporting people to be safe did not include a reference to harm	This has now been corrected

Themes

You Said	We Did
Description of community hubs is not that clear	We have provided a more detailed description of what community hubs are planned to be
Concern that the emphasis on independence might mean some people will go without support that they need	We have made it much clearer that where we have identified that people have a right to receive care and support this would be arranged
It was not clear how the capacity of the voluntary and community sector can respond to these plans in the current financial climate	We agree and we have included further information on how KCC will build and support the capacity of the voluntary and community sector in Kent.
There was not enough mentioned about the role of public health in helping with promoting behaviour change	We agree and we have included additional information within the Promoting Well-being chapter within the document.
You expressed some doubt about how 'travel training' was described, that it is not a one-off activity	As a result of this listening to what you said we have clarified that travel training (and other forms of enablement) can be carried out more than once depending on need

You highlighted that we have not made strong enough reference to the importance of joint responsibility for care with service users, co-production and the role of the community	Shared responsibility is now prominent in the revised document
You said the context for case studies was not that clear and you made few specific comments about how we have described some aspects of the case studies	Changes have been made to the case studies that better echo the comments put forward

Building Blocks

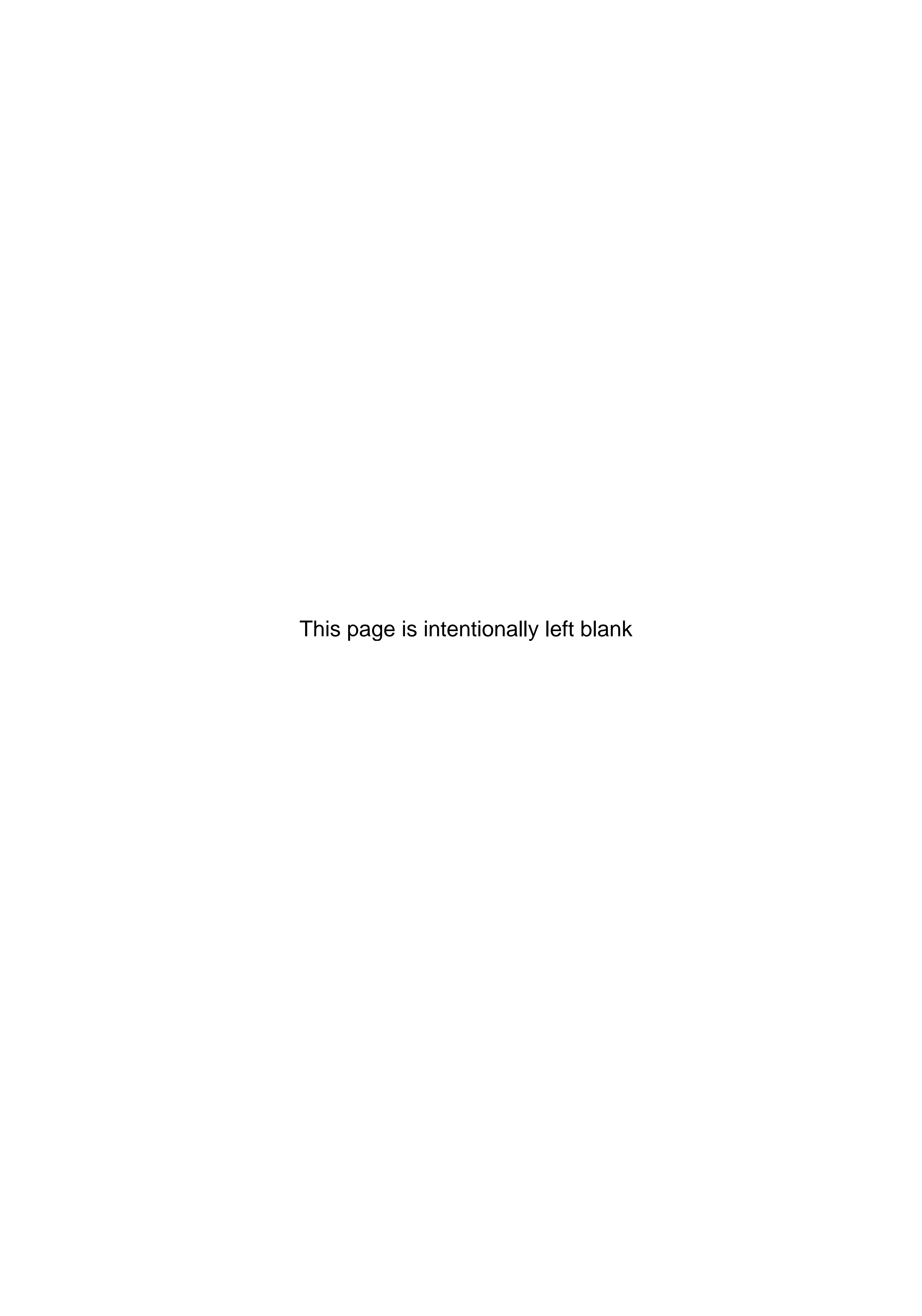
You Said	We Did
You said it was clear that who was included in what was said about the workforce	This has now been explained in the document
You said it was important for staff to receive the appropriate training and have the right culture	We have acknowledged this point in the document and specifically talk about practice cultures
You suggested another way of talking about the building block	Your helpful comments have now been included so we use simple language such as keeping you safe, getting people right, buying services and working together
Your experience is that achieving integrated working presents a number of challenges which have not been sufficiently acknowledged	We agree and the document describes the key challenges in the commissioning section
You mentioned that safeguarding issues are much broader than is currently described in the document	Changes have been made in the final document that address this point.

Carers

You Said	We Did
You wanted more acknowledgement of the changing needs of carers	We accept this point and we have addressed this issue in the final version
You questioned whether the strategy will lead to more demand on carers	This is a valid point and we confirm that the Care Act puts the needs of carers on the same statutory footing as adults with care and support needs. This fact has been taken into account in the final version

Other Comments

You Said	We Did
You said that we have not made enough reference to the role of public health contribution of district councils	We are grateful for this comment and we have now made changes which take this point on board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KENT COUNTY COUNCIL
EQUALITY ANALYSIS / IMPACT ASSESSMENT (EqIA)

This document is available in other formats, Please contact

serine.annan-veitch@kent.gov.uk or telephone on 03000 415782

Directorate: *Social Care, Health and Wellbeing*

Name of policy, procedure, project or service: **'**Your life, your well-being: a vision and strategy for adult social care 2016 to 2021'

What is being assessed? 'Your life, your well-being: a vision and strategy for adult social care 2016 to 2021'

Responsible Owner/ Senior Officer: *Michael Thomas – Sam, Head of Strategy and Business Support*

Date of Initial Screening: 12th July 2016

Date of Full EqIA:

Version	Author	Date	Comment
V1	Serine Annan-Veitch	12th July 2016	
V2	Serine Annan-Veitch	19th July 2016	Draft updated
V3	Serine Annan-Veitch	6th August	Draft updated
V.4	M. Thomas-Sam	18th Aug 2016	Comment on the draft document
V.5	A. Agyepong	19th Aug 2016	Comments
V 6	Serine Annan-Veitch	26th Aug 2016	Changes made in response to comments
V.7	Serine Annan-Veitch	9th November 2016	Updated post consultation

V.8	A. Agyepong	15th November 2016	Comments
V.9	S Annan-Veitch	15th November 2016	Changes made post equalities comments
V.10	M. Thomas-Sam	18.11.16	Final review

Screening Grid

Characteristic	**Could this policy, procedure, project or service, or any proposed changes to it, affect this group less favourably than others in Kent? YES/NO If yes how?**	**Assessment of potential impact HIGH/MEDIUM LOW/NONE UNKNOWN**		**Provide details: a) Is internal action required? If yes what? b) Is further assessment required? If yes, why?**	**Could this policy, procedure, project or service promote equal opportunities for this group? YES/NO - Explain how good practice can promote equal opportunities**
		Positive	**Negative**	**Internal action must be included in Action Plan**	If yes you must provide detail

Age	Kent has an older age profile than the national average, with approximately 300,400 people aged 65 or over living in Kent; this compares to 230,400 in 2002. Our consultation touched upon expectations of care and although demographics are changing this is matched by shifting expectations and experiences of later life. The strategy will seek to reflect these changing needs .	Medium		This strategy will support a positive potential impact on equality through reshaping Adult Social Care provision and commissioning., This strategy has been written within the context of the Care Act 2014 as a key driver of change to improve services; promoting personalisation, integration and preventative care. Through putting the individual at the centre of care, care can be shaped around the needs and be flexible where required. This therefore offers a key opportunity to promote equality through individualised provision. This strategy provides the narrative around the Adults Social Care transformation and it will be key that further equality screenings for the transformation are linked to the Vision and Strategy.	Yes, the strategy explores and develops a vision for adult social care which seeks to provide care and support services that meet needs and maintain people's well-being and independence as effectively as possible within the resources available. It aims to develop services which work around the needs of the individual and supports choice and control. The strategy seeks to be responsive to the views and aspirations of service users, as well as those who care for them.

Disability	This strategy does impact those with a disability accessing, or who in the future may access adult social care services. The vision highlights as a core part of its vision the importance of smooth transition between children and adult services and looks at the development of services for those which a learning disability, mental health needs or with a physical disability				Yes, the strategy explores and develops a vision for adult social care which seeks to provide care and support services that meet needs and maintain people's well-being and independence as effectively as possible within the resources available.. It aims to develop services which work around the needs of the individual and supports choice and control. The strategy seeks to be responsive to the views and aspirations of service users, as well as those who care for them.

Gender	As the population becomes older there are more women within older age brackets. The Vision and Strategy will seek to ensure that it is responsive to, and supports the needs of this population group. Those accessing support for disability are more equally distributed in relation to gender, with slightly more men accessing services. It is also crucial to recognise that gender may play a factor in terms of carer responsibilities with women more likely to be carers than men[1], as highlighted below the emphasis on the role of carer through legislation should promote increased awareness of this group.	Medium			Through a focus on support which meets individual needs the strategy will seek to pay due regard to the range of characteristics those beneficiaries of the strategy may have. The strategy and implementation of change through Adults Social Care Transformation must be mindful of potential impacts on gender.

1 http://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/articles/fullstorythegendergapinunpaidcareprovisionisthereanimpactonhealthandeconomicposition/2013-05-16

Gender identity	It is important that Adult Social Care as an employer, commissioner or provider of services is sensitive to a person’s experience of their own gender identity. As shown in the information below Kent County Council has limited information on gender identity. However as more people share this information we will have a stronger understanding of this protected characteristic within our population , and be able to monitor the different views and experiences within the population, shaping services accordingly. The strategy will take into account and be responsive to the needs and issues which may exist in the population.				Through a focus on support which meets individual needs the strategy will seek to pay due regard to the range of characteristics those beneficiaries of the strategy may have. The strategy and implementation of change through Adults Social Care Transformation must be mindful of potential impacts on gender identity.

Sexual orientation	It is important that Adult Social Care as an employer, commissioner or provider of services is sensitive to a person's sexual orientation. As shown in the information below Kent County Council has limited information on sexual orientation. As more people share this information we will have a stronger understanding of these protected characteristics within our population. The strategy will take into account and be responsive to the needs and issues which may exist in the population				Through a focus on support which meets individual needs the strategy will seek to pay due regard to the range of characteristics those beneficiaries of the strategy may have. The strategy and implementation of change through Adults Social Care Transformation must be mindful of potential needs of lesbian, gay, bisexual and transgender people.

Religion or belief	This strategy will be sensitive to the changing demographic needs within the population and the importance of provision which is appropriate and sensitive to religion and belief systems.				Through a focus on support which meets individual needs the strategy will seek to pay due regard to the range of characteristics those beneficiaries of the strategy may have. The strategy and implementation of change through Adults Social Care Transformation must be mindful and sensitive to religion and belief systems.
Race	This strategy will be sensitive to the changing demographic needs within the population and the importance of culturally appropriate and culturally sensitive service provision. The definition of race includes nationality and / or ethnic or national origins. It includes person belonging to the Irish Traveller community.				Through a focus on support which meets individual needs the strategy will seek to pay due regard to the range of characteristics those beneficiaries of the strategy may have. The strategy and implementation of change through Adults Social Care Transformation must be mindful of the different needs within communities related to race.

Pregnancy and maternity	The strategy will be sensitive to issues with regards to pregnancy and maternity, for example in relation to employment within the work force as well as the needs of those using social care services including in the context of learning, physical, sensory and mental health needs.				Through a focus on support which meets individual needs the strategy will seek to pay due regard to the range of characteristics those beneficiaries of the strategy may have. Through increased integration between social services and health care provision those interacting with both services (including in relation to pregnancy and maternity) should benefit from better information sharing between services. The strategy also explores an increasingly flexible workforce, and the workforce development plan must look at the impact on this protected group.
Marriage and Civil Partnerships	The strategy will be sensitive to the needs of those who are married, unmarried and those within civil partnerships.				Through a focus on support which meets individual needs the strategy will seek to pay due regard to the range of characteristics those beneficiaries of the strategy may have Therefore care will be shaped around the needs of a person, their family and carers.

Carer's responsibilities	Carers are a specific focus of this work. With legislative changes within the Care Act focusing on needs of this group.				The strategy recognises that the vast majority of care is provided by friends and relatives and seeks to support carers in their role. The strategy increases focus on carers in comparison to those published previously linked to the recognition of the key role of carers and the effects which caring can have on an individual.

Part 1: INITIAL SCREENING

Context

Kent County Council published Active Lives, the ten year vision for Kent's Adult Social Services in 2006. This strategy has drawn to an end and is being replaced by a 5 year strategic view which will be set out in 'Your Life, your well-being: a vision and strategy for adult social care 2016 to 2021'. The Strategy will serve as the context for the ongoing transformation programme.

The Strategy is informed by;

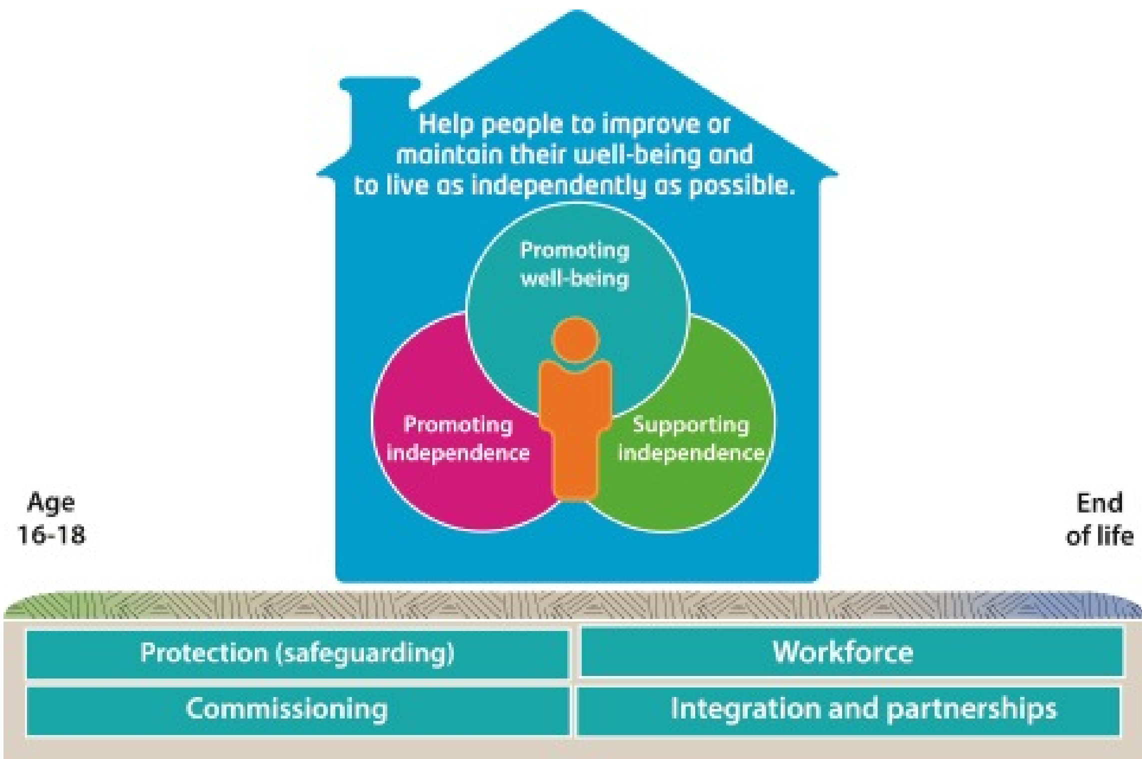
- the new legislative basis for social care, the Care Act 2014
- the financial position of the council and demographic change
- the policy shift towards integration and the development of the Sustainability and Transformation Plan as the delivery plan for the NHS Five Year Forward View and potential devolution opportunities
- KCC moving to becoming a strategic commissioning authority
- The ongoing adult social care's transformation programme

Aims and Objectives

The purpose of this strategy is to provide a high-level aspirational vision and strategy for adult social care over the next five years. It will be delivered through the next phase of the transformation journey that adult social care is already on. The detail of how it will be delivered will be set out in an implementation plan which is being developed for this strategy.

The strategy explores how we see service provision being developed against the backdrop of the current and future, financial and market environment and an outcome-based approach to planning, commissioning and delivery.

The strategy explains the new Adult Social Care vision which is built around 'promoting wellbeing', 'promoting independence' and 'supporting independence', as illustrated below. Four building blocks underpin the Vision and these are safeguarding, workforce, commissioning and integration/partnership.



Beneficiaries

As a result of working to the Vision and Strategy we expect that the following aims will be achieved:

- Improve people's experience and promote their health and wellbeing
- Adult social care will increasingly be driven by an outcome-focused approach and culture in meeting people's needs
- People will be supported to access good quality advice and information that enables them to self-care/manage
- Create the right conditions which enable people to find answers that support their wellbeing outside of traditional medical- or service-driven models of care and support
- Encourage community development and increase volunteering, befriending and good neighborhood schemes
- Support carers in their vital role through the provision of advice and individually tailored support
- 'Do the right things' and provide person-centred support that promotes wellbeing
- Bring services together to ensure better communication and better use of resources and create a better experience for people.

The Vision links to the KCC Strategic Statement policy and particularly the following strategic outcomes: -

- Older and vulnerable residents are safe and supported with choices to live independently and
- Kent communities feel the benefits of economic growth by being in-work, healthy and enjoying a good quality of life

The strategy aims to provide a clear narrative for the work that we do. It will be useful to all that who wish to understand the core purpose and strategic aims of adult social care in Kent. The strategy will underpin the Transformation of Adult Social Services (phase 3).

PART 2

Information and Data

Kent is home to 1.51 million people (2011 Census), of these Adult Social Services supports 38,408 people (2015-16), the below data gives more information on this group.

Age

Kent has an older age profile than the national average with greater proportions of people aged 45+ years than England. From the 2015 mid population survey estimates we see a total population of over 65s of 300,400.

Aged 65-69	95,000
Aged 70 – 74	70,200
Aged 75-79	54,300
Aged 80-84	40,300
Aged 85-89	25,600
Aged 90 plus	15,000
	300,400

During 2015/16 KCC supported 38,408 people through Adult Social Services.

Disability:

The proportion of total resident population who have limitations to day-to-day activities in Kent is very similar to that seen nationally and within the South East. In Kent 257,038 (17.6%) (2011 Census) people stated that that they have a health problem or disability which limits their day-to-day activities.

7.9% of the population in Kent are claiming a disability benefit - equivalent to 121,001 claimants. A higher proportion of women (7.4%) claim disability benefits in Kent than men (6.7%) with a physical disability or health condition being the most common reason for a claim for a disability benefit. A higher proportion of people aged 65 and over (19.1%) claim disability benefits than those aged 16-64 (5.1%) or those aged 15 and under (4.0%).[2]

Percentage information given in the 2015/2016 KCC equalities report shows that

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[2]Kent County Council, Facts and Figures ‘ Disability in Kent’ bulletin
http://www.kent.gov.uk/about-the-council/information-and-data/Facts-and-figures-about-Kent/equality-and-diversity-data#tab-2

for OPPD 76.6% of people's primary support reason was physical, and for LDMH 51.1% of peoples primary support need was learning disability related, with the second most common primary need being mental health support.

Primary Support Reason	OPPD	OPPD	LDMH	LDMH
Learning Disability Support	103	0.3%	4528	51.1%
Mental Health Support	3040	10.3%	3837	43.3%
Physical Support	22634	76.6%	138	1.6%
Sensory Support	1141	3.9%	14	0.2%
Social Support	1264	4.3%	203	2.3%
Vulnerable Adult	621	2.1%	92	1.0%
Awaiting Assessment	737	2.5%	56	0.6%
	29540		**8868**	

Gender

Just over half of the total population of Kent is female, 51% and 49% are male. As age increases there are more women within the population. Again from 2015 data (mid-year population estimates) we can see the change in gender demographic with age.

	Men	Women
Aged 65-69	48.4%	51.6%
Aged 70-74	47.8%	52.2%
Aged 74-79	46.3%	53.7%
Aged 80-84	43.2%	56.8%
Aged 85-89	38.2%	61.8%
Aged 90 plus	29.1%	70.9%

In relation to those who use Adult Social Care services we know what more women use OPPD and slightly more men use LDMH services.

Gender	OPPD	LDMH
Female	63.8%	47.2%
Male	36.2%	52.8%

Sexual Orientation:

In the government's 'Integrated Household Survey' (2014) the Office for National Statistics asked 178,197 people about their sexual identity – and 95% responded.

93.5% of people said they were heterosexual, just 1.1% said they were 'gay' or 'lesbian' and 0.4% said they were bisexual. Those between 16 and 24 were by far the most likely to say they were gay, lesbian or bisexual.

Kent County Council hold very limited data on sexual orinetation. Census data from 2011 shows that within Kent there were 2,388 people registered as living within a same sex civil partnership.

As the data below shows information on sexual orientation has not been obtained for the majority of service users in Kent.

Sexual Orientation	OPPD	LDMH
Bisexual	0.0%	0.0%
Gay Man/Woman	0.1%	0.1%
Heterosexual	17.6%	2.1%
Other	0.3%	0.5%
Unknown / Refused / Not Yet Obtained	82.0%	97.2%

Where possible it is important that this information is collected to help understand needs and tailor services appropriately.

Religion and Belief

The religious profile of Kent is very similar to that seen nationally and in the South East. The religion question was the only voluntary question on the 2011 Census questionnaire and 7.3% of Kent residents did not answer the question. This is slightly higher than the England figure of 7.2% but slightly lower than the South East figure of 7.4%.

In 2011 Christianity remains the largest religion in Kent. A total of 915,200 Kent residents said that they were Christians. This is equivalent to 62.5% of the total population which is a higher proportion than the national figure (59.4%) and the regional figure (59.7%).

The 2nd highest proportion of the population claimed to have no religion. This is equal 26.75% or 391,591 Kent residents. 43.4 % of Kent's population aged 16-64 are non-Christian.

Following this the next most common religion in Kent is Islam with 13,932 people which equates to 0.95% of the total population.

As the data below shows a large proportion of service users in Kent did not give their relgious profile.

Religion	OPPD	LDMH
Buddhist	0.1%	0.3%
Christian	17.0%	24.0%
Hindu	0.1%	0.2%
Jewish	0.1%	0.1%
Muslim	0.1%	0.5%
No religion	11.4%	16.1%
Other	0.5%	2.5%
Sikh	0.4%	0.3%
Unknown / Refused / Not Yet Obtained	70.3%	56.1%

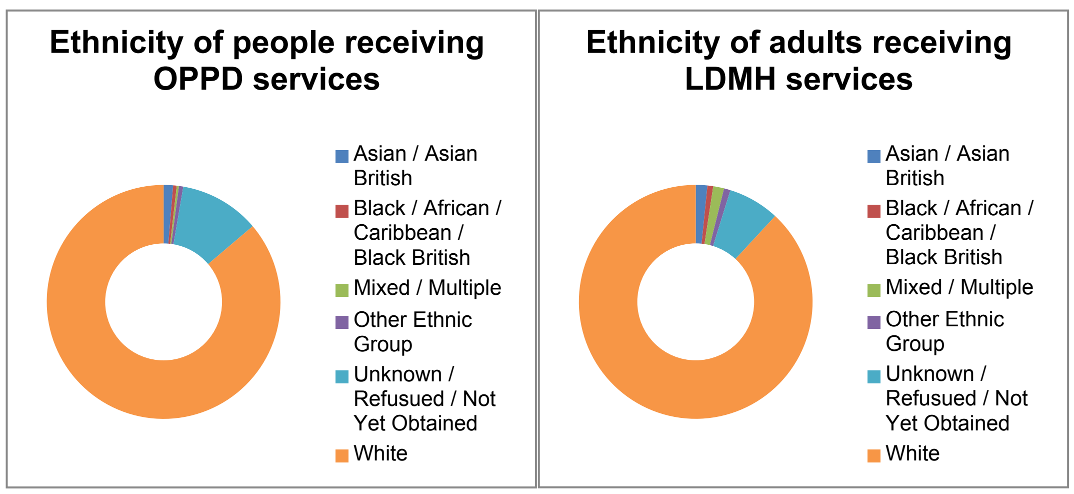
Race/ Ethnicity

Just under 1.4 million of Kent's residents are from the 'white' ethnic group which accounts for 93.7% of the total population. This is a higher proportion than the national figure of 85.4% and the South East figure of 90.7%. The remaining 92,638 Kent residents belong to the other four broad ethnic groups which we have identified as the Black Minority Ethnic (BME) groups. This equates to 6.3% of the total population. This is a lower proportion than the national figure of 14.6% and the regional figure of 9.3%[3].

Out of the twelve local authority districts within Kent, Gravesham has the highest number and proportion of residents from a BME group. 17.2% of Gravesham's population, 17,494 people are from a BME group. This is much higher than the national and regional proportions. Dartford has the second highest BME population with 12,295 residents (12.6%) from a BME group. Canterbury is third with 10,525 residents (7.0%). All of these areas have a have a higher proportion of BME residents compared to the Kent average of 6.3%.Of the twelve local authority districts within Kent, Dover has the lowest number and proportion of residents from a BME group. 3.32% of Dover's population, 3,708 people are from a BME group.

In relation to data held on those who use Adult Social Care services, 86.2% of those using OPPD are White and 88.1% of those using LDMH services. However in relation to data there is a high propotion of service users where ethnicity information has not been obtained.

Ethnicity	OPPD	LDMH
Asian / Asian British	1.3%	1.6%
Black / African / Caribbean / Black British	0.5%	0.8%
Mixed / Multiple	0.3%	1.5%
Other Ethnic Group	0.6%	0.9%
Unknown / Refused / Not Yet Obtained	11.1%	7.1%
White	86.2%	88.1%



[3] http://www.kent.gov.uk/__data/assets/pdf_file/0009/8559/Cultural-diversity-in-Kent.pdf.pdf

Carers:

From the 2011 Census we know the following information with regards to unpaid care by age. This data is collected by CCG area.

CCG ID Code 1	CCG ID Code 2	Clinical Commissiong Group	Total persons	Age 0 to 15	Age 16 to 24	Age 25 to 34	Age 35 to 49	Age 50 to 64	Age 65 and over
E38000002	09C	NHS Ashford	117,956	24,545	12,288	13,018	26,238	21,899	19,968
E38000029	09E	NHS Canterbury and Coastal	198,275	33,909	32,168	20,341	37,107	36,797	37,953
E38000043	09J	NHS Dartford, Gravesham and Swanley	245,999	49,080	27,634	32,039	53,428	44,374	39,444
E38000104	09W	NHS Medway	263,925	53,414	34,614	34,827	56,774	47,291	37,005
E38000156	10A	NHS South Kent Coast	201,924	36,405	21,249	21,488	40,683	41,165	40,934
E38000180	10D	NHS Swale	106,424	21,657	11,891	12,854	22,723	20,186	17,113
E38000184	10E	NHS Thanet	134,186	25,630	14,263	14,133	25,625	26,122	28,413
E38000199	99J	NHS West Kent	458,976	92,328	45,237	52,058	104,006	86,866	78,481
		Total for Kent & Medway	**1,727,665**	**336,968**	**199,344**	**200,758**	**366,584**	**324,700**	**299,311**

The age profile of this data reveals that carers are most likely to fall between the 35-49 age bracket, however there are signifcant numbers of carers who are significantly older as well as a high number of young carers. Carers are also more likely to be women.

Through the Care Act we are seeing an increased focus on the needs of carers, and will see carers assessments increase. In 2015-16 20,319 carers had their needs assessed to identify the support they need to continue caring (19,216 in 2014-15 and 15,830 in 2013-14).

As a result of the development of 16-25 pathways it will be important to better understand young carers issues we will therefore work with children's services to make sure that young carers needs are also addressed in transition planning.

Because of the limits of internal data we have not included information on ***gender identity and pregnancy and maternity*** *within this section of the EqIA screening. The strategy will take into account and be responsive to the needs and issues which may exist in these population groups.*

This information above highlights how demographics are changing within Kent. It is important that the Strategy for Adult Social Care which spans a 5 year period recognises how these changes may impact the needs and expectations of care moving forward.

PART 3

Involvement and engagement:

We have held some **pre-consultation** meetings, as highlighted below.

Activity	Target consultees
Focus groups organised by Health Watch x2	• Service users, residents and carers
Older people's Forum – invitation to the Chairs	• Representatives from Older People's Forums

Issues highlighted within the pre-consultation process included:

- Loneliness and isolation, the particular vulnerability of people who live alone
- The importance of all providers of services having an understanding of what is available locally to prevent duplication
- A concern that the focus on independence could lead to the possible withdrawal of help too soon
- Locational equity of services
- The importance of service flexibility, particularly when talking about accommodation
- The need to increase the visibility of carers

Within these groups we also discussed the core values with groups suggesting a number of additions including dignity, trust, respect, communication, power and control.

Case studies were also tested within this setting.

The **formal consultation** has included the following engagement:

Activity	Target consultees
Kent.gov page and online consultation survey launched including Easy Read versions of the strategy and survey	• All stakeholders • Easy Read versions for service users and anyone who prefers this format
KCC press releases to promote the consultation at the beginning and near the end	• All stakeholders
Posters put into town centre libraries across Kent to promote the consultation	• General public • Adult social care service users and carers
Promotion of the consultation through KCC Community Liaison Managers including through Twitter feeds	• General public • Adult social care service users and carers • VCS organisations

KNet page and features, KMail features, features in Adults Transformation Newsletters, a personal email to SCHWB staff and posters up in KCC buildings to promote the consultation	• KCC adult social care staff • KCC staff
Facilitated focus group with KCC adult social care staff for qualitative feedback on the draft strategy	• KCC adult social care staff
Letter sent to all KCC Members to invite them to comment and publicise the consultation	• KCC Members
Item at Adult Social Care and Health Cabinet Committee to invite comments	• KCC Members
Letter sent to all KCC Members, District Council Leaders and Kent MPs to invite them to comment	• KCC Members • Kent District Council Leaders • Kent MPs
Emails to representatives from statutory partner organisations to invite them to comment	• Kent District Council Chief Executives • Health and Wellbeing Board Members • NHS Acute Trusts • Kent Police and Police and Crime Commissioner • Kent Fire and Rescue • SEC Ambulance Trust • Kent Community Health NHS Foundation Trust • Kent and Medway Partnership Trust • STP Boards • Clinical Commissioning Groups • Kent and Medway Safeguarding Adults Board
Emails to representatives from service user and carers groups to invite them to comment and cascade the message to service users and carers	• Adult social care service users and carers
Focus groups with service users with learning disabilities to get qualitative feedback on the draft strategy	• Adult social care service users and carers
Presentation and discussion at Tonbridge and Malling Older Person's Forum to get qualitative feedback on the draft strategy	• Adult social care service users and carers • General public
Emails to representatives from voluntary and community sector	• Organisations from the voluntary and community sector involved in providing care and support to adults in Kent

infrastructure bodies / networks to invite them to comment and cascade the message to service users and carers	
Emails to current KCC adult social care providers and notice on the Kent Procurement Portal for all providers registered as having interest in adult social care to invite them to comment	• Providers of adult social care services in Kent
Facilitated focus group with partners and providers of adult social care in Kent for qualitative feedback on the draft strategy	• Providers of adult social care services in Kent • Organisations from the voluntary and community sector involved in providing care and support to adults in Kent
Review of Easy Read version of the strategy for clarity	• Adults with learning disabilities (MenCap group for adults with Autism and Aspergers Syndrome)

Within the formal consultation we sought views on the following (however feedback outside of these categories could also be given).

1. Clarity of the vision and strategy document

2. Views on the core principles and values

3. Extent to which the key themes in the Strategy is clearly explained

4. Seek views on what is missing

A number of groups were run by KCC staff, this included 3 groups aimed at reaching those with learning disabilities (where the Easy Read version was tested) and one older persons forum. Findings from these groups included the following:

- The vision was in the main seen as clear and positive
- That the core values should be included within the Easy Read version
- That the most important core value is around getting the right support for you, because if this is done other values fall into place.
- There was some concern around what the impact of integrated services could be
- The distinction between themes could be hard to understand.
- For some there was confusion around the definition of 'community hubs'
- Travel training was highlighted as a repetitive intervention rather than a one off.
- An LD group in particular felt it was important to include the internet as a possible community resource and that there should be more around employment support within the strategy

- Issues around confidence were highlighted – and the importance of gaining confidence to be able to interact with the community
- Consultees highlighted the importance of recognising that carers come from different age brackets including children and older people – and the limitations which carers have in terms of needing to look after their own health needs/ employment.
- Respondents argued that as people work for longer it may be harder for family and friends to look after people.

Key findings from the **provider and staff workshops include:**

- The strategy is aspirational, and would require significant change across NHS and KCC staff to achieve
- Concern expressed around the cost of implementation
- That the document used some terminology which is harder for the general public to access
- More could be done to emphasis the role of the community
- Clarification required around the definition of Community Hubs, and how these would work

In total, 119 responses were received to the **online consultation** questions, either using the online survey or via email or hard copy. Of the respondents to the main consultation questions, 22 identified themselves as responding on behalf of an organisation, the other respondents identified themselves as users of social care services (8), carers (22), family members of a service user (15), a social care or health professional (14) and other (38, the majority of whom described themselves as a member of the public or private funder of care services).

Main findings include:

- Overall, over half of the respondents felt that the whole document was easy to understand, and 29% felt that most of the document was easy to understand, 33% did not understand something
- Core values were broadly agreed with, however some further values were highlighted as key (see below).
- While the key themes were broadly agreed, people were concerned by how these could be achieved, and that in some cases independence could be forced on people

In response to these concerns we have made a number of changes to the document, a summary of which is published in a You Said, We Did document. These include:

- Including an Executive Summary to increase accessibility and working with Plain English to gain the Crystal Mark.
- Revised the core values to include dignity, respect, diversity and choice. We have amended the descriptions based on the feedback which we've had to make them clearer
- We've increased the emphasis on working with the community and civil society as well as highlighting personal responsibility
- We've amended the definition of community hubs
- We've reflected on some of the feedback we've had on the case studies

and made amendments
- We've increased the detail given on plans for carers
- We've included information on the role of district councils.

A consultation report is available on request. This has been produced by Lake Market Research who were commissioned to analyses and report on the online and written responses to the consultation questions and to facilitate and report on the qualitative focus groups with staff and partners/providers.

PART 4

Potential Impact:

The Strategy is an aspirational document which describes the outcomes which Adult Social Care is seeking to achieve.

The Strategy does not set out specific change proposals, except in general terms. The next phase of the transformation programme is the means for how this Strategy will be delivered and transformation programme will be set out in an implementation plan for specific proposed changes some of which will need to have the appropriate quality impact assessment as part of the decision for specific changes

JUDGEMENT

The principles within the strategy do not have any adverse impact on protected groups, however as we move into phase 3 of the transformation process it is possible that there may be decisions that have a positive or adverse impact on protected groups. We will seek to discover what these impacts may be on a case by case basis through separate yet linked EqIA and mitigate any negative impacts where we are able.

Option 2 – Internal Action Required - YES linking this EqIA to future screenings of the ASC transformation phase 3 progamme.

Monitoring and Review

Proposed key decisions to achieve outcomes related to the transformation programme will be underpinned by an assessment for any potential disproportionate negative impact and as well as determine the opportunities to promote equalities objectives.

Sign Off

I have noted the content of the equality impact assessment and agree the actions to mitigate the adverse impact(s) that have been identified.

Senior Officer: Michael Thomas- Sam

Signed: M. Thomas-Sam Name:

Job Title: Head of Strategy and Business Support

Date: November 18, 2016

DMT Member:

Signed: Andrew Ireland Name: **Andrew Ireland**

Job Title: Corporate Director Social Care, Health and Wellbeing

Date: 25 November 2016

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From: Andrew Scott-Clark, Director of Public Health

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

To: Adult Social Care and Health Cabinet Committee – 6 December 2016

Subject: **Adult Lifestyle Transformation - Living Well/Ageing Well Services for Smoking Cessation, Health Trainers, Healthy Weight and NHS Health Checks**

Classification: Unrestricted

Past Pathway of Paper: Adult Social Care and Health Cabinet Committee: 1 May 2015, 10 July 2015, 14 January 2016, 10 March 2016 and 12 July 2016

Future Pathway of Paper: Cabinet Member decisions (16/00046 (3) a/b)

Electoral Division: All

Summary:

This report provides an update to the Adult Social Care and Health Cabinet Committee on the transformation programme for Adult Lifestyle Services and NHS Health Checks. The Public Health team has continued engagement with a range of stakeholders, exploring a wide number of options for integration and alignment.

Since the start of the project there have been a number of strategic developments which have resulted in the need to reflect on the best way to procure these services. Significantly, this includes the development of the NHS Sustainability and Transformation Plan (STP) with a key work stream on prevention.

There is a clear need for a flexible route to market which adapts to emerging needs, allows for local variation, and maximises opportunities for integration. This does not change the support to move to an integrated lifestyle service, which will combine a number of existing services to offer holistic support that encourages greater personal responsibility.

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

1. **COMMENT** on the work with partners to shape the new model for Adult Lifestyle Services and NHS Health Checks.

2 Either **ENDORSE** or make a recommendation to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to change the service delivery for individual lifestyle services into an integrated lifestyle service called One You Kent.

3. Either **ENDORSE** or make a recommendation to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to extend current

contracts for healthy lifestyle services until 30 September 2017, to take account of emerging changes in the health and social care system.

1. Introduction

1.1. This paper provides an update to the Adult Social Care and Health Cabinet Committee on the work to transform our approach to delivering Healthy Lifestyle Services and the NHS Health Checks service. The outcomes of these services include improved healthy weight, supporting people to stop smoking, earlier support in relation to mental health and earlier intervention in relation to alcohol misuse.

1.2. Previous papers shared with the committee have set out clear support for a new integrated model of provision. This includes results from the Public Consultation[1] and also insight work undertaken with key target groups. The programme also reviewed the evidence base for reducing health inequalities. The proposed model therefore integrates current lifestyle services to provide holistic support, reducing the need for an individual to visit multiple services.

1.3. This programme of work has a good evidence base. However there is clear room for innovation and a need to shift the focus in lifestyle services from a service-based approach to one that better utilises community resource and fosters personal responsibility.

1.4. Since this transformation programme began, there have been a number of strategic developments which must now also be taken into consideration. This includes the development and recent sign off of the Kent and Medway Sustainability and Transformation Plan (STP). The STP will be connected to significant change over the next five years, especially for NHS and County Council Social Care partners, and prevention and adult health improvement is a central part of this plan.

1.5. The plan supports the County Council's intention to ensure improvement in the lifestyle services that it commissions, and also to implement the integrated approach. However, it is also now critical to ensure that any new service is aligned with the priorities and approach within the STP.

2. A Changing Landscape

2.1 The draft STP for Kent and Medway was published on 23 November 2016. This plan provides a clear framework for dealing with the current challenges facing the NHS relating to rising demand and improving the quality of care, within the financial envelope available. The plan sets out a number of priorities including a new prevention work stream. Clearly, this work stream will need to align with the proposed integrated healthy lifestyle service commissioned by public health.

2.2 The STP sets out that it will enlist public services, employers and the public to support health and wellbeing, in particular to tackle the burden of

[1] 75% of respondents from the Public Consultation agreeing with the proposed model, and only 9% who disagreed.

cardiovascular disease and diabetes. The plan includes in its prevention work stream 4 priorities, including:

- Obesity and Physical activity, delivering an almost fivefold increase in capacity in tier 2 weight management programmes
- Tailored smoking cessation services including for young people, pregnant smokers and people with mental health conditions
- Workplace health, working with employers on lifestyle interventions
- Reducing alcohol-related harm in the population.

2.3 These initiatives have the potential to drive significant improvements in adult health and wellbeing and must be properly aligned with the new County Council- commissioned integrated healthy lifestyles service in the most efficient way. This is a welcome development, outlining that prevention must be the responsibility of a whole system, rather than relying on relatively small commissioned services.

2.4 In addition, the shape of the providers of NHS services is changing. Multi-specialty Community Providers (MCPs) are developing in a number of areas of the county and are a key part of the STP as part of the Local Care work stream. These structures are at different stages of readiness across Kent, but will all look to provide proactive, co-ordinated and responsive person-centred care. The new integrated lifestyle services will need to effectively align to these structures as they develop. There is a clear opportunity for improving the efficiency and effectiveness of the NHS Health Checks programme, which is predominately delivered through Primary Care, as part of these arrangements.

2.5 There are currently a number of contracting arrangements being developed across Clinical Commissioning Groups which are linked to the STP and the development of the new models of care. These arrangements may vary across different localities in Kent and will provide a further opportunity for alignment and integration.

2.6 There is also a collaborative approach in development with District and Borough Councils to maximise opportunities highlighted in the King's Fund report[2] and setting out the important role district councils play in improving public health. The new approach developing with all districts across Kent will ensure a greater focus on the wider determinates of health, with the aim of helping to create healthy communities that promote long-term positive lifestyle choices.

2.7 All of the changes described above need to be fully aligned with the new model of provision commissioned by the County Council.

3. Commissioning update

3.1. The Model **-** The new model is based on recognition that individuals have multiple unhealthy behaviours (smoking, alcohol, diet, obesity etc.) and the current system of separate, specialist services may not be the most effective way of promoting behavioural change, especially in target groups. The new

[2] Buck D and Dunn P (2015

model will offer support which allows people to be assessed in a holistic way, and identifies the most appropriate steps and support to encourage healthier behaviours. Appendix 1 provides a visual representation.

3.2. One You Kent –The new service will provide a single service model to treat the individual. This will also be supported by a remodelled Public Health section of the County Council website and an integrated campaign. This will start to build consistent One You messaging across the health and social care system and is in line with the strategic priority outlined in the Directorate business plan for 2016-17.

3.3. The model of provision has evolved throughout the engagement process, which has involved more than 80 organisations from a range of sectors. Partners have developed a three stage pathway, focusing on stages to motivate change, make change and maintain change, and the new service will be a core part of supporting people to make change.

3.4. Market networking events and a supplier matrix have been used to support joint working between organisations. They have demonstrated a clear appetite for a wide range of organisations to deliver solutions. Market engagement emphasised the potential for smaller organisations to deliver innovation, choice and efficiency and deliver outcomes with target groups. It will be important in any new model developed to actively link with the innovation that is available.

4. Procurement update

4.1. Previous papers advised the committee of a procurement approach starting in the autumn of 2016. In line with the development of the STP, Public Health has been exploring the possibility for existing providers (KCHFT and District Councils) to work with the County Council in a collaborative arrangement to drive forward change whilst the implementation of the STP evolves. In particular the development of the prevention work stream has significance for a final model and the financial envelope available for the work.

4.2. It is therefore recommended that the current contracts for the healthy lifestyle services (Stop Smoking, Health Trainers, Healthy Weight and Health Checks) are extended for a six month period to allow the emerging changes to develop further and to ensure that any procurement is complimentary to future developments of the health and social care system in Kent. However these contracts will be re-negotiated to ensure delivery of the new integrated model from 1 April 2017.

5. Financial implications

5.1. As indicated in the previous papers, an efficiency target has been set to be delivered through the first year through use of technology, a more integrated and targeted model of delivery and a shift from a service-only response to one which encourages far better use of community resource.

6. Conclusions and next steps

6.1. The new STP has provided a great opportunity to develop a whole-system approach to prevention. Any service that the County Council commissions must link clearly to this whole system approach.

6.2. There is clearly overwhelming support from the public and stakeholders to move to an integrated model. Benefits include greater consistency, increased choice, ability to deliver efficiencies through utilisation of community resources and technology, simple patient pathway and increased scale through effective targeting of resources.

6.3. The County Council will continue its programme of work to implement this new integrated model. It will do this initially with its current providers, working through the implementation of the STP, and report back to committee in May 2017 on next steps.

7. Recommendation(s)

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

1. **COMMENT** on the work with partners to shape the new model for Adult Lifestyle Services and NHS Health Checks.
2. Either **ENDORSE** or make a recommendation to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to change the service delivery for individual lifestyle services into an integrated lifestyle service called One You Kent.
3. Either **ENDORSE** or make a recommendation to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to extend current contracts for healthy lifestyle services until 30 September 2017, to take account of emerging changes in the health and social care system.

8. Background Documents

Buck D and Dunn P (2015). The district council contribution to public health: a time of challenge and opportunity. Available at https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/district-council-contribution-to-public-health-nov15.pdf (accessed 03.11.2016)

Douglas G (2016) Transforming health and social care in Kent and Medway Sustainability and Transformation Plan 2016 Available at

Work in progresshttp://www.kent.gov.uk/__data/assets/pdf_file/0018/65205/The-STP-draft-plan.pdf (accessed 25.11.2016)

9. Contact details

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Relevant Director

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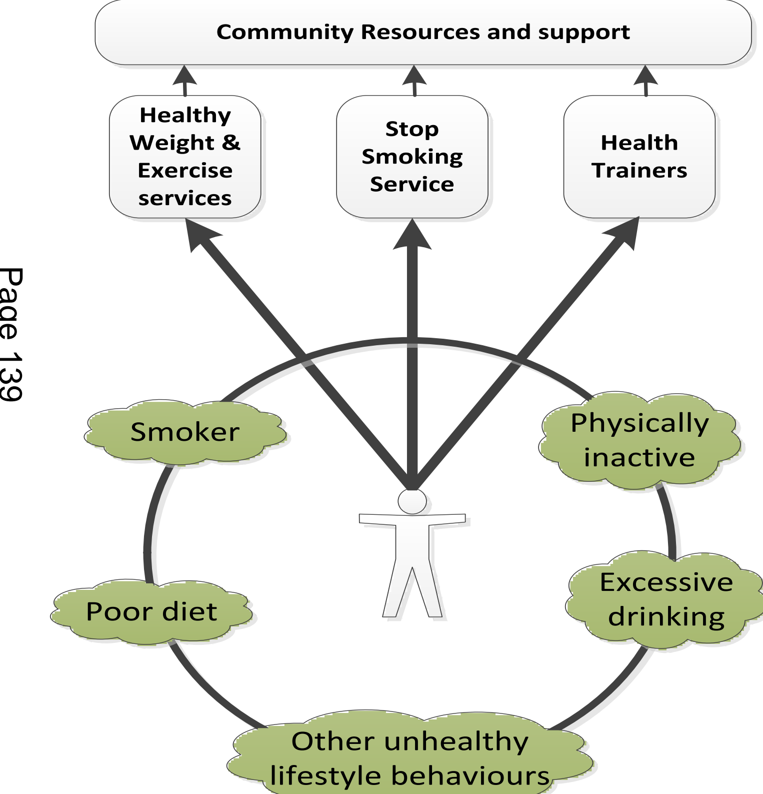
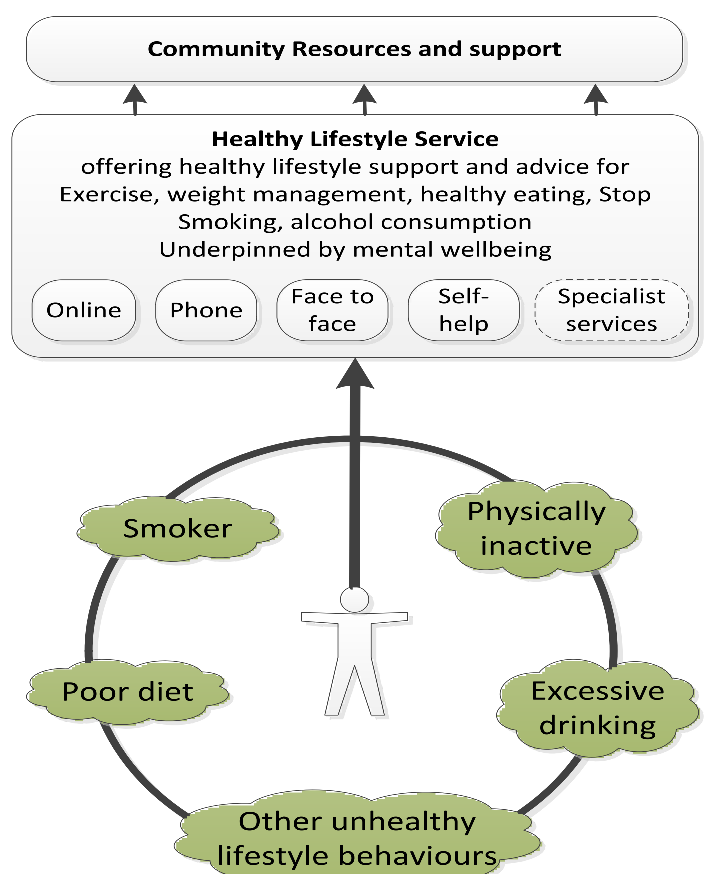
Appendix 1

Existing model



Proposed model



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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Cabinet Member for Adult Social Care & Public Health	16/00046 (3) a/b

For publication

Subject: Adult Lifestyle Transformation - Living Well/Ageing Well Services for Smoking Cessation, Health Trainers, Healthy Weight and NHS Health Checks

Decision:

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

a. change the service delivery for individual lifestyle services into an integrated lifestyle service called One You Kent; and

b. extend current contracts for healthy lifestyle services until 30 September 2017, to take account of emerging changes in the health and social care system.

Reason(s) for decision:
Financial

Cabinet Committee recommendations and other consultation:

Past commissioning activity for these services has been considered by the Adult Social Care and Health Cabinet Committee on 1 May 2015, 10 July 2015, 14 January 2016, 10 March 2016 and 12 July 2016.

This latest phase will be considered by the Adult Social Care and Health Cabinet Committee on 6 December 2016 and the outcome of that meeting included in the decision paperwork which the Cabinet Member will be asked to sign.

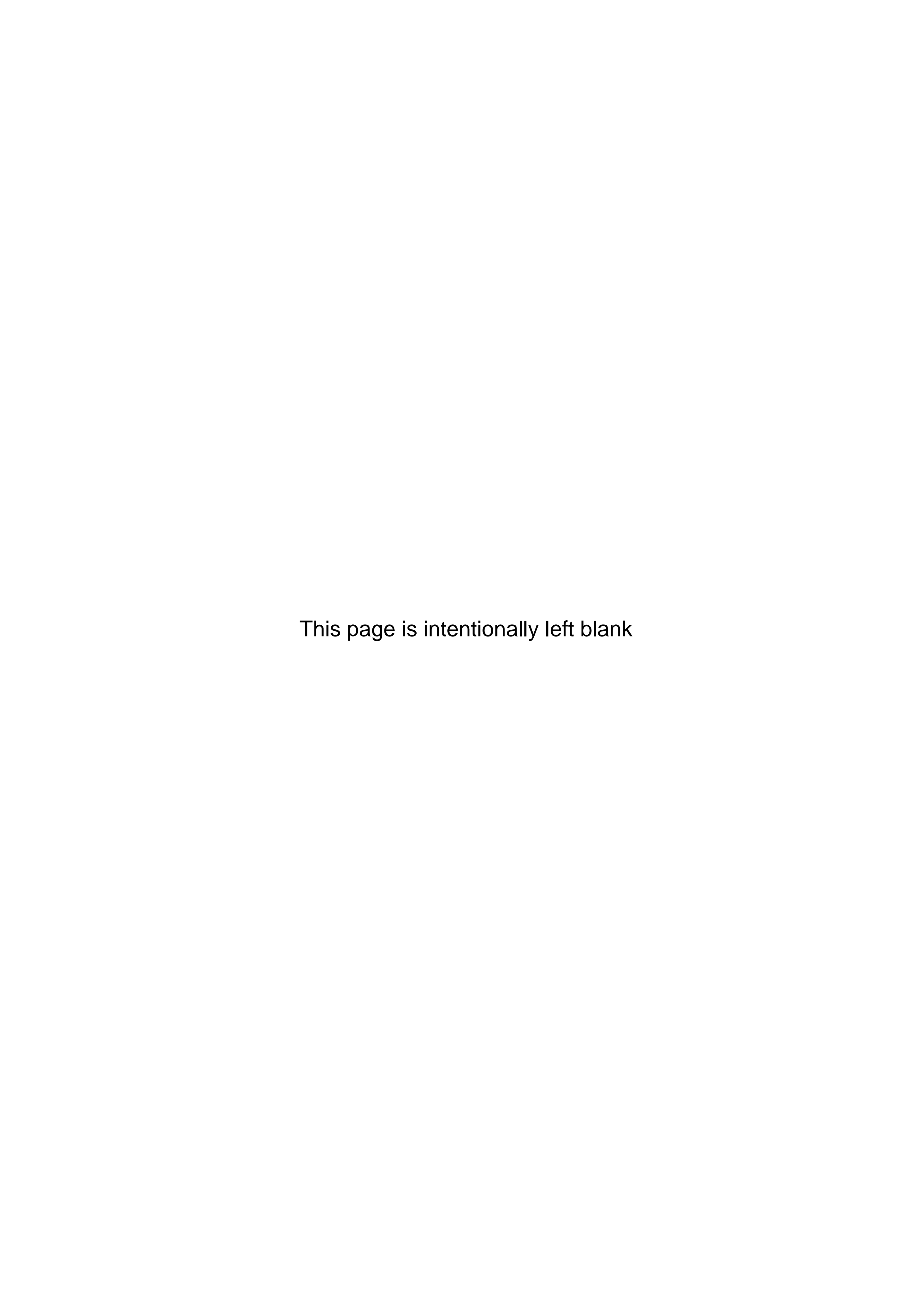
Any alternatives considered:

An earlier competitive tendering process was considered, but, for the reasons outlined in the accompanying recommendation 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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From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

Andrew Scott-Clark, Director of Public Health

To: Adult Social Care and Health Cabinet Committee

6 December 2016

Subject: East Kent Drug and Alcohol Services Procurement

Classification: Unrestricted

Previous Pathway: This is the first committee to consider this report

Future Pathway: Cabinet Member Decision (decision number 16/000893)

Electoral Division: All

Summary:

In October 2016, The Adult Social Care and Health Cabinet Committee endorsed the proposal for the competitive retender of the East Kent Substance Misuse Service. A competitive procurement process for East Kent is currently being undertaken and tender evaluations are expected to conclude by early January with contract awards due to be completed by the end of the month. The new service will start operating from April 2017.

Recommendations:

Members of the Committee are asked to note the progress of the procurement of the East Kent Drug and Alcohol Service, and comment on and either endorse or make a recommendation to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to award the contract for East Kent drug and alcohol services to the successful bidder, following competitive tender.

1. Introduction

1.1. This report provides an overview of the procurement for substance misuse in East Kent. The current contracts for these services are due to end in March 2017.

1.2. The commissioning plan and procurement plan for East Kent Services were agreed at Strategic Commissioning Board (SCB) in September. This procurement was endorsed by the Adult Social Care and Health Cabinet Committee on 11th October 2016.

2. East Kent Substance Misuse Service

2.1. The East Kent Substance Misuse Service is funded through the Public Health Grant. Significant savings have had to be made to the grant in the past financial year and moving forwards into 2017/18. As such, the East Kent Substance Misuse Service is being re-procured to ensure continued value for money.

2.2. The Procurement process for East Kent Substance Misuse services will be an open process as agreed at the Strategic Commissioning Board on 6th October 2016 and endorsed by the Adult Social Care and Health Cabinet Committee on 11th October 2016.. Due to the short timescales of the procurement timeline, this open process will allow us to ensure that we find a suitably-qualified provider in the minimum timeframe.

2.3. The re-procurement includes an element of co-design with key stakeholders, which will allow us to shape the service model, once a suitable provider has been identified.

2.4. It is anticipated that the tender evaluation will recommend a preferred provider in early January 2017, to allow time for a formal transition (to include Care Quality Commission (CQC) registration) to the new provider on 1st April 2017.

3. Procurement timescales

3.1 We plan to use a 30 day ITT period for this contract, and the anticipated timelines are set out in Fig 1below:

Fig.1

1. Outline Timescales

Proposed Procurement Timetable	
Strategic Commissioning Board (procurement plan)	06 Oct 2016
ASCH Cabinet Committee	11 Oct 2016
Publication of Advert and ITT Documentation on the Kent Business Portal	11 Nov 2016
Deadline to submit requests for clarification via the ProContract Discussion facility	01 Dec 2016
Deadline for Tender Responses	13 Dec 2016 – 12:00

ITT Evaluation	Up to Early Jan 2017
Approval to Award Report – DMT / SCB	Early Jan 2017
Contract Award & Standstill	Mid Jan 2017
Contract Preparation	Late Jan 2017
Contracts Issued	Early Feb 2017
Contract Commencement Date	01 April 2017
Contract Initial Term Expiry	31 March 2022
Extension Period Expiry	31 March 2023

4. Risks

4.1. Delays in awarding these contracts could have significant financial implications for the County Council and in continuity of care for service users.

4.2 Delays to the award of the East Kent Contract would mean that the County Council would be unable to deliver on the savings that have to be made.

4.3 To ensure mitigation of any risks all assurance and governance procedures have been followed, as laid out by the County Council.

5. Conclusions

5.1. The planned procurement for Adult Substance Misuse in East Kent has previously been considered and agreed by the Strategic Commissioning Board and endorsed by the Adult Social Care and Health Cabinet Committee. No significant changes have been made to the processes since these were agreed.

5.2. The procurement is being supervised by the County Council Procurement team, and assurance and governance has been followed, funding identified and agreed, and market engagement has taken place.

6. Recommendations

Recommendations:

Members of the Committee are asked to note the progress of the procurement of the East Kent Drug and Alcohol Service, and comment on and either endorse or make a recommendation to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to award the contract for East Kent drug and alcohol services to the successful bidder, following competitive tender.

7. Background Documents

7.1. Report to Adult Social Care and Health Cabinet Committee on 11th October 2016

8. Appendices

8.1. Appendix 1 – Proposed Record of Decision

9. Contact Details

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Appendix 1

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:	DECISION NO:
Cabinet Member for Adult Social Care & Public Health	16/00093

For publication

Subject: Contract Award for East Kent Drug & Alcohol Services

Decision:

As Cabinet Member for Adult Social Care and Public Health, I propose to agree to award the contract for East Kent drug and alcohol services to a provider decided by competitive tender.

Reason(s) for decision:
Financial

Cabinet Committee recommendations and other consultation:

Adult Social Care and Health Cabinet Committee discussed the matter at its meeting of 11th October 2016 and resolved:

'That the planned procurement processes for East Kent Misuse services be endorsed'.

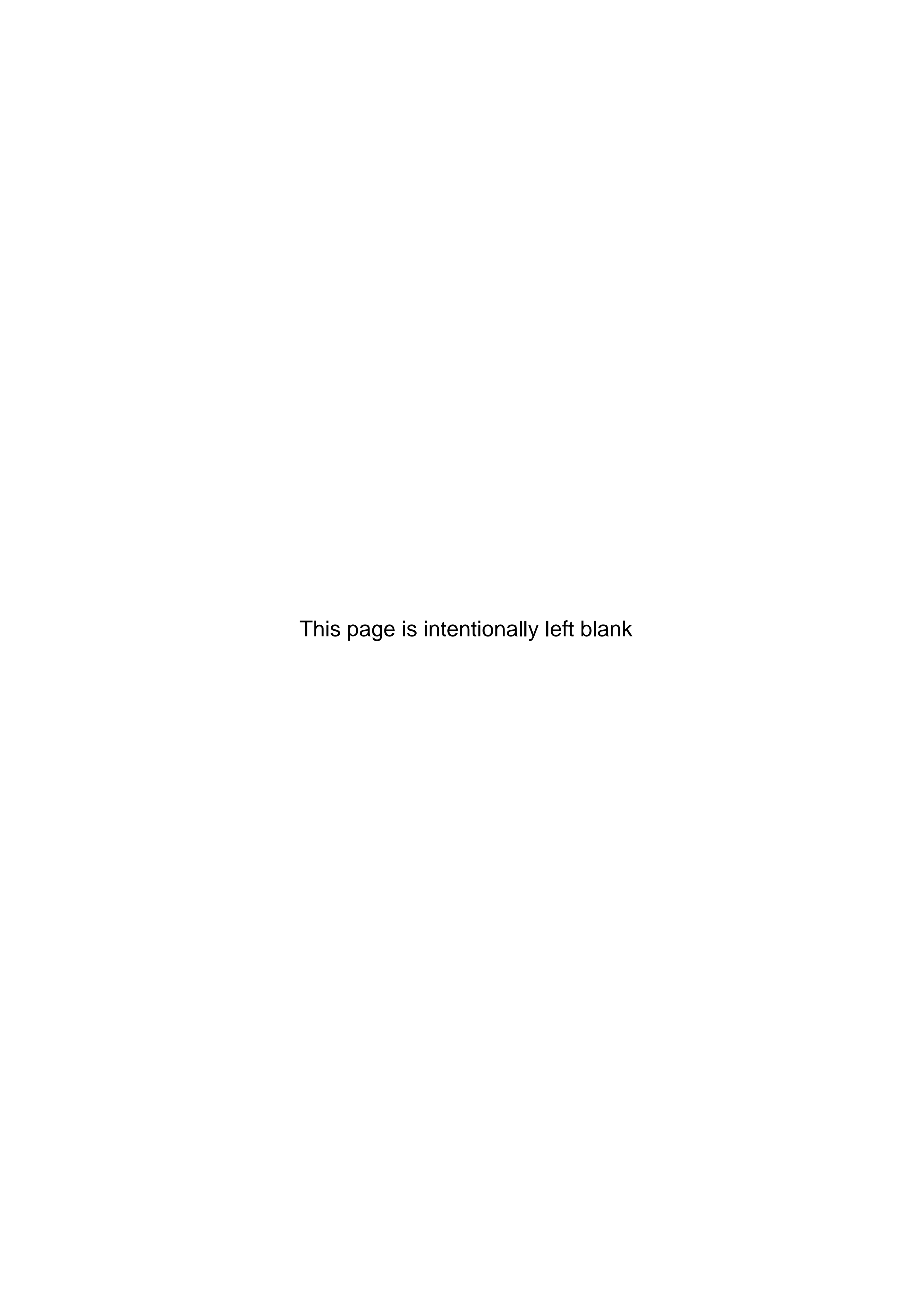
The matter will be further considered at the 6th December 2016 meeting of the Adult Social Care and Health Cabinet Committee, and the outcome of that meeting included in the decision paperwork which the Cabinet Member will be asked to sign .

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 of Social Care, Health and Wellbeing

To: Adult Social Care and Public Health Cabinet Committee - 6 December 2016

Subject: **KENT COUNTY COUNCIL ACCOMMODATION STRATEGY – BETTER HOMES: GREATER CHOICE**

Classification: Unrestricted

Past Pathway of Paper: N/A

Future Pathway of Paper: N/A

Electoral Division: All

Summary: To update the Adult Social Care and Health Cabinet Committee about the progress of the development and implementation of and to identify the key issues with Kent's Accommodation Strategy.

Recommendation(s): The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** the content of the report and the presentation.

1. Introduction

1.1 Kent County Council, the seven Kent Clinical Commissioning Groups (CCG) and the District/Borough Councils launched an integrated strategy for developing accommodation services for vulnerable people. The Accommodation Strategy was formally launched on 2 July 2014.

1.2 The Accommodation Strategy is required to provide strategic direction to the market who are developing various care services, which potentially attract KCC revenue funding, if the person is eligible for care. The Council had previously been unable to provide any definitive support regarding need or service type in certain locations and this strategy has been developed to provide that direction and management to a growing care market.

1.3 The presentation, attached as Appendix 1 to this report, has been prepared to provide further detail on progress of the Strategy and to identify the key issues.

2. Financial Implications

2.1 Delivering extra care housing as a direct replacement to residential care can be more cost effective for the Council and provides better outcomes for individuals.

2.2 The initial launch of the Accommodation Strategy in 2014 included forecasts to 2021 for Older Persons accommodation. With the Transformation Programme for people with Learning Disabilities "Your Life Your Home", the Accommodation Strategy has been further developed to forecast the accommodation needs for this client group and, more recently, the forecasts for people with Mental Health needs has also been developed. The importance of having people in the right accommodation at the right time with options for people to move through services, or begin their care pathway in accommodation is critical for achieving efficient and effective services.

2.3 The Accommodation Strategy forms an important part of the Sustainability and Transformation Plan (STP). As a result, opportunities are being scoped to look at how large scale intervention and investment can be achieved to unlock some of the obstacles in getting the care services needed in particular areas.

2.4 Work undertaken with the market since the launch has identified areas where direct intervention is needed in some areas of the County and work is underway to address the gaps in service. For example, extra care housing and nursing care home provision on the Isle of Sheppey.

2.5 Consideration should be made to the Kent economy given the drive for capital projects either through re-modelling or new build.

2.6 The Housing and Planning Act 2016 and the changes needed for Welfare Reform has resulted in a stalling of developments across the County. The Council is actively lobbying Government to identify particular solutions to the issues faced as a result of these changes (for supported accommodation these are the 1% rent reduction and the cap on Local Housing Allowance). The Council, Kent Developers Group and Kent Housing Group are working together and have met with Damian Green MP to raise the issues faced.

3. Policy Framework

3.1 There are a number of strategies and frameworks within Kent that this Accommodation Strategy will have links with, form the evidence base for and support, these include the following:

- 'Your life, your well-being' - vision and strategy for adult social care
- KCC Adult Social Care Transformation Programme
- Increasing Opportunities, Improving Outcomes
- Facing the Challenge: Delivering Better Outcomes
- Kent and Medway Housing Strategy – Better Homes: localism, aspirations and choice
- Kent Telecare Strategy
- Better Homes: Housing for the Third Age Protocol
- Better Homes: Accessible Housing Protocol
- Supporting People Commissioning Plan 2014-2017
- KCC's 16 – 24 Vulnerable Young People Strategy
- Care leavers strategy
- Valuing People Now

- Sustainability and Transformation Plan

3.2 It is likely that there will be a future requirement to formally consult on changing or varying services managed by the Council, however this will be undertaken carefully once any proposal is defined.

4. Engagement from other agencies

4.1 Kent County Council does not have the statutory duty to provide housing and has a long standing relationship with District/Borough Councils in successfully delivering housing with care and support schemes either individually or through the large PFI schemes. Kent Housing Group fully endorses the Accommodation Strategy which is invaluable in progressing specific developments and conversations.

4.2 Working much more closely with the NHS towards health and social care integration means the provision of intermediate care, and continuing health care, must be taken into account. The review of the community hospitals that provide beds to older people and the commissioning intentions on use of the private and voluntary sector is a consideration and therefore as the STP develops and the CCG's Estates Strategies are clearer there may be additional opportunities to integrate and jointly commission services.

5. Conclusions of the Accommodation Strategy

5.1 The conclusions are broadly to:

- Increase the provision of nursing care, particularly for those with dementia
- Increase the provision of extra care housing
- Reduce the provision of general frailty residential care
- Remodel services to be better geared up to accommodating people with dementia
- Integrate the findings of bed utilisation reviews for intermediate care
- Increase supported accommodation for people with learning disabilities and mental health needs

5.2 Analysis of the size of a care home has shown some areas of concern in the county. The average size of a care home registering with the Care Quality Commission (CQC) is 57 beds and de-registering is 27 beds. The average size of a care home in Kent is 35 beds (40 in West Kent and 32 in East Kent). This raises questions regarding ongoing sustainability of the homes furthermore there is also is a question over the design and physical fabric of some care homes. The Council will be welcoming new developments of larger care homes meaning to a certain extent the market will adjust itself.

6. Next Steps

6.1 Details of the actions required to progress the implementation of the Accommodation Strategy have been included as part of the attached

presentation. The immediate issues include the changes to the Housing and Planning Act and Welfare Reform and how we can work to unlock some of the emerging barriers and the issues relating to workforce and the quality of service provision across the County. This impacts on the availability and accessibility of services for the client groups.

7. Equalities and Health Impact Assessments

7.1 An Equalities Impact Assessment (EIA) was undertaken and identifies no discrimination to any groups. Individual assessments are undertaken for each local development where needed. The EIA is included in the background documents listed at the end of this report.

7.2 Public Health commissioned a Health Impact Assessment which sought to identify potential health issues and gaps, investigate potential distributions and magnitude of outcomes and provide evidenced based recommendations. The final report confirms that there is no need to progress to a full Health Impact Assessment. Equalities were also considered in this review and the initial findings confirmed that the Accommodation Strategy does not discriminate.

8. Legal Implications

8.1 The establishment of accommodation with care or support can require formal agreements for nominations to the schemes. These agreements would need legal oversight, however, there are a range of agreements in place with Registered Providers and District Councils which operate well and a framework has been launched to provide outline agreements which would need individual discussion depending on the schemes.

8.2 Further legal involvement would be needed should leases be needed or tenancy agreements which the Council would hold for short term accommodation. This is already inbuilt to the PFI contracts although further guidance and engagement would be needed should these be required.

8.3 Strategic Commissioning (Accommodation) and the Council's Legal Commissioning Team will be planning the future requirements from Kent Legal Services which will include the ability to source good quality legal support to enable partnerships in accommodation with care and/or support schemes.

9. Recommendation(s)

9.1 Recommendation(s): The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** the content of the report and the presentation.

10. Background Documents

http://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/accommodation-strategy-for-adult-social-care

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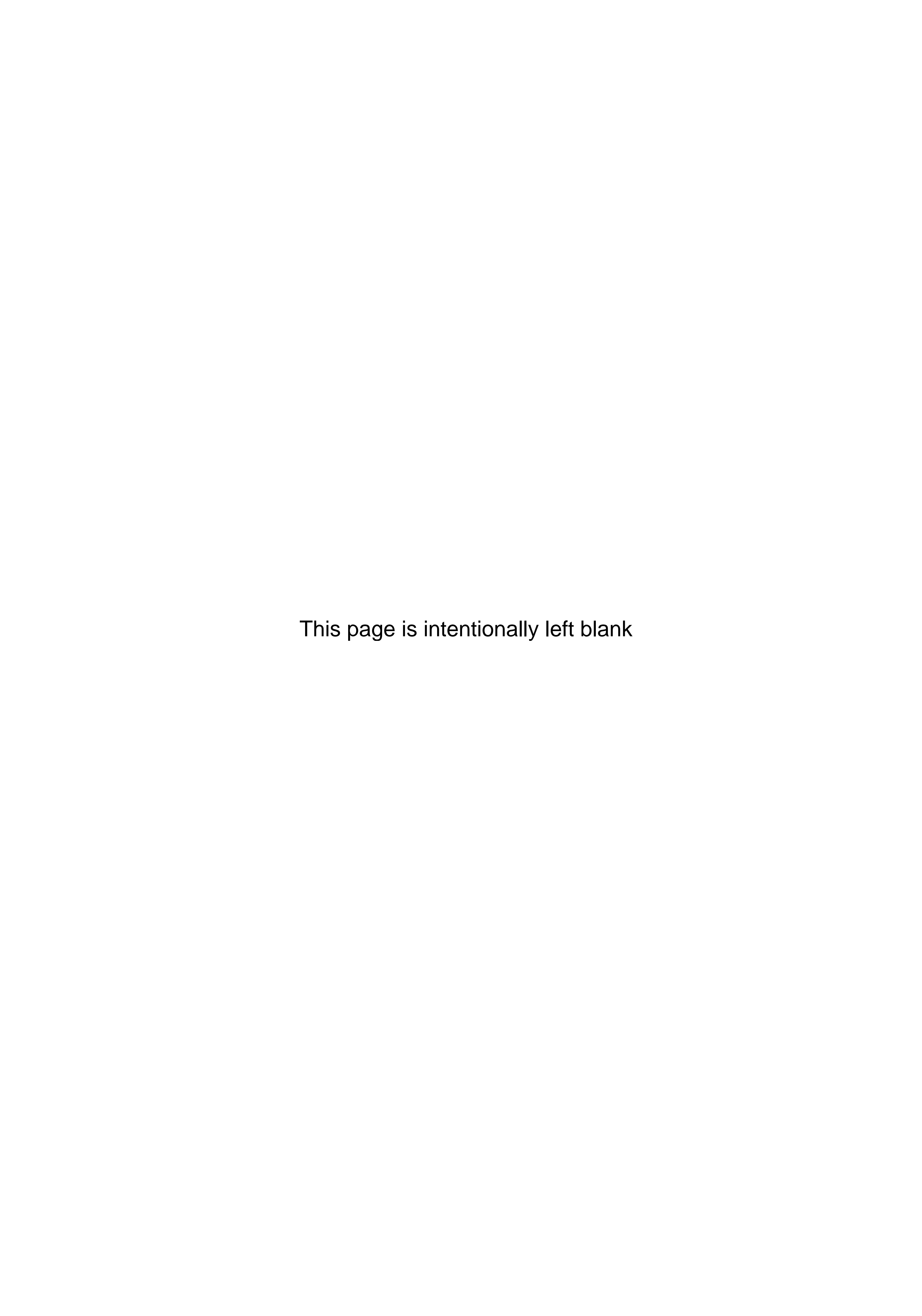

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Accommodation Strategy

Adult Social Care and Public Health Cabinet Committee

6 December 2016

Christy Holden - Head of Commissioning

Kent Social Care Accommodation Strategy

Better Homes: Greater Choice

Our vision – Adult Social Care

Supporting older & vulnerable adults to live independently

Where people live

Own bed is best bed

Short term bed

Long term bed

Accommodation Strategy

Promoting Wellbeing

Promoting Independence

Supporting Independence

Centred around the Individual

"a life not a service"

Through transition on an all age pathway

Age 16 to 18

End of life

Supported by building blocks

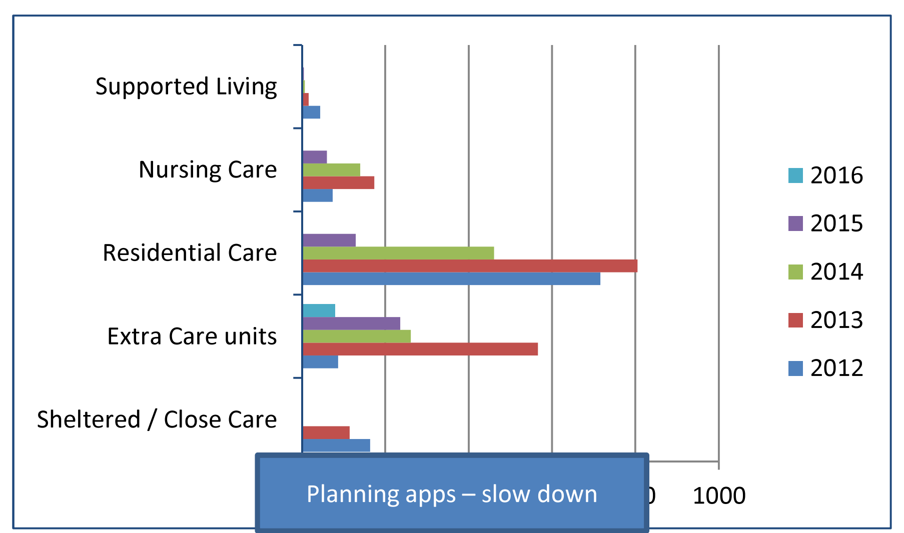
Safeguarding

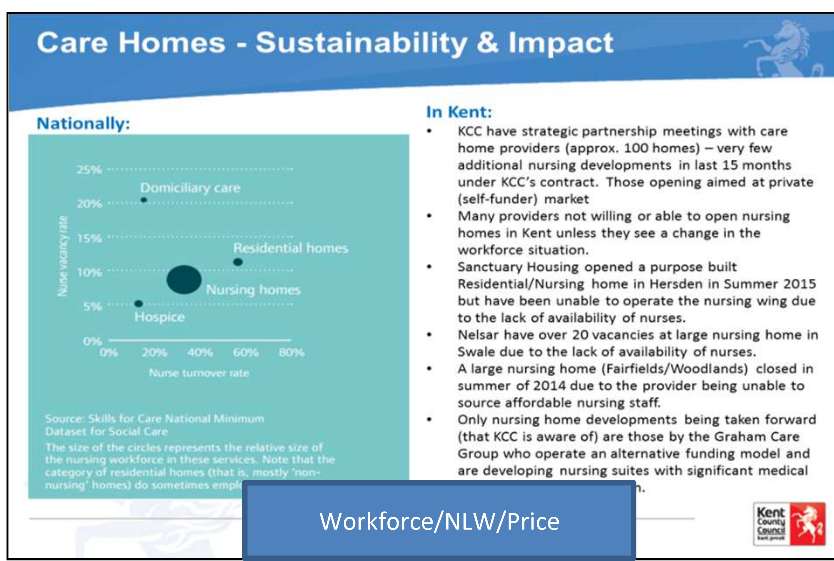
Workforce

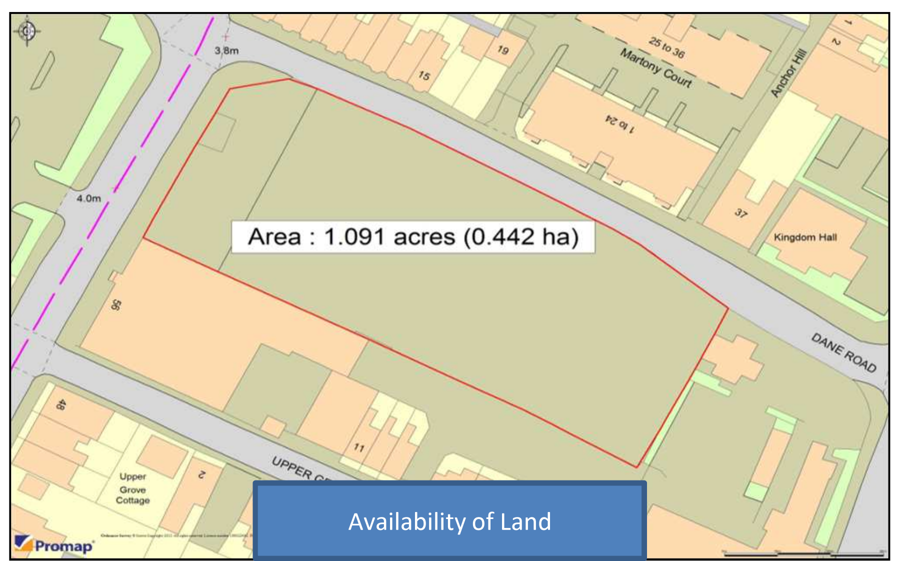
Commissioning

Integration\ Partnerships

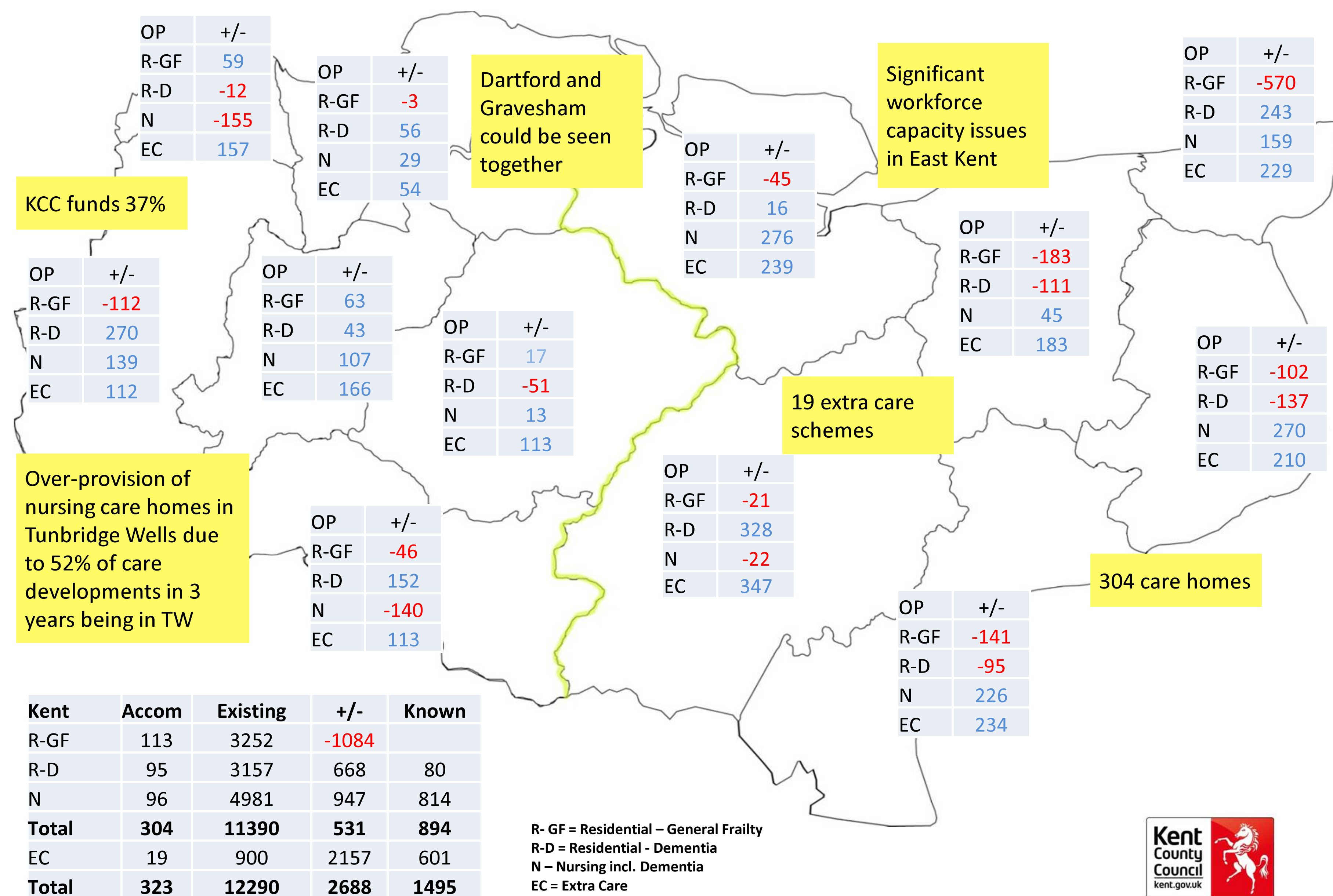
Accommodation Strategy







Older People Summary – November 2016

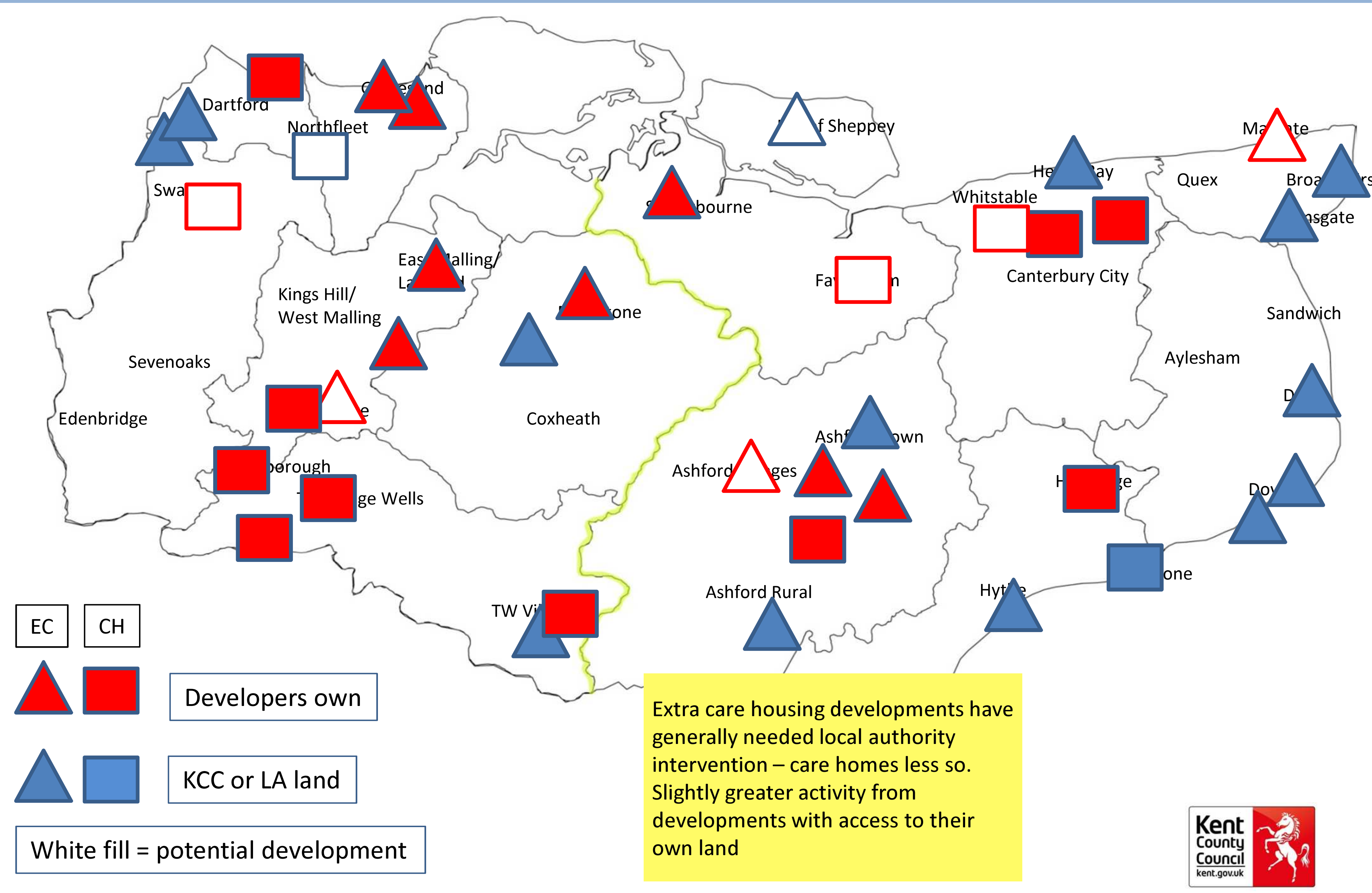


Kent	Accom	Existing	+/-	Known
R-GF	113	3252	-1084	
R-D	95	3157	668	80
N	96	4981	947	814
Total	**304**	**11390**	**531**	**894**
EC	19	900	2157	601
Total	**323**	**12290**	**2688**	**1495**

R- GF = Residential – General Frailty
R-D = Residential - Dementia
N – Nursing incl. Dementia
EC = Extra Care

Kent County Council kent.gov.uk

Recent developments/pipeline



Care Home Movement - Kent

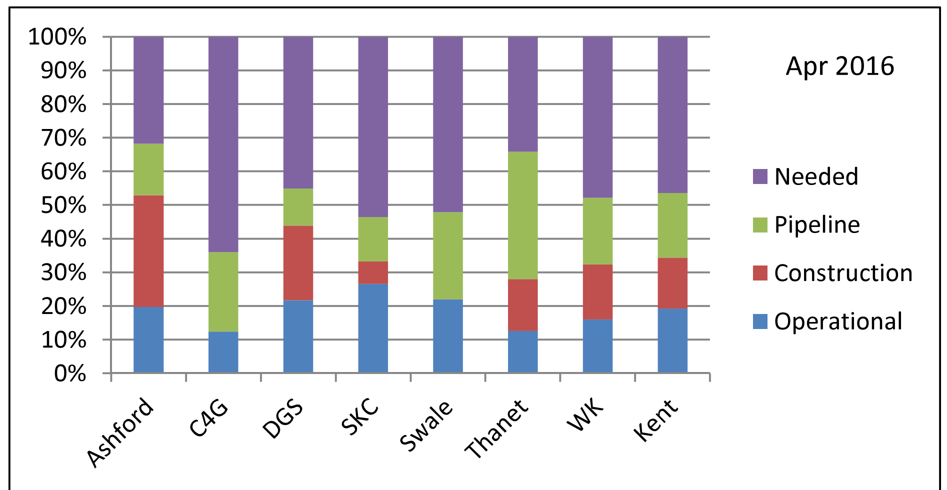
	Total Care Homes 2014	Beds 2014	Average Size 2014	Total Closed	Beds closed	Average Size	Total Opened	Beds Opened	Average Size	Total Homes Apr-16	Total Beds Apr-16	Average Size Apr-16
Ashford	20	772	39	2	33	17	1	60	60	19	799	42
C4G	52	1703	33	8	143	18	2	120	60	46	1680	37
DGS	41	1690	41	6	189	32	2	59	30	37	1560	42
SKC	77	2224	29	7	170	24	0	0		70	2054	29
Swale	17	680	40	0	0		0	0		17	680	40
Thanet	49	1362	28	4	119	30	0	0		45	1243	28
WK	79	3164	40	7	204	29	4	212	53	76	3172	42
Total	**335**	**11595**	**35**	**34**	**858**	**25**	**9**	**451**	**50**	**310**	**11188**	**36**

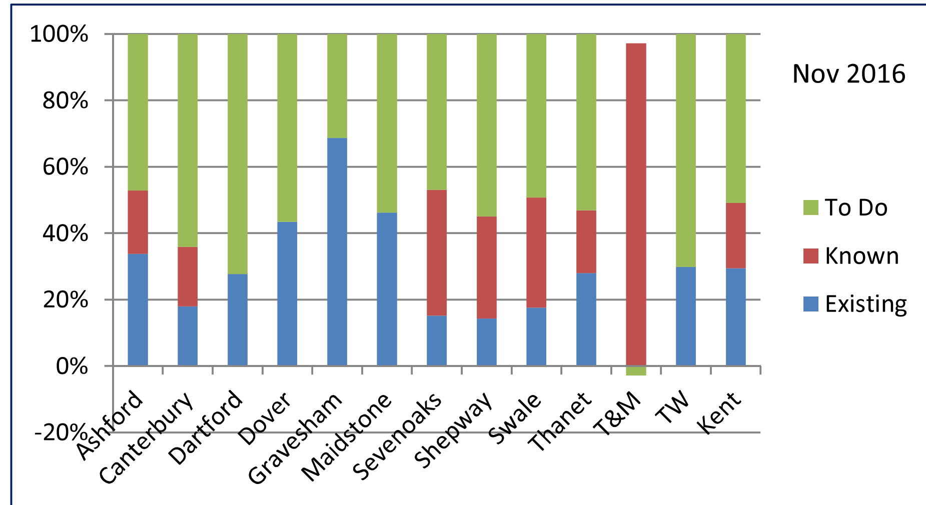
CQC data over 18 month period (2013-2014) showed average size of home registering was 57 beds and de-registering was 28 beds – Kent picture overall was av 35 beds, now av 36 – average size opening 50 beds; closing 25 beds

	Total Care Homes 2014	Beds 2014	Average Size 2014	Total Closed	Beds closed	Average Size	Total Opened	Beds Opened	Average Size	Total Homes Nov-16	Total Beds Nov-16	Average Size Nov-16
Ashford	20	772	39	3	55	18	1	60	60	18	777	42
C4G	52	1703	33	9	173	19	2	120	60	45	1650	37
DGS	41	1690	41	6	189	32	2	59	30	37	1560	42
SKC	77	2224	29	9	204	23	0	0	0	68	2020	29
Swale	17	680	40	0	0	0	0	0	0	17	680	40
Thanet	49	1362	28	4	119	30	0	0	0	45	1243	28
WK	79	3164	40	7	204	29	5	313	63	77	3273	42
Total	**335**	**11595**	**35**	**38**	**944**	**25**	**9**	**451**	**50**	**307**	**11203**	**36**

Spreadsheet issue – 307 homes vs 304 homes – 9 homes opened, 451 beds
Net reduction of care homes between 2014 and 2016 – 29 homes – 493 beds (total closed 38; 944 beds)

Extra Care Housing





Targeting Canterbury through remodelling, SKC through new developments in New Romney and Swale through discussions with KCC Property

Opportunities with institutional investors, developers and land deals – Property and Finance leading on discussions and opportunities

Phase 3 Transformation assessment further evidences the benefit and need for more extra care housing – with additional focus, the forecasts may considerably increase

November 2016 was the first month since 2008 where no extra care housing schemes are under construction – active discussions with providers and developers, planning applications made

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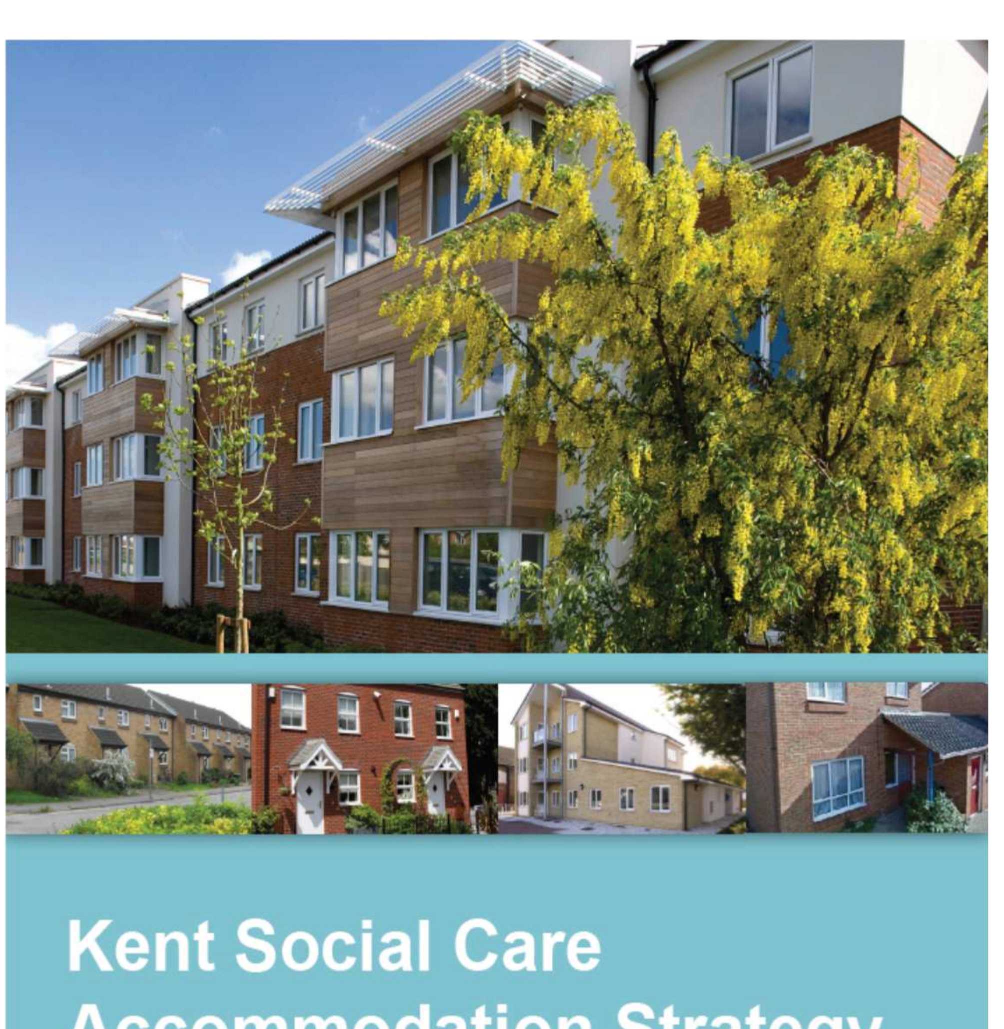
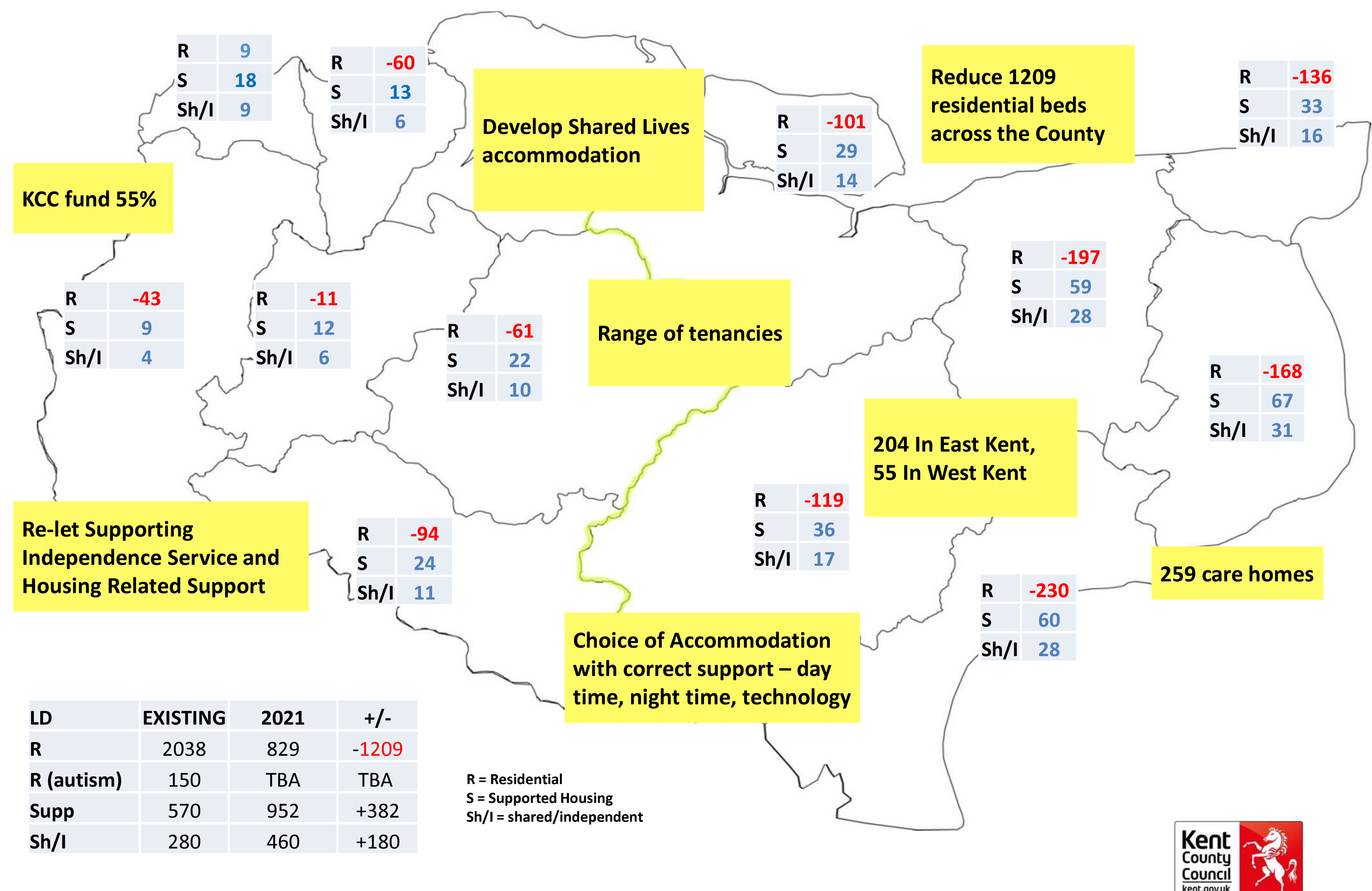
Accommodation for people with Learning Disabilities



People with Learning Disabilities Summary



LD	EXISTING	2021	+/-
R	2038	829	-1209
R (autism)	150	TBA	TBA
Supp	570	952	+382
Sh/I	280	460	+180

R = Residential
S = Supported Housing
Sh/I = shared/independent

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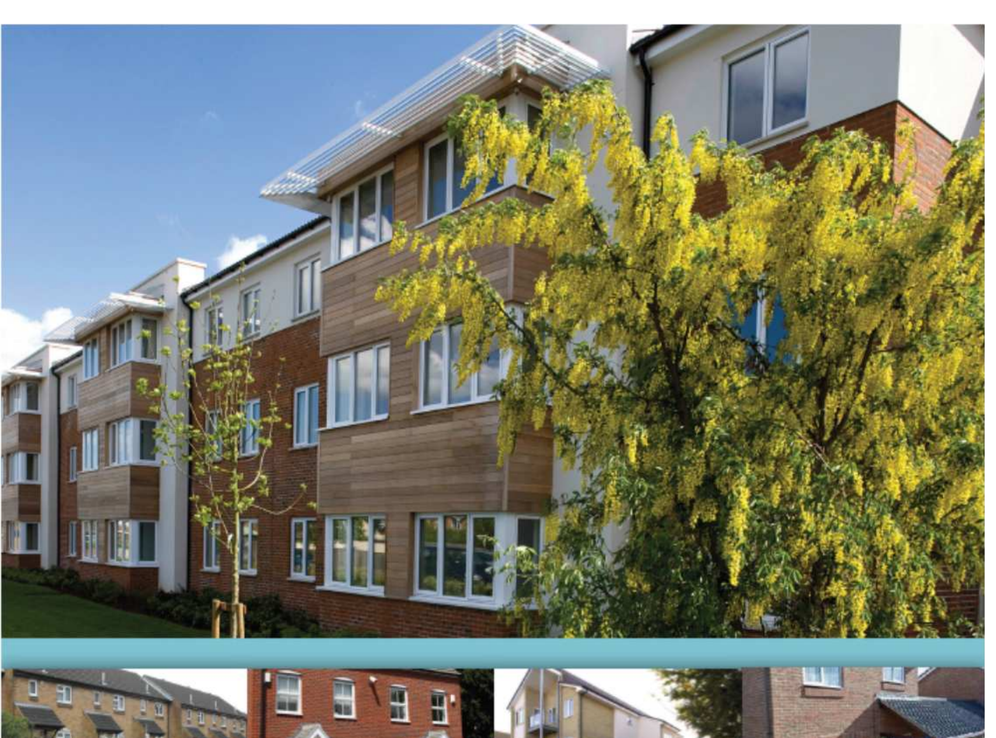
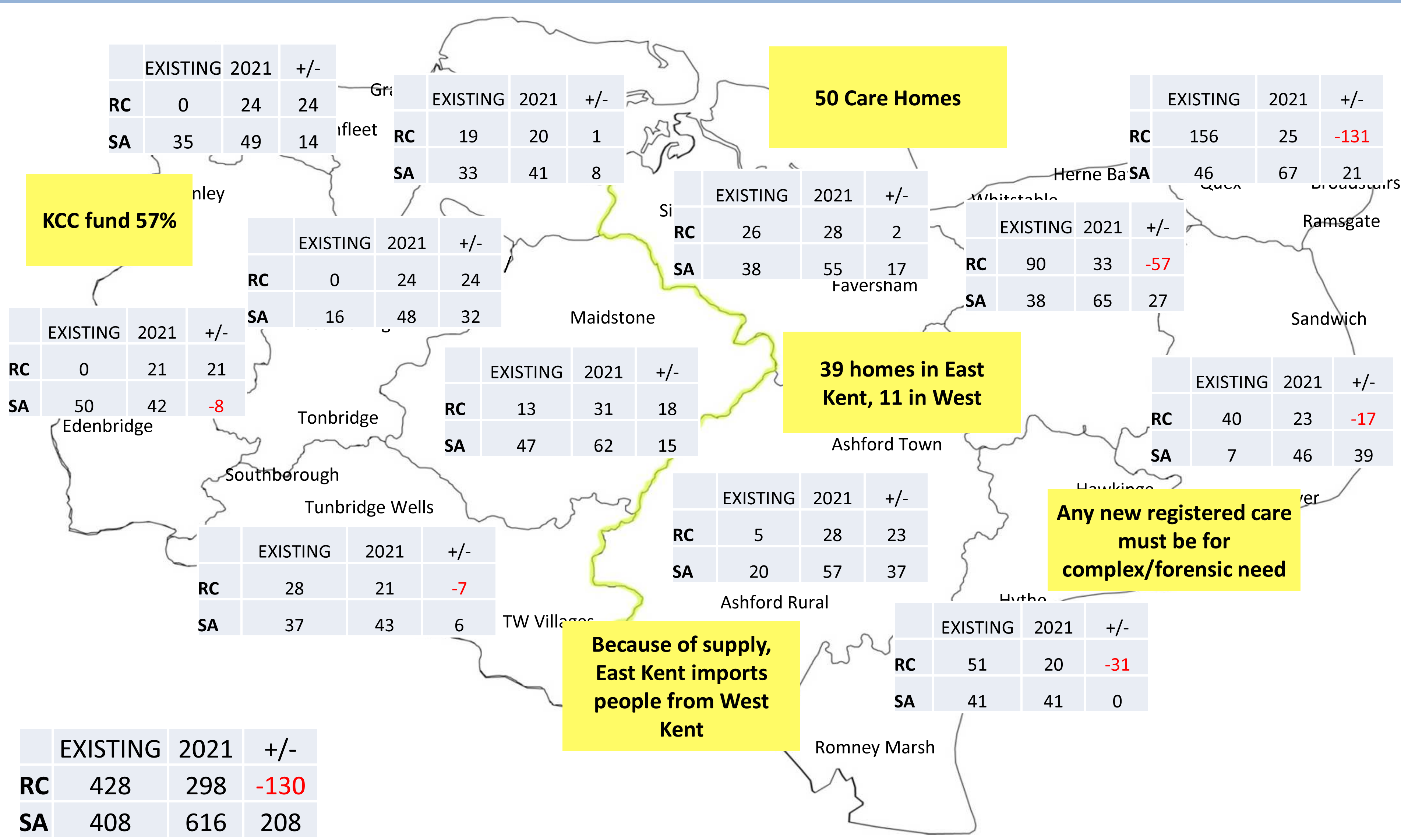
Accommodation for people with Mental Health needs



Kent Social Care Accommodation Strategy

Better Homes: Greater Choice

Mental Health Accommodation – by District



	EXISTING	2021	+/-
RC	0	24	24
SA	35	49	14

	EXISTING	2021	+/-
RC	19	20	1
SA	33	41	8

	EXISTING	2021	+/-
RC	156	25	-131
SA	46	67	21

	EXISTING	2021	+/-
RC	26	28	2
SA	38	55	17

	EXISTING	2021	+/-
RC	90	33	-57
SA	38	65	27

	EXISTING	2021	+/-
RC	0	24	24
SA	16	48	32

	EXISTING	2021	+/-
RC	0	21	21
SA	50	42	-8

	EXISTING	2021	+/-
RC	13	31	18
SA	47	62	15

	EXISTING	2021	+/-
RC	40	23	-17
SA	7	46	39

	EXISTING	2021	+/-
RC	5	28	23
SA	20	57	37

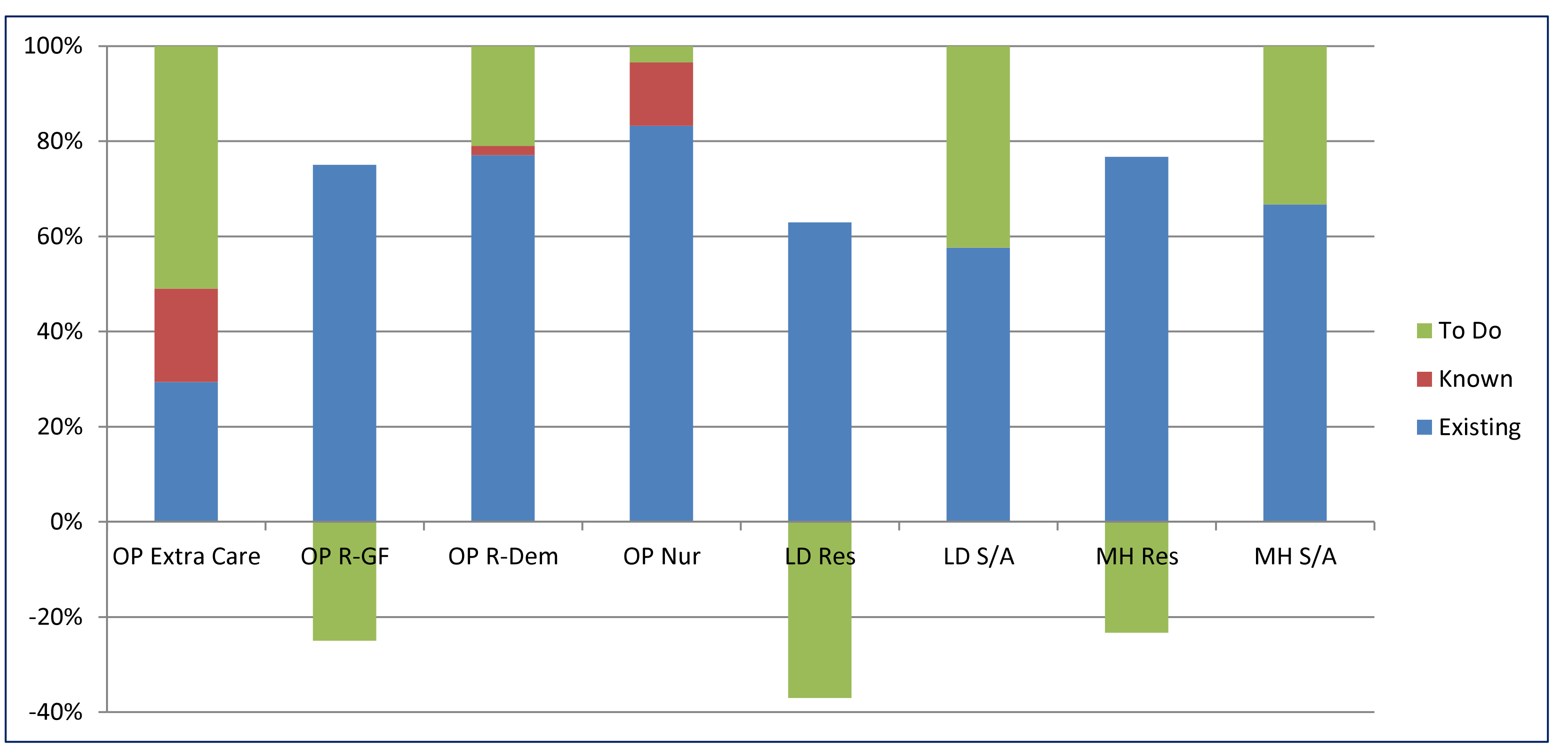
	EXISTING	2021	+/-
RC	28	21	-7
SA	37	43	6

	EXISTING	2021	+/-
RC	51	20	-31
SA	41	41	0

	EXISTING	2021	+/-
RC	428	298	-130
SA	408	616	208

RC = Residential Care
SA = Supported Accommodation

Summary



Kent Profile – District Councils (housing) to support with extra care housing and supported accommodation; District Councils (planning) to support with all new developments needed; KCC Commissioners to work with providers on de-registering where needed

Accommodation Strategy - Implementation

1. Continue to raise the profile of the Strategy - supply and demand with stakeholders – opportunities with Health with Estates Strategies; District Councils with new developments and Local Plans; One Public Estate

2. Work with the providers to diversify provision where appropriate

3. Framework launched for developers and providers through nominations agreements

4. Identify particular areas that need direct intervention – i.e. would some developers consider schemes if land or financial input was on offer (capital, block contracting etc)?

5. Institutional Investment opportunities or other models – Finance/Infrastructure leading on development of models

6. Review of policy/guidance

7. Opportunities for joint commissioning (i.e. Continuing HealthCare) and strategic market management

Accommodation Strategy – Particular areas

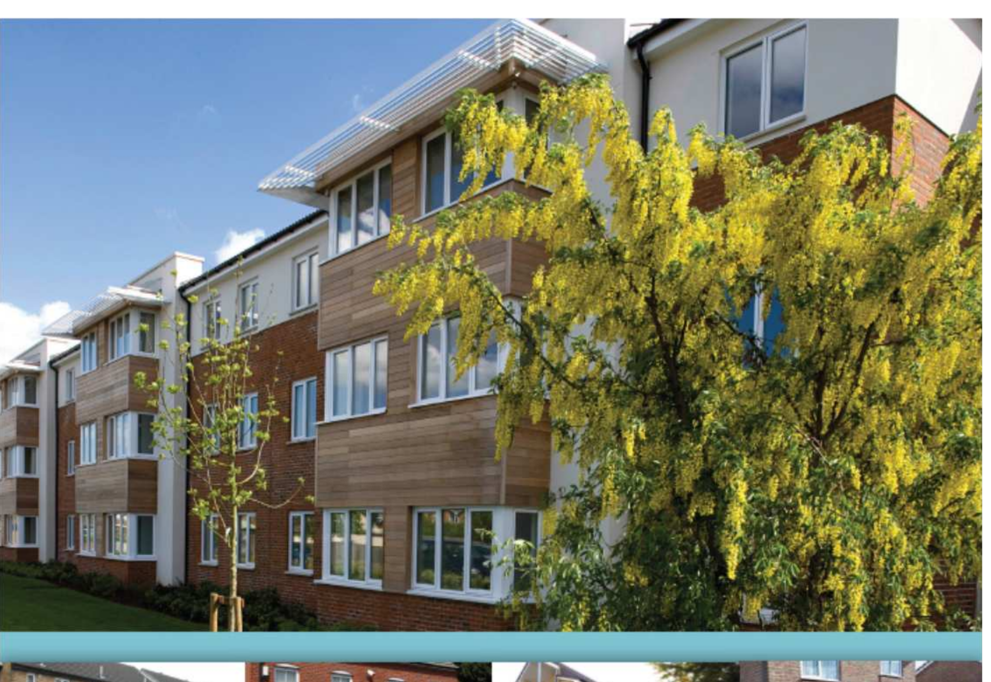
1. Isle of Sheppey – need nursing care home and extra care housing – formal project to start to take forward – Infrastructure led
2. Thanet – need nursing care homes, restrictions on workforce skill and capacity, sector project in development with Economic Development
3. Recent developments on east coast for extra care housing (mainly KCC former care homes), need approach for Tunbridge Wells and Sevenoaks with more of an owner/occupier model with some affordable rents – period of implementation with new PFI scheme to open late Summer 2016
4. Newer care home developments targeted mainly at self funders, offering high rates for local authority placements that are unaffordable – ongoing review of placements, pricing and contract management
5. Target work for extra care housing in New Romney – working with SDC with S106 opportunities and remodelling of existing schemes
6. Progress discussions with CCC on remodelling opportunities for extra care housing in the City

To Do:

<u>People with Physical Disabilities</u> – due late 2016/ early 2017

<u>People with Autism</u> – Public Health undertaking needs assessment, to include accommodation

<u>Care Leavers</u> – 16-25 Accommodation and Support Working Group taking forward

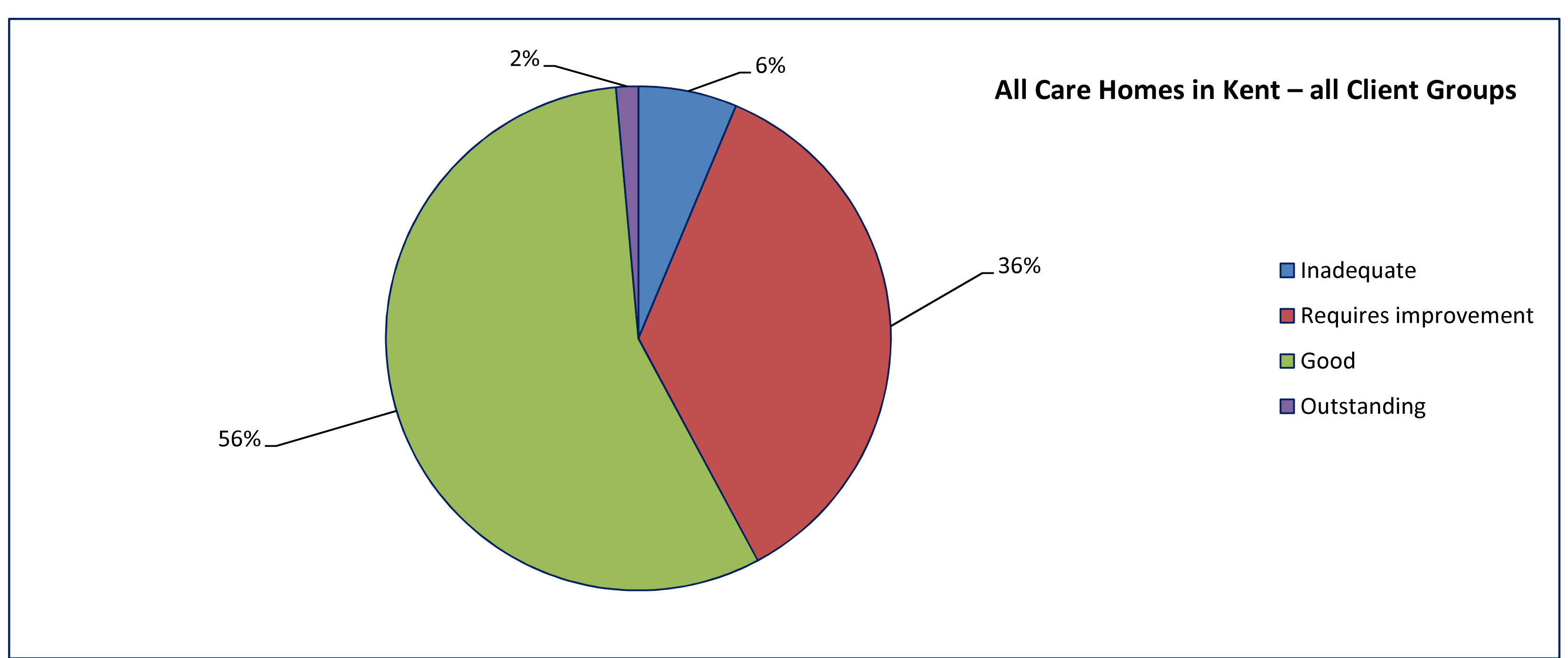


Kent Social Care Accommodation Strategy

Better Homes: Greater Choice

Overview of Quality in Kent

- CQC data as at 9 November 2016 – 816 locations in Kent
- 619 services rated; 635 ratings (75.9% services)
- 491 care homes rated covering 12,386 beds (81.8% homes; 84.4% beds)
- CQC registration for care homes is “care homes with nursing” and “care homes without nursing”



Overview of Quality in Kent – by CCG

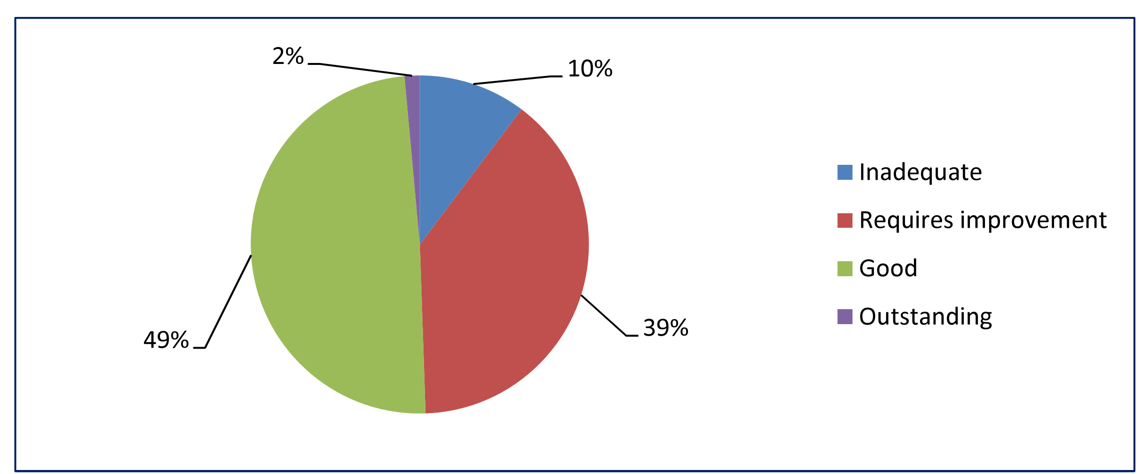
- What impact does local commissioning have on quality in care?
- Support to care homes; GPs, District Nursing, KMPT – working with CCG's to look at themes, good practice, gaps

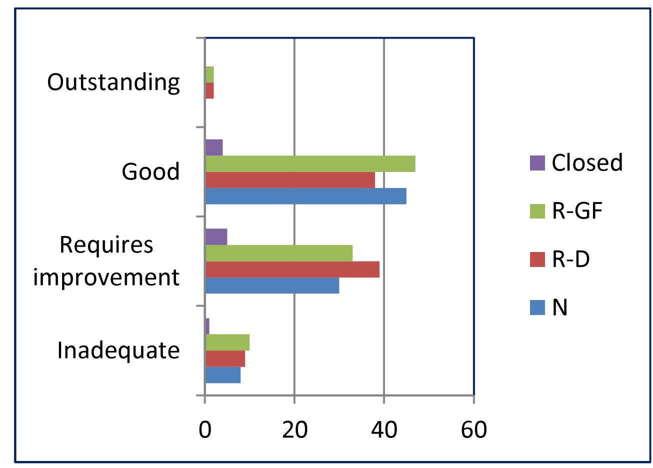
70
60
50
40
30
20
10
0

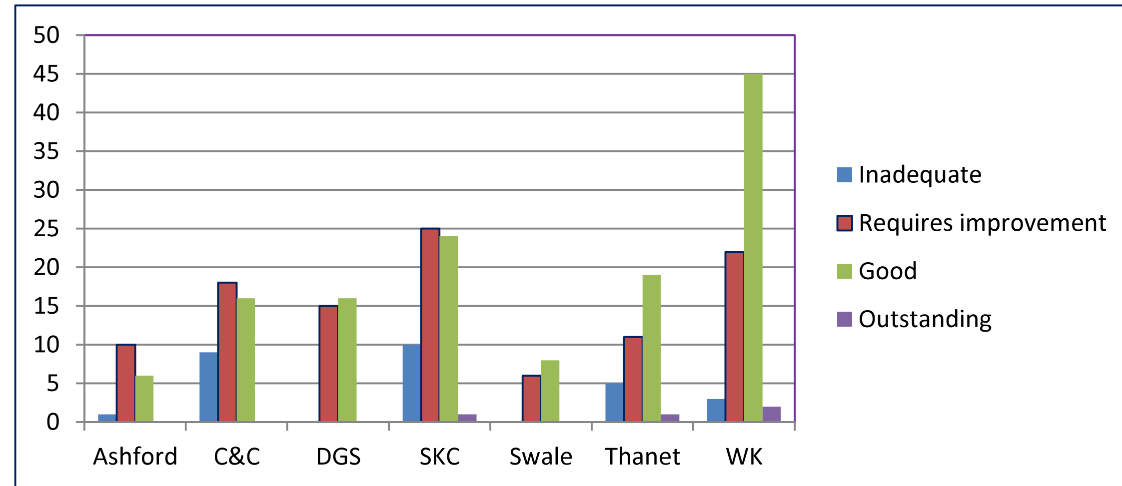
Inadequate
Requires improvement
Good
Outstanding

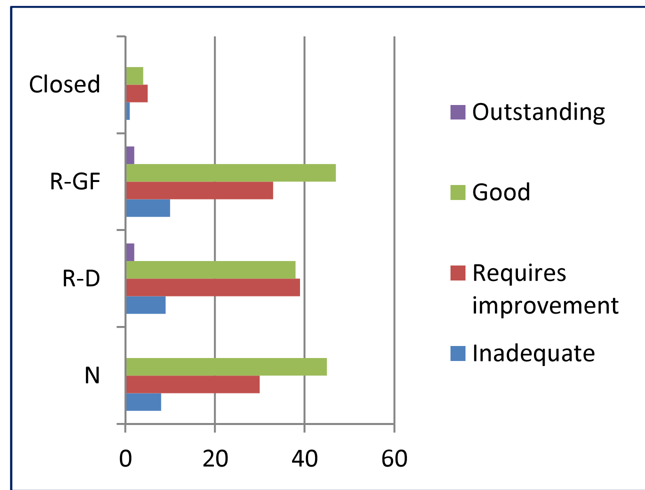
Ashford
C&C
DGS
SKC
Swale
Thanet
WK

Overview of Quality in Kent – Older People



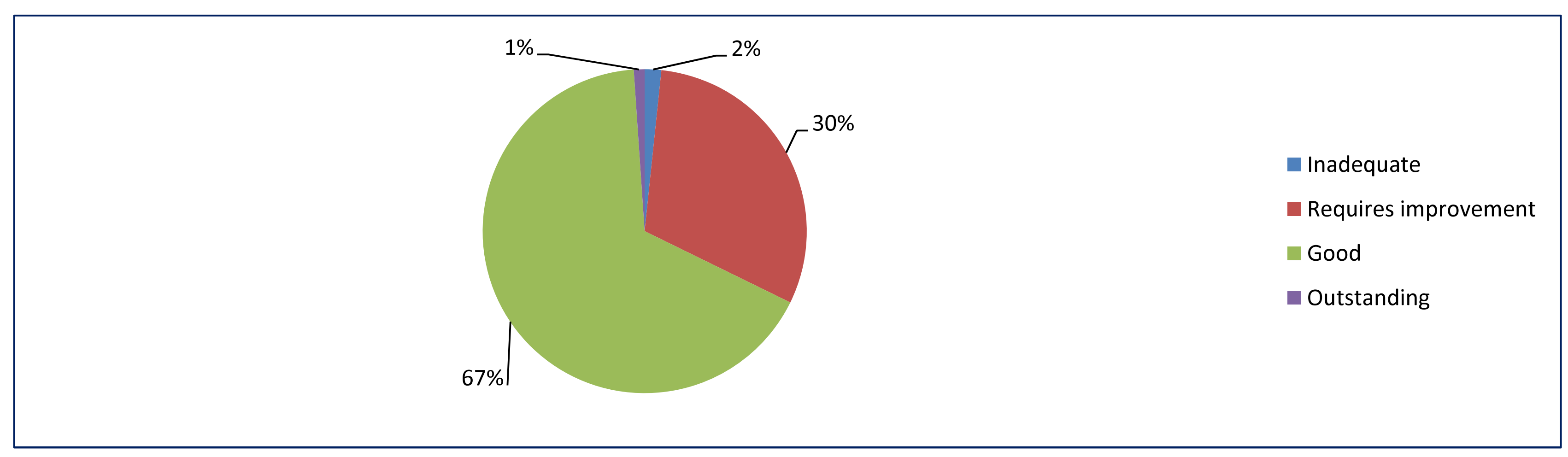


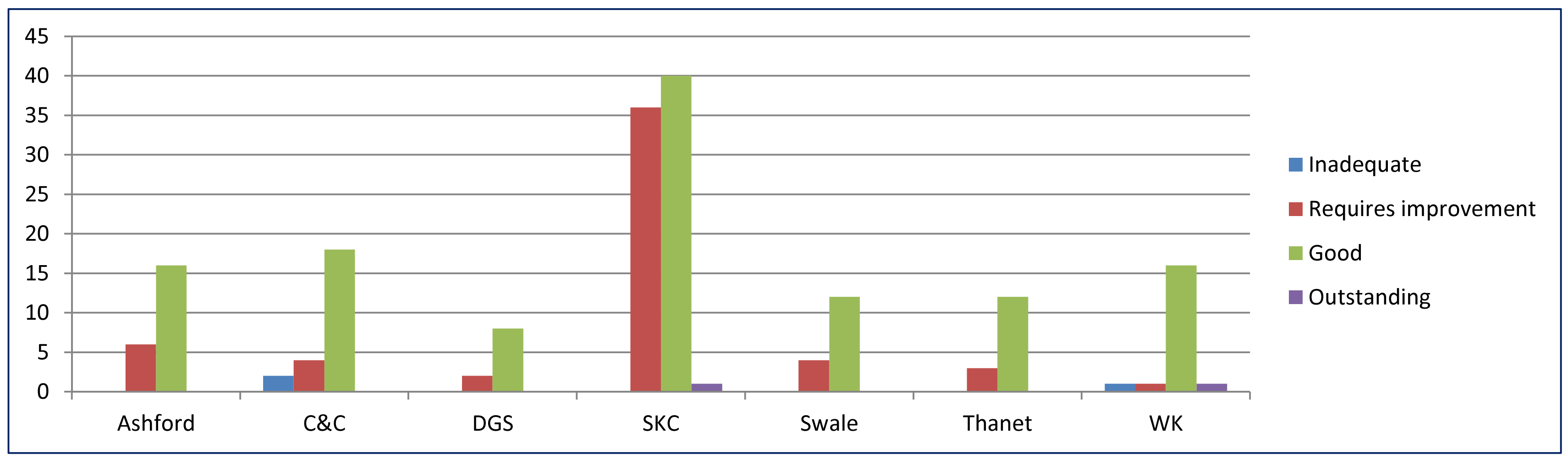




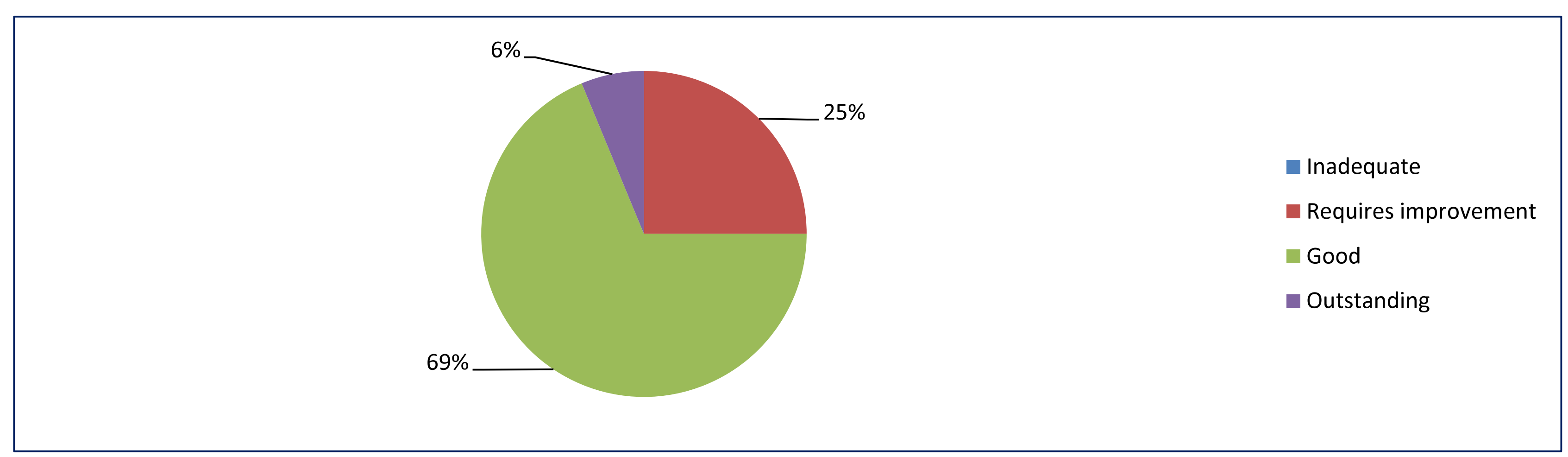
Focus on dementia services – need further split of nursing with dementia to look at themes – work with CCG's and KMPT regarding support to care homes – Dementia Risk Summits established

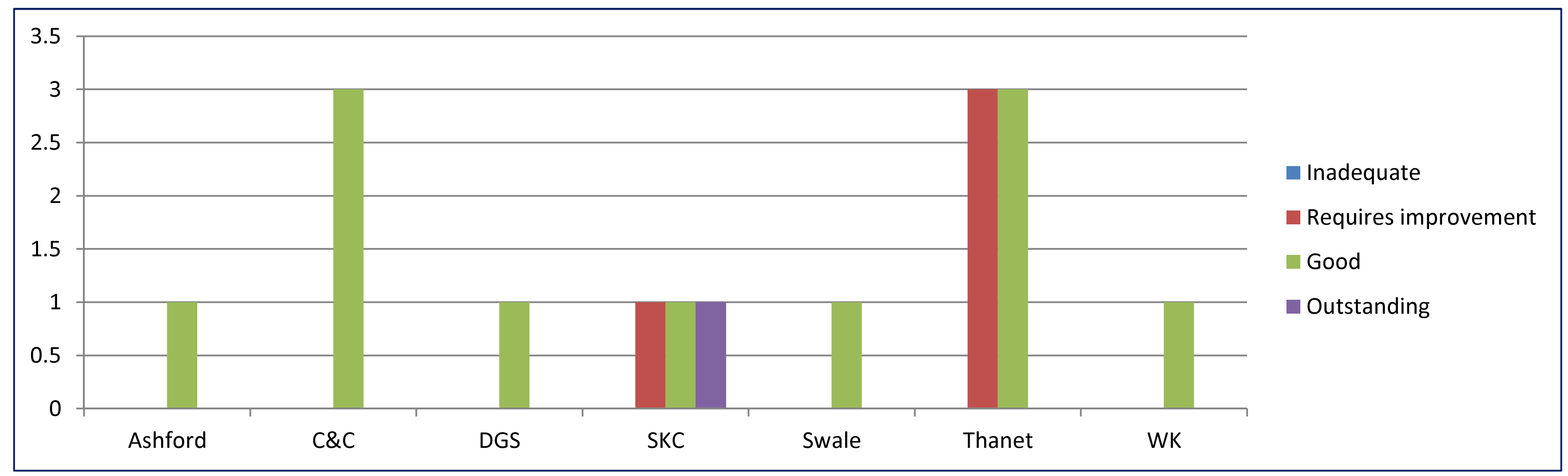
Overview of Quality in Kent – Learning Disability



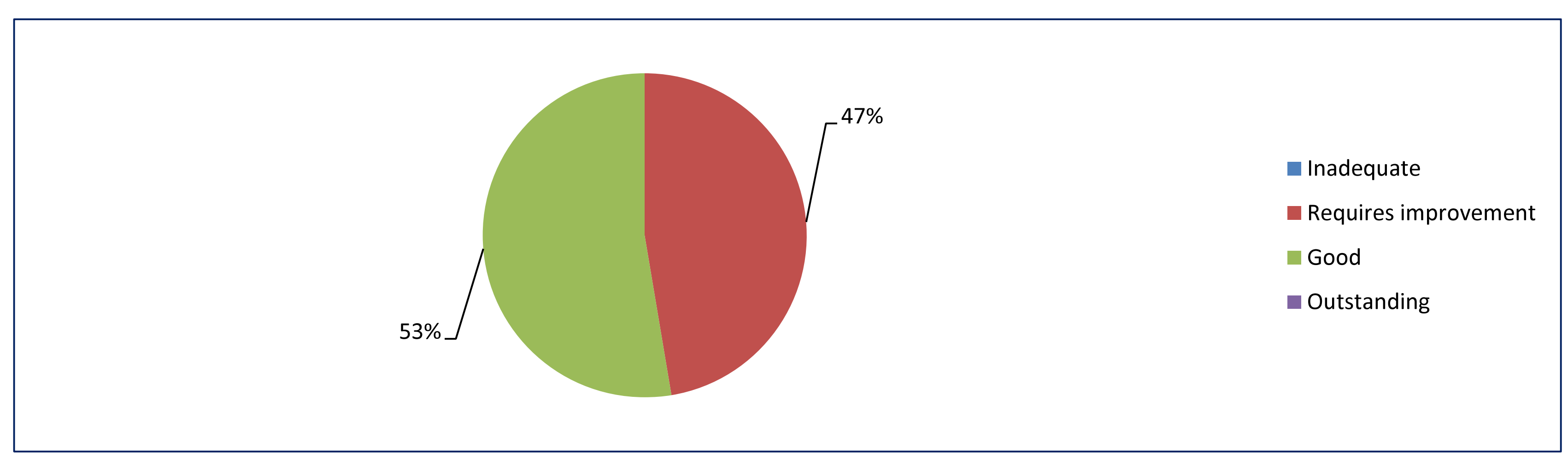


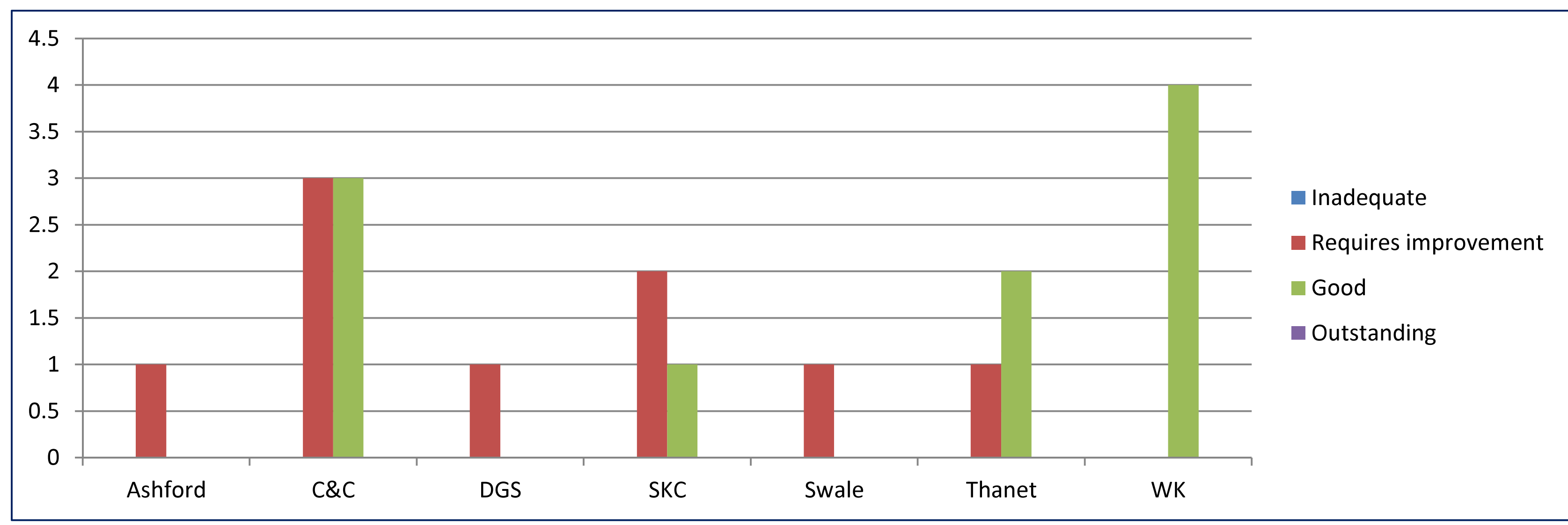
Overview of Quality in Kent – Mental Health





Overview of Quality in Kent – Physical Disability





King Edward Court ,Herne Bay

Thank you

Christy Holden, Head of Commissioning – Accommodation

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

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

To: Adult Social Care and Health Cabinet Committee - 6 December 2016

Subject: **ADULT SOCIAL CARE TRANSFORMATION AND EFFICIENCY PARTNER UPDATE**

Classification: Unrestricted

Previous Pathway of Paper: N/A

Future Pathway of Paper: N/A

Electoral Division: All divisions

Summary: This report provides detail on the closure of the Adult Phase 2 Programme, and the Assessment Stage for Phase Three Adult Social Care Transformation, including the work with the Efficiency Partner, Newton Europe.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **COMMENT** on 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 Adult Social Care and Public Health Committee with regular updates. This report provides a further update on Implementation.

2. Phase 2 Transformation

2.1 Adult Phase 2 Transformation included the following work streams:

- Acute Hospital Optimisation (formally Acute Demand)
- Access to Independence (formally Enablement)
- Your Life Your Home (formally Alternative Models of Care)
- Kent Pathways Service (formally Pathways to Independence)
- Shared Lives

2.2 Since the last update all of the Phase 2 projects have transitioned fully into KCC ownership with Your Life Your Home moving to a dedicated KCC team and the other projects moving into business as usual activity. Processes have

been established to continually review progress and implement the Improvement Cycle as required to ensure benefits are still being realised.

2.3 The Your Life Your Home project has faced challenges in transitioning from design to implementation phase. This is predominately due to the original assumptions and profiling undertaken which have resulted in the assessed opportunity being realised over a longer period of time. There is currently a forensic assessment taking place to understand the root cause in order to learn lesson for the Phase 3 transformation.

2.4 A key example of success within Phase 2 is represented by Enablement. The service has become both more efficient and more effective. In terms of efficiency there has been an increase to the number of people that they work with, and a reduction in the number of refusals due to lack of capacity. Improved effectiveness is demonstrated by a reduction in the number of people who need care after receiving the service and a reduced number of hours per person.

Measure	October 2015	Now
Weekly KEAH starts	172	192
Service refusals	18	5
% needing homecare	50%	37%
Ave homecare package	1.6 hours	0.56 hours

2.5 To support further transformation a review session took place with Directors, KCC Leads, Area Leads, Performance and Communications - to understand what worked well and what could be better. A number of factors to ensure success have been identified, against which progress within further transformation will be measured:

- Continued training so we're better equipped to deliver
- Good communication including use of the Adults Transformation newsletter and KNet
- Constructive challenge and celebration of successes

3. Phase 3 Transformation: Assessment

3.1 Phase 3 Transformation Programme has been established to achieve the following three aims:

1. To deliver a practical translation of the new adult social care strategy and vision
2. To design and implement a new operating model which will embed the improved outcomes achieved over previous phases of transformation into organisational structures
3. Provide a sustainable platform for further change, integration and improvement

3.2 An assessment Phase ran from August to November. The assessment was designed to develop a "Draft Operating Model" - this is a plan that sets out the

way that services will be configured and will work together. The assessment is based upon three programme areas which include ten work streams:

Programme Area	Work streams
Disabled children, adult learning disability & mental health	Disabled children & adult learning disability Mental heath
Older people & physical disability	Promoting wellbeing Promoting independence Supporting independence Urgent care Safeguarding and complex social work
Structure & support	Performance Purchasing Commissioning

3.3 The findings of the assessment will be presented to the next meeting of the Adult Social Care and Health Cabinet Committee meeting on 26 January 2017. They build on previous phases of transformation and propose a step change in terms of organisational structure and delivery of services. The intended service design and implementation will provide a platform for future transformation, integration and savings.

3.4 The key findings, and potential opportunities identified in the assessment include opportunities to:

a. Improving safeguarding by streamlining processes and introducing a specific and focused safeguarding unit
b. Supporting greater independence for people who use mental health services by supporting more people to live independently through improved commissioning and operational processes
c. Improving outcomes for people with a learning disability through improved commissioning and provider effectiveness
d. Promoting Wellbeing through supporting more older people in a preventative way without need for formal social care
e. Promoting independence by considering how enablement and intermediate care services can work together more effectively
f. Supporting independence through a move towards an outcome focused model of homecare which will continue to focus on supporting people to re-gain independence beyond enablement

3.5 Service design will also consider how to deliver more efficient and effective structures for commissioning and other support functions which will enable effective pathways and support sustainability and continuous improvement.

3.6 The findings of the assessment were presented to the joint Strategic Commissioning Board and Budget Programme Board on 16 November 2016 and will be returning for further consideration and final approval to enter design on 15 December 2016.

3.7 The programme is currently in a stage of “high-level design”. The purpose of this stage is to answer a series of key strategic questions which will establish the nature and content of detailed design in the new-year. The questions relate to decisions that will need to be taken. A key element to be defined will be the level of engagement and commitment from health partners and how this will help to drive integration.

4. Financial Implications

4.1 There are no financial implications in this update. Details of the potential financial opportunities identified through assessment will be provided at the next meeting in January.

5. Legal Implications

5.1 There no legal implications of the information in this update.

6. Equality Implications

6.1 Equality Impact Assessments will be required out as part of Phase 3 Service Design activity.

7. Recommendation

7.1 Recommendation**:** The Adult Social Care and Health Cabinet Committee is asked to **COMMENT** on the information provided in the report.

8. Background Documents

Item C1 – Social Care and Health Cabinet Committee, 3 December 2015 – Adult Social Care Transformation and Efficiency Partner Update
https://democracy.kent.gov.uk/documents/s61076/C1%20-%20Transformation%20and%20Efficiency%20Update%20Final.pdf

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From:	Graham Gibbens, Cabinet Member for Adult Social Care and Public Health Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing
To:	Adult Social Care and Health Cabinet Committee – 6 December 2016
Subject:	**CONSULTATION ON THE STRATEGY FOR ADULTS WITH AUTISM IN KENT (2016-2021)**
Classification:	Unrestricted
Previous Pathway of Paper:	Joint Social Care, Health and Wellbeing DMT/Accountable Officer Meeting – August 2016
Future Pathway of Paper:	Adult Social Care and Health Cabinet Committee – 31 January 2017 Cabinet Member decision
Electoral Division:	All

Summary: This report presents the Strategy for Adults with Autism in Kent which has been developed by the Autistic Spectrum Conditions Collaborative in response to national guidance.

It informs Members of the consultation process which has taken place and seeks their views and input on the draft Strategy.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the draft Strategy for Adults with Autism in Kent.

1 The Background

1.1 In 2009 the first disability specific legislation came into force – the Autism Act which required the Secretary of State to issue a national Strategy to improve services for people with autistic spectrum conditions. The following year the National Autism Strategy, Fulfilling and Rewarding Lives was published which required Local Authorities to develop a local plan for people with Autism.

1.2 Locally the Council held a Select Committee on Autism in 2009 and one outcome was the establishment in 2012 of a small specialist integrated team to carry out diagnosis and assessment of adults with “higher ability” Autism.

1.3 In the autumn of 2014 an Autism Partnership Board was established – the Kent Autistic Spectrum Conditions Collaborative. This was modelled on the Dementia Collaborative and comprised representatives from Social Care,

Health, Education, the Voluntary sector and academia. It was recognised that whilst Kent had taken action to develop new specialist services an Autism Strategy was needed to set out a plan for the future.

2. The Nature of Autism

2.1 The prevalence rate for adults with Autism is thought to be 1.1%; however recent research in America is indicating a far higher prevalence. Current estimates for Kent suggest that there are 13,431 adults with an Autistic Spectrum Condition, 50% of whom have higher ability autism.

2.2 Autism rarely occurs in isolation and is often associated with other conditions such as ADHD, mental health issues, challenging behaviour.

2.3 The costs of Autism are high. A study led by the London School of Economics and Political Science estimates that Autism costs the UK at least £32 billion per year in treatment, care and support and lost earnings. Far higher than the combined costs for cancer, stroke and heart disease.

3. The Scope of the Strategy

3.1 The Strategy (attached as Appendix 1) primarily addresses the needs of adults with Autism who do not have a co-occurring learning disability (including people diagnosed with Asperger’s syndrome), who live in Kent or are the responsibility of the Council. It mainly focuses on those aged over 18 years but issues relating to young people in transition are also included.

4. The Content of the Strategy

4.1 The content of the Strategy was developed by members of the Collaborative and by engagement with relevant practitioners, managers and experts across the Council and other organisations. Focus groups were held with people with Autism to ensure the Strategy was grounded in their experience and by their views.

4.2 The Strategy is organised in sections reflecting the national Strategy and each section covers: the views of people with Autism, the current situation, future commitments and priorities, Best Practice, a summary of key messages and strategic objectives.

4.3 An executive summary has been produced and is attached as Appendix 2 to this report.

5. Consultation

5.1 The draft Strategy has been approved by the Social Care, Health and Wellbeing Directorate Management Team and the Clinical Commissioning Group Accountable Officers and has been subject to an eight week formal consultation, which closed on 13 November 2016.

5.2 Members of the Adult Social Care and Health Cabinet Committee are asked to note that although the public consultation has closed, their views and comments on the draft Strategy would be welcomed until 24 December 2016.

5.2 The draft Strategy will be revised in the light of the feedback received and an implementation plan developed.

6. Implementation

6.1 The final version of the Strategy will be discussed at the Adult Social Care and Health Cabinet Committee on 31 January 2017, when the Committee will be asked to consider and endorse or make recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to approve the Strategy for Adults with Autism in Kent

6.2 A new Transformation Manager post for Neurodevelopmental Services (Autism and Attention Deficit Hyperactivity Disorder (ADHD)) has been approved by Social Care, Health and Wellbeing Directorate Management Team and the Clinical Commissioning Group Accountable Officers. This post will have a lead role in taking forward the implementation of the Strategy and the move towards the increased integration of services with Health. The ASC Collaborative will also take on a new role as an Action Alliance to oversee and guide progress.

7. Equality Implications

7.1 An Equality Impact Assessment has been carried out as part of the consultation process and is included in the background documents associated with this report.

8. Financial Implications

8.1 There are no financial implications associated with this report.

9. Legal Implications

9.1 It is a requirement for all Local Authorities to have a Strategy for adults with Autism as set out in the National Autism Strategy, ‘Fulfilling and Rewarding Lives’ (2010) and to have a local plan in place.

10. Conclusions

10.1 The Autism Strategy addresses the key requirements of the national Strategy and sets out a plan for the future to improve the lives of adults with autistic spectrum conditions in Kent. The consultation process will ensure wider engagement with people with Autism and their families and carers and the Strategy will be revised in the light of this feedback.

11. Recommendation

11.1 The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the draft Strategy for Adults with Autism in Kent.

12. Background Documents

12.1 Strategy for Adults with Autism in Kent
http://consultations.kent.gov.uk/consult.ti/autismstrategy/consultationHome

Autistic Spectrum Disorder Select Committee Report
http://www.kent.gov.uk/__data/assets/pdf_file/0017/12833/autism-spectrum-disorder-report.pdf

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Kent County Council

Strategy for Adults with Autism in Kent

A five year strategy

Kent Autism Collaborative

13th May 2016

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Version Control Documentation

Title	Kent Adult Autism Strategy
Author	AuthorKent Autism Collaborative
Version	V2
Status	Draft
Date effective from	
Date of review	
Strategy lead	

Version	Date	Drafted by/Reviewed by
v1.0	Jun 2015	Guy Offord/Collaborative
v1.1	Aug 2015	Guy Offord/Collaborative
v1.2	Aug 2015	Guy Offord/Beryl Palmer
v1.3	Oct 2015	Collaborative
v1.4	Nov 2015	Dr Julie Beadle-Brown
v1.5	Dec 2015	Guy Offord/Collaborative
v1.6	Jan 2016	Guy Offord
V1.7	Feb 2016	Beryl Palmer/Glyn Pallister
V1.8	Feb 2016	Beryl Palmer/Glyn Pallister
V1.9	Feb 2016	Guy Offord/Beryl Palmer
V2.0	Mar 2016	Guy Offord/Glyn Pallister
V2.1	Mar 2016	Collaborative/CCGs
V2.2	May 2016	Dr Julie Beadle-Brown/Collaborative

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Membership of the Kent Autism Collaborative

The following organisations are represented on the Kent Autism Collaborative, and thank everyone for their contribution to the development of the Kent Adult Autism Strategy:

- National Autistic Society
- Advocacy for All
- Kent County Council Adult and Children's Services
- Kent County Council Public Health Department
- Kent and Medway NHS and Social Care Partnership Trust
- Kent Supported Employment
- NHS Swale and DGS NHS CCG
- NHS South Kent and Coastal NHS CCG
- The South East NHS Commissioning Support Unit
- The Tizard Centre, University of Kent
- National Probation Service

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Foreword

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1. Introduction

Why do we need a strategy?

It is a requirement for all Local Authorities to have a strategy for adults with autism as set out in the National Autism Strategy, 'Fulfilling and Rewarding Lives' (2010) and to have a local plan in place. This strategy addresses the needs of adults with higher functioning autism (including people diagnosed with Asperger's syndrome) and young people in transition.

This strategy is designed to hold organisations to account and provide commitments from these organisations in regard to their actions when implementing this strategy. It is aimed at a wide audience from professionals, individuals with autism and their families and carers to whole communities and the general public. As such we have endeavoured to write it as simply as possible, but inevitably when trying to write to such a wide audience, it will have some terminology that some readers will be unfamiliar with.

Autism is a lifelong condition that affects a person's development in particular:

- difficulty with social communication
- difficulty with social interaction
- difficulty with social imagination, which includes restricted, repetitive pattern of behaviour, interests, or activities.

A fuller definition of autism follows (see page 8).

In addition to the statutory and moral responsibility to improve support and care for all people with autism there is also an economic argument for improving the support and care for all people with autism. A study led by the London School of Economics and Political Science (Buescher, A., 2014) estimates that autism costs the UK at least £32 billion per year in treatment, lost earnings, and care and support for children and adults with autism. This is far higher than for other conditions, for example: £12billion for cancer, £8billion for heart disease and £5billion for stroke. They estimated the cost of an autism spectrum disorder throughout a person's lifespan as £0.92 million for those without intellectual disability.

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The National Audit Office (2009) found that if local services identified and supported just 4% of the total number of adults with autism the outlay would become cost neutral over time. If they did the same for just 8% it could save £67 million each year.

Local Developments

Much has been achieved for adults with autism in Kent since 2010. Until 2011 there was no clear diagnostic pathway for adults with autism in the absence of a learning disability. In order to get a diagnostic assessment people had to travel to the Maudsley Hospital in London. The responsibility for diagnosis of autism lies with the NHS. A more comprehensive explanation or the responsibilities of Local Authorities and the NHS can be found in the statutory guidance of Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy (2015).

In 2011 a specialist Kent Autistic Spectrum Conditions Team was established, comprising a diagnostic service funded by NHS Clinical Commissioning Groups (CCGs) and a KCC social care assessment and care management team. Demand for the service has been very high and both NHS CCGs and KCC have had to commit additional resources to address this.

At the time the Kent Autistic Spectrum Conditions Team was established, it was identified that extra capacity was needed in the community and voluntary sector to provide support for people with autism. 'Speaking up Groups' providing peer support for people with Autism and Asperger's Syndrome were commissioned from Advocacy for All and are now established in all districts. Advocacy for All are a charity based in Sidcup and cover south east London and Kent. They provide people with learning disabilities and autism free, independent, private advocacy to make sure they have control in their lives.

In the longer term the NHS CCGs and KCC are working with other stakeholders to develop an integrated all-age, Kent and Medway, neurodevelopmental pathway, initially focussing on Autistic Spectrum Conditions and Attention Deficit Hyperactivity Disorder (ADHD). The pathway will provide seamless care from childhood to adulthood, be based on good practice; integrate psychological, social and medical assessment, provide early intervention and be supportive of both people with autism and their families and carers.

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Development of the Strategy

In late 2014 an autism partnership board was established - the Kent Autism Collaborative. It was recognised that, whilst Kent had taken action to develop new specialist services, an Autism Strategy had not yet been developed to set out a plan for service improvements and developments. Therefore one of the first activities the collaborative was tasked with was to develop a Kent Strategy for Adults with Autism which sets out a high level vision of how the county achieves the aim that:

"all adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis and access support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents"

(Fulfilling and Rewarding Lives, 2010).

Scope

This strategy primarily addresses the needs of adults with autism who do not have a co-occurring learning disability (including people diagnosed with Asperger's Syndrome) who live within the boundaries or are the responsibility of Kent County Council. The needs of adults with autism who have a learning disability are addressed within the Integrated Learning Disability Commissioning Strategy.

Adults with learning disabilities and autism are currently supported within learning disability services; however it is not to say that the issues, recommendations and principles set out in this strategy do not apply to those with learning disabilities. Awareness of autism, inclusion and good practice in relation to support for people with autism should apply to all those on the autistic spectrum.

Although mainly focusing on those over 18 years old, issues related to young people in transition are also included. Children's Services have completed a separate Strategy for Children with Autism.

Work is currently being undertaken to develop an All Age Neurodevelopmental Pathway and it is envisaged that an All Age Strategy, encompassing all those with autism, ADHD and other neurodevelopmental conditions will be developed in the future.

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Organisation

This strategy links closely to the Joint Needs Assessment for Autistic Spectrum Conditions produced by the Kent and Medway Public Health Observatory (ref). This strategy also links with other local and national strategies, policies and guidance which will be referenced throughout.

The strategy is organised in sections reflecting the national strategy. Each section follows the same format:

- The views of people with autism
- The current situation (as of February 2016)
- Future commitments and priorities,
- Best practice,
- Key messages
- Key strategic objectives.

The views of people with autism are incorporated throughout the document. These include 'I' statements which were identified when engaging with people with autism in developing the national guidance 'Think Autism'. I statements are statements of intent, based on engagement with people with autism, phrased in the first person to make them more personal. This Strategy Document also includes the views of local people.

The strategy will be underpinned by an action plan to ensure implementation of the strategic objectives. This action plan will detail actions to be carried out in order to achieve the high level objectives, and will include corresponding measures.

2. What is Autism?

Autism is a pervasive developmental spectrum condition, which means it is a lifelong condition that affects a person's development in particular areas and in varying degrees. Traditionally, there have been three core areas of difficulty that are shared by all people with autism – these are often referred to as the 'triad of impairments'. They are:

- difficulty with social communication
- difficulty with social interaction

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- difficulty with social imagination, which can included a restricted, repetitive pattern of behaviour, interests, or activities.

In the recently published Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) the triad has been replaced by two core areas of difficulty:

- Social and communication difficulties
- Restricted, repetitive patterns of behaviour, interests, or activities and unusual response to sensory stimuli.

"While all people with autism share certain difficulties, their condition will affect them in different ways. Some people with autism are able to live relatively independent lives but others may have accompanying learning disabilities and need a lifetime of specialist support. People with autism may also experience over- or under-sensitivity to sounds, touch, tastes, smells, light or colours"

(National Autistic Society website, 2015)

As indicated in the quote above, the key issue to be aware of is the enormous variation in how these core difficulties are manifested and how they impact on the lives of individuals with autism. It is important to recognise that there are also differences in how the core areas of difficulty can manifest in men and in women.

One of the key ways autism impacts on individuals is through very high anxiety and stress levels, which arise for a number of reasons. One of the primary reasons is their inability to predict what will happen and how people might behave and thus their reliance on structure, routine and their insistence on sameness.

Autism is often accompanied by other conditions, including other neurodevelopmental conditions such as:

- Neuropsychological conditions (e.g. ADHD, dyspraxia, synaesthesia)
- Sensory processing difficulties
- Learning disabilities and difficulties
- Neurological disorders, seizure disorders
- Health problems (e.g. bowel, skin, allergies)
- Psychiatric disorders (e.g. anxiety, depression, bipolar disorder, Tourette's Syndrome).

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However it is also really important to acknowledge the strengths of people with autism – in particular their strengths in processing visual information, in systemising and working with logic, their ability to focus in repetitive tasks, to identify patterns, their desire for accuracy, precision and perfection and often good rote memory.

“Some features [of autism] are important for success in the arts or sciences.’

(Hans Asperger)

3. National Policy Context

The Autism Act, (2009)

The Act required the Secretary of State to issue a strategy for meeting the needs of adults in England with autistic spectrum conditions by improving the provision of relevant services to such adults by local authorities, NHS bodies and NHS foundation trusts.

Valuing People Now, (2009)

The strategy for people with a learning disability recognised that people with autism are some of the most excluded people in society and that policy makers and service providers were not specifically addressing their needs.

Fulfilling and Rewarding Lives’, The Strategy for adults with autism in England (2010)

The first version of the national strategy outlines five quality outcomes:

1. Adults with autism achieve better health outcomes
2. Adults with autism are included and economically active
3. Adults with autism are living in accommodation that meets their needs
4. Adults with autism are benefiting from the personalisation agenda in health and social care, and can access personal budgets
5. Adults with autism are no longer managed inappropriately in the criminal justice system.

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The Equality Act, (2010)

Under the Act you are disabled if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities, and this includes people with autism. It legally protects people from discrimination in the workplace and in wider society. It contains a public sector equality duty, which means that public bodies have to consider all individuals when carrying out their day-to-day work, shaping policy, delivering services and in relation to their own employees.

Under the public sector equality duty public authorities are now required, in carrying out their functions, to have due regard to the need to achieve the objectives set out under s149 of the Equality Act 2010. This includes advancing equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and fostering good relations between persons who share a relevant protected characteristic and persons who do not share it.

Autism: recognition, referral, diagnosis and management of adults on the autistic spectrum (National Institute for Clinical Evidence, 2012)

These guidelines recommended that all local authorities should establish a specialist community based multidisciplinary team. It was suggested that a range of professionals should be involved including clinical psychologists, social workers, psychiatrists, nurses and speech and language therapists.

Think Autism, - Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update (2014)

This update of the 2010 strategy sets out 15 new priority areas and reaffirms the importance of the 5 areas for action identified in the strategy aimed at improving the lives of adults with autism. The 15 priorities are set out as 'I' statements focussing on those with autism being an equal part of their communities; getting the right support at the right time during their lifetime; people being able to develop their skills and independence and being able to work to the best of their ability.

The Care Act, (2014)

The biggest reform in social care for 60 years came into force in April 2014 and means a change to the way people can plan and pay for their care and support. It

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makes clear that local authorities must provide or arrange services that help prevent people developing needs for care and support or delay people deteriorating such that they would need ongoing care and support. There are also new statutory duties for local authorities to provide advocates to people who need them as part of the assessment and planning of services, and to provide services for eligible carers.

The Care Act also addresses the issue of transition from Children's to Adult Services. Under the Care Act local authorities are required to identify young people who are not receiving children's services but who are likely to have care and support needs as an adult. The Care Act statutory guidance specifically references young people with autism whose needs have been largely met within education services.

National Institute for Health and Care Excellence (NICE) - Quality Standards for Autism, (2014)

NICE quality standards are a concise set of prioritised statements designed to drive measureable quality improvements within a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. The quality statements are:

- **Statement 1**. People with possible autism who are referred to an autism team for a diagnostic assessment have the diagnostic assessment started within 3 months of their referral
- **Statement 2**. People having a diagnostic assessment for autism are also assessed for coexisting physical health conditions and mental health problems
- **Statement 3**. People with autism have a personalised plan that is developed and implemented in a partnership between them and their family and carers (if appropriate) and the autism team
- **Statement 4**. People with autism are offered a named key worker to coordinate the care and support detailed in their personalised plan
- **Statement 5**. People with autism have a documented discussion with a member of the autism team about opportunities to take part in age-appropriate psychosocial interventions to help address the core features of autism
- **Statement 6**. People with autism are not prescribed medication to address the core features of autism

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- **Statement 7**. People with autism who develop behaviour that challenges are assessed for possible triggers, including physical health conditions, mental health problems and environmental factors
- **Statement 8**. People with autism and behaviour that challenges are not offered antipsychotic medication for the behaviour unless it is being considered because psychosocial or other interventions are insufficient or cannot be delivered because of the severity of the behaviour.

Winterbourne View: Time for Change - Transforming the Commissioning of Services for People with Learning Disabilities and/or Autism (2014)

The report makes recommendations for a national commissioning framework under which local commissioners would secure community-based support for people with learning disabilities and/or autism and includes the following recommendations:

- The Government should respond to 'the Bradley Report Five Years On' to ensure that people with learning disabilities and/or autism are better treated by the criminal justice system
- A 'Life in the Community' Social Investment Fund should be established to facilitate transitions out of inpatient settings and build capacity in community-based services. The Investment Fund, seeded with £30 million from NHS England and/or Government, could leverage some £200 million from other investors to make investment more easily accessible to expand community-based services
- Action on the recommendations above should be accompanied by improved collection and publication of performance data, and a monitoring framework at central and local level. Data on key indicators (such as admissions rates, length of stay, delayed transfers, number of beds by commissioning organisation) should be collected and published.

NHS Five Year Forward View (2014)

There are a number of priorities set out in the five year plan with emphasis on preventing people becoming ill and developing long term conditions, the NHS becoming a better partner with voluntary organisations and local communities and the NHS taking steps to break down the barriers in how care is provided between

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family doctors and hospitals, between physical and mental health and between health and social care.

The Children and Families Act (2014)

Under this Act Local Authorities, NHS CCGs and NHS bodies and Foundation Trusts have certain duties, including duties relevant to children and young people with autism and their families. The Act introduced a major transformation of the way services for children and young people with special educational needs and/or disabilities (SEND) are delivered. Changes include: Replacing Statements of SEN with Education, Health & Care Plans (EHCP), Parents with an EHC Plan will have the right to a personal budget for their support and the act applies from birth to 25.

Statutory guidance for local authorities and NHS organisations to support implementation of the Adult Autism Strategy (2015)

The guidance focuses on the areas that section two of the Autism Act 2009 (which concerns the guidance issued by the Secretary of State) requires to be addressed, in each case identifying what Local Authorities, Foundation Trusts and NHS bodies are already under a duty to do under legislation, what they are expected to do under other existing guidance, and what they should do under this guidance. Each year Local Authorities are asked to complete a self-assessment framework showing progress towards implementation.

This can be found at:

https://autism-connect.org.uk/users/myarea

Building the right Support (2015)

Sets out a national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition.

4. Local Policy Context

KCC Select Committee Report - Autistic Spectrum Disorder (2009)

This report made 15 recommendations. Key recommendations included setting up a specialist autism service and ensuring person-centred planning and greater use of direct payments by people with autism.

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Other recommendations included:

- A Joint Strategic Needs Assessment for adults in Kent to establish the most effective way of conducting a county-wide study investigating the prevalence and incidence of adults with ASD in need of support and not currently receiving service provision
- Finding effective way of determining service user satisfaction for those adults with autism living at home and currently receiving support
- A review of availability of specialist health services including: psychology, psychiatry and speech therapy for people with autism both during transition and into adulthood.

Facing the Challenge: Delivering Better Outcomes (2013), Kent County Council (KCC)

This document sets out KCCs policy response to the financial challenge they face over the medium term, as income reduces due to reductions in Government funding, but spending demands from demographic and other uncontrollable pressures continue to increase. It places the customer at the heart of service delivery and aims to shape services around people and place, including around stages and ages of life.

KCC Commissioning Framework, (2014)

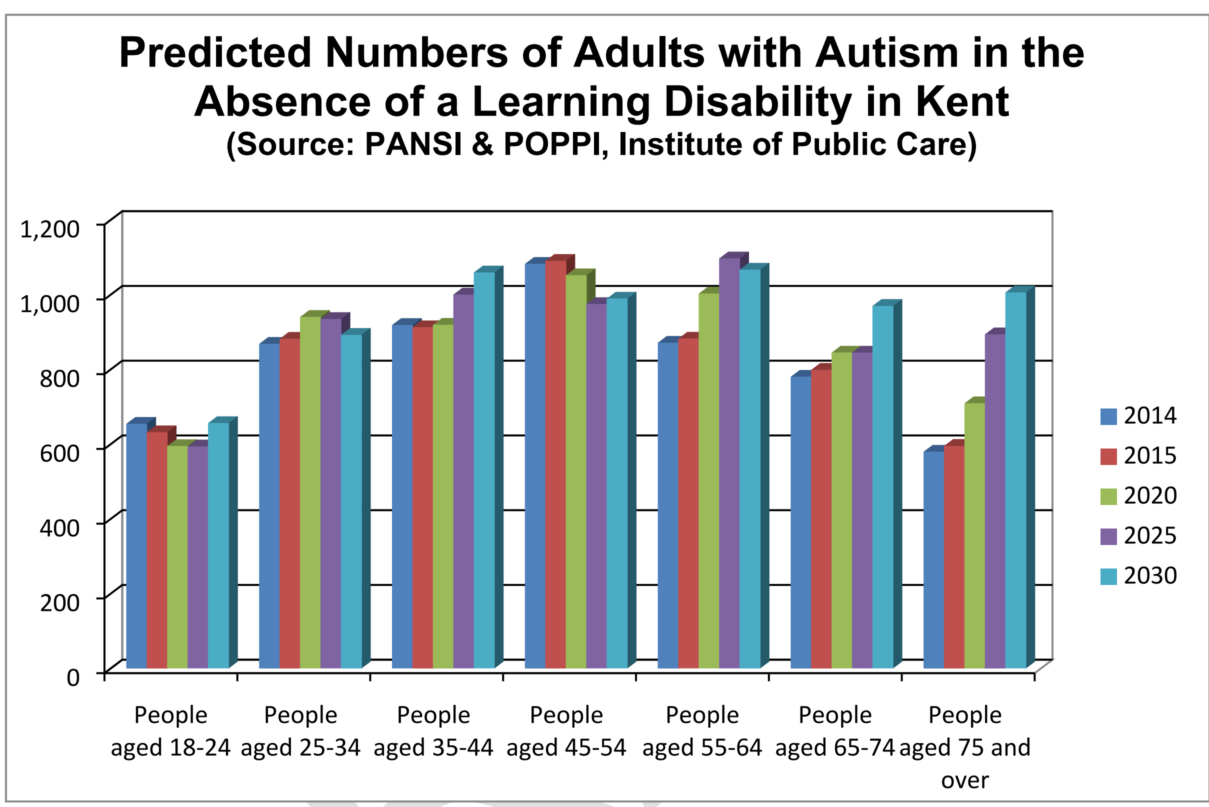
This Framework sets out the principles by which KCC will commission in the future as it works towards becoming a commissioning authority focussing on outcome based commissioning. These principles include putting customers at the heart of commissioning, building community capacity and developing resilient local communities.

5. The Challenge – Prevalence and Needs

It is thought that the overall prevalence of adults with autism nationally is 1.1% of the population[1]. With the Kent adult population (16 to 90+ years old) at the time of writing estimated at 1,221,000 then this would include approximately 13,431 people with autism. Current estimates suggest over half these will have a co-occurring learning disability and approximately 6,700 will have autism in the absence of a learning disability.

The Institute of Public Care produce projections for all adults and older people with autism until 2030. Assuming the number of people with autism in the absence of a learning disability is roughly half the total number, the numbers of adults with autism in the absence of a learning disability will rise overall by 15.4%:

[1](Brugha T, et. al. 2012)



Gender

Autism diagnosis rates are higher in males compared to females. The figure most often quoted is around 4:1.However an accurate estimate of the exact ratio is not available and estimates differ depending on whether people also have a learning disability. In addition autism spectrum disorders are under-diagnosed in females, and therefore the male to female ratio may be closer than is currently quoted.

Co-morbidities

As noted earlier, autism rarely occurs in isolation and is frequently associated with other conditions such as ADHD, epilepsy, dyslexia and mental health issues. Research by Baron-Cohen has estimated that almost 60% of people have a co-morbid condition. According to the National Autistic Society:

- 70% of people with autism have one co-existing condition and 50 % have two
- 70% have a learning difficulty, 50% have a learning disability

- 65% of people with Asperger's Syndrome have a psychiatric condition
- 84% of those with a Pervasive Developmental Disorder diagnosis have anxiety
- 30% have ADHD
- 10% have Obsessive Compulsive Disorder
- 25% have epilepsy.

In addition there are often other health issues including sleep problems which can exacerbate the difficulties faced by people with autism and which often go unrecognised or simply be attributed to the autism.

Finally, people with autism are sometimes seen to display challenging behaviour, which can be difficult for those who support them and which can significantly impact on their quality of life and that of their family and/or carers.

Challenges facing many people with autism

- Being socially excluded due to the difficulty with social communication and maintaining relationships
- Difficulty in securing and /or maintaining employment
- Inconsistency in the response of services with people's needs 'falling between' services as autism does not always fit into traditional service silos such as mental health, physical disabilities and learning disabilities
- Risk of homelessness
- Risk of all forms of exploitation
- Being involved in the criminal justice system which does not understand their needs
- Increased physical health problems due to difficulties in engaging with health services or sensory sensitivities interfering with personal care.

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The condition and needs of more 'able' (higher functioning) adults with autism can often go unrecognised or misdiagnosed, leading to people being directed into inappropriate services and resulting in very poor outcomes for individuals. Adults with autism can live fulfilling and rewarding lives, but their autism and society's

response to them can present them with significant challenges at different times in their life.

6. The Collective Vision

We fully endorse the priority areas and vision for people with autism set out in the National Strategy for Adults with Autism in England and Wales.

"All adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them"

(Fulfilling and Rewarding Lives, 2010).

We want people to be accepted in their communities, to be able to access the right support, at the right time and to be able to be able to develop their full potential.

'Think Autism' (2015) contains fifteen 'I' statements grouped around three themes:

- Being an equal part of my local community
- Having the right support at the right time during my lifetime and
- Developing my skills and independence and working to the best of my ability.

This strategy and its accompanying action plan sets out how we will ensure these 'I' statements are being addressed in Kent.

At the core of this strategy is the desire to create an autism friendly society in its widest sense. We support the use of the National Autistic Society SPELL framework which comprises five core elements to be addressed to ensure autism friendly environments (see appendix one which contains a summary of the SPELL framework as developed by the NAS). SPELL stands for Structure, Positive (approaches and expectations), Empathy, Low arousal, Links.

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Core Principles Underpinning the Autism Strategy

- All adults with autism are treated equally and fairly and not discriminated against on the grounds of their condition, sexual orientation, gender identity, race, colour or religion
- Adults with autism are able to live their lives free from the risk of discrimination, hate crime and abuse
- People with autism have equal access to mainstream health and social care with reasonable adjustments made to achieve this
- The awareness of the condition and how to create autism friendly environments and provide autism friendly support is promoted and provided to all – encouraging communities to be "autism friendly"
- People with autism and their carers have the opportunity to express their views and opinions during the development of relevant services, guidance and policies and there is ongoing engagement
- A preventative approach underpins service development
- Services are flexible, based on individual needs and maximise choice and control for the person with autism and their families, carers.

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7. Leadership, Planning and Commissioning

Statutory guidance stresses the need for local authorities and NHS organisations to work together strategically to address the needs of people with autism. In Kent we have made some significant progress towards achieving this but we are committed to doing more.

We have identified a senior manager in Kent County Council to lead the commissioning of care and support services for adults with autism in Kent, known as the Autism lead.

We have established an Autism Collaborative which acts as an autism partnership board bringing together different organisations, services and stakeholders. The Autism Collaborative has developed this strategy and will evolve into an Autism Action Alliance to take the strategy forward.

In line with Best Practice the Autism Collaborative membership needs to be further extended to include people with autism and families and carers and key individuals from housing, employment and criminal justice.

An Autism Joint Needs Assessment has been developed which will be incorporated within the Kent Joint Strategic Needs Assessment. Some difficulty has been experienced in collating local data on autism and in future we need to improve our systems for data recording and monitoring. Statutory guidance also emphasises the importance of considering the needs of historically neglected (older people with autism) or hard to reach groups (black and minority ethnic groups).

A steering group made up of representatives from all Kent NHS CCGs and Kent County Council have been working together to develop an all age neuro developmental pathway for those with autistic spectrum conditions and ADHD. The Steering Group will continue to progress the implementation of the all age pathway.

We are committed to continuing to work collaboratively with our partners and across children's and adult services to help improve outcomes for people with autism. This will include improving opportunities for joint commissioning and supporting the development of services.

We will seek to develop the local market to better meet the needs of people with autism and ensure we adopt a preventative approach which maximises choice and personal control for people with autism and their families and carers.

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Core Strategic Objectives		
	Objectives	**Measures of Success**
1	To work more collaboratively with our partners and across children's and adult services	We have developed services that work more closely together to support people with autism at all stages of their lives
2	To develop systems to routinely collect data on people with autism – numbers and needs	There is reliable local data system in place which informs the JSNA and the planning and commissioning of services
3	To extend the membership of the Autism Collaborative, and to develop the group into an Autism Action Alliance and implement the Action Plan	An Autism Action Alliance is in place and the Action Plan has been delivered

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8. Engagement with People with Autism and their Carers

'I' Statements (Think Autism)
(I statement No.2) • "I want my views and aspirations to be taken into account when decisions are made in my local area. I want to know whether my local area is doing as well as others."
(I statement No.8) • "I want autism to be included in local strategic needs assessments so that person centred local health, care and support services, based on good information about local needs, is available for people with autism."

We are committed to involving people with autism in local decision making and the development of services and we have demonstrated this in a number of ways:

- During the development of the Kent Autism Spectrum Conditions Team carers and parents of people with autism were consulted and individuals with autism were included on the interview panel when the team were recruited

- A survey was carried out to solicit the views of people with autism and their families in the development of the all age Neurodevelopmental Pathway
- The peer support groups of people with autism, “Speaking Up Groups” which have been commissioned by KCC provide feedback quarterly to Commissioners and the specialist team. This feedback is given in written and video formats
- Consultation has been carried out on the annual autism self-assessment return which KCC are required to complete by Public Health England
- To inform the development of this strategy Advocacy for All was commissioned to seek the views of local people with autism on an initial draft document. Two engagement events were held, one in the East (Canterbury) and one in the West (Maidstone) and 45 people attended. A questionnaire was also devised which people could complete who chose not to attend the events.

We have included the views and experiences of the people consulted in the relevant sections of this strategy. A full report on the consultation is available in Appendix Two.

In the future we hope to involve people with autism and their families and carers on the Autism Collaborative and to develop more effective mechanisms for engagement. This Autism Strategy will be subject to a 3 month consultation period and an engagement plan will be developed and implemented to reach out widely to people.

We recognise we can do more to engage with people with autism and will seek to do this on a regular basis when we are designing or developing services.

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Best Practice

The National Autistic Society Guide

The National Autistic Society has produced a guide for public authorities regarding involving people with autism in the planning and development of services and policies (NAS, undated). It acknowledges that:

"There is no single preferred method of involvement for people with autism - it will depend on the preferences of each individual. There is a tendency for public bodies to use meetings as a mechanism for involving people. However, many people with autism find meetings difficult. Some people would be happy to use the telephone, while others may never use the telephone but might frequently use email. It is vital, therefore, to find out the communication preferences of the person in advance of their involvement."

The guide does however give suggestions as to how to meaningfully involve people and how to produce autism friendly documents.

The guide can be found at: http://www.autism.org.uk/~/media/NAS/Documents/Working-with/Social-care/Involving%20people%20with%20autism.ashx

Best Practice

Warwickshire County Council

In 2013 Warwickshire County Council consulted on their draft all age autism strategy using a number of different methodologies, to ensure they made the consultation as open and accessible as possible. Methods included:

- a dedicated Twitter account
- four focus group sessions with a variety of parent/carer groups across the county
- collaboration with the Warwickshire County Council consultation hub
- online and hard copy questionnaires
- a questionnaire designed for children and young people aged 16 and under, containing pictures and images
- a questionnaire for everyone 16 years and over, which was created in consultation with someone with Asperger syndrome.

Engagement

- People with autistic spectrum conditions are frequently excluded from the planning and development of services and policies that affect them; this needs to change
- There is no single preferred method of involvement for people with autism - it will depend on the preferences of each individual.

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Core Strategic Objectives

	Objectives	Measures of Success
4	To ensure people with autism and their families and carers are involved and have their opinions heard	Various mechanisms are in place and used when new policies, strategies and services are being developed and implemented. The views of people and their families are included in the evidence base for strategic decisions
5	To improve the understanding of Commissioners of the experience of people with autism (including the effectiveness of services and the outcomes achieved for individuals) This will include feedback from people with autism and their families and carers	Methods for collecting information on the experience of people with autism exist and this information used by Commissioners to improve the situation of people with autism

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9. Diagnosis, Assessment and Support

‘I’ Statements (Think Autism)
(I statement No. 7) • I want a timely diagnosis from a trained professional. I want relevant information and support throughout the diagnostic process.
(I statement No. 10) • I want to know that my family can get help and support when they need it.
Local People with Autism told us:
• It was the main area of concern and it was the area where the most negative personal experiences were reported • Referrals to the Maudsley (Hospital) work well and their knowledge is excellent. Route to it could be easier though. It is very confusing for GP’s to understand • Adult referral for diagnosis should be a lot quicker and better funded • Adapted cognitive behaviour therapy and sensory integration should be available to adults • Post diagnostic support needs to be improved • The support Kent provided through the Autistic Spectrum Conditions Team is advanced and cutting edge.

Diagnosis and assessment

The statutory guidance makes it very clear that there should be a pathway developed for diagnosis, assessment, care and support for adults with autism in every local area. Also diagnosis of autism should act as a trigger for a needs assessment for the individual and a carer’s assessment for the individual’s family or carers. Guidance recommends the establishment of autism specific multidisciplinary teams; and for assessments to be started within three months of referral. (NICE guidelines, 2012).

At the current time (March 2016) Kent NHS CCGs are commissioning diagnostic assessments from two local organisations and there are significant waiting times.

Those with more complex issues or suspected ADHD co-morbidity are referred to the Maudsley Hospital in London.

A specialist social care service for people with autism is provided by the KCC Autism Spectrum Conditions Team in the Older People and Physical Disability Division. (OPPD). The team work with adults with autism who do not have a learning disability and accepts eligible young people through the transition process during their 17th year.

The team see people who have been newly diagnosed with autism but also accept referrals for individuals with 'strongly suspected' autism from a wide variety of sources. The team do not currently work long term with individuals with autism; those with eligible needs requiring ongoing support are transferred to the generic Area teams.

This team carries out a range of functions including assessment, short term interventions, support planning, personal budgets and information, advice and guidance for individuals with autism and their families/carers. The team also promotes awareness and provides information and advice to other professionals.

The service provided is based on the needs of the individual. Some people only need information and advice, some preventative services such as employment support, whilst others with eligible needs may require a support service.

The team has been piloting a new preventative approach to working with people with autism based on occupational therapy functional assessment and intensive skills training. This is proving very effective and helping people to become more independent.

The team is also evidencing how the provision of specialist assessment from professionals skilled in autism and a preventative approach can reduce crisis situations, improve outcomes for people and reduce the costs of expensive packages of care.

The work of the social care team has been hindered by the lack of access to multidisciplinary assessment and related skilled interventions (psychology, nursing, speech and language therapy), particularly for those with more complex needs.

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The team has also experienced difficulties at times finding appropriate support services with an understanding of autism. We need to ensure that are enough diverse organisations operating in Kent to provide appropriate support for all people with autism.

For those with the greatest need (at the time of writing) there is no integrated specialist autism team in Kent including for example psychologists, speech and language therapists, and nurses who can provide multidisciplinary assessment and related skilled interventions. Access to services such as psychological therapies, forensic services, and positive behaviour support can also be difficult due to services being commissioned for other client groups or due to the limited knowledge and skills of some professionals and organisations in working with people with autism. This is a particular issue for those with an IQ around 70 who could be described as having a 'borderline' learning disability. Some individuals are referred back to the GP for onward referral to the Maudsley Hospital in London.

For those people with autistic spectrum conditions and concurrent acute or severe/enduring mental health problems, their mental health is managed through the appropriate primary or secondary mental health services and joint working takes place with the Kent Autism Spectrum Conditions Team. A new preventative Mental Health Social Work Service is also currently under development and we will ensure this team works closely with the autism team.

People with autism have high rates of co-morbidities. The Kent Autistic Spectrum Conditions team has found that between November 2013 and October 2014 of those who were referred 45% had mental health issues, 25% had ADHD and almost 33% had challenging behaviour.

The needs of some of these individuals can be described as complex and their behaviour can be risky to themselves and others.

Where people show severe challenging behaviour specialist services should provide assessment and treatment in the person's home as much as possible. If specialist challenging behaviour services are required then these should be developed locally and work within a positive behaviour support framework (Mansell, 1993 & 2007, Winterbourne View Report, DH, 2012).

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The Local Authority and NHS CCGs in Kent are working together under the Transforming Care agenda to review current placements in inpatient settings and residential placements far from home and supporting people to move to more suitable places locally.

We are committed to improving our understanding of the needs of people with autism and complex needs or whose behaviour may challenge and to commissioning appropriate community services to meet their needs. We are also committed to community based support for people with autism that enables and empowers them through autism friendly environments and support to experience positive outcomes and thus reduce the demand for specialist challenging behaviour services.

ASC Peer Support Service

At the time the Kent Autistic Spectrum Conditions Team was established it was acknowledged that there was a need for increased community capacity in the voluntary and community sector to support people with autism. In response to this a peer support service was commissioned and is run by Advocacy for All. The aim of the service is to:

- Develop and maintain peer support networks, social contacts and personal relationships
- Support people to live independent and fulfilling lives
- Optimise their physical and emotional wellbeing and manage anxiety associated with their condition.

Advocacy

From 1st April 2016, all advocacy provision for adults in Kent will be managed via a single point of contact called Kent Advocacy. Kent Advocacy will be managed by SEAP (Support, Empower, Advocate and Promote), working in partnership with a range of other providers to deliver both statutory and non-statutory advocacy services in Kent. SEAP are experienced in working with people with autism.

This model of advocacy provision will ensure services are easy to find through a single point of access leading to improved efficiencies and better outcomes for vulnerable people. More importantly, this model will ensure that people are supported based on the need for advocacy, rather than client categorisation, although the partners in the delivery network will have specific qualifications and/ or

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specialisms to ensure people are supported in a way that best meets their needs. The hub will also provide wider social value in the form of leadership on advocacy matters across the voluntary and community sector.

Future developments for diagnosis, assessment and support– the all age Neurodevelopmental Pathway.

The Kent NHS CCGs have established an All Age Neurodevelopmental Pathway Project in response to the high demand for diagnosis, fragmented local services and commissioning gaps. This project has involved Commissioners from all the NHS CCGs, KCC representatives, family members, and other relevant stakeholders.

This project has led to the design of an all age health and social care neurodevelopmental pathway (See Appendix Three) which aims to improve diagnosis, assessment and support services. The pathway recognises the need to develop:

- Multidisciplinary assessment
- Post diagnostic support
- The provision of appropriate skilled interventions such as adapted Cognitive Behaviour Therapy
- A specialist consultancy and training role for mainstream services
- A positive behaviour management service.

At the time of writing the Kent CCGs have different plans to deliver the pathway within their areas; KCC has also committed additional resources to work on improving the pathway for children and adults with autism and aligning services with Health.

We need to maximise opportunities for joint commissioning and the integrated provision of services in the future.

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Best Practice
Bristol Autism Spectrum Service (BASS)
The Bristol Autism Spectrum Service, provided by Avon and Wiltshire Mental Health Partnership NHS Trust is well-recognised across the country as a best practice model for diagnostic and post-diagnostic services. BASS is a multidisciplinary, specialist autism team jointly commissioned between health and social care. The team offer a diagnostic service, a comprehensive package of post diagnostic support including one to one sessions with specialist autism professionals and a range of groups (for example post diagnostic psycho-education, social skills/confidence, problem solving) They also offer supervision and training to professionals in mainstream services.
More information on the Bristol Autism Spectrum Service can be found at: https://www.nice.org.uk/guidance/cg142/resources/the-bristol-autism-spectrum-service-bass2

Best Practice
Hertfordshire University Partnership NHS Foundation Trust Specialist Autism Team
This Hertfordshire NHS Trust has a specialist autism team which also acts as a support network and training provider for mainstream services dealing with people with autism. They additionally provide a good model of support to those referred. An advocate is allocated to each individual and they assist the client from referral through to post-diagnosis support. This helps facilitate and tailor the diagnostic process and ensure that it is adapted to the needs of the client. Advocates also assist after diagnosis with benefits, peer support and employment, as well as providing training in the SPELL framework.

Diagnosis, Assessment and Support
There is a need to improve the response in Kent in the following areas: • Multi-disciplinary diagnosis and assessment for those with suspected autism in the absence of a learning disability, including those with suspected co-existing ADHD • post diagnostic support including related skilled professional interventions • case consultancy to other health and social care teams • support for people with challenging behaviour 4

Core Strategic Objectives		
	Objectives	**Measures of Success**
6	To Address the current waiting list for diagnostic assessments	Health services in Kent are NICE compliant
7	To implement the Neurodevelopmental Pathway to include: • Multidisciplinary diagnosis and assessment including those with complex needs • Post diagnostic support services • Provision of specialist interventions • Positive behaviour management service • Specialist information, advice and training service for mainstream professionals	Pathway approved by all NHS CCGs and relevant KCC departments and all elements of the pathway operational

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11. Facing Life Changes (Transition)

‘I’ Statements (Think Autism)
(I statement No. 11) • I want services and commissioners to understand how my autism affects me differently through my life. I want to be supported through big life changes such as transition from school, getting older or when a person close to me dies.
What Local People with Autism told us:
• There should be more specialist provision for young people in colleges • Transitions need to cover a wide age range. People on the spectrum are emotionally immature and the skills of transitioning are dependent on emotional age. Therefore transitioning skills could be relevant when someone is 40, for example • Much more flexibility is needed around transitioning. Teenagers in education will not, in all likelihood, be following neurotypical developmental patterns. They may not do their GCSE’s until they are 18, for example. It is a learning disability, after all, even if their intellect is unaffected.

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The Children and Families Act (2014) and the Special Educational Needs and Disability Code of Practice: 0 to 25 years (2015) apply equally to those with autism and their families as with other groups. This includes:

- Reviewing Education Health and Care plans annually. From at least Year 9, the annual review must include a consideration of the preparation for adulthood, including employment/higher education, independent living and participation in society. Transition planning must be built into the plan
- Focusing on progress towards the achievement of outcomes in an Education, Health and Care plan; and for those over 18 assessing whether the educational and training outcomes have been achieved

- Publish a “Local Offer” of educational, health, care and training provision available to these children and young people from their areas, including information about preparation for adulthood and independent living.

Under the Care Act (2014) Local Authorities are required to identify young people who are not receiving services but who are likely to have care and support needs as an adult. The Care Act statutory guidance specifically references young people with autism whose needs have largely been met by Education as an example of this.

We recognise that transitions to adulthood can be particularly difficult for young people on the autistic spectrum. The transition from childhood to adulthood can often involves a range of different changes, often all at the same time e.g. from school to college or work, out of the family home to living at university or in their own flat. It might also involve transitions associated with relationships – the ‘loss’ of school friends and the need to make new ones at university.

There is also recognition of the need to ensure that good transition processes are in place from Child and Adolescent Mental Health Services (CAMHS) to adult mental health services. Currently work is taking place to improve the provision of CAMHS services in Kent and this includes consideration of children and young people with autism.

KCC at the time of writing has been working to improve transition for disabled young people and has developed a new lifespan pathway model. (See Appendix Four)

A range of support is available to young people with autism from KCC. However services can appear fragmented and some young people are being seen by the Adult ASC team in crisis situation. it is recognised that more needs to be done to understand the experience of young people with autism and their families and improve services. As part of the all age Neurodevelopmental pathway work particular focus will be given to understanding the current situation for young people in transition.

Transitions throughout life

Transitions do not stop in our early 20s but continue throughout our lives – meeting someone and getting married, having children, changing jobs, bereavement, transition to old age, etc. Times of change can be particularly difficult for people with

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autism and for some additional support may be needed to help them deal with times of uncertainty and crisis.

Best Practice
Autism research – University of York
Research conducted by the University of York looked at the services most valued by young people with autism and particularly those with Asperger's Syndrome and higher functioning autism. These included: • Help with facing and planning for adult life • Specialist, and on-going employment support • Peer support and opportunities to spend time with other with the same diagnosis • Voluntary work placements in settings where autism was understood and accommodated.
Best Practice
Greater Manchester Autism Consortium Transition Project
This consortium undertook research into what was happening for people on the autistic spectrum during the transition from childhood to adulthood in Greater Manchester. The report made three recommendations: • Better access to information for parents • Better information about what adulthood means for young people • Better understanding of needs from services within the community. The project has developed workshop materials for parents and is developing resources to help young adults with autism prepare for adulthood.

Transition

- Transitions can be a key time in the lives of people with autism as change can be problematic
- Education services need to refer young people with autism with care and support needs to adult social care
- The Care Act provides duties for local authorities to assess young people and child carers before they (or the person they care for) turn 18 in order to help them plan for transition to adult care and support (whether or not they have a service as a child)
- As for all other support, support during transitions needs to be autism friendly.

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Core Strategic Objectives		
	Objectives	**Measures of Success**
8	Develop and implement the Neurodevelopmental Pathway ensuring the needs of young people in transition are addressed	The all age Neurodevelopmental Pathway is working for those with autistic spectrum conditions and ADHD in transition
9	Ensure that there is sufficient good quality further education provision to meet the needs of young people across the autistic spectrum as close to the family home as possible	Young people are only receiving further education out of county by choice
10	Ensure a smooth transition from children's to adult services	Young people and their families /carers are satisfied with the transition

12. Training and Further Education

‘I’ Statements (Think Autism)
(I statement No. 14) • I want the same opportunities as everyone else to enhance my skills, to be empowered by services and to be as independent as possible.
Local People with Autism told us:
• There should be more courses relevant to people on the autistic spectrum and apprenticeships for people over 25 • There should be more courses that lead to paid employment with more practical and hands on training.

The Vision for Children and Young People in Kent
Whilst ‘I’ statement 14 can be applied across all support provided, it is particular important when considering educational support. The vision for the education of children and young people in Kent is set out in ‘Working Together Improving Outcomes: Strategy for Children and Young People with Special Educational Needs and Disabilities’ (KCC, 2013).

The vision is for a well-planned continuum of provision from birth to age 25 in Kent that meets the needs of children and young people with SEND[4] and their families. This means integrated services across education, health and social care which work closely with parents and carers and where individual needs are met without unnecessary bureaucracy or delay.

[4]Special Educational Needs and Disability (SEND) Strategy

It also means a strong commitment to early intervention and prevention providing early help in a timely way so that children’s and young people’s needs do not increase. It is expected that every early years provider, mainstream school and post 16 setting makes effective provision for disabled children and those with SEN that they make good progress in their learning and can move on easily to the next stage of their education and later into employment.

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Although the specialist educational support described above is important, in order for young people with autism to be included as much as possible, schools and colleges need to be as autism-friendly as possible. As such, teachers and other staff (including administrative staff, canteen staff and playground supervisors) should have at least basic awareness training of how to support young people with autism. Individual approaches to learning and assessment, creative teaching techniques that take into account different learning styles and environments that are well structured and as low arousal as possible, will enhance learning for those with autism (and very likely for those without autism too).

KCC's Special Educational Needs Service

KCCs Special Educational Needs (SEN) Service was responsible for ensuring the implementation of the Children and Families Act reforms of special educational needs which came into force in September 2014.

The Service commissions 4,000 specialist places in Kent maintained schools and academies, provision for 500 high needs students in further education and independent colleges and 400 independent and non-maintained sector placements. SEN contracts with help with health providers across Kent to ensure children and young people in schools have access to clinical therapies.

The service holds the lead role for delivering Kent's Special Educational Needs and Disability (SEND) Strategy, launched in January 2014. The overarching aims of the strategy are to:

- Improve the educational, health and emotional wellbeing outcomes for children and young people with SEND (including those with autism)
- Ensure KCC delivers statutory change required by the Children and Families Act 2104
- Address gaps in SEN provision; improve quality; encourage a mixed economy of provision.

A 'Local Offer' of educational, health, care and training provision available to children and young people in their areas has been published on Kent.gov. Further information is available through the former Parent Partnership Service which is now known as Information Advice and Support Service Kent (IASK). The role of IASK includes providing information, advice and support to children and young people with SEND

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up to the age of 25, in addition to their parents. IASK has recruited an Independent Supporter for young people.

The SEN Service has ensured there is more secondary provision for pupils with autism and speech and language difficulties and have expanded existing good provision for speech and language to include autism places in primary schools.

Best Practice

Autism Education Trust

There are a number of examples of good practice of inclusion for young people with autism. The Autism Education Trust (http://www.autismeducationtrust.org.uk/) has developed some standards and competencies for those involved in educating young people with autism. There is also guidance for how local authorities can use the tools for teachers.

Education

- Having a diagnosis of autism or Asperger syndrome needn't be a barrier to entering further or higher education
- More work needs to be done to help local authority schools and academies provide better services for people with autistic spectrum conditions so they can develop their skills and have control over their own lives.

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Core Strategic Objectives		
	Objectives	**Measures of Success**
11	To establish a clear transfer process for transition from school to college	Transfer process in place and people with autism, their families and schools report it is clear
12	Establish tracking of people subject to EHCPs above statutory school age to remain alert of those NEET and whose destinations are not known	Tracking mechanism in place
13	Commission outcomes for 0-25 Speech and Language Therapy	By September 2017, therapy services jointly commissioned by KCC and the CCGs will be underpinning good educational outcomes for children and young people with communication and interaction difficulties, developing a skilled workforce to support learning
14	Educational establishments provide autism friendly support and environments and promote positive outcomes	Young people and their families report positive experiences at school or college
15	Fewer young people drop out of college without qualifications	More people leaving college with qualifications

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13. Employment

‘I’ Statements (Think Autism)
(I statement No. 15) • I want support to get a job and support from my employer to help me keep it
Local People with Autism told us:
• When asked for their top three concerns employment was second • Kent Supported Employment is good at working with people with complex needs • There is not enough support for people in work and support services do not have experience in finding work for highly qualified (i.e. post graduate) people on the spectrum • Generally employers do not understand the needs of people with autism and people are vulnerable to bullying in the workplace • Better information about what reasonable adjustments employers should be expected to make is needed.

It is widely recognised that adults with autism are heavily under-represented in employment with the National Autistic Society stating that only 15% of people with autism are in paid employment.

The Autism strategy ‘Fulfilling and Rewarding Lives’ (2010) and
‘Think Autism’ (2015) both include commitments aimed at increasing the number of adults with autism in work through the provision of guidance and training to employers and employment support services and ensuring adults with autism benefit from employment initiatives.

In Kent there are a number of ways people with autism may get help with employment.

There are Disability Employment Advisors at local job centres whose role is help people with disabilities find a job or gain new skills and identify disability friendly employers in the area.

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Work Choice is a voluntary Department for Work and Pensions (DWP) employment programme which helps disabled people with more complex issues find work and stay in a job. It is available to people with substantial and long term conditions and provides support in preparing to get a job, with the recruitment process and longer-term in-work support.

KCC employ a number of individuals on the autistic spectrum and provide apprenticeships to people with autism. Although equalities data is not presented by disability type in June 2014 4.2% of the non-schools based staff classified themselves as disabled.

KCC commission Kent Supported Employment (KSE) to provide supported employment to people with a learning disability, physical disability, sensory disability and autism. They currently report that approximately half their caseload is people with autism. They work with individuals and potential employers to help them prepare for, find and maintain employment.

Kent Supported Employment is currently working with East Kent Further Education College and Queen Elizabeth and Queen Mary hospital to provide 12 week internships at the hospital. They are also working with four special schools in Kent to develop a similar scheme with local hotels.

There are other organisations in the community, voluntary and social enterprise sector in Kent that offer employment support to people with autism, such as the National Autistic Society and the Shaw Trust.

Whilst paid employment is very important, when people are not employed then it is important that they are supported to have meaningful occupation in other ways, for example, through: education (at college or at home), voluntary work, community activities including sport and leisure, household activities, hobbies etc. People may need help to identify and initially access such opportunities but quite often many of these can be sustained relatively easily over time by the individual themselves.

We also ensure that needs assessments, care plans and transition plans consider employment as an outcome and actively signpost individuals to sources of support.

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We are committed to doing more to improve the employment prospects of local people with autism. There are a number of areas we need to address including:

- Understanding the employment needs of the local population of people with autism
- Understanding the barriers people face and how to overcome these
- Addressing the employment needs of young people leaving children's services
- Considering adjustments to our employment practices to increase the recruitment and retention of people with autism
- Considering developing Apprenticeship schemes and other employment support services
- Widening autism awareness training to employers and Job Centre Plus.

To this end we will invite representatives from Jobcentre Plus and local employers to join the Autism Collaborative and encourage them to attend and play a meaningful role in providing setting a clear steer for improvements in this area.

We will also establish a specific sub group of the Autism Collaborative to consider the areas outlined above and the actions that need to be taken to improve employment for people with autism in Kent.

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Best Practice
Case Study Surrey Employability
Surrey Employability is a partnership project run under the auspices of the Jobcentre Plus, the National Autistic Society, and Employability (Surrey Choices Limited). The project selected adults with autism on the basis of their employment status and determination to find work. Fifteen individuals were chosen and invited to attend an Employability Support Employment training course for two days which provided job seeking methods, CV preparation, confidence building, interview tips and techniques, culminating in a mock interview for a specific job. Some were work ready but some needed to gain confidence and were offered voluntary experience. The aim was for each individual to experience two work placements over the six months of the project. As a result five have found work and a further five have had work experience.

Employment

- Adults with autism are heavily under-represented in employment
- People with autism want to work and have skills and talents that are useful in the workplace
- People working with adults with autism should start from a position of a ‘presumption of employability’
- Other forms of meaningful occupation should also be valued and supported.

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Core Strategic Objectives

	Objectives	Measures of Success
16	To provide a range of support to people with autism to increase the numbers of people with autism who are in employment – paid or voluntary	Increased numbers of people with autism in employment

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14. Housing, Care and Support

'I' Statements (Think Autism)
(I statement No. 3) • I want to know how to connect with other people. I want to be able to find local autism peer groups, family groups and low level support
(I statement No. 5) • I want to be safe in my community and free from the risk of discrimination, hate crime and abuse
(I statement No. 12) • I want people to recognise my autism and adapt the support they give me if I have additional needs such as a mental health problem, a learning disability or if I sometimes communicate through behaviours which others may find challenging.
(I statement No. 14) *I want the same opportunities as everyone else to enhance my skills, to be empowered by services and to be as independent as possible.*
Local People with Autism told us:
• We want the same opportunities as other vulnerable groups to appropriate housing and housing authorities should listen to what we need • There should different ways to access housing rather than having to go through the bidding system.

Housing and Support for Independent Living

Local authorities have a statutory responsibility to consider the accommodation needs of people they are providing care and support to.

The Kent Social Care Accommodation Strategy – Better Homes: Greater Choice - specifically references people with autism. It acknowledges the key actions and

recommendations in the national autism strategy in regard to accommodation which are:

- Individuals are living in accommodation that meets their needs
- Improved access to the services and support people need to live independently within the community.

A range of accommodation options should be available in Kent for people with autism, based on their individual needs.

A range of options are also needed to provide support to people with autism requiring help to live independently, for example family or community networks, Personal Assistants, voluntary organisations, commercial providers, Supporting People (housing related) support services. As recommended in the Living in Fear project conducted in Kent and Medway, consideration of the support people need to live independently, should take into account their experiences of and vulnerability to hate crime and victimisation (Beadle-Brown, J. et. al., 2014).

There are other voluntary organisations that are not commissioned providing autism specific support across the county such as the Kent Autistic Trust, the National Autistic Society, Hendricks Associates and Ashford ASD. These organisations provide a range of services: advice and support, day services, parent and carer support, residential care, education, counselling and leisure facilities.

There are in addition, a number of commissioned and non-commissioned organisations that provide services that can be accessed by adults with autism, but which are not autism specific. Some of these services need to be improved by having greater awareness and understanding of autism to better meet the needs of this client group.

In Kent, commissioners have been working hard across health and social care to ensure that people living in hospitals and in specialist placements outside the county including those with autism can be accommodated safely in the community with appropriate support.

The Transforming Care Programme sets out suggested ways for improving the quality of care for people with learning disabilities and or autism. It suggests Local Authorities and NHS bodies and NHS Foundation Trusts Work together to put in

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place a locally agreed joint plan to ensure high-quality care and support services for all people with challenging behaviour.

We are committed to improving our understanding of the accommodation and support needs of people with autism and ensuring the availability of appropriate housing and support services.

Care and Support – Adult Social Care

The vision for Adult Social Care which is in development, sets out a number of objectives presented in the context of promoting wellbeing; promoting independence; supporting and maintaining independence. In summary, these are:

Promoting Wellbeing

These services aim to prevent, delay or avoid people entering into formal social care or health systems, by enabling people to manage their own health and wellbeing. Wellbeing services are universal, based in local communities and utilise local resources. They address the issues that lead to people entering into formal care systems, such as social isolation, falls and carer breakdown. Access to good quality information and advice will be the cornerstone of our wellbeing offer, enabling people to identify and access the support that they want in order to keep living fulfilled lives.

Accessible information should be available for autistic adults about how they can access information about preventative services. These services should be autism friendly in line with this Strategy.

Promoting Independence

These services also aim to prevent or delay people entering into formal care systems by providing short-term support that provides the best long-term outcome for an individual. For some people, these consist of short term interventions that enable people to recover from episodes of ill health or injury and to return to their previous level of health. For other people, especially those with a long term condition or a disability, these may be fixed term services that provide training and skills development that maximises independence and enables people to live as independently of formal care systems as possible. This is the level of Intervention where OT based enablement service, CBT, Positive Behavioural Support etc. is needed.

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Supporting and Maintaining Independence

Some people will need ongoing support to remain living in their own homes and communities. These services aim to maintain individual wellbeing and self-sufficiency, keep people safe and enable people to live and be treated with dignity, enabling people to live in their own homes, stay connected to their communities and avoid unnecessary admissions to hospitals or care homes.

People with autism should be able to access any of these levels of support depending on their needs.

For those with more intense support needs, achieving these outcomes requires those who provide support to have specific skills in enabling and empowering people to participate in all areas of life and in any decisions about their life. Those providing support need to be able to work with people with autism in an enabling and empowering way such as within the SPELL framework and "Active Support".

Best Practice
Active Support
Research over almost fifty years has shown that living in an ordinary home dispersed in the community is a necessary but not sufficient condition for better outcomes for people with disabilities. Once in the community, there are primarily two factors that determine the quality of life of people with disabilities (and in particular how involved they are in all aspects of their lives) - the severity of their disability (those who have higher levels of adaptive functioning, tend to experience better outcomes) and whether staff provide them with facilitative help to be engaged in meaningful activities and relationships. Mansell and Beadle-Brown (2012) describe this approach as "an enabling relationship", the aim of which is to improve people's quality of life and in particular to enable them to develop their skills and independence, to experience real choice and control over all aspects of their lives and to become a valued member of their community, irrespective of the severity of disability or the presence of addition issues or difficulties (such as autism or challenging behaviour). Although Active Support was originally designed to support those with severe learning disabilities as they moved from institutions into the community, the principles can be applied in many other situations. Recent research

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(Beadle-Brown et. al., 2015) has also shown that active support is important for those with autism and when active support is in place, other elements of good support such as good support for communication, autism friendly practices and positive behaviour support are easier to implement. Active support is closely connected with Positive Behaviour Support and has been shown to result in the reduction in challenging behaviour as well as positive quality of life outcomes. However, research has also shown that less than 1/3 of people using services for people with learning disabilities receive consistently good active support – this is true for single person services as well as for larger residential services and for autism specific services as well as more generic learning disability services.
United Response has been implementing active support for many years (being one of the first organisations to do so at a whole organisational level). Their website is a useful resource on active support (http://www.unitedresponse.org.uk/active-support) and includes materials on the relationships between Active Support and Positive Behaviour Support. (http://www.unitedresponse.org.uk/transforming-care).

Housing, care and support

- Historically the housing care and support needs of people with autism have often been met through placement in accommodation designated for clients with a learning disability or mental health needs
- The needs of those with autism in relation to housing and support must be better understood
- Attention must be paid to this in developing local services for those with autism That are autism friendly, enabling and empowering in order to reduce the likelihood of challenging behaviour developing to reduce the need for specialist out of county placements.

Consideration needs to be given to workforce development and leadership – whether supporting people in their own home or in community-based accommodation and support services to ensure appropriate care, support and housing for people with autism.8

Core Strategic Objectives		
	Objectives	**Measures of Success**
18	Undertake a housing needs assessment of people with autism	Housing needs report produced
19	Develop a diverse housing market that provides various levels of skilled support	There are housing options available to all people with autism
20	Work with the market to develop a range of housing related support services	All are able to access appropriate housing related support
21	Ensure social care, health and educational support services provide skilled, effective, autism friendly support, using an enabling and empowering approach	Reduction in the number of people with autism being placed out of area and in particular being sent to specialist challenging behaviour settings; reduced placement breakdown; reduction in number of people accessing mental health services; people report better experiences of social care, health and educational support
22	Develop specialist services that can provide assessment and treatment, ideally within individuals' current home or, where necessary, in small local specialist units implementing positive behaviour support and the SPELL framework	Fewer admissions to acute services. Reduction in number of out of area placements for people with autism who show behaviour that challenges. People return to their home or find a new one within six months of admission to specialist assessment and treatment services

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15. Workforce Development

‘I’ Statements (Think Autism)
(I statement No. 9) • I want staff in health and social care services to understand that I have autism and how this affects me
(I statement No. 4) • I want the everyday services that I come into contact with to know how to make reasonable adjustments to include me and accept me as I am. I want the staff who work in them to be aware and accepting of autism
(I statement No. 6) • I want to be seen as me and for my gender, sexual orientation and race to be taken into account.
Local People with Autism told us:
• There is a lack of understanding of the condition amongst many professionals • When asked for the top three concerns from all the key areas in the strategy the third most important was workforce development; 25% agreeing that training for employees who worked in public services was very much needed • As the condition is an invisible disability people often perceive people’s behaviour in a negative way • Some staff assume all autistic people are the same • When planning buildings etc. the needs of people with autism should be taken into account to produce ‘autism friendly’ environments.

The strategy and statutory guidance emphasise the critical importance of staff training; providing effective training should enable staff to identify, support and respond appropriately to adults with autism.

The statutory guidance (2015) states that Local Authority, NHS bodies and NHS Foundation Trusts should:

- Ensure autism awareness training is included within general equality and diversity training programmes for all staff working in health and care
- Ensure that all autism awareness training enables staff to identify potential signs of autism and understand how to make reasonable adjustments in their behaviour, communication and services
- Ensure that there is a comprehensive range of local autism training that meets National Institute for Health and Care Clinical Excellence (NICE) guidelines
- Ensure those in posts who have a direct impact on and make decisions about the lives of adults with autism (including, for example, psychiatrists, those conducting needs assessments) also have a demonstrable knowledge and skills in a number of areas including communication; how autism may present across the lifespan; common difficulties faced by people with autism; and the impact of autism on personal, social, educational and occupational functioning, and interaction with the social and physical environment
- Involve adults with autism, their families and carers and autism representative groups when commissioning or planning training.

Skills for Care, with Skills for Health and the National Autistic Society, has developed resources to help enhance awareness of autism and improve skills among social care and health workers; primarily the 'Autism skills and knowledge list'. This forms part of a range of on-line training resources available to all public services.

http://www.skillsforcare.org.uk/Skills/Autism/Autism.aspx

A detailed Training Code of Practice was developed and published in 2012 by the National Autistic Society in collaboration with a range of relevant organisations. http://www.autism.org.uk/working-with/training-and-experience.aspx.

Currently KCC provides a basic awareness e-learning module to improve understanding of autism, and the Kent NHS CCGs ensure that all primary and secondary healthcare providers include autism training as part of their ongoing workforce development. The Royal College of General Practitioners (RCGP) also

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has autism as a clinical priority for 2014-17, which should lead to improved awareness among GPs.

We recognise that there is a need to improve training on autism across the health and social care system. All those in health and social care settings should have at least a basic awareness of autism and understand how to adapt information in order to ensure good communication, understanding and engagement and understand how to make reasonable adjustments to environments.

We need to ensure that autism training is identified as a priority within local workforce development plans across relevant agencies and providers. These training plans need to identify priority staff groups for training and consider the training requirements for particular roles.

We will promote the provision and take up of autism training and awareness among other organisations, agencies and providers. We will encourage commissioners of training to ensure it is consistent with the SPELL framework. This includes engaging with commissioners to ensure provider agencies are appropriately trained.

We recognise that we need to involve people with autism, their families and carers in the design and delivery of training.

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Best Practice
Surrey's Autism Champions
Surrey has brought together staff from health, social care, education, voluntary and private services onto a training scheme to develop Autism Champions. The staff involved perform a wide variety of roles in different settings. They receive autism training based on the National Autistic Society's SPELL framework which they are expected to cascade down to colleagues. Each champion is given a mentor who supports them with their ongoing learning and who they can contact for advice and guidance. Staff are expected to incorporate their learning into direct work with people with autism and in making reasonable adjustments to local services. The scheme has been evaluated by the Tizard Centre, University of Kent and found to be very effective in raising knowledge and understanding and improving attitudes and practice.

Best Practice
Autism awareness training in Jersey
On the Island of Jersey, all staff in social service departments, as well as in the police, in youth groups and in most schools have been given at least basic autism awareness training, including awareness of the SPELL framework.

Workforce development

- Training should be provided by, involve or at the very least have been developed with people with autism
- Training in basic awareness of autism is essential for all public service workers
- More in depth training is required for staff involved in the direct assessment, support and reviewing of those with autism and their families and carers.

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Core Strategic Objectives

	Objectives	Measures of Success
23	Ensure a range of levels training of training in autism is identified as a priority within local workforce development plans across relevant agencies and providers	Training needs identified in plans and staff of relevant agencies have increased knowledge and skills and are trained to an appropriate level
24	Work with other organisations and agencies, including those in educational settings, the criminal justice system, employment support services, and the voluntary sector, to promote the provision and take-up of autism awareness training among their staff training among their staff	All organisations have awareness training available to staff

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16. The Criminal Justice System

'I' Statements (Think Autism)
(I statement No. 13) • If I break the law, I want the criminal justice system to think about autism and to know how to work well with other services.
Local People with Autism told us:
• People with autism have problems accessing understandable legal advice • Police should have training in understanding the difficulties people with autism have • The autism alert card sometimes helps • People with difficulties should be better accommodated e.g. not left alone in a room too long, especially without adequate explanation • There is a need for a list of autism friendly solicitors.

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The National Autistic Society states on its website that a number of people with autism spectrum disorders (ASDs) are involved in the Criminal Justice System (CJS) as victims, witnesses or offenders.

There is no evidence of an association between ASD and criminal offending. In fact, due to the rigid way many people with ASD keep to rules and regulations, they are usually more law-abiding than the general population. The National Autistic Society states on its website that people with an ASD are more at risk as victims of crime rather than as offenders.

As the statutory guidance states when people with autism come into contact with the criminal justice system it is often up to them, or their carer, to explain what having autism means. In some cases, it can positively change the way that police or courts view a situation.

Autism understanding and awareness is key to ensure that people are identified and diverted to the most appropriate support. However in Kent there is no consistent training available to the criminal justice system; some training has been provided to

the police by various organisations including the local Autistic Spectrum Conditions Team.

A review of the all the referrals to the Autistic Spectrum Conditions Team since its inception, conducted in April 2015, showed that over 10% (49 0f 450) of all people referred were involved with or 'were on the edges' of being involved with criminal justice as perpetrators. Just under half of these people had been charged or convicted of a violent, sexual or drugs related offence. There is a need to improve access to appropriate preventive services for people with autism to prevent them being drawn into the criminal justice system.

Adults with autism in prison are now entitled to an assessment of needs and support from Local Authorities; the Kent ASC team has begun carrying out assessments in local prisons and commenced some training of prison staff.

We are committed to working with the Criminal Justice System (CJS) in Kent to improve their awareness and understanding of autism. We will extend the membership of the Collaborative to include key representatives and explore ways we can work together to improve the experience of adults within the CJS.

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Best Practice
The National Autistic Society's Criminal Justice Guide (2011)
The National Autistic Society has produced a guide for criminal justice professionals (2005). It aims to assist all professionals working in the criminal justice system (CJS) who may come into contact with someone who has autism, particularly police officers, solicitors, barristers, magistrates, justices of the peace, the judiciary and the courts. It is based on the experiences of people with autism and those who work with people on the autism spectrum. It explains why people with autism may become involved with the criminal justice system e.g. people with autism being duped into acting as unwitting accomplices in theft and robbery. It gives practical guidance for professionals for example in communicating with people with autism and how to adjust environments.

Best Practice

The National Autistic Society Autism alert cards

The National Autistic Society has produced Autism alert cards which can be carried by a person who has autism and used in situations where communication may be difficult. The alert card, developed in consultation with adults who have autism is designed to tell people about the condition and asks others to show respect and tolerance.

Best Practice

The Bedfordshire Think Autism Partnership Board and the Bedfordshire Criminal Justice System

The Criminal Justice System is well represented at the Think Autism Partnership Board meetings. Two developmental workshops have been held to consider how the CJS will contribute to the local strategy and as a result 'critical points' have been identified for autism screening, information sharing and autism training across the CJS. The CJS are now incorporating autism friendly ways of working, including training frontline staff in AQ10 testing.

The Criminal Justice System

The National Autistic Society's position statement on the criminal justice system states:

- Some people with autism may be more vulnerable to criminal acts against them because of their social difficulties and they may be taken advantage of by unscrupulous individuals or become unwitting accomplices to criminal activity
- Once a person with autism is in the criminal justice system, the nature of their difficulties may not be recognised or may be misunderstood. In these circumstances it is possible for miscarriages of justice to occur
- Additionally there is a need for adapted community treatment programmes for people with autism who have offended

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Core Strategic Objectives		
	Objectives	**Measures of Success**
25	To improve the experience of people with autism within the Criminal Justice System	People are treated equitably in the Criminal Justice System
26	To set up a task and finish group to identify gaps and issues for people with autism in the Criminal Justice System	Group report back to the collaborative with new objectives

17. Carers

‘I’ Statements (Think Autism)
(I statement No. 10) I want to know that my family can get help and support when they need it
What Local People with Autism told us:
• There should be more training and activities available for carers and more financial assistance

A carer is someone who in an unpaid capacity provides care or support to another person. Many people do not class themselves as carers: they are mums and dads, husbands, wives, partners, brothers, sisters, friends and neighbours.

In 2011, 151,777 people, or 10.4% of Kent’s total population, provided unpaid care. This proportion is higher than the regional average of 8.9% and the national average of 10.2%.

Under the Care Act (2014), for the first time, carers are recognised in law in the same way as those they care for. The Act gives local authorities a responsibility to assess a carer’s needs for support, where the carer appears to have such needs.

The Kent Carers Strategy sets out the vision to take forward the plan for carers, and organisations have been commissioned to provide support and services.

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The Joint Strategic Needs Assessment (JSNA) 2013-14 outlines the challenges for carers by client group – older people, learning disability, dementia and mental health but there is no data on the experience of carers of people with autism.

The Autistic Spectrum Conditions Team provide information, advice and support to carers of young people and adults with autism and refers carers onto externally commissioned Carers Organisations for assessment and support. Some carers experience high levels of stress and difficulties dealing with challenging behaviours and families can be referred to the ASC in crisis and at 'breaking point'.

Some families and carers need training and support on how to support the person they are caring for. Equally some family members are very well placed to provide training and support to others.

We will undertake further work to understand the particular needs of carers with autism and of those caring for people with autism.

Core Strategic Objectives		
	Objectives	**Measures of Success**
27	To identify the numbers and needs of carers with autism in Kent and the families and carers of those with autism and provide appropriate services and support in line with requirements of the Care Act	Carers with autism have equal access to support and services as carers without autism
28	Training is available and accessible for families and those who provide support for people with autism in an unpaid capacity	Families are accessing training and reporting it as useful

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18. Autism Friendly' Communities and Conclusions

'I' Statements (Think Autism)
(I statement No. 1) • I want to be accepted as who I am within my local community. I want people and organisations in my community to have opportunities to raise their awareness and acceptance of autism.

Think Autism (2014) states:

"Autism should not be seen as an add on to services or work programmes, and with over 500,000 people on the autism spectrum in England, everyday services will already be seeing or in contact with many people who have autism. By thinking about and engaging with people who have autism more effectively, by making reasonable adjustments or adaptations and by involving them and building their capabilities, there will be better outcomes for them and a better use of public resources".

In Kent we are committed to building community capacity in line with the Government's Think Local Act Personal (TLAP) initiative:

- Building social support networks
- Encouraging membership of groups
- Nurturing an inclusive community
- Enabling everyone to make a contribution (participation and co-production)

Addressing these areas produces better outcomes for individuals and communities, in terms of better physical health, mental health and wellbeing as well as benefits beyond health and social care. There are other benefits include positive effects on crime and community safety, educational attainment, public sector efficiency, income, viability of local services and better neighbourhoods (Wilton, 2012).

One of the keys ways to make some of these things happen is by supporting people with autism to have a role in their local community – through work (paid or voluntary), through taking part in local and through using the same community facilities as others. This requires such facilities and events to be autism friendly.

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Although everyone with autism is an individual, the SPELL framework gives us some relatively simple steps which can make a big difference to helping people with autism be more independent and more included. For example:

- Ensuring clear, unambiguous signposting, in particular for important places like toilets and exits
- Offering quiet waiting places
- Reducing unnecessary noise, smells, or overwhelming visual stimuli (e.g. very bright or flashing lights) in the environment
- Providing written information prior to an appointment.

This should start with public services and other places where people with autism are highly likely to have to visit relatively regularly e.g. GPs and hospital environments, banks, post-offices etc.

The fifteen 'I' statements that have been identified by people with autism, carers, professionals and others who work with people with autism in Think Autism (2014) are grouped into three themes: 1. An equal part of my local community, 2. The right support at the right time during my lifetime and 3. Developing my skills and independence and working to the best of my ability. The vision for this strategy is that if we achieve these core strategic objectives, Kent will be closer to having communities that understand, accept and support people with autism as set out in Think Autism (2014).

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19. Appendix One - SPELL

What is the SPELL framework?

Over many years the NAS schools and services for adults have developed a framework for understanding and responding to the needs of children and adults on the autism spectrum. The framework is also useful in identifying underlying issues, reducing the disabling effects of the condition and providing a cornerstone for communication. It also forms the basis of all autism-specific staff training and an ethical basis for intervention. The acronym for this framework is SPELL. SPELL stands for Structure, Positive (approaches and expectations), Empathy, Low arousal, Links.

SPELL

The SPELL framework recognises the individual and unique needs of each child and adult and emphasises that planning and intervention be organised on this basis. We believe that a number of interlinking themes are known to be of benefit to children and adults on the autism spectrum and that by building on strengths and reducing the disabling effects of the condition progress can be made in personal growth and development, the promotion of opportunity and as full a life as possible. They are:

Structure

The importance of structure has long been recognised. It makes the world a more predictable, accessible and safer place. Structure can aid personal autonomy and independence by reducing dependence (e.g. prompting) on others. The environment and processes are modified to ensure each individual knows what is going to happen and what is expected of them. This can also aid the development of flexibility by reducing dependence on rigid routines. Structure plays to the strengths of a sense of order and preference for visual organisation commonly associated with the autism spectrum.

Positive (approaches and expectations)

It is important that a programme of sensitive but persistent intervention is in place to engage the individual child or adult, minimise regression and discover and develop potential. In this respect it is important that expectations are high but realistic and based on careful assessment. This will include the strengths and individual needs of the person, their level of functioning and an assessment of the support they will need. We must seek to establish and reinforce self-confidence and self-esteem by building on natural strengths, interest and abilities.

It is vital that assessments are made from as wide a perspective as possible and that assumptions are made on the basis of painstaking assessment and not superficial enquiry. These should include a view of the barriers in accessing opportunity. For example, many people on the autism spectrum may have difficulty with oral communication, leading to an underestimation of their ability and potential.

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Conversely some may have a good grasp of speech but this may mask a more serious level of disability.

Additionally, many people with autism may avoid new or potentially aversive experiences but through the medium of structure and positive, sensitive, supportive rehearsal can reduce their level of anxiety, learn to tolerate and accept such experiences and develop new horizons and skills.

Empathy

It is essential to see the world from the standpoint of the child or adult on the autism spectrum. This is a key ingredient in the 'craft' of working with children and adults with autism. We must begin from the position or perspective of the individual and gather insights about how they see and experience their world, knowing what it is that motivates or interests them but importantly what may also frighten, preoccupy or otherwise distress them.

To make every effort to understand, respect and relate to the experience of the person with autism will underpin our attempts to develop communication and reduce anxiety. In this, the quality of the relationship between the person and supporter is of vital importance.

Effective supporters will be endowed with the personal attributes of calmness, predictability and good humour, empathy and an analytical disposition.

Low arousal

The approaches and environment need to be calm and ordered in such a way so as to reduce anxiety and aid concentration. There should be as few distractions as possible. Some individuals may require additional time to process information, especially if this is auditory. They may have additional sensory processing difficulties; they may need extra time to process information or we will need to pay attention to potentially aversive or distracting stimuli, for example noise levels, colour schemes, odours, lighting and clutter. Information is given with clarity in the medium best suited to the individual with care taken not to overload or bombard.

Some individuals may be under responsive to sensory experiences and actually seek additional sensory sensations. Again this is best achieved with an approach where the input can be regulated.

Low arousal should not be confused with "no arousal". It is of course desirable that individuals are exposed to a wide range of experiences but that this is done in a planned and sensitive way. It is recognised that for the most part the individual may benefit most in a setting where sensory and other stimulation can be reduced or controlled. Additionally, supplementary relaxation and arousal reduction therapies, Snoezelen, music and massage, sensory diet etc. may be helpful in promoting calm and general well-being and in reducing anxiety.

Links

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Strong links between the various components of the person's life or therapeutic programme will promote and sustain essential consistency.

Open links and communication between people (e.g. parents and teachers) will provide a holistic approach and reduce the possibility of unhelpful misunderstanding or confusion or the adoption of fragmented, piecemeal approaches.

The person with autism, their parents or advocates are very much seen as partners in the therapeutic process. Links with the mainstream, through curriculum and other experiences, enable the individual to participate in a meaningful way in the life of the wider community.

The SPELL framework can be applied across the autism spectrum, including Asperger syndrome. It provides a context for and is complementary to other approaches, notably TEACCH (Treatment and Education of Autistic and related CommuniCation Handicapped children.)

From the NAS website accessed 29.02.16: http://www.autism.org.uk/spell

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20. Appendix Two

Advocacy for All

bigger voices – better lives

Speaking up Groups in Kent

Consultation on the draft Integrated Strategy for Adults with Autism in Kent

October 2015

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introduction

The **draft strategy for Adults with Autism in Kent** is a key piece of policy development in response to the national Think Autism Strategy. This follows on from the **Autism Act (2009),** the first disability specific law designating statutory local government support and for Adults with autism. This group of individuals have received the least provision and support over the last 5 decades.

Kent County Council having set up the Kent Autistic Spectrum Conditions Team in 2014, have started to provide co- ordinated referral for diagnosis, social and employment support for such individuals. Improving service and outcomes for autistic adults is vital to enabling them fulfilling their potential. The strategy lays out the plan for services over the next 5 years.

Our task was to ask members of **Advocacy for All's Peer Support Groups** to give their **opinion** on the draft **strategy** and highlight the **important support needs** that will enable them to lead **valued lives** as part of the community.

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aims of the Kent ASC consultation

- to **ask** members for **feedback** of the draft strategy
- to **find** the **gaps** in support and services
- to find the most **important** areas of the strategy for people
- to **hear recommendations** to **improve** the strategy

how we organised the consultation

We organised 2 consultation events across the county; one each for East Kent and West Kent members.

Members were invited to Maidstone on Saturday 17th October and Friday 23rd October in Canterbury.

Both events were centrally located in each region for ease of travel. Members were able to bring their carers or parents if necessary. 45 people attended the consultation, 39 of which were members.

The challenge of the consultation was to find autism - friendly environments that enabled the sensory needs of our members. We chose light and comfortable spaces that allowed free movement.

We delivered the meetings with the help of members using a powerpoint display and allowed for the discussion of key points of the strategy. People used post-it notes to record their views on what was currently working, what was not working and ideas to improve things in the future for each area.

Members were separated into 3 or 4 small groups and discussed important areas of the document for 20 minutes; notes from this feedback and personal experiences were taken.

After 1 ½ hours of discussion and time given to read the strategy; a specially devised questionnaire was given to attendees to discover their personal perspective.

Members who were unable or chose not to attend the meeting were offered the opportunity to complete the questionnaire and return within the deadline.

68 members received a questionnaire and a total of 39 questionnaires have been completed. Further results will be collated and shared with KCC.

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the questionnaire

A questionnaire was made to gather information about group member's opinion of the draft Integrated Strategy for Adults with Autism in Kent.

The first section is about what is most important for people within the strategy and if there are any gaps that the strategy does not address.

Then there is a section for each area identified in the strategy. Finally people can leave more general comments.

Every member was given the option of attending a consultation in either West or East Kent or filling in a questionnaire.

39 completed questionnaires have been received at the time of writing.

It was recognised that people would need to read the strategy to have an informed view before coming to a consultation meeting or filling in a questionnaire. People who were attending a meeting or filling in a questionnaire were given a copy of the strategy.

the day

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Members were given time to read the strategy and express their opinion of services at different stages.

findings

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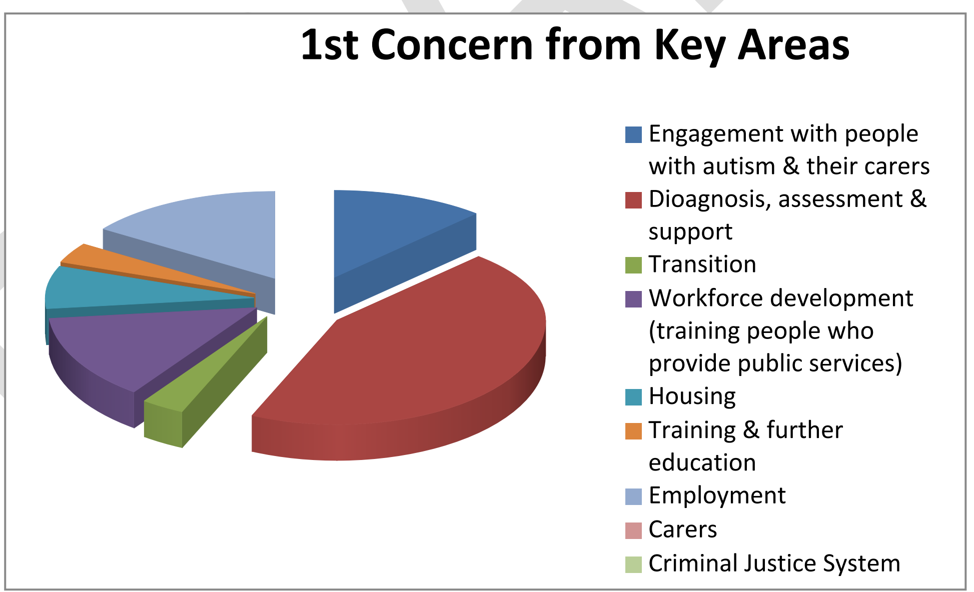
The **findings** from our participants were a **mixed view** of the current services and past experience throughout their lives. There were **recurrent themes** of **long periods waiting** for **diagnosis**, months or years without support and **women** being **misdiagnosed** with **psychiatric conditions** before autism was considered a cause.

The **lack of clear pathway** for diagnosis from GP level to varying social support and pressures of individuals to find employment show that there is someway before adults on the autism spectrum in Kent are given the integrated support best needed to **enhance their wellbeing.**

When asked the top 3 concerns from all key areas of the strategy **diagnosis** was the most important.



This was the area where most **negative personal experience**. Many had waited **at least 18 months** with no support or information during this time.

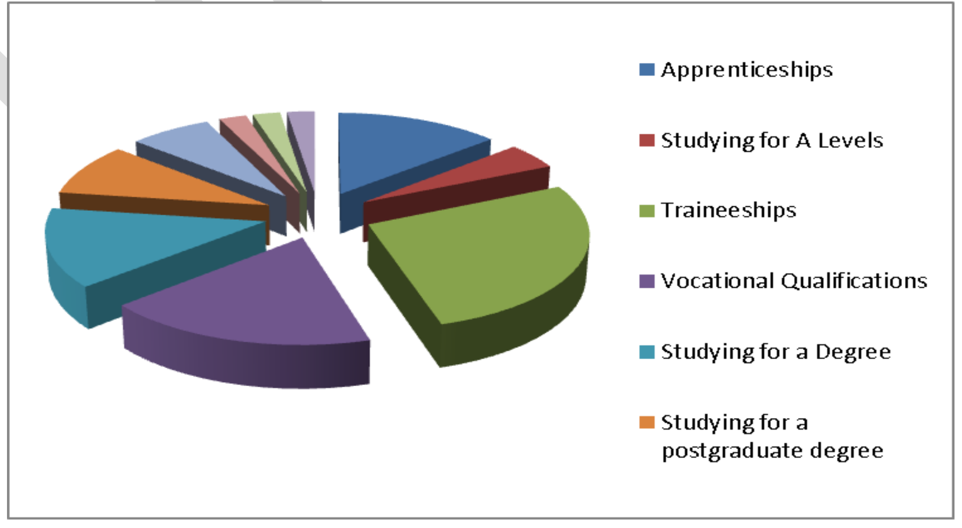
- next came **employment** as the 2nd main concern with members with 25% choosing it. Many were concerned at

their inability to find work and once in work there were issues around their condition that meant that they could not maintain employment. Many had been assessed as fit for work

- the 3rd main area of concern was **Workforce Development** with 25 % agreeing that training for employees that worked in public services was very much needed. It was felt that Council staff did not understand Autism itself and this lead to communication difficulties underestimating people's difficulties

- areas that members felt were missing from the strategy were **social skills training and training for medical personnel** so that Autism could be more recognised. This would minimise psychiatric misdiagnosis and excessive medical intervention

- members felt that structured placements or traineeships would benefit them most and help them **develop** their **unique skill sets**



suggestions for the strategy

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Here are the personal suggestions of members about key service areas.

diagnosis: ideas to improve this area

- support for people who are diagnosed as adults is fledgling and developing, needs a lot more development. Kent is quite advanced in having an ASC team but it needs resourcing. Its work is cutting edge
- psychiatrists and mental health nurses to be trained about autism and Asperger's
- any part of the plan should have 'continuous improvement' mechanism in place
- females are certainly still less widely diagnosed than males these days, what is being done to improve this situation?
- there are, to my mind, not any less females with an autism form diagnosis than males. It just manifests in a different way!
- new diagnostic method needed for women

employment: ideas to improve this area

- information should be supplied to employers about the skills possessed by people on the spectrum
- we need a structured transition plan while at school or university
- need better outlines on what reasonable adjustments employers should be expected to make
- communication agencies and an advice agency.

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- college support and work preparation needed.
- PIP is too complex to navigate and skewed against ASC
- more training for staff
- autistic adults should not have to re-apply if they lose their job
- more willing employers and greater awareness in work environment

workforce development: ideas to improve this area

- consolidated list of services available
- training of hospital & service staff and hubs
- timetable for staff coming in – continuity
- build up positive relationships with medical staff
- shop staff to be aware
- environments: not aware of sensory issues: noise and light
- offering greater work opportunities by tapping into individual

voices

Many members felt that this consultation must **not pay lip service** to their needs but be a real opportunity to tell KCC their experiences. No strategy can be formulated without knowing the common experience of the service user it aims to meet.

Some members felt a representative from Kent could have been present to really hear their perspective.

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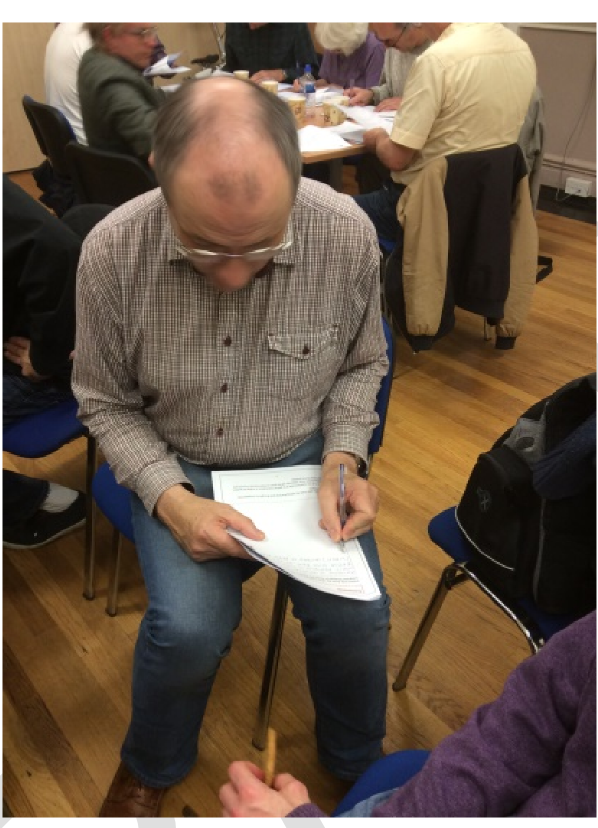
Members are keen to hear feedback on their views and how the strategy will be adapted further to reflect their needs and views of service.



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appendices

bigger voices - better lives

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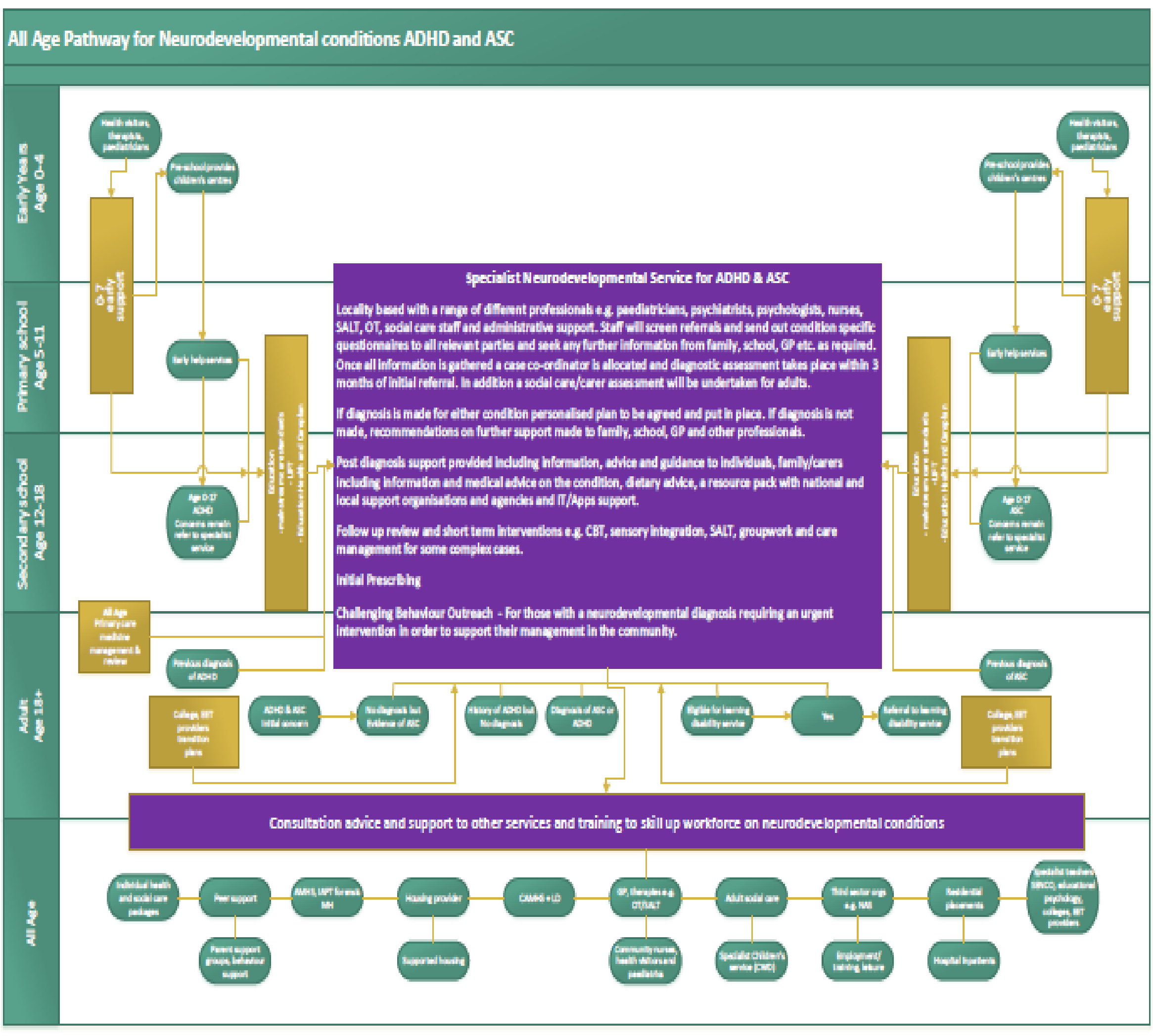
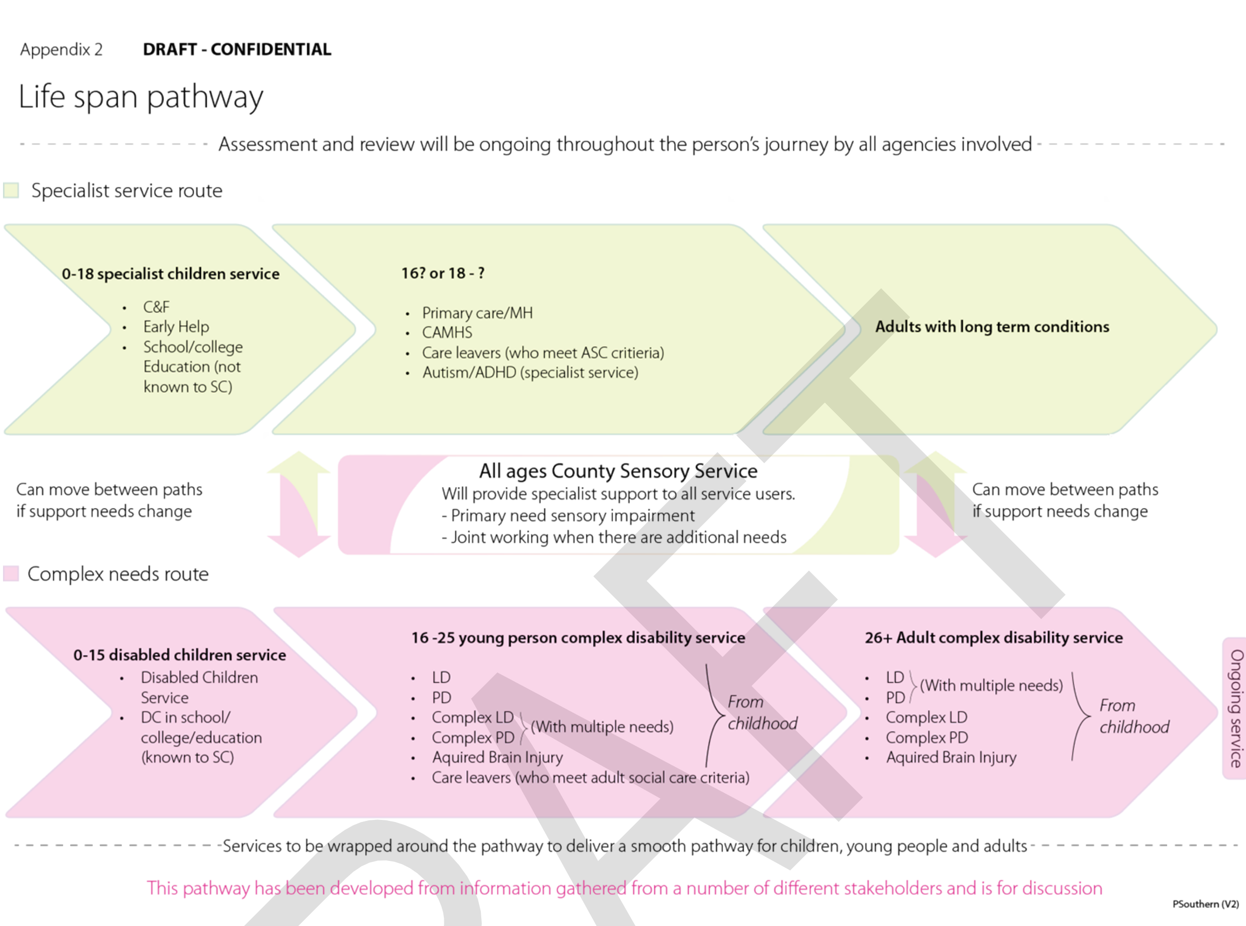
Appendix 1	feedback notes
Appendix 2	questionnaire
Appendix 3	questionnaire results spreadsheet
Appendix 4	photographs

21. Appendix Three



22. Appendix Four



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Strategy for Adults with Autism in Kent

Summary

Why do we need a strategy?

It is a requirement for all Local Authorities to have a strategy for adults with autism as set out in the National Autism Strategy, 'Fulfilling and Rewarding Lives' (2010) and to have a local plan in place. In addition to the statutory and moral responsibility to improve support and care for all people with autism there is also an economic argument for improving the support and care for all people with autism. A study led by the London School of Economics and Political Science estimates that autism costs the UK at least £32 billion per year in treatment, lost earnings, and care and support for children and adults with autism. This is far higher than for other conditions, for example: £12billion for cancer, £8billion for heart disease and £5billion for stroke. They estimated the cost of an autism spectrum disorder throughout a person's lifespan as £0.92 million for those without intellectual disability.

Scope of the Strategy

The strategy primarily addresses the needs of adults with autism who do not have a co-occurring learning disability (including people diagnosed with Asperger's Syndrome) who live within the boundaries or are the responsibility of Kent County Council. Although mainly focusing on those over 18 years old, issues related to young people in transition are also included.

Organisation of the Strategy

The strategy is organised in sections reflecting the national strategy. Each section follows the same format:

- The views of people with autism
- The current situation (as of February 2016)
- Future commitments and priorities,
- Best practice,
- Key messages
- Key strategic objectives.

The views of people with autism are incorporated throughout the document. These include 'I' statements which were identified when engaging with people with autism in developing the national guidance 'Think Autism'.

The Challenge – Prevalence and Needs

It is thought that the overall prevalence of adults with autism nationally is 1.1% of the population1. With the Kent adult population (16 to 90+ years old) at the time of writing estimated at 1,221,000 then this would include approximately 13,431 people with autism. Current estimates suggest over half these will have a co-occurring learning disability and approximately 6,700 will have autism in the absence of a learning disability.

Autism diagnosis rates are higher in males compared to females. The figure most often quoted is around 4:1.However an accurate estimate of the exact ratio is not available and estimates differ depending on whether people also have a learning disability. In addition autism spectrum disorders are under-diagnosed in females, and therefore the male to female ratio may be closer than is currently quoted.

Autism rarely occurs in isolation and is with other conditions such as ADHD, epilepsy, dyslexia and mental health issues. According to the National Autistic Society:

- 70% of people with autism have one co-existing condition and 50 % have two
- 70% have a learning difficulty, 50% have a learning disability
- 65% of people with Asperger's Syndrome have a psychiatric condition
- 84% of those with a Pervasive Developmental Disorder diagnosis have anxiety
- 30% have ADHD
- 10% have Obsessive Compulsive Disorder
- 25% have epilepsy.

People with autism are sometimes seen to display challenging behaviour, which can be difficult for those who support them and which can significantly impact on their quality of life and that of their family and/or carers.

Challenges facing many people with autism:

- Being socially excluded due to the difficulty with social communication and maintaining relationships
- Difficulty in securing and /or maintaining employment
- Inconsistency in the response of services with people's needs 'falling between' services as autism does not always fit into traditional service silos such as mental health, physical disabilities and learning disabilities
- Risk of homelessness

- Risk of all forms of exploitation
- Being involved in the criminal justice system which does not understand their needs
- Increased physical health problems due to difficulties in engaging with health services or sensory sensitivities interfering with personal care.

The Collective Vision

We fully endorse the priority areas and vision for people with autism set out in the National Strategy for Adults with Autism in England and Wales.

“All adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them”

At the core of this strategy is the desire to create an autism friendly society in its widest sense.

Core Principles Underpinning the Autism Strategy

- All adults with autism are treated equally and fairly and not discriminated against on the grounds of their condition, sexual orientation, gender identity, race, colour or religion
- Adults with autism are able to live their lives free from the risk of discrimination, hate crime and abuse
- People with autism have equal access to mainstream health and social care with reasonable adjustments made to achieve this
- The awareness of the condition and how to create autism friendly environments and provide autism friendly support is promoted and provided to all – encouraging communities to be “autism friendly”
- People with autism and their carers have the opportunity to express their views and opinions during the development of relevant services, guidance and policies and there is ongoing engagement
- A preventative approach underpins service development
- Services are flexible, based on individual needs and maximise choice and control for the person with autism and their families, carers

Core Strategic Objectives

Leadership, Planning and Commissioning

1. To work more collaboratively with our partners and across children's and adult services

2. To develop systems to routinely collect data on people with autism – numbers and needs

3. To extend the membership of the Autism Collaborative, and to develop the group into an Autism Action Alliance and implement the Action Plan

Engagement with People with Autism and their Carers

4. To ensure people with autism and their families and carers are involved and have their opinions heard

5. To improve the understanding of Commissioners of the experience of people with autism (including the effectiveness of services and the outcomes achieved for individuals). This will include feedback from people with autism and their families and carers

Diagnosis, Assessment and Support

6. To address the current waiting list for diagnostic assessments

7. To implement the Neurodevelopmental Pathway to include:

    - Multidisciplinary diagnosis and assessment including those with complex needs
    - Post diagnostic support services
    - Provision of specialist interventions
    - Positive behaviour management service
    - Specialist information, advice and training service for mainstream professionals

Facing Life Changes (Transition)

8. Develop and implement the Neurodevelopmental Pathway ensuring the needs of young people in transition are addressed

9. Ensure that there is sufficient good quality further education provision to meet the needs of young people across the autistic spectrum as close to the family home as possible

10. Ensure a smooth transition from children's to adult services

Training and Further Education

11 To establish a clear transfer process for transition from school to college

12 Establish tracking of people subject to EHCPs above statutory school age to remain alert of those NEET and whose destinations are not known

13 Commission outcomes for 0-25 Speech and Language Therapy

14 Educational establishments provide autism friendly support and environments and promote positive outcomes

15 Fewer young people drop out of college without qualifications

Employment

16 To provide a range of support to people with autism to increase the numbers of people with autism who are in employment – paid or voluntary

Housing, Care and Support

18 Undertake a housing needs assessment of people with autism

19 Develop a diverse housing market that provides various levels of skilled support

20 Work with the market to develop a range of housing related support services

21 Ensure social care, health and educational support services provide skilled, effective, autism friendly support, using an enabling and empowering approach

22 Develop specialist services that can provide assessment and treatment, ideally within individuals' current home or, where necessary, in small local specialist units implementing positive behaviour support and the SPELL framework

Workforce Development

23 Ensure a range of levels training of training in autism is identified as a priority within local workforce development plans across relevant agencies and providers

24 Work with other organisations and agencies, including those in educational settings, the criminal justice system, employment support services, and the voluntary sector, to promote the provision and take-up of autism awareness training among their staff training among their staff

The Criminal Justice System

25 To improve the experience of people with autism within the Criminal Justice System

26 To set up a task and finish group to identify gaps and issues for people with autism in the Criminal Justice System

Carers

27 To identify the numbers and needs of carers with autism in Kent and the families and carers of those with autism and provide appropriate services and support in line with requirements of the Care Act

28 Training is available and accessible for families and those who provide support for people with autism in an unpaid capacity

Autism Friendly' Communities and Conclusions

In Kent we are committed to building community capacity in line with the Government's Think Local Act Personal (TLAP) initiative:

- Building social support networks
- Encouraging membership of groups
- Nurturing an inclusive community
- Enabling everyone to make a contribution (participation and co-production)

Addressing these areas produces better outcomes for individuals and communities, in terms of better physical health, mental health and wellbeing as well as benefits beyond health and social care. There are other benefits include positive effects on crime and community safety, educational attainment, public sector efficiency, income, viability of local services and better neighbourhoods.

One of the key ways to make some of these things happen is by supporting people with autism to have a role in their local community – through work (paid or voluntary), through taking part in local and through using the same community facilities as others. This requires such facilities and events to be autism friendly.

The vision for this strategy is that if we achieve the core strategic objectives, Kent will be closer to having communities that understand, accept and support people with autism as set out in Think Autism (2014).

From:	Graham Gibbens, Cabinet Member for Adult Social Care and Public Health Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing
To:	Adult Social Care and Health Cabinet Committee – 6 December 2016
Subject:	**ADULT SOCIAL CARE PERFORMANCE DASHBOARD**
Classification:	Unrestricted
Previous Pathway of Paper:	Social Care, Health and Wellbeing DMT
Future Pathway of Paper:	None
Electoral Division:	All

Summary: The performance dashboard provides Members with progress against targets set for key performance and activity indicators for September 2016 for Adult Social Care.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the Adult Social Care performance dashboard.

1. Introduction

1.1 Appendix 2 Part 4 of the Kent County Council Constitution states that:

"Cabinet Committees shall review the performance of the functions of the Council that fall within the remit of the Cabinet Committee in relation to its policy objectives, performance targets and the customer experience."

1.2 To this end, each Cabinet Committee is receiving a performance dashboard.

2. Performance Report

2.1 The main element of the Performance Report can be found at Appendix A, which is the Adults Social Care dashboard which includes latest available results for the key performance and activity indicators

2.2 The Adult Social Care dashboard is a subset of the detailed monthly performance report that is used at team, DivMT and DMT level. The indicators included are based on key priorities for the Directorate, as outlined in the current business plans and transformation programme, and include operational data that is regularly used within Directorate. The dashboard will evolve for Adults Social Care as the transformation programme is shaped.

2.3 The latest report contains the most up to date indicators with revised targets, based on the delivery of our transformation programme (Phase 1 and Phase 2). This includes ensuring that the interdependencies between services are understood and the targets reflect these. For example, a reduction in nursing care may mean an increase in residential care.

2.3 Cabinet Committees have a role to review the selection of indicators included in dashboards, improving the focus on strategic issues and qualitative outcomes, and this will be a key element for reviewing the dashboard

2.4 A subset of these indicators is also used within the quarterly performance report, which is submitted to Cabinet.

2.5 As an outcome of this report, members may make reports and recommendations to the Leader, Cabinet Members, the Cabinet or officers.

2.6 Performance results are assigned an alert on the following basis:

Green: Current target achieved or exceeded

Red: Performance is below a pre-defined minimum standard

Amber: Performance is below current target but above minimum standard.

3. Recommendations

3.1 Recommendation**:** The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the Adult Social Care performance dashboard.

4. Background Documents

4.1 None

5. Report Author

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Director of Commissioning
03000 415393
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Adult Social Care Dashboard

September 2016

Key to RAG (Red/ Amber/ Green) ratings applied to KPIs	
GREEN	Target has been achieved or exceeded
AMBER	Performance is behind target but within acceptable limits
RED	Performance is significantly behind target and is below an acceptable pre-defined minimum *
↑	Performance has improved relative to targets set
→	Performance has stayed the same
↓	Performance has worsened relative to targets set

* In future, when annual business plan targets are set, we will also publish the minimum acceptable level of performance for each indicator which will cause the KPI to be assessed as red when performance falls below this threshold

Adult Social Care Indicators

The key Adult Social Care indicators are listed in summary form below, with more detail in the following pages. A subset of these indicators feed into the Quarterly Monitoring Report, for Cabinet. This is clearly labelled on the summary and in the detail.

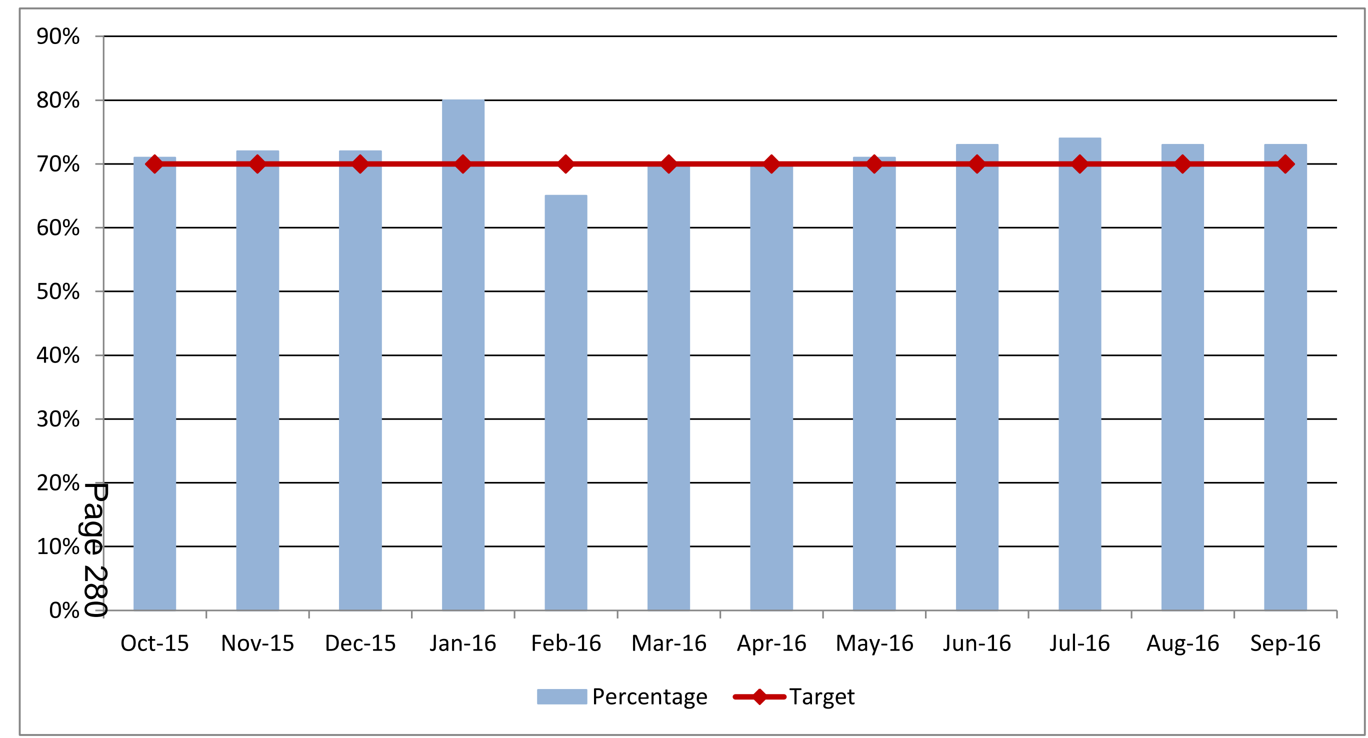
Some indicators are monthly indicators, some are annual, and this is clearly stated.

All information is as at the latest month wherever possible.

Indicator Description		MoS	SCHW SPS	QPR	2015-16 Outturn	Current 2016-17 Target	Current Position	Data Period	RAG	Direction
1)	Percentage of contacts resolved at source (ASC01)	Y	Y	Y	72%	70%	**73%**	Month	GREEN	→
2)	Number of adult social care clients receiving a Telecare service (ASC02)		Y	Y	5,792	6,098	**6,106**	Cumulative	GREEN	↓
3)	Referrals to Enablement (ASC03)	Y	Y	Y	770	868	**757**	Month	RED	↓
4)	Delayed Transfers of Care				26.8% full year effect	30%	**36.2%**	12M	AMBER	↓
5)	Admissions to permanent residential or nursing care for people aged 65+	Y		Y	121	161	**149**	Month	GREEN	↑
6)	Number of people aged 65+ in permanent residential care (AS01)	Y	Y	Y	2,423	2,198	**2,329**	Snapshot	AMBER	↓
7)	Number of people aged 65+ in permanent nursing care (AS02)	Y	Y	Y	1,251	1,070	**1,160**	Snapshot	AMBER	↓
8)	Number of people receiving domiciliary care (AS03)	Y	Y	Y	4,534	4,708	**4,366**	Snapshot	GREEN	↑
9)	Number of people receiving direct payments	Y			2,405	2,247	**2,279**	Snapshot	AMBER	→
10)	Number of people with a learning disability in residential care (AS04)		Y	Y	1,210	1,196	**1,167**	Snapshot	GREEN	↓
11)	Number of people with a learning disability receiving a community service				1,936	1,667	**1,915**	Snapshot	GREEN	↑
12)	Percentage of adults in contact with secondary mental health in settled accommodation				83.5%	75%	**84.2%**	Month	GREEN	↑
13)	Percentage of adults with mental health needs in employment				13.9%	13%	**13.9%**	Month	GREEN	↓

1) Percentage of Contacts resolved at source (ASC01) — GREEN →

Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Older People and Physical Disability



Data Notes

Data Source: Measures of Success - MoS 1

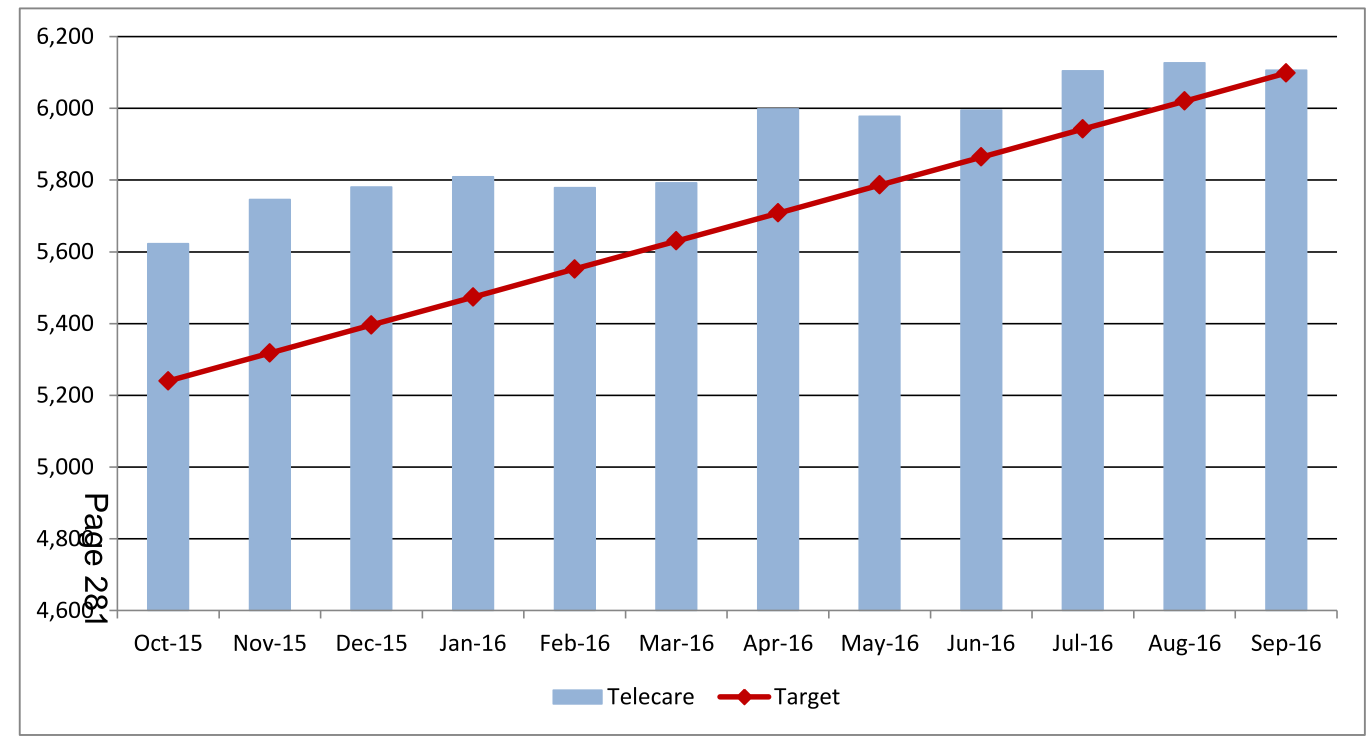
Quarterly Performance Report Indicator

	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Target	**70%**	**70%**	**70%**	**70%**	**70%**	**70%**	**70%**	**70%**	**70%**	**70%**	**70%**	**70%**
Percentage	71%	72%	72%	80%	65%	70%	70%	71%	73%	74%	73%	73%
RAG Rating	GREEN	GREEN	GREEN	GREEN	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary

A key priority for Adult Social Care is to respond to more people's needs at the point of contact, through better information, advice and guidance, or provision of equipment where appropriate. Performance to September has been consistent and on target.

2) Number of adult social care clients receiving a Telecare service (ASC02)			GREEN
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Older People and Physical Disability



Data Notes

Unit of Measure: Snapshot with Telecare as at the end of each month

Data Source: Adult Social Care SWIFT client system

Quarterly Performance Report Indicator

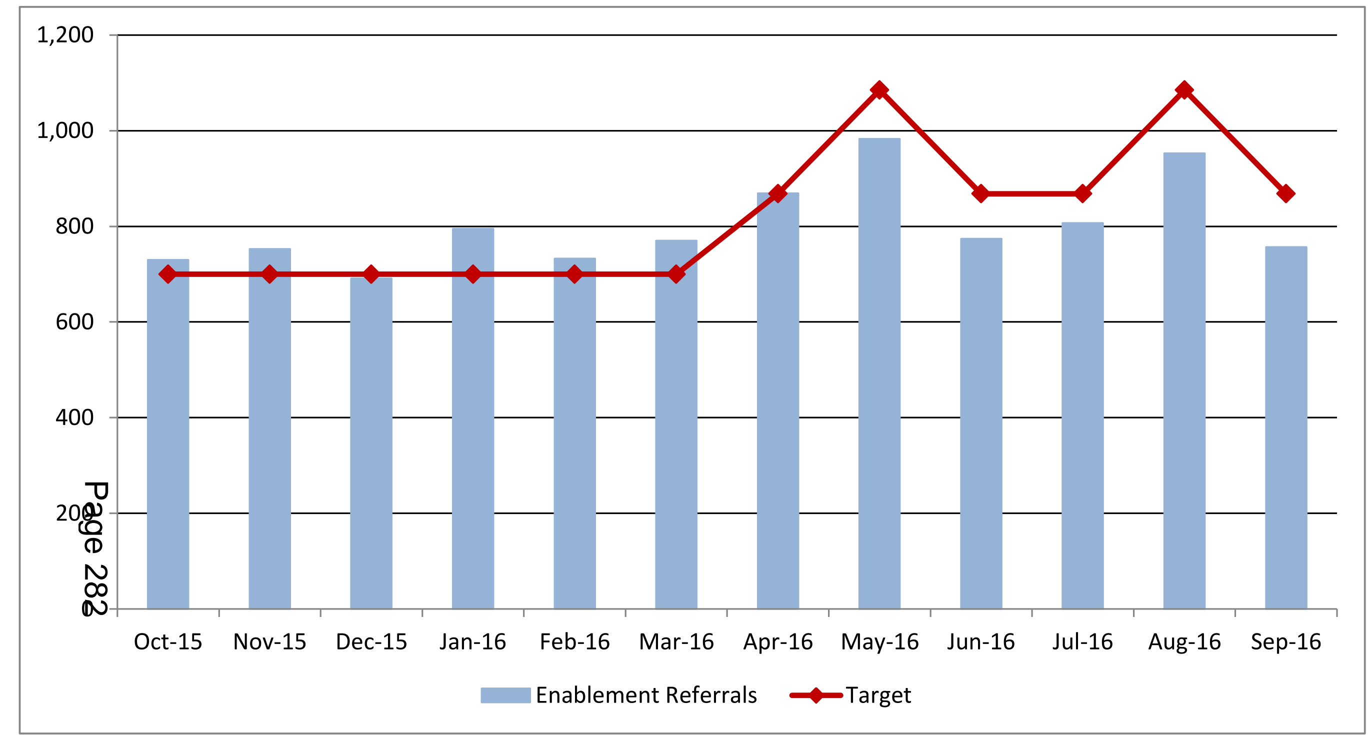
	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Target	**5,240**	**5,318**	**5,396**	**5,474**	**5,552**	**5,630**	**5,708**	**5,786**	**5,864**	**5,942**	**6,020**	**6,098**
Telecare	5,623	5,746	5,781	5,809	5,779	5,792	5,998	5,978	5,995	6,105	6,127	6,106
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary

The number of people in receipt of a Telecare service continues to exceed target. Telecare is being promoted as a key mechanism for supporting people to live independently at home, including within Personal Budgets. The availability of new monitoring devices (for dementia for instance) is expected to increase the usage and benefits of telecare. Awareness training continues to be delivered to staff to ensure we optimise the opportunities for supporting people with more complex and enabling teletechnology solutions.

3) Referrals to Enablement (ASC03) — RED

Cabinet Member	Graham Gibbens	Director	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	Division	Older People and Physical Disability



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Data Notes

Unit of Measure: Number of people who had a referral that led to an Enablement service

Data Source: Measures of Success - MoS 4

Quarterly Performance Report Indicator

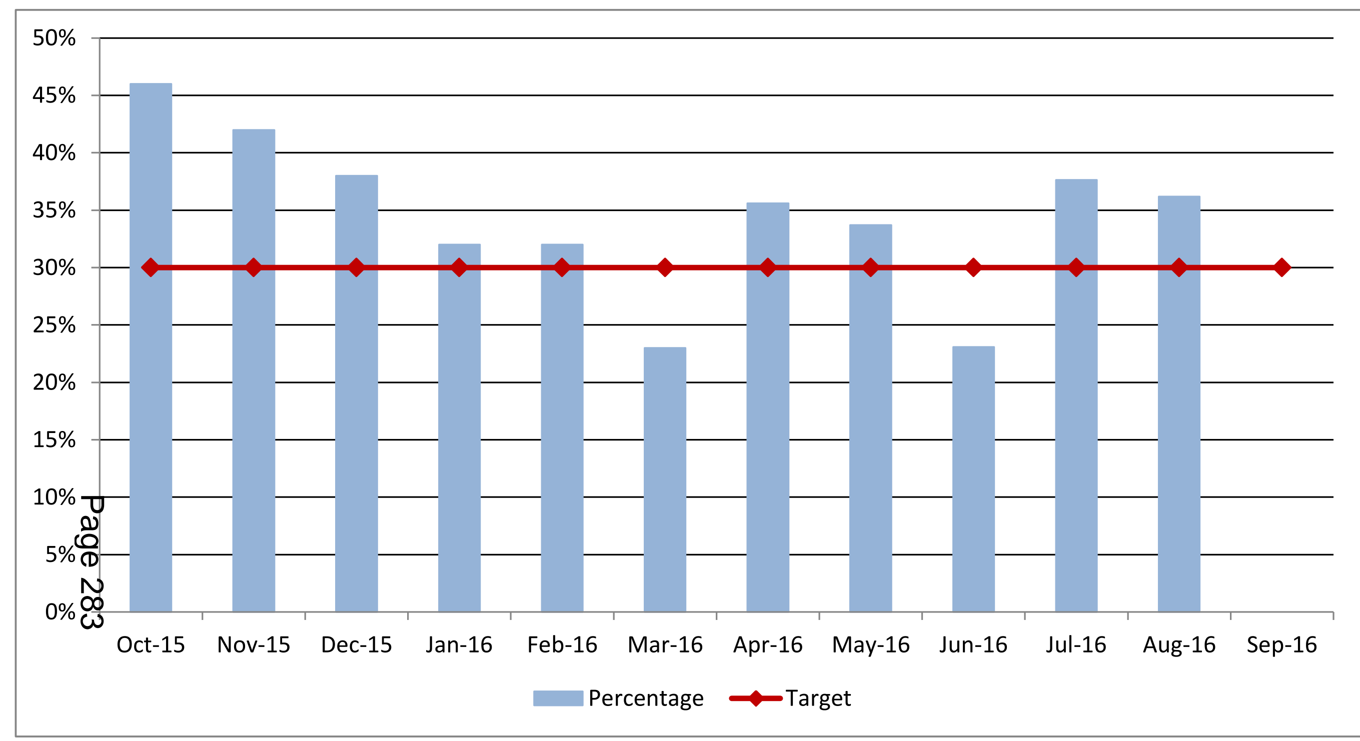
	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Target	**700**	**700**	**700**	**700**	**700**	**700**	**868**	**1,085**	**868**	**868**	**1,085**	**868**
Enablement Referrals	730	753	691	795	733	770	869	983	774	807	953	757
RAG Rating	GREEN	GREEN	AMBER	GREEN	GREEN	GREEN	GREEN	AMBER	RED	AMBER	RED	RED

Commentary

Additional capacity in KEAH Enablement service has been created which has led to an increase in the target (217 per week). This will result in more people utilising the enablement service to aid clients to achieve independence and/ or a lesser care package following enablement; current performance is below target, thought to be caused in part by a high level of clients receiving extended enablement. As figures are collated on a weekly basis, the monthly target has been adjusted in May and August to reflect a five-week period.

4) Delayed Transfers of Care

4) Delayed Transfers of Care			**AMBER** ↓
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Older People and Physical Disability



Data Notes

This indicator represents the percentage of delays attributable to Social Care.

	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Target	**30%**	**30%**	**30%**	**30%**	**30%**	**30%**	**30%**	**30%**	**30%**	**30%**	**30%**	**30%**
Percentage	46%	42%	38%	32%	32%	23%	36%	34%	23%	38%	36%	N/A
RAG Rating	RED	RED	AMBER	AMBER	AMBER	GREEN	AMBER	AMBER	GREEN	AMBER	AMBER	

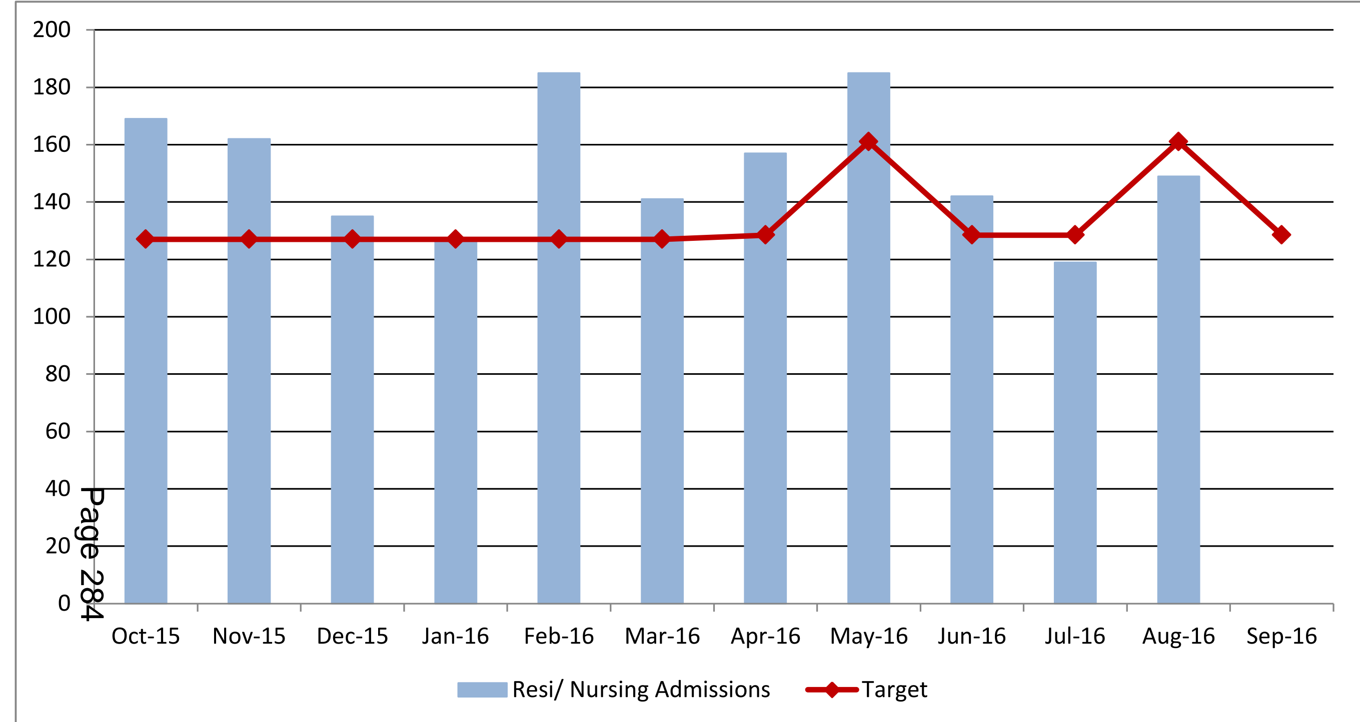
Commentary

Delay transfers can be affected by many factors, mainly client choice and health based reasons. Whilst there are ongoing pressures to find social care placements, these have been eased with support such as intermediate care, and step down beds. Information relating to delayed transfers of care is collected from health on a monthly basis, and reasons for delays are routinely examined. As of August 2016, 36.2% of delays are attributable in whole or part to Adult Social Care; this represents an increase on the figure reported at the end of Quarter 1 and is once again above the 30% target. The top three reasons for delays in August were: awaiting Resi/Nursing placement, patient or family choice and waiting for further NHS non-Acute care.

5) Admissions to permanent residential or nursing care for people aged 65+

GREEN ↑

Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Older People and Physical Disability



Data Notes

Unit of Measure: Older people placed into Permanent Residential and Nursing Care per month

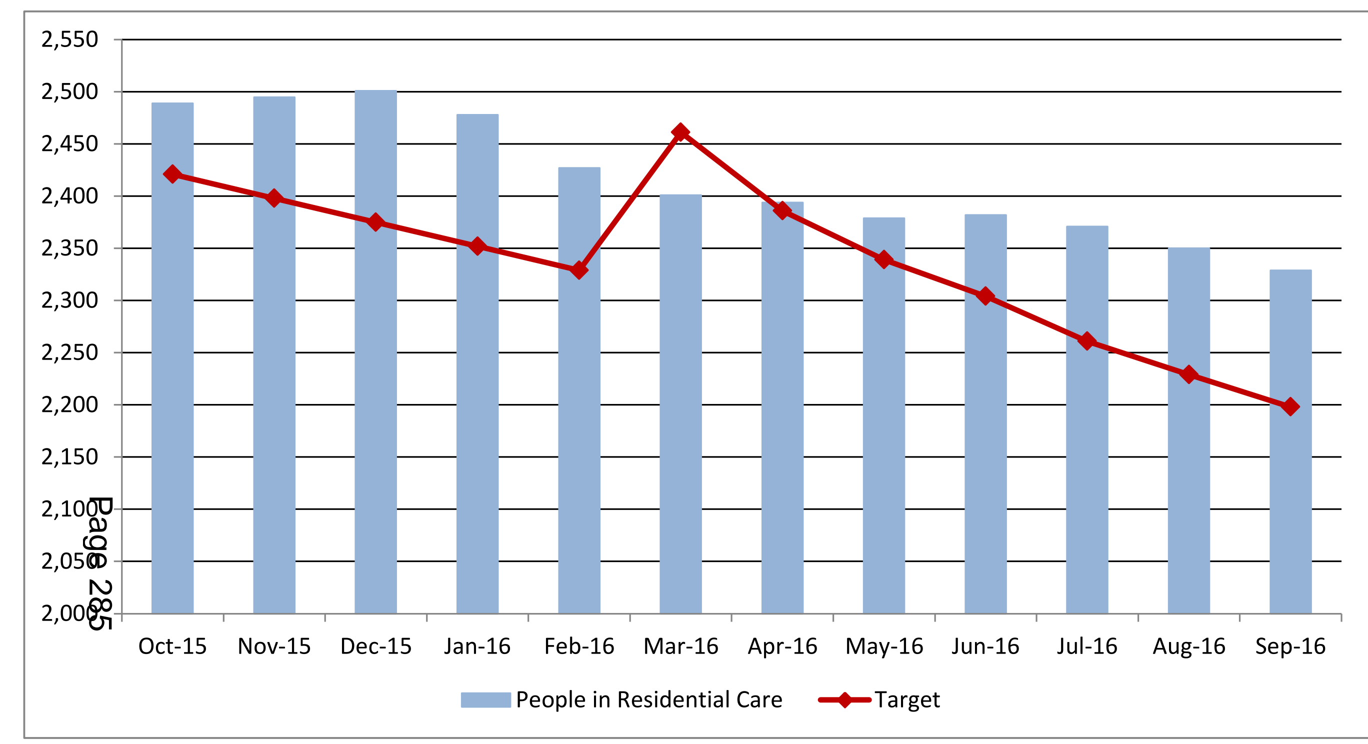
Data Source: Measures of Success - MoS 6 and MoS 8

	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Target	**127**	**127**	**127**	**127**	**127**	**127**	**128**	**161**	**128**	**128**	**161**	**128**
Resi/ Nursing Admissions	169	162	135	127	185	141	157	185	142	119	149	N/A
RAG Rating	RED	RED	AMBER	GREEN	RED	RED	RED	RED	RED	GREEN	GREEN	

Commentary

Figures are provided a month in arrears as September figures are likely to increase due to legitimate delays in inputting whilst placement and funding arrangements are agreed. Reducing admissions to permanent residential or nursing care is a clear objective for the Directorate. Many admissions are linked to hospital discharges, or specific circumstances or health conditions such as breakdown in carer support, falls, incontinence and dementia. As part of the monthly budget and activity monitoring process, admissions are examined to understand exactly why they have happened. The objectives of the transformation programme will be to ensure that the right services are in place to ensure that people can self manage with these conditions, and ensure that a falls prevention strategy and support is in place to reduce the need for admission. In the meantime, there are clear targets set for the teams which are monitored on a bi weekly basis through Measures of Success. The monthly target is for no more than 32.12 permanent admissions per week for the over 65s to Residential or Nursing Care.

6) Number of people aged 65+ in permanent residential care (AS01)			AMBER ↓
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Older People and Physical Disability



Data Notes

Unit of Measure: End of month snapshot of the number of people aged 65+ in permanent residential care

Data Source: Measures of Success - MoS 6

Quarterly Performance Report Indicator

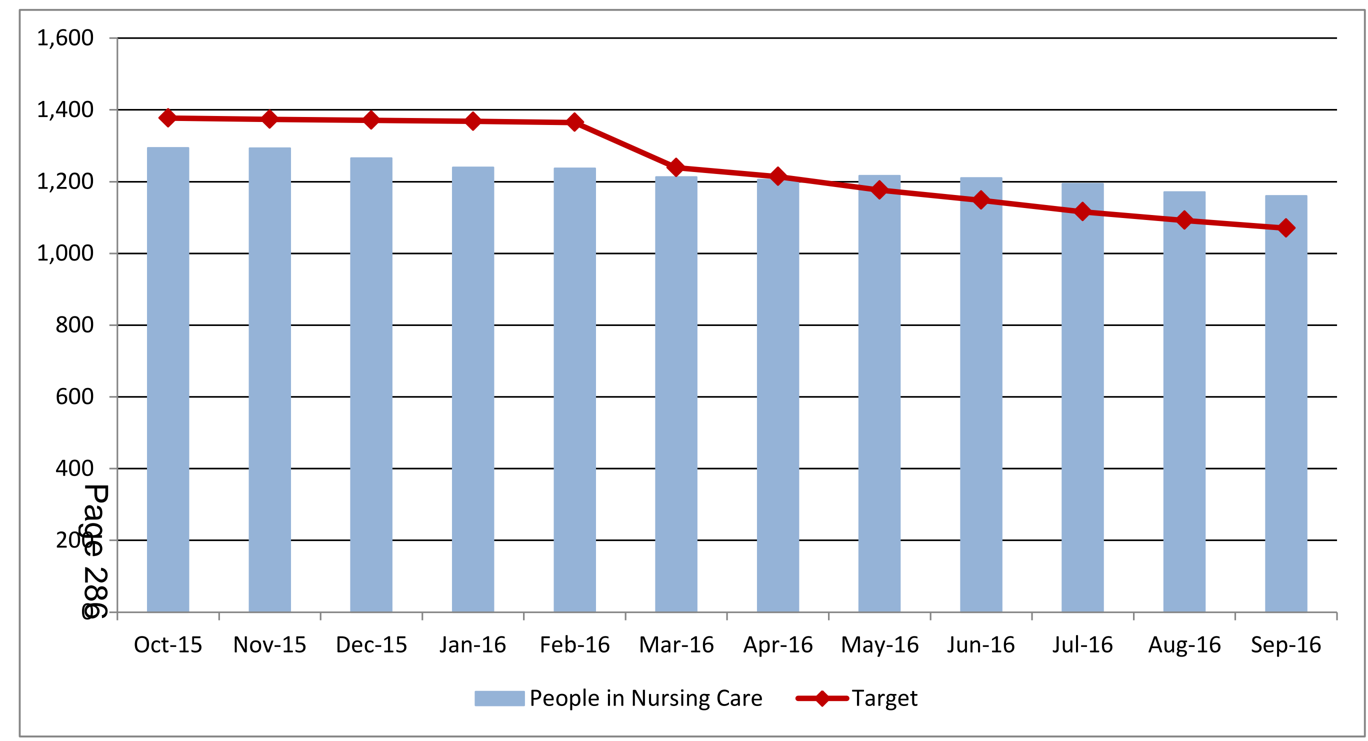
	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Target	**2,421**	**2,398**	**2,375**	**2,352**	**2,329**	**2,461**	**2,386**	**2,339**	**2,304**	**2,261**	**2,229**	**2,198**
People in Residential Care	2,489	2,495	2,501	2,478	2,427	2,401	2,394	2,379	2,382	2,371	2,350	2,329
RAG Rating	AMBER	AMBER	AMBER	AMBER	AMBER	GREEN	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER

Commentary

The number of people aged 65+ in permanent residential care has declined by 160 in the past 12 months (6.4%) but was above the target level by 161 in September. There is an end of year target of 2,028 people or fewer to be in permanent residential care by 31st March 2017. Tighter controls are in place for people entering residential care, however the attrition rate remains under 1%.

7) Number of people aged 65+ in permanent nursing care (AS02)

7) Number of people aged 65+ in permanent nursing care (AS02)			**AMBER** ↓
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Older People and Physical Disability



Data Notes

Unit of Measure: End of month snapshot of the number of people aged 65+ in permanent nursing care

Data Source: Measures of Success - MoS 8

Quarterly Performance Report Indicator

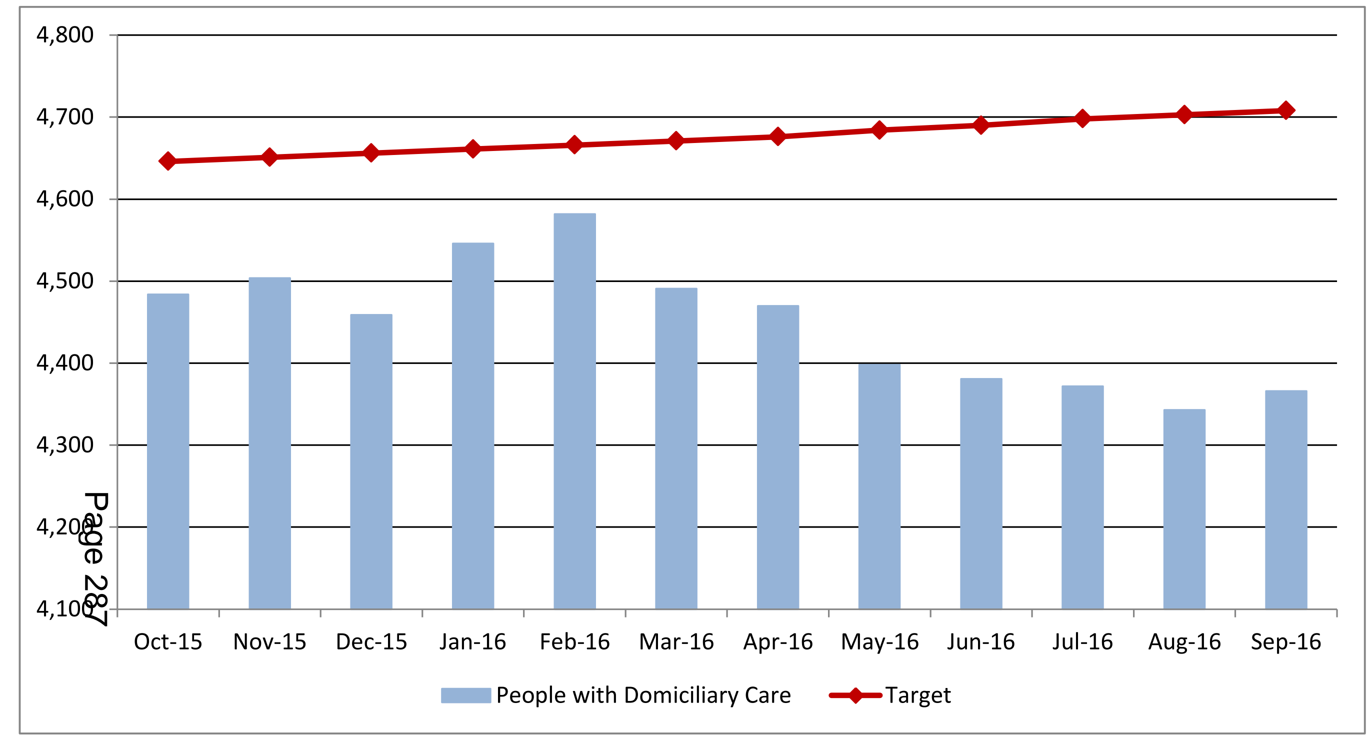
	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Target	**1,377**	**1,374**	**1,371**	**1,368**	**1,365**	**1,239**	**1,214**	**1,176**	**1,148**	**1,116**	**1,092**	**1,070**
People in Nursing Care	1,294	1,293	1,266	1,240	1,237	1,213	1,206	1,217	1,210	1,194	1,171	1,160
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER	AMBER	AMBER

Commentary

The number of people aged 65+ in permanent Nursing Care had been decreasing across Kent (down 134 in the past 12 months) but by September was above the target by 90 clients. The number of new starters for Nursing care is significantly higher in West Kent with an average of 5.1 starts per week compared to an average of 2.3 starts in the other areas.

8) Number of people receiving domiciliary care (AS03) — GREEN ↑

Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Older People and Physical Disability



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Data Notes

Unit of Measure: End of month snapshot of the number of people receiving domiciliary care

Data Source: Measures of Success - MoS 10

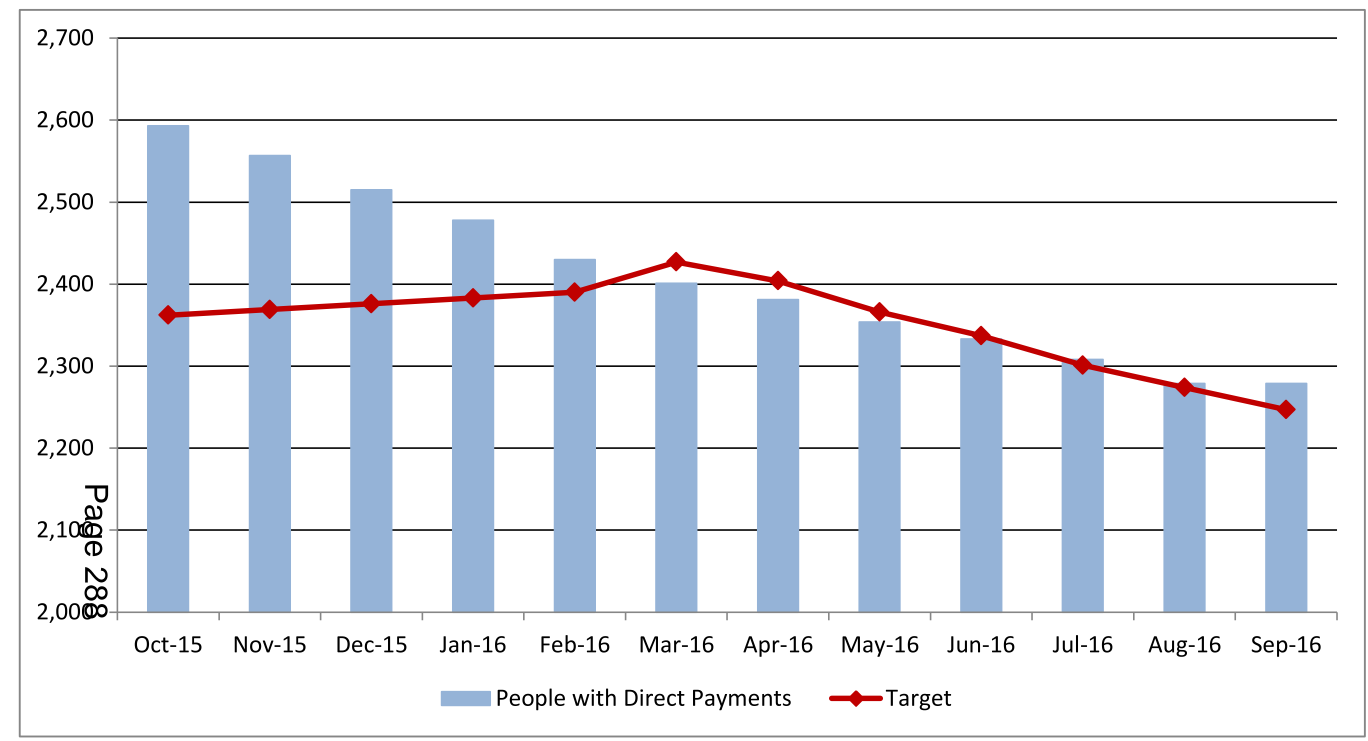
Quarterly Performance Report Indicator

	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Target	**4,646**	**4,651**	**4,656**	**4,661**	**4,666**	**4,671**	**4,676**	**4,684**	**4,690**	**4,698**	**4,703**	**4,708**
People with Domiciliary Care	4,484	4,504	4,459	4,546	4,582	4,491	4,470	4,398	4,381	4,372	4,343	4,366
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary

The total number of people receiving domiciliary care has remained fairly stable but remains significantly below target. Homecare is largely delivered to people over the age of 65, with 3,649 people receiving services, whilst there were 688 people aged 18-64 in receipt of a homecare service.

9) Number of people receiving direct payments			AMBER ➔
Cabinet Member	Graham Gibbens	**Director**	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Older People and Physical Disability



Data Notes

Unit of Measure: End of month snapshot of the number of people receiving direct payments

Data Source: Measures of Success - MoS 12

Quarterly Performance Report Indicator

	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Target	**2,362**	**2,369**	**2,376**	**2,383**	**2,390**	**2,427**	**2,404**	**2,366**	**2,337**	**2,301**	**2,274**	**2,247**
People with Direct Payments	2,593	2,557	2,515	2,478	2,430	2,401	2,381	2,354	2,333	2,308	2,279	2,279
RAG Rating	AMBER	AMBER	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER

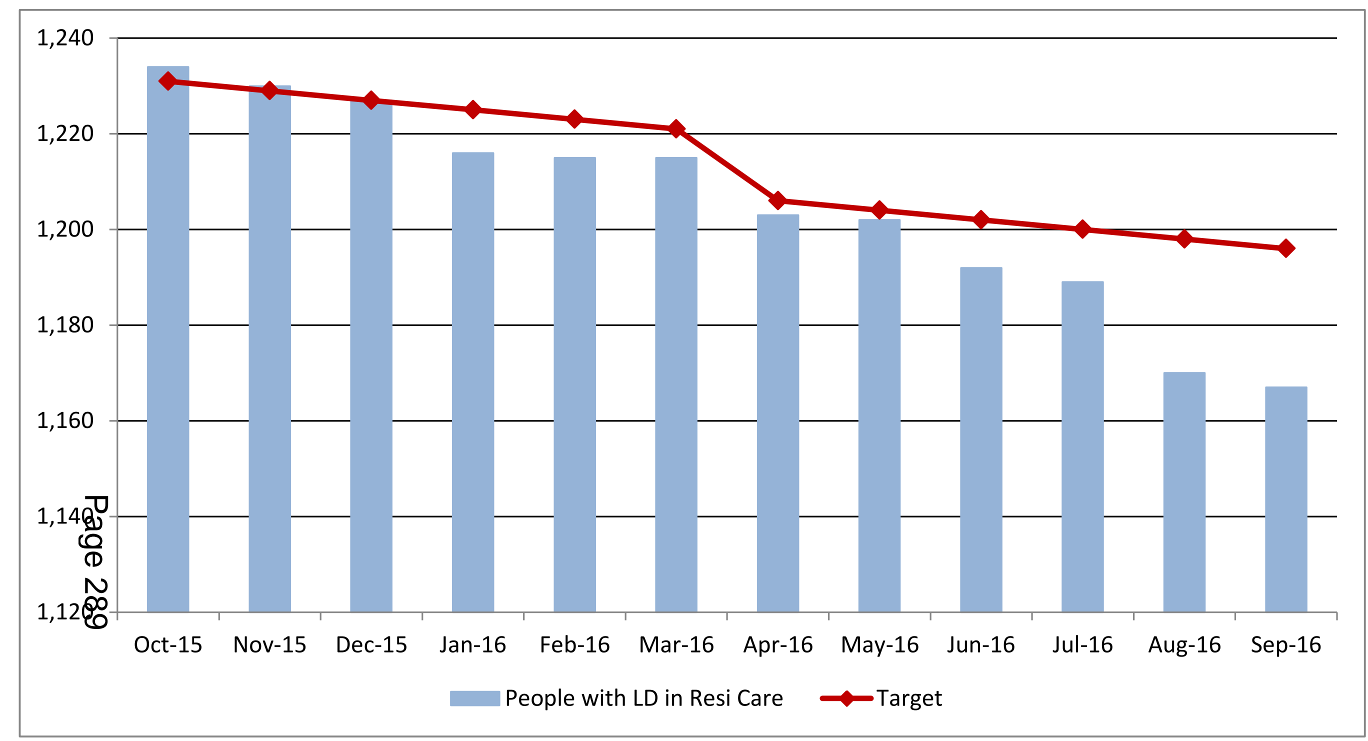
Commentary

The total number of people receiving direct payments has been reducing since the home care mobilisation exercise in July 2014. 1,202 people aged 18-64 are in receipt of an ongoing Direct Payment, whilst a further 1,077 ongoing Direct Payments are being made to people over 65.

10) Number of people with a learning disability in residential care (AS04)

GREEN

Cabinet Member	Graham Gibbens	**Director**	Penny Southern
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Learning Disability



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Data Notes

Unit of Measure: Number of people with a learning disability in permanent residential care as at month end.

Data Source: MCR Summary

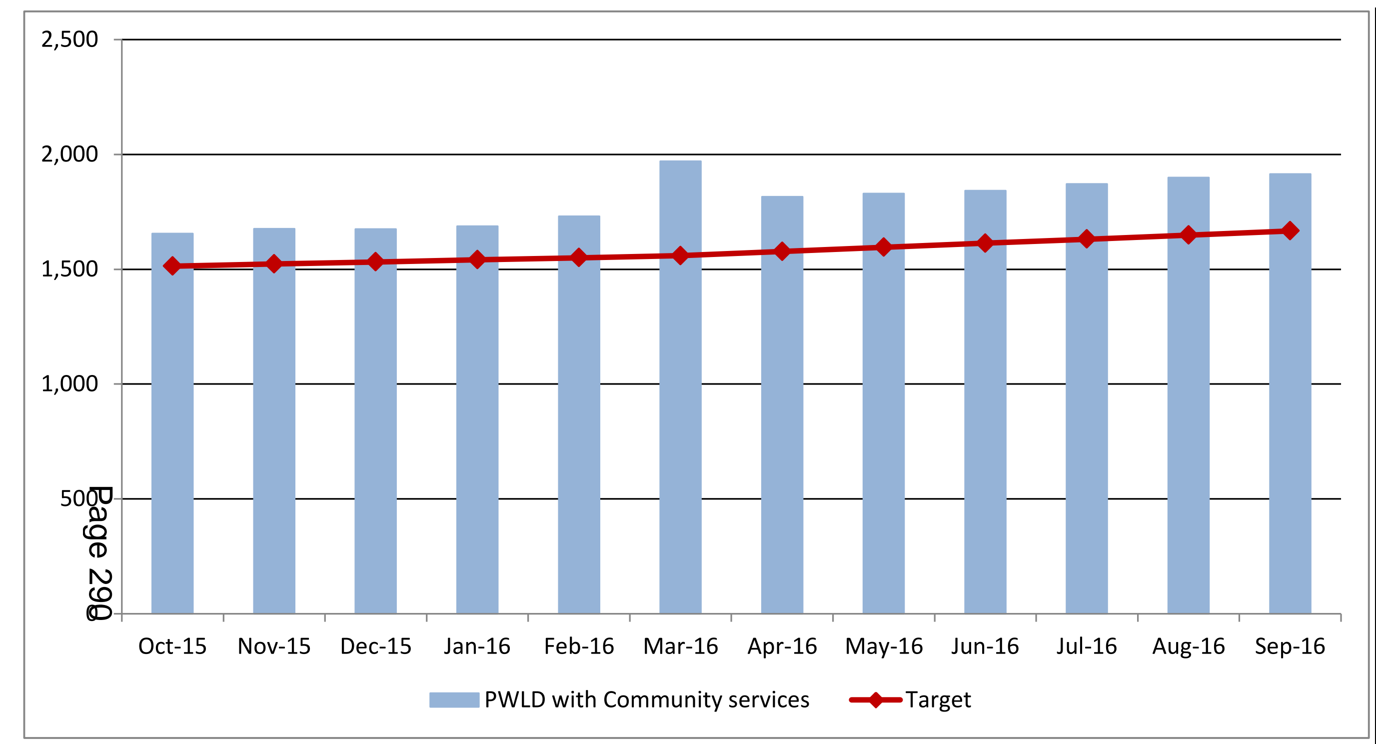
Quarterly Performance Report Indicator

	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Target	**1,231**	**1,229**	**1,227**	**1,225**	**1,223**	**1,221**	**1,206**	**1,204**	**1,202**	**1,200**	**1,198**	**1,196**
People with LD in Resi Care	1,234	1,230	1,227	1,216	1,215	1,215	1,203	1,202	1,192	1,189	1,170	1,167
RAG Rating	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary

It is a clear objective of the Directorate to ensure that as many people with a learning disability live as independently as possible. All residential placements have now been examined as a part of *Your Life, Your Home* to ensure that where possible, there will be a choice available for people to be supported through supported accommodation, shared lives and other innovative support packages which enable people to maintain their independence. In addition, the teams continue to work closely with the Children's team with young people going through transition.

11) Number of people with a learning disability receiving a community service			GREEN ↑
Cabinet Member	Graham Gibbens	**Director**	Penny Southern
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Learning Disability



Data Notes

Unit of Measure: Number of people with a learning disability receiving supported living, supporting independence or shared lives service as at month end

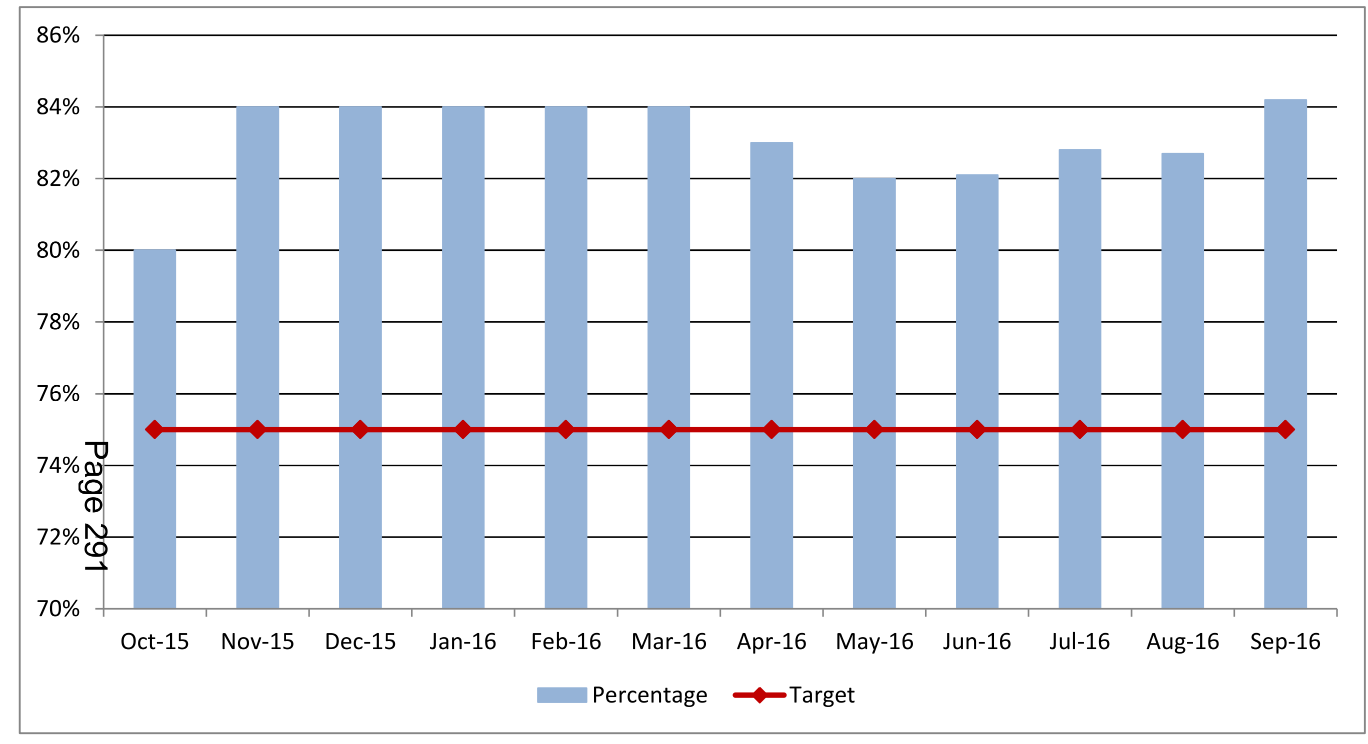
Data Source: MCR Summary

	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Target	**1,514**	**1,523**	**1,532**	**1,541**	**1,550**	**1,559**	**1,577**	**1,595**	**1,613**	**1,631**	**1,649**	**1,667**
PWLD with Community services	1,656	1,677	1,675	1,687	1,731	1,971	1,816	1,830	1,843	1,872	1,900	1,915
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary

The figure for April 2016 has normalised following the Campus Re-provision, when a high number of Supported Living services were migrated to new SIS services on 28/03/16 and were therefore effectively counted twice in that reporting month, explaining the sudden apparent spike in March. The net number of people with a learning disability receiving a community service (shared lives, supported living and Supporting Independence Service) remains stable and is gradually increasing.

12) Percentage of adults in contact with secondary mental health services living independently, with or without support			GREEN ↑
Cabinet Member	Graham Gibbens	**Director**	Penny Southern
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Mental Health



Data Notes

Units of Measure: Proportion of all people who are in settled accommodation

Data Source: KMPT – quarterly

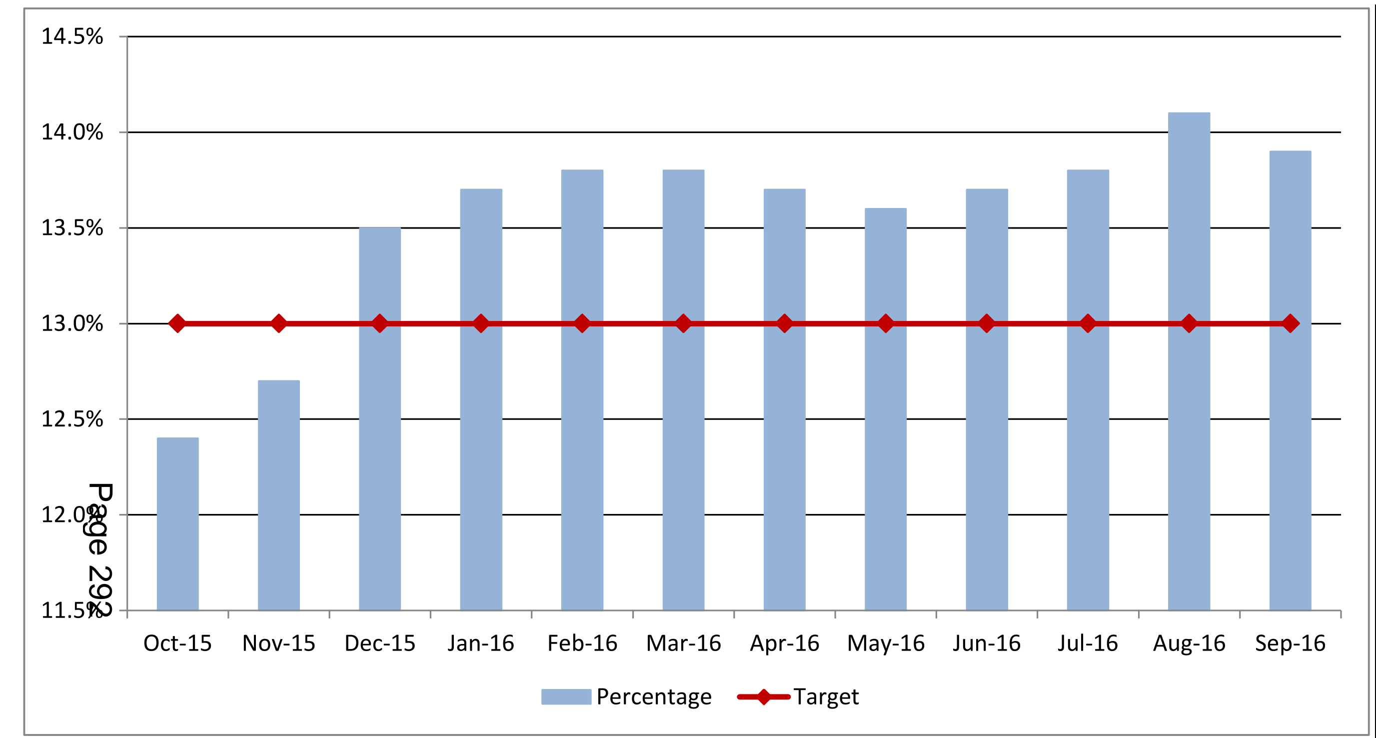
	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Target	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**	**75%**
Percentage	80%	84%	84%	84%	84%	84%	83%	82%	82%	83%	83%	84%
RAG Rating	**GREEN**	**GREEN**	**GREEN**	**GREEN**	**GREEN**	**GREEN**	**GREEN**	**GREEN**	**GREEN**	**GREEN**	**GREEN**	**GREEN**

Commentary

This data is provided directly from KMPT and remains above target.

13) Percentage of people with mental health needs in employment

13) Percentage of people with mental health needs in employment			**GREEN**
Cabinet Member	Graham Gibbens	**Director**	Penny Southern
Portfolio	Social Care, Health and Wellbeing - Adults	**Division**	Mental Health



Data Notes

Units of Measure: Percentage of people with mental health needs in employment

Data Source: KMPT – quarterly

	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Target	**13%**	**13%**	**13%**	**13%**	**13%**	**13%**	**13%**	**13%**	**13%**	**13%**	**13%**	**13%**
Percentage	12.4%	12.7%	13.5%	13.7%	13.8%	13.8%	13.7%	13.6%	13.7%	13.8%	14.1%	13.9%
RAG Rating	AMBER	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary

This data is provided directly from KMPT and remains above target.

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

Andrew Scott-Clark, Director of Public Health

To: Adult Social Care and Health Cabinet Committee

6 December 2016

Subject: Public Health Performance - Adults

Classification: Unrestricted

Previous Pathway: This is the first committee to consider this report

Future Pathway: None

Electoral Division: All

Summary: This report provides an overview of key performance indicators for Public Health commissioned services relating to adults, and a range of Public Health Outcome Framework indicators.

Performance has improved or remained stable for delivery of NHS Health Checks and access to sexual health services in Q2. The latest figures available for smoking cessation and substance misuse services indicate that performance is above target. The Health Trainer Service did not make its target during Q2 but is still performing better than previous quarters, on a challenging target.

Recently published Public Health Outcomes Framework data show mixed outcomes for Kent.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on current performance of Public Health commissioned services.

1. Introduction

1.1. This report provides an overview of the key performance indicators for Kent's Public Health Services for adults.

2. Performance Indicators of Commissioned Services

2.1. The table below sets out the performance indicators for the key public health commissioned services which deliver services primarily for adults. The RAG status relates to the targets outlined in the business plans.

Table 1: Commissioned services quarterly performance, RAG against target

Indicator Description	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17
Number of target population with completed NHS Health Check (rolling 12 month basis)	**44,221**	**41,328**	**38,072**	**36,685**	**37,175 (a)**	**39,039 (a)**
% of clients accessing GUM services offered an appointment to be seen within 48 hrs	**100 (g)**	**100 (g)**	**100 (g)**	**100 (g)**	**100 (g)**	**100 (g)**
% of smokers successfully quitting, having set a quit date	**55 (g)**	**57 (g)**	**54 (g)**	**54 (g)**	**53 (g)**	Not yet available
% of adult drug and alcohol treatment population that successfully completed treatment	**29**	**31**	**34**	**33**	**31 (g)**	**29 (a)**
% of new clients seen by the Health Trainer Service from the two most deprived quintiles (and No Fixed Abode (NFA))	**53 (r)**	**56 (a)**	**55 (r)**	**56 (a)**	**64 (g)**	**59 (a)**

NHS Health Checks

2.2. There continues to be an increase in the number of NHS Health Checks delivered in Kent. 39,039 checks were delivered in the twelve months to the end of Q2 compared to 37,175 in the previous period.

2.3. Following a successful pilot of a health check outreach programme, providers are working together to offer a combination of NHS Health Checks and 'Health MOTs'. This offer of a Health MOT extends to any adults, not just those who are eligible for an NHS Health Check. This enables people with the greatest health needs to understand their health risks and provides a direct referral route to healthy lifestyles services as well as clinical referrals for cardiovascular conditions.

2.4. The programme has succeeded at engaging people from the most deprived communities, with over 53% of the 1,600 who engaged in the programme being from the most deprived quintiles. The health check outreach programme will run to February 2017 and the evaluation will inform future commissioning of the NHS Health Check Programme.

2.5. It is expected that health check outreach will form part of the new adult lifestyle service called *One You Kent*. Public Health is looking at the best approach to commission the core service in 2017/18.

Sexual Health

2.6. Community sexual health clinics in Kent have continued to exceed the waiting times target of offering an appointment within 48 hours for genito-urinary medicine (GUM) services. Community sexual health services are available

across Kent and provide sexual health testing and treatment, contraception and HIV outpatient services. Most clinics offer walk-in clinics as well as appointment-based systems.

Smoking

2.7. For Q1 2015/16 the service continued to exceed the ‘quit-rate’ target of 52% with a rate of 53%. 1,569 Kent residents set a quit date during Q1 with the service provider, of which 828 were recorded as having quit smoking. Smoking cessation services will form part of *One You Kent*.

Health Trainers

2.8. In Q2 the Health Trainer Service saw an increase in the number of new clients accessing the services, with 59% of new clients engaged from the two most deprived quintiles in Kent. This is slightly below the target of 62% and is a slight decrease from the previous quarter’s performance. Performance does vary across the quarters and across Kent, with 79% of new clients in Thanet being from the two most deprived quintiles 1 and 2.

Substance Misuse

2.9. The proportion of people in drug or alcohol treatment who completed treatment successfully in the twelve months to the end of Q2 fell to 29.4%. This is slightly below the target of 30% but is still significantly better than the national average (for 2015/16) of 22%. Commissioners are raising concern at the rate of decline, particularly in the areas with the sharpest decline.

2.10. The Committee will be aware that the new contract for the West Kent Adult Substance Misuse Service started in April 2016 and was followed by a co-design period with the provider and stakeholders.

2.11. The new service model began in September 2016.Using the lessons learnt from West Kent, the re-commissioning for the East Kent Adult Substance Misuse Service has begun, with the intention of following a similar co-design process and implementation of a new model during 2017/18.

3. Annual Public Health Outcomes Framework (PHOF) Indicator

3.1. The table below presents the most recent published PHOF data. The RAG rating is the published PHOF RAG and is in relation to national figures and mostly indicates whether Kent is above or below the national average on each indicator.

Table 2: Public Health Outcomes Framework Metrics

	2009-11	2010-12	2011-13	2012-14	2013-15
U75 mortality rate Cardiovascular diseases considered preventable per 100,000	**55.9 (a)**	**52.3 (a)**	**49.3 (a)**	**46.0 (g)**	**42.3 (g)**
U75 mortality rate Cancer considered preventable per 100,000	**83.6 (g)**	**81.5 (g)**	**79.3 (g)**	**78.4 (g)**	**78.8 (a)**
U75 mortality rate Liver disease considered preventable per 100,000	**12.0 (g)**	**12.4 (g)**	**13.2 (g)**	**13.7 (g)**	**14.4 (g)**
U75 mortality rate Respiratory disease considered preventable per 100,000	**17.6 (a)**	**16.6 (a)**	**16.7 (a)**	**16.5 (a)**	**17.8 (a)**
Suicide rate (all ages) per 100,000	**9.3 (a)**	**9.0 (a)**	**10.3 (a)**	**11.4 (r)**	**12.0 (r)**
People presenting with HIV at a late stage of infection (%)	**48.8 (a)**	**46.4 (a)**	**50.7 (a)**	**54.5 (r)**	**54.2 (r)**
Adults classified as overweight or obese (%)	Not available			**65.1 (a)**	**65.5 (r)**
	2011	**2012**	**2013**	**2014**	**2015**
Smoking prevalence in adults – current smokers (%)	Not available	**20.7 (a)**	**19.2 (a)**	**18.6 (a)**	**17.0 (a)**
Opiate clients successfully completing drug treatment and not re-presenting within 6 months (%)	**14.7 (g)**	**10.9 (g)**	**10.3 (g)**	**9.3 (g)**	**8.5 (g)**
	2011/12	**2012/13**	**2013/14**	**2014/15**	**2015/16**
Alcohol-related admissions to hospital per 100,000. All ages	**557 (g)**	**565 (g)**	**551 (g)**	**526 (g)**	Not available
Adult patients diagnosed with depression (% - QOF Register)	Not available	5.6	6.4	7.3	8.5

3.2. The increase in the suicide rate, especially for males, was expected following local analysis. The campaign ‘Release the Pressure’, outlined in previous papers to the Cabinet Committee, was implemented in March 2016 to raise awareness of mental wellbeing and encourage men to seek help when they need it.

3.3. New figures for the late diagnosis of HIV show a plateau into 2013-15 following an increasing trend from previous years. In 2014, the County Council ran a campaign called ‘It’s better to know” to raise awareness of HIV and encourage people to get tested.

3.4. Kent has experienced a small increase in the proportion of adults who are overweight or obese. Although it is a relatively small increase of 0.4%, Kent’s is higher than the national rate. At district level, there were improvements in 5 districts. The biggest improvement was in Shepway, where there was a reduction of 1.8%. Of the 7 districts with an increase in rates of excess weight, the sharpest increase was in Dover at +3.6%.

4. Quality Issues

4.1. The Public Health Head of Quality and Safeguarding has reported that there are no quality exception items to report for Q1 and Q2.

5. Conclusions

5.1. Increases in the number of NHS Health Checks delivered have continued into Q2 and the pilot delivering outreach has successfully targeted the most deprived areas. Smoking cessation and substance misuse services continue to deliver above target, whilst the health trainer service has improved on previous performance.

5.2. Public Health continues to closely monitor performance of commissioned services in order to drive improved performance and value for money.

6. Recommendations

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on current performance of Public Health commissioned services.

7. Background Documents

Adult substance misuse statistics from the National Drug Treatment Monitoring System (NDTMS), 1st April 2015 to 31st March 2016. Available at: http://www.nta.nhs.uk/uploads/adult-statistics-from-the-national-drug-treatment-monitoring-system-2015-2016[0].pdf

8. Appendices

8.1. Appendix 1 – Key to KPI rating used

9. Contact Details

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Appendix 1

Key to KPI Ratings used:

(g) GREEN	Target has been achieved or exceeded; or is better than national
(a) AMBER	Performance at acceptable level, below target but above floor; or similar to
(r) RED	Performance is below a pre-defined floor standard; or lower than national
⇧	Performance has improved
⇩	Performance has worsened
⇔	Performance has remained the same

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

From	Graham Gibbens, Cabinet Member for Adult Social Care and Public Health Andrew Ireland, Corporate Director of Social Care Health and Wellbeing
To:	Adult Social Care and Health Cabinet Committee – 6 December 2016
Subject:	**COMMISSIONED SUPPORT SERVICES FOR ADULT CARERS**
Classification:	Unrestricted
Past Pathway of Paper:	N/A
Future Pathway of Paper:	N/A
Electoral Division:	All

Summary: This report provides the Adult Social Care and Health Cabinet Committee with an overview of current commissioned support services for adult Carers, the impact of the Care Act and service performance data. The report is also intended to advise the Adult Social Care and Health Cabinet Committee that the Carers' support contracts will end on 31 March 2018 and a new tender will be undertaken.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** the progress made in supporting adult Carers, **COMMENT** on the content of the report and **NOTE** that the Strategic Commissioning Division has begun the process and work necessary to recommission adult Carers' services from 1 April 2018.

1. Introduction

1.1 Carers make a significant contribution to the health and social care economy and their important role has been identified at a national level. KCC has new duties towards Carers under the Care Act 2014 and the Five Year Forward View commits the NHS to find new ways to support Carers to build on the new rights created by the Care Act and to ensure support is available to the most vulnerable Carers.

1.2 The value of unpaid care in the UK is growing with widely accepted evidence that shows Carers contribute £119bn to the UK economy each year and in Kent alone it is estimated to be over £3bn (Buckner and Yeandle 2011).

1.3 A report by the Association of Directors of Adult Social Services (ADASS) concluded: "There is significant evidence … that suggests that investment in

Carers' services to support them in their caring role is financially beneficial for social care and sees a significant return on any investment made".

1.4 Research has shown that Carers are more likely to be in poor health themselves and likely to be economically deprived. The Kent Health and Wellbeing Strategy recognises the importance of supporting Carers to continue their caring roles and particularly highlights the need to support Carers of people with dementia by increasing the numbers of Carers' assessments and Carers accessing short breaks.

2. Funding for Carers' Services

2.1 Kent has a long history of commissioning services to support Carers and in recent years has not only protected, but in fact increased funding. Nationally and regionally Kent's Carers services are considered as best practice. Adult Social Care believes supporting Carers is not only the right thing to do but is also strategically important within our demand management and prevention strategies.

2.2 The Council and all seven Kent Clinical Commissioning Groups (CCG) jointly invest £7.5m in services to support adult Carers.

Service	KCC	CCG	Combined Allocated Funding
Carers' Assessment & Support Services	£3.1m	£1.26m	£4.36m
Short Term Breaks (Contracted)	£800k	£580k	£1.38m
Short Term Breaks (Grant Funded)	£1.76m	-	£1.76m
Total	£5.66m	£1.84m	£7.5m

3. Overview of Commissioned Carers' Services

3.1 Carers' services are commissioned via two types of contract and through historic grant funding, all contracts relating to Carers' Assessment and Support and Short Breaks are due to end on 31 March 2018 and the Council has made a commitment to end all historic grants by the same deadline.

3.2 Carers' Assessment and Support (CAS) Service

3.2.1 The CAS services are jointly funded by the Council and all seven of Kent's CCGs.

3.2.2 There are three contracts that provide a Kent wide CAS service which is provided by the following organisations

- East Kent Carers Consortium CIC - covering all of East Kent

- Carers First – Southwest Kent and Dartford, Gravesham and Swanley
- Involve Carers – Maidstone and Malling

3.2.3 The CAS service ensures that Carers:

- are actively sought and identified
- can access guided conversations and receive appropriate up-to-date information, advice and signposting to relevant local community based support
- receive Carers' assessments
- can access financial support where required
- are engaged and supported to plan for the future
- feel supported and empowered
- wellbeing is improved through the provision of emotional support
- receive health prescribed support when appropriate

and also supports:

- awareness raising with others organisations about the importance of identifying and supporting Carers
- networking and engagement with other organisations/sectors
- improved support for young Carers' transition to adulthood
- increased knowledge, skills and behaviours for Carers and professionals through training and development opportunities

3.3 Carers' Short Breaks

3.3.1 Carers' short breaks are currently provided through two funding mechanisms;

- A contract which is co-commissioned with the CCGs and;
- Historic grants awarded by KCC

3.3.2 The Kent wide service is provided by

- Crossroads Care Kent

3.3.3 Short breaks relieve Carers from their caring role in order to maintain their health and wellbeing. They promote Carer resilience and provide stability, and/or support in crisis situations where the caring role is at risk of breaking down. They promote Carers' health through planned replacement care to enable a Carer to attend their own health appointments.

3.3.4 The current contract includes:

- Planned sitting services (usually three hours per week)
- An urgent 24hr crisis response service with the additional funding from health to target those caring for people with dementia
- Replacement care to enable a Carer to attend their own health appointments

4. Impact of the Care Act

4.1 The Care Act has meant additional demand for Carers' assessment and support providers, who are managing demand well and providing good value for the Council.

4.2 Though there has been some increased activity Carers' assessments have not increased in line with forecasted demand; it is believed this is because of the innovative approaches Carers' organisations are developing to identify and support Carers earlier.

4.3 The Council invested £168k from Care Act funding to meet additional demand for assessments and whilst new assessment targets have not been fully met by all providers, evidence suggests that Carers are accessing services which are preventing and delaying needs for support.

5. Service Performance 2015/16

5.1 Services currently commissioned are of high quality and delivered through trusted providers, with whom the commissioners have developed good proactive and productive working relationships. Providers have a comprehensive knowledge of relevant Carer related legislation, social care and health systems, available local community based support and a broad range of other valuable Carer information. This expertise combined with professional and caring staff has resulted in exemplary Carers' support services for the residents of Kent.

5.2 One of the key required outcomes was to identify *new* carers. The table below shows how many new Carers were identified across Kent in 2015/16 and new carers identified so far in 2016/17.

	Qtr1	Qtr2	Qtr3	Qtr4	Total
2015/16	1292	1376	1295	1397	5360
2016/17	1337	1431	-	-	2768

5.3 Since the implementation of the Care Act in April 2015 there has been an increase in the demand on preventative Carers' support services. There have been no cost pressures to the Council

5.4 Headline changes in activity are listed below:

- 7,174 referrals to Carers' Assessment and Support Services in 2015/16 which represents a 125% increase from 2014/15
- 5,313 new Carers identified a 64% increase from 2014/15 activity and a 221% increase on the contract target
- 1,775 Carers received health checks, a 28% increase from 2014/15
- 27,871 Carers received information and advice, a 10% increase from 2014/15

- 17,097 Carers received specific emotional support, a 6% increase
- CCG specific performance data for 16/17 is attached as **Appendix 1**

5.5 Crossroads Core Grant funding - during the grant year 2015/2016, Crossroads received 2,849 Carer referrals. The core service alone supported 1,549 Carers during that period of which 59% of the cared for were over the age of 80 and 43% of cared for clients had a dementia diagnosis. Our 2015 Carer feedback survey returned showed 95% of those rated the service as very good, 5% rated the service as good.

5.6 Short Breaks Contract Key Performance Information for 2015/16

- Received 895 referrals to the crisis service across Kent of those referrals 68% were for clients with dementia
- Delivered over 25,000 hours of support of which 50% were unsocial hours
- Prevented 613 emergency admissions
- 1,974 service hours were used to support 274 people to attend 634 appointments

5.7 Short Breaks Contract Key Performance Information for 2016/17 (from April – September 2016)

- Received 139 Carer referrals with 60% of these being Dementia crisis related
- Delivered over 3,300 hours of crisis support, 65% of which were unsocial hours
- Prevented 68 emergency admissions to hospital/care home
- Prevented 10 failed hospital discharges prevented

6. Carers' Direct Payments

6.1 The Council is responsible for meeting Carers' eligible needs and this is achieved primarily through a Carers' direct payment. These can be one off payments which are administered by Carers' organisations or ongoing direct payments which are administered by Council Case Management Teams. The total budget for Carers' direct payments is £772k, this is made up of both Care Act and base budget funding.

6.2 One off payments are usually used to enable the Carers to purchase something that will make their role easier, for example washing machines or items so they can participate in hobbies or interests. Ongoing direct payments are used to provide support which is not care, usually housework or gardening to remove this task from the Carers so they can concentrate on their caring role.

6.3 Activity for the 2015/16 period was as follows;

- There were 1,391 one off payments in 2015/16 - this a 29% increase from 2014/15
- The average cost of these single payments was £182

- There were 35 ongoing direct payments for Carers as of March 2016
- The average cost for these ongoing payments was £24.00 per week

7. General Summary

7.1 Service providers are working with Council and NHS commissioners and operational staff to continually develop and improve the Kent Carers' support offer aiming to ensure that Carers have a positive, seamless experience; regardless of the level of support that they may need to live well, be healthy and continue to provide care to those who depend on them.

8. Carers' Contract Tender 2018

8.1 The current contracts end on 31 March 2018, the Council's commissioning staff have started working with the CCGs to plan the work needed for the new tender for Carers' services from 1 April 2018.

9. Recommendations

9.1 Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** the progress made in supporting adult Carers, **COMMENT** on the content of the report and **NOTE** that the Strategic Commissioning Division has begun the process and work necessary to recommission adult Carers' services from 1 April 2018.

10. Background Documents

None

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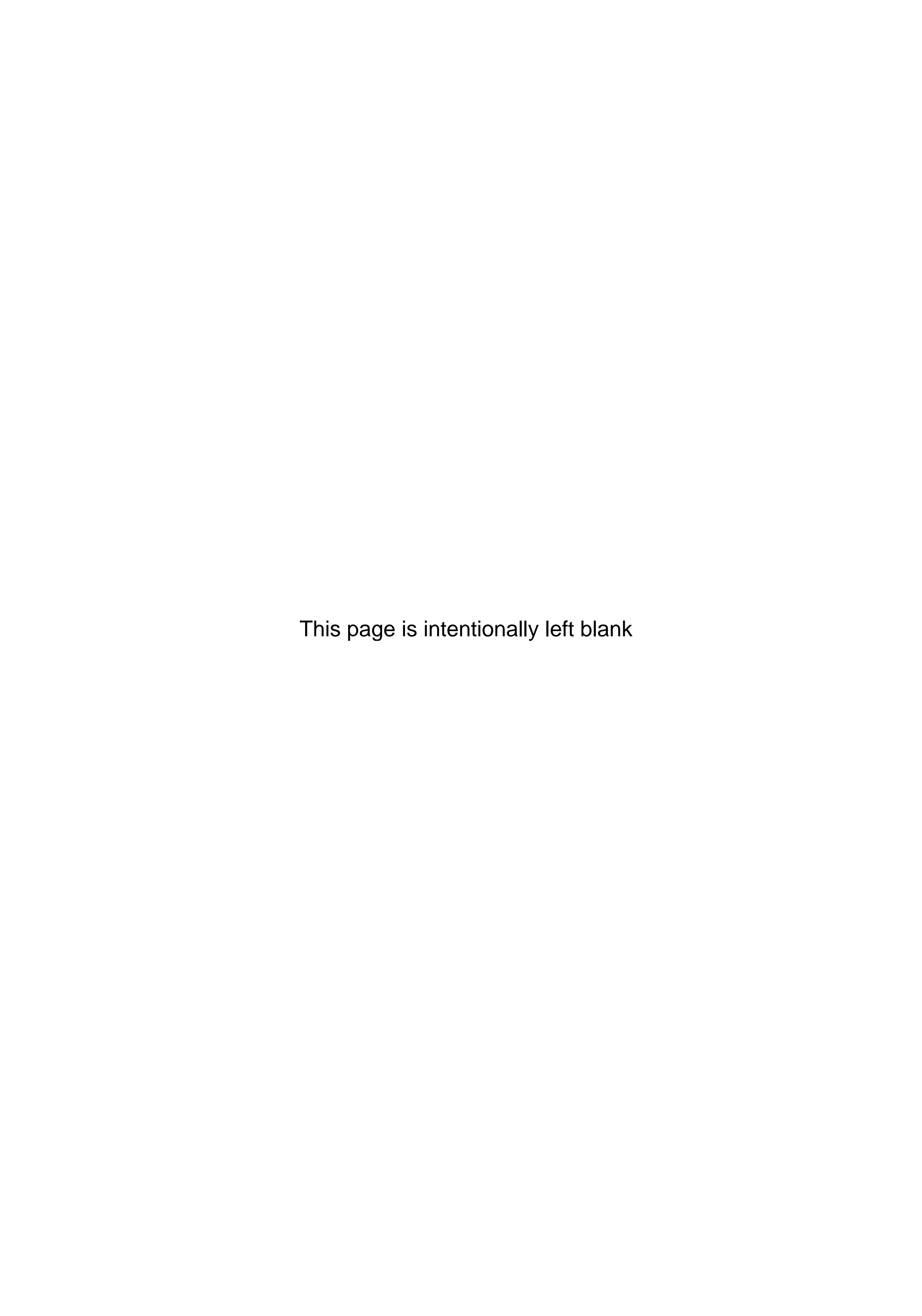
Appendix 1

New Carers Identified 16/17	Qtr1	Qtr2	Total	% New Carers Identified	% of Kent Carers by CCG
Ashford CCG	120	130	250	9%	8%
Canterbury & Coastal CCG	136	173	309	11%	14%
Dartford, Gravesham & Swanley CCG	187	199	386	14%	16%
South Kent Coast CCG	239	250	489	18%	15%
Swale CCG	110	111	221	8%	7%
Thanet CCG	148	139	287	10%	10%
West Kent CCG	397	429	826	30%	30%
	Total Carers Identified		2768		

Carers Assessments Offered 16/17	Qtr1	Qtr2	Total	% of total Assessments offered	% of Kent Carers by CCG
Ashford CCG	216	289	505	10.24%	8%
Canterbury & Coastal CCG	211	298	509	10.32%	14%
Dartford, Gravesham & Swanley CCG	375	434	809	16.40%	16%
South Kent Coast CCG	454	502	956	19.38%	15%
Swale CCG	202	156	358	7.26%	7%
Thanet CCG	248	249	497	10.08%	10%
West Kent CCG	631	667	1298	26.32%	30%
		Total	**4932**		

Carers Assessment Received 16/17	Qtr1	Qtr2	Total	% of Assessments Received	% of Kent Carers by CCG
Ashford CCG	52	42	94	7.05%	8%
Canterbury & Coastal CCG	87	78	165	12.37%	14%
Dartford, Gravesham & Swanley CCG	121	53	174	13.04%	16%
South Kent Coast CCG	114	112	226	16.94%	15%
Swale CCG	27	12	39	2.92%*	7%
Thanet CCG	76	97	173	12.97%	10%
West Kent CCG	294	169	463	34.71%	30%
		Total	**1334**		

***NB Assessment performance is lower than expected in the Swale CCG locality, Commissioner have meeting booked with provider to understand issues and plan for improvement.**



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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 – 6 December 2016
Subject:	**DEMENTIA SERVICES – PROJECTS AND INITIATIVES**
Classification:	Unrestricted
Previous Pathway of Paper:	N/A
Future Pathway of Paper	N/A
Electoral Divisions:	All

Summary: This report will update the Adult Social Care and Health Cabinet Committee on the various Dementia Services, Projects and Initiatives across Kent, including how these relate to the Prime Minister's Dementia Challenge 2020 and how work across Kent is contributing towards achieving the aspiration contained with the challenge and the obligations of the Care Act.

Recommendations: The Adult Social Care and Health Cabinet Committee is asked to **COMMENT** on the progress made in supporting people living with Dementia and their Carers, **CONSIDER** and **COMMENT** on the content of this report and **ENDORSE** the approach of working with the NHS through the next stage of the Adult Social Care Transformation Programme to ensure Dementia services in Kent are of a high quality and consistently available.

1. Introduction

1.1 The Council has shown its commitment to supporting people who lives are affected by Dementia through all relevant key strategic documents. ***Increasing Opportunities, Improving Outcomes: Kent County Council's Strategic Statement 2015 – 2020***.

1.2 Strategic Outcome 3 is that older and vulnerable residents are safe and supported with choices to live independently. This outcome is met through the following supporting outcomes:

- Those with long-term conditions are supported to manage their conditions through access to good quality care and support
- People with mental health issues and Dementia are assessed and treated earlier and are supported to live well
- Families and Carers of vulnerable and older people have access to the advice, information and support they need
- Older and vulnerable residents feel socially included
- More people receive quality care at home avoiding unnecessary admissions to hospital and care homes
- The health and social care system works together to deliver high quality community services
- Residents have greater choice and control over the health and social care services they receive

1.3 The Joint Health and Wellbeing Strategy contains a Dementia specific outcome, which is that people with Dementia are assessed and treated earlier, and are supported to 'live well'. The four priority areas being:

- Tackle areas where Kent is performing worse than the England average
- Tackle Health inequalities
- Tackle the gaps in provision and quality
- Transform services to improve outcomes, patient experience and value for money

1.4 The Council is committed to supporting Kent to be an inclusive and accessible place where people can live well with Dementia. Through the development of the Dementia Friendly Kent Programme and the Kent Dementia Action Alliance, a public commitment has been made to help improve awareness and understanding within Kent communities to ensure we are working together to make Kent more 'Dementia-Friendly'.

1.5 Ensuring Kent is more 'Dementia Friendly' is part of the Council's commitment to support people to have ***a life and not a service***. People have repeatedly reported that they want to continue with hobbies and interests they had prior to diagnosis for as long as possible, services are important but so is being able to continue to live your life your way.

1.6 The Council provides and commissions a wide range of services and support for people living with Dementia and their Carers. Some services are Dementia specific but others such as Home Care and Kent Enablement at Home are generic services with staff trained to work with people with many different Long Term Conditions, including Dementia.

2. What is Dementia?

2.1 Dementia is a clinical syndrome of deterioration in mental function which interferes with activities of daily living.

2.2 Dementia affects more than one cognitive domain for example memory, language, orientation, or judgement and social behaviour for example, emotional control or motivation.

2.3 Early or young onset Dementia is generally defined as Dementia that develops before 65 years of age.

2.4 The most common subtypes of Dementia include:

- 50-75% of people with Alzheimer's disease may also co-exist with vascular dementia
- Vascular dementia up to 20%
- Dementia with Lewy bodies 10–15%
- Frontotemporal Dementia 2%

2.5 Modification of specific risk factors in particular, cardiovascular risk factors such as smoking, diabetes and lack of physical activity can delay or prevent the onset of Dementia.

2.6 Early diagnosis of Dementia is important for treatment of reversible causes and advance planning while a person still has mental capacity.

3. Prevalence Nationally and Locally

3.1 There are estimated to be around 800,000 people with Dementia in the UK. This includes 676,000 people with Dementia in England. By 2040, the number of people with the condition is expected to double. Dementia is very uncommon under the age of 65 with only one case for every 3,500 people. One in 68 people aged 70-74 are diagnosed with the disease, growing to one in 13 aged 80-84 and almost one in five people aged 90+.[1] Observed prevalence of recorded Dementia in England by age group and gender can be seen in Appendix 1.

3.2 In Kent approximately 20,813 people aged over 65 are estimated to have Dementia based on 2013-14 estimates. By 2017 it is predicted that this figure will increase to 21,991 (Kent Public Health Observatory Jan 2015).

3.3 Figures from NHS England for September 2016 show that 12,719 people in Kent (excl. Medway) have received a Dementia diagnosis. This is on average 62% of the estimated prevalence figure, up from 57.5% in 2014/15 and 44.3% in 2013/14. The NHS's national target for diagnosis is 67%. NHS England's figures per Clinical Commissioning Group (CCG) area can be found as Appendix 2.

4. Making Kent a more Dementia Friendly Place

4.1 The Prime Ministers Dementia Challenge was first launched in March 2012.

[1]Dementia: policy, services and statistics. Number 7007, 17 October 2016

4.2 To ensure that Dementia remains a national priority the former Prime Minister revised his original challenge. Building on the considerable work already achieved he wanted work taken to the next level and by 2020 wanted England to be:

- the best country in the world for Dementia care and support and for people with Dementia, their Carers and families to live; and
- the best place in the world to undertake research into Dementia and other neurodegenerative diseases.

4.3 Central to this vision is ensuring that people with Dementia live in a society where they are able to say:

- I have personal choice and control over the decisions that affect me.
- I know that services are designed around me, my needs and my carer's needs
- I have support that helps me live my life
- I have the knowledge to get what I need
- I live in an enabling and supportive environment where I feel valued and understood
- I have a sense of belonging and of being a valued part of family, community and civic life
- I am confident my end of life wishes will be respected. I can expect a good death
- I know that there is research going on which will deliver a better life for people with Dementia, and I know how I can contribute to it.

4.4 In response to the Prime Minister's Challenge and a KCC Select Committee that considered Dementia and a Kent Dementia Friendly Communities (DFC) Programme was developed. The DFC began in May 2013 and the Programme consists of four work streams

1. Establishment Dementia Action Alliances
2. Encouraging Dementia Friendly Communities
3. Promoting Intergenerational Work and
4. The creation of Dementia Champions and Dementia Friends

4.5 We have developed a countywide Dementia Action Alliance with eight further local Dementia Action Alliances, including a specific Cultural Arm. Local Alliances bring together people who want to help improve the lives of people with Dementia in their area. They are seen as the local vehicle to develop Dementia Friendly Communities.

4.6 Across Kent there are fourteen communities registered as working towards becoming Dementia Friendly with a number of new communities in the process of starting up and applying for recognition. These groups each have their own local priorities however each group has also adopted the three priorities of the Kent Dementia Action Alliance which are:

1. Raising Awareness

2. Support Intergenerational Work and
3. Reducing Loneliness and Isolation

4.7 The Kent Model of Dementia Action Alliances and Dementia Friendly Communities has been recognised as good practice and has been adopted and promoted by the Alzheimer's Society nationally, the model is attached as Appendix 3.

4.8 A comprehensive list of the work going on across Kent to meet the aspirations of the Prime Ministers Challenge can be found as Appendix 4.

5. Dementia Performance Information Referrals, Assessments and Services

5.1 The following information is based on data extracted from the Adult Social Services client data base SWIFT/AIS, and is for a 12 month period (Nov 2015 - Oct 2016) for Contacts, Referrals and Assessment. Service information is based on current open services as at October 2016. It is important to note that people will only be recorded on SWIFT/AIS as having Dementia if the case manager has been notified of a formal diagnosis, if the case manager suspect the person may have Dementia but does not have a diagnosis they will refer to the memory service for assessments. Therefore, we believe the number of people support who are living with Dementia is likely to be underrepresented in the data below.

5.2 Number of Referrals

Referral Reason	No. of Referrals where person has Dementia	Total referrals	% of Referrals where client has Dementia
Assessment Request	1,208	24,839	4.9%

5.3 Number of Assessments

5.3.1 Please note that assessments data also captures reviews, as these are classified as a re-assessment of need.

Assessments Completed relates to	No. of Completed Assessments	% of Assessments Completed
Person has Dementia	2,092	6.4%
Person does not have Dementia	30,548	93.6%
Total	**32,640**	**100%**

5.4 Number of People Receiving Support Services

Individual Receiving Support	No. of Individuals	% of Individuals
Person has Dementia	4,363	11.7%

Person does not have Dementia	33,020	88.3%

5.5 Number and Type of Services Received

Service Type	No. of Services where Person has Dementia	Total Services	% of Services where Person has Dementia
Adult Placement Scheme	14	493	2.8%
Residential Care Home	2,785	10,375	26.8%
Direct Payment	675	7,254	9.3%
Home Care	1,115	17,063	6.5%
Equipment/Adaptation	365	13,852	2.6%
Nursing Care Home	854	2,519	33.9%
Telecare	420	7,430	5.7%
Grand Total	6,228	58,986	12.5%

6. Services and Support for People Living with Dementia and their Families/Carers

6.1 **Dementia Specific Information and Advice** – The Council has commissioned a 24hr Dementia Helpline to offer practical and emotional support. The helpline supports, on average, 50 families per month helping them with a sympathetic and well trained listening ear, access relevant help and support across Kent. The majority of each month's contacts are new contacts rather than repeat callers. Over the last six months 55% of callers have been female and 45% male. These can be further broke down to: 25% from a spouse, 32% from a daughter /daughter in law, 16% from an unknown connection, 10% from a son / son in law, and 6% each from friends, neighbours and professionals and 4% calling on their own behalf.

6.2 **Dementia Friendly Kent Website** - holds a variety of different information about events, activities, services and projects across the county. The website has been seeing a steady increase of visitors and over the last six months from May 2016 has averaged at over 900 visitors per month with between 25-30% of these being new visitors.

6.3 **Dementia Cafés** - The Council has funded Dementia Cafés in 25 areas across the county, a majority of these hosts two sessions per week. Cafés are a social place where people can meet for mutual support and also have access to information. Many Cafés have entertainment and ensure that they get a variety of speakers from different organisations to help keep people informed about the support available for them. In the last six month period (April 2016 to September 2016) a total of 228 sessions took place with an average of 17 people attending per session. These sessions are open to the person diagnosed and family/Carers, with attendance showing 44% attendees with a diagnosis, 51% a family carer and 4% declaring as other.

6.4 **Dementia Peer Support Groups** – The Peer Support Groups offer specific sessions for the person diagnosed with dementia and are a forum where people in the early to middle stages of their illness can meet and share experiences and offer mutual advice and support. In the last six month period (April 2016 to September 2016) a total of 102 sessions took place with an average of seven people attending per session.

6.5 **Social Opportunities/Day Services** - working from the ethos of 'A Life not a Service' it has been recognised that people affected by Dementia want to remain an active part of their community for as long as practicable. With that in mind, although a number of services need to be specific for people with Dementia in the latter stages, in the earlier stages of a person's Dementia the stimulation and support provided by general social opportunities is a valuable commodity.

6.5.1 The Council funds a range of social opportunities/day services through grants to organisations such as Age UK, Alzheimer's Society and Alzheimer's and Dementia Support Services across Kent, who offer a range of services including Dementia specific day care for those who need a more intensive support.

6.5.2 The Council also has a number of in house provisions for Dementia Day Care. Blackburn lodge in Swale has three sessions of Dementia suitable day care per week, providing up to 45 places for people with Dementia. Gravesham Place, Westbrook House, West View and Broadmeadow all provide similar services.

6.6 **Tele-Technology** - in order to promote independence, reduce isolation and allow people to remain active within their community the Council is encouraging the use of tele-technology and has invested in 'Just Checking' a system to remotely monitor people's activity and ensure accurate management of risk and the tailoring of care and support. The Council has also invested in GPS trackers and as of 30 September 2016, 52 GPS locator devices have been issued. These trackers allow people the freedom to leave home and provide Carers with peace of mind that people's whereabouts can be monitored. The Council is working closely with Kent Police, Kent Fire and Rescue and Kent Search and Rescue to ensure effective policies and protocols for supporting people at risk of going missing are in place.

6.7 **Advocacy Service** – The new advocacy service has been developed to provide a greater understanding of the complexities of living with Dementia when dealing with issues of consent and best interest. The county wide advocacy service works with the Alzheimer's and Dementia Support service to provide Dementia specific assistance for those who need an advocacy service. In the six month period from April 2016 to September 2016, 236 people with Dementia have been supported through the new advocacy contract.

6.8 **Mental Capacity Act -** 180 people living with Dementia were supported through Independent Mental Capacity Advocacy (IMCA) involvement in Care Reviews, Serious Medical Treatment and Safeguarding. 106 people living with Dementia were supported through the Deprivation of Liberty (DOLS) process.

128 people living with Dementia were supported through DOLS Paid Relevant Persons Representatives, eight of these cases involved Relevant Persons Representative support for Court of Protection Cases.

6.9 **Dementia Outreach Workers -** The Alzheimer's and Dementia Support Service, The Alzheimer's Society, Age UK Herne Bay, Age UK Deal and Age UK Faversham are funded to provide Dementia support to local residents through Dementia support workers. Dementia support workers provide support, information and guidance to people with Dementia and their Carers helping to maintain their independence, improving their sense of well-being and putting them in more control of their lives and to assist people with Dementia and their Carers to identify their needs and access to services.

6.10 **Alzheimer's and Dementia Support Services (ADSS) -** (covering the Dartford, Gravesham and Swanley area of Kent) provide dementia day care and Dementia support services Figures provided show that over the six month period April 2016 to September 2016 ADSS have worked with on average 306 clients per month. This figure includes 615 new contacts, 56 clients who are exiting their services, 595 contacts signposted to additional services and have on average 3 people on a waiting list at any one time. These figures include contact into the Kent Dementia helpline which ADSS manage.

6.11 **Alzheimer's Society -** (covering a large proportion of East and South West Kent) provide Dementia day care and Dementia support services Figures provided show that over the six month period April 2016 to September 2016 the Alzheimer's Society has worked with on average 412 clients per month. This figure includes 260 new contacts, 179 clients who are exiting their services, 179 clients who are signposted on to other services and have on average 20 people on their waiting list at any time.

6.12 **Support for Carers –** Carers' Assessments and Carers Short Breaks Services. Figures submitted for April 2016 to September 2016 show 647 Carers' Assessments made for Carers of those with Dementia, 108 one off Direct Payments made and 32 dementia specific Carers' activities sessions. The Carers Short Breaks preventative service show 534 clients have received in total 18,332 hours support.

6.13 **Crossroads Care Kent -** is also funded to provide other Dementia specific Carers' support services and the last six months figures show 80 people have attended Cognitive Stimulation Groups (COGS) totalling 6500 hours of support, 60 people have engaged with their Dementia outreach service receiving 600 hours of support and 30 people living with Dementia have received peer support totalling 600 hours.

6.14 **Age UK and Age Concern -** provide Dementia specific services in many areas of Kent and people living with Dementia often access the full range of non-specific services offered by these organisations.

6.15 **Emergency Support and Crisis Prevention** – The Council has jointly commissioned, with all seven Kent Clinical Commissioning Groups (CCG), a

Dementia and Carer Crisis Service designed to support people at times of crisis to prevent hospital or care home admissions and to support timely safe discharges from hospital. Through this joint funding, the last six month period April 2016 to September 2016 has seen:

- Short Breaks Service - 258 clients received in total 9330 hours of support
- Carer Health Appointments 97 clients in total receiving 827 hours of support
- Crisis Service 202 clients receiving 9077 hours of support

7. Projects developed through the Dementia Friendly Community (DFC) Programme

7.1 In addition to commissioned services there are a number of local services supported and initiated through the DFC programme. These include a large range of community led Dementia cafes which are run by volunteers:

- Tenterden Railway Station Café
- Westerham Forget me not Café
- Edenbridge Forget me not Café
- Rosie's Moments Dementia Café (Folkestone)
- Cranbrook- Memory Lane Café (Coming Soon)

7.2 For the last two years the DFC Programme has been awarding small innovation grants, £2,000 is available for each District/Borough annually. Projects must be linked to a local Dementia Action Alliance and must be developed and delivered by a partnership. A list of the grants awarded can be found in Appendix 5. More information can be found on the www.dementiafriendlykent.org.uk website.

7.3 The DFC programme has been championing and developing the ***Working to Become Dementia Friendly*** recognition. Detail of all the businesses and organisations signed up will soon be published on the Dementia Friendly Kent Website. A 'draft' information sheet about the recognition symbol can be viewed in Appendix 6.

7.4 Promoting Awareness and information is one of the prime aims of the Dementia Friendly Community work. This year, during Dementia Awareness Week, Kent hosted a large range of events. Information about this year's Dementia Awareness Week events can be found in Appendix 7

8. Your life, your well-being - Draft Vision and Strategy for Adult Social Care 2016 - 2021

8.1 The Council has recently completed formal consultation on a new vision for adult social care, the aim of which is to help people to improve or maintain their well-being and to live as independently as possible. The Strategy breaks down the Council's approach to adult social care into three themes that cover the

whole range of services provided for people living with Dementia and their Carers:

1. **Promoting well-being** – supporting and encouraging people to look after their health and well-being to avoid or delay them needing adult social care

2. **Promoting independence** – providing short-term support so that people are then able to carry on with their lives as independently as possible

3. **Supporting independence** – for people who need ongoing social care support, helping them to live the life they want to live, in their own homes where possible, and do as much for themselves as they can

9 Dementia with Sustainability and Transformation Plans (STPs)

9.1 Prof Alistair Burn, National Clinical Director for Dementia, NHS England, has recently written to all Local Authorities and CCGs, stating

*"We propose a bold **transformation** of the way in which the needs of people with Dementia and their Carers are addressed by the health and social services with an emphasis on **prevention** (both primary prevention and avoiding additional disability due to co morbid conditions**), maintaining independence** for people with Dementia in their communities (specifically avoiding unnecessary hospital admissions) and providing **high quality support** for families and Carers. The overall aim is for the efficiencies to lead to **sustainable** high quality care".*

9.2 Dementia is one of the key aspects of STPs, within Mental Health, and is one of the "must dos" with specific mentions of maintaining the national diagnosis rate at two thirds, tackling variation between CCGs and improving the provision of post diagnostic treatment and support.

10 Key Challenges

10.1 **Staff Recruitment and Retention** - although much has been and continues to be done to improve the support offered to people living with Dementia and their families/Carers, there are still significant challenges in recruiting sufficient workforce to work in some key services, especially home care provision in more affluent and rural areas.

10.2 **Improving Access to Information** - despite having invested in Dementia specific information and advice services, too often people do not know what is available or how to access it. The Council is working with NHS colleagues to develop a post diagnostic pathway that supports people to access the right support for them following their diagnosis.

10.3 **Ensuring High Quality Care and Support in all Settings** - improving and getting a more consistent approach to the training for key staff to develop skills in working with people with Dementia to prevent issues escalating and

behaviour becoming challenging. Through the DFC options for a special ***Working Towards Become Dementia Friendly*** training accreditation are being explored.

10.4 **Reducing Stigma and Improving Awareness** – on-going work is necessary to help reduce the stigma surrounding Dementia. NHS services being delivered under Mental Health rather than as a Long Term Condition, can influence public perception. Public perception can still be that people with Dementia should be in care homes there is a need to spread the message that people can live well with Dementia and want to be in their own homes for as long as possible.

11. Conclusion

11.1 Although there is a good range and variety of Dementia services across Kent, with some excellent examples of innovation and quality care, there is not a core or consistent offer.

11.2 Services have developed over time rather than being strategically commissioned. Through the next phase of the Adult Social Care Transformation Programme we will be working with a wide range of stakeholders, including people living with Dementia and their Carers to design new models of support. This will entail working in partnership with the NHS and ensuring more equitable access to services.

12. Recommendations

12.1 Recommendations**:** The Adult Social Care and Health Cabinet Committee is asked to **COMMENT** on the progress made in supporting people living with Dementia and their Carers, **CONSIDER** and **COMMENT** on the content of this report and **ENDORSE** the approach of working with the NHS through the next stage of the Adult Social Care Transformation Programme to ensure Dementia services in Kent are of a high quality and consistently available.

13. Background Documents

Increasing Opportunities, Improving Outcomes: Kent County Council's Strategic Statement 2015-2020
http://www.kent.gov.uk/about-the-council/strategies-and-policies/corporate-policies/increasing-opportunities-improving-outcomes

Joint health and wellbeing strategy
http://www.kent.gov.uk/social-care-and-health/health/health-policies/joint-health-and-wellbeing-strategy

Dementia: policy, services and statistics. Number 7007, 17 October 2016
http://researchbriefings.parliament.uk/ResearchBriefing/Summary/SN07007

The Prime Ministers Dementia Challenge
https://www.gov.uk/government/publications/prime-ministers-challenge-on-dementia-2020

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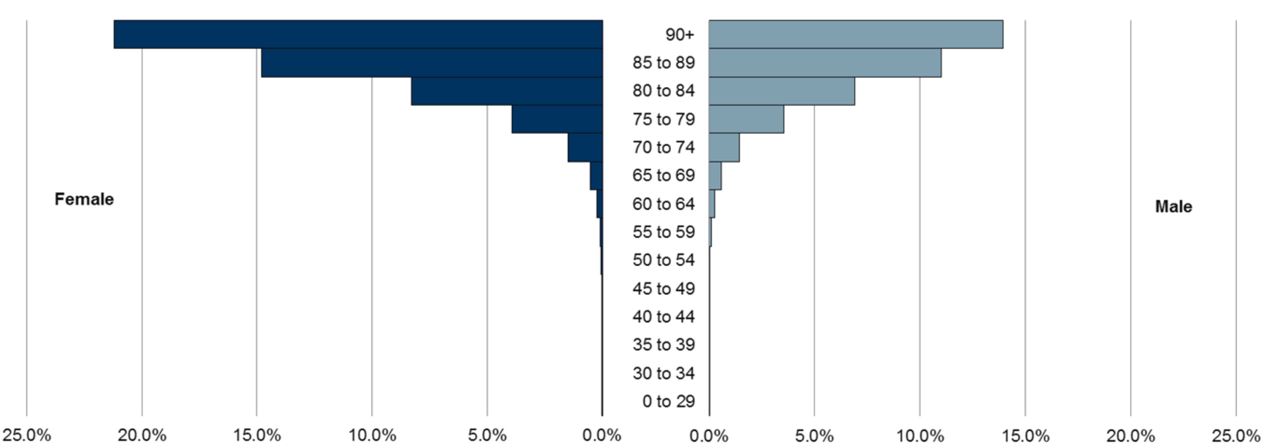
Appendix 1 - Observed prevalence of recorded Dementia in England by age group and gender



Source: NHS Digital
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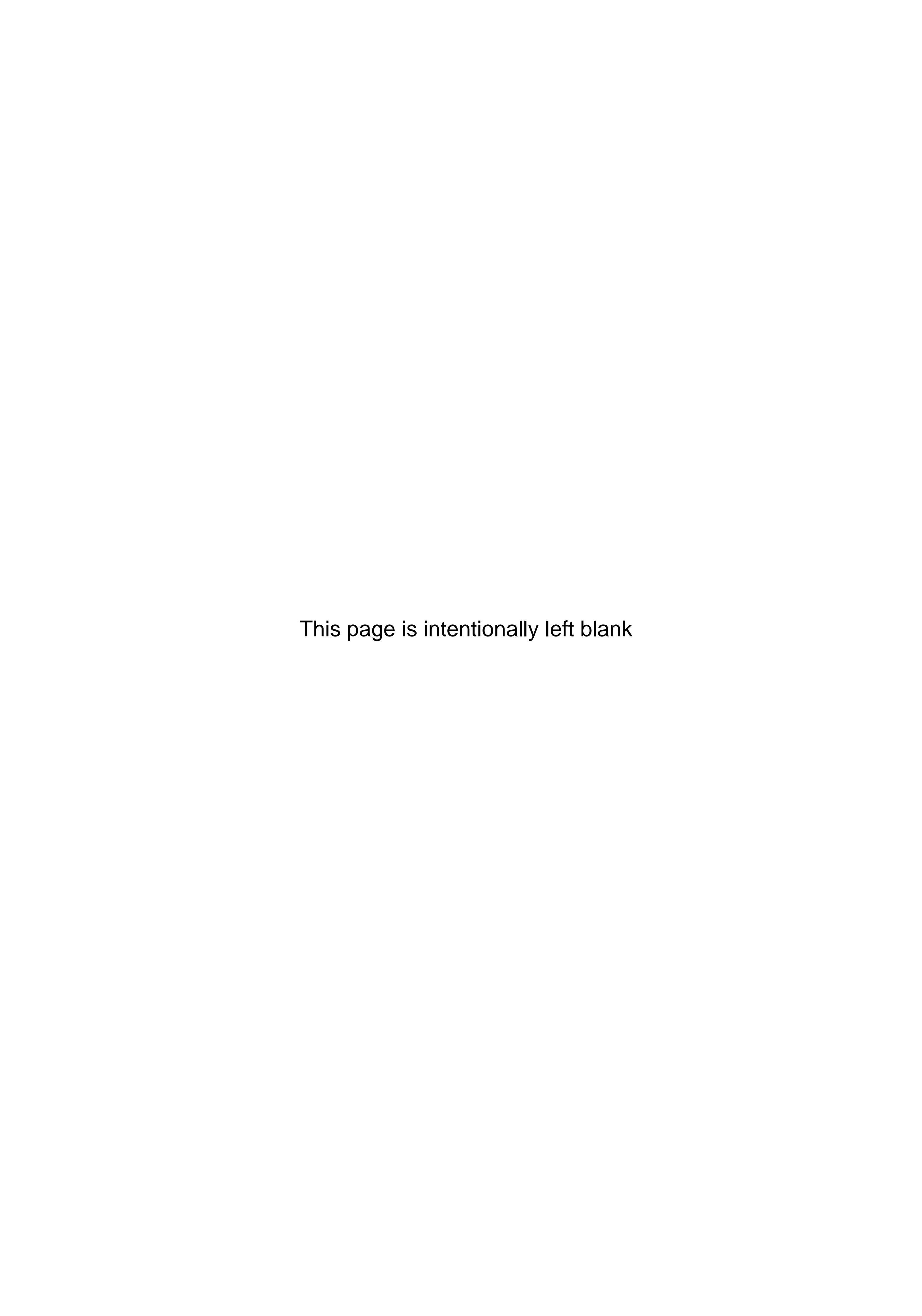
Appendix 2 - Dementia Prevalence and Diagnosis Rates

CCG	QOF Register Diagnosed Age 65+ Sept 2016	Estimated Prevalence Number Age 65+ Sept 2016	Recorded Prevalence as % of estimated prevalence 2013/14	Recorded Prevalence as % of estimated prevalence 2014/15	Recorded Prevalence as % of Estimated prevalence for Sept 2016	Dementia Diagnoses (all ages) Sep-2016	Dementia Diagnosis Age under 65
NHS Ashford CCG	909	1518	44.00%	56.73%	59.90%	935	26
NHS Canterbury & Coastal CCG	1961	2899	47.80%	64.42%	67.60%	2048	87
NHS Dartford, Gravesham & Swanley CCG	1737	2874	45.40%	56.45%	60.40%	1770	33
NHS South Kent Coast CCG	1993	3136	39.70%	57.30%	63.50%	2081	88
NHS Swale CCG	804	1204	41.80%	61.13%	66.80%	831	27
NHS Thanet CCG	1268	2112	39.20%	49.32%	60.00%	1301	33
NHS West Kent CCG	3647	6051	46.90%	57.26%	60.30%	3753	106
Kent	**12,319**	**19,794**	**44.30%**	**57.50%**	**62.20%**	**12,719**	**400**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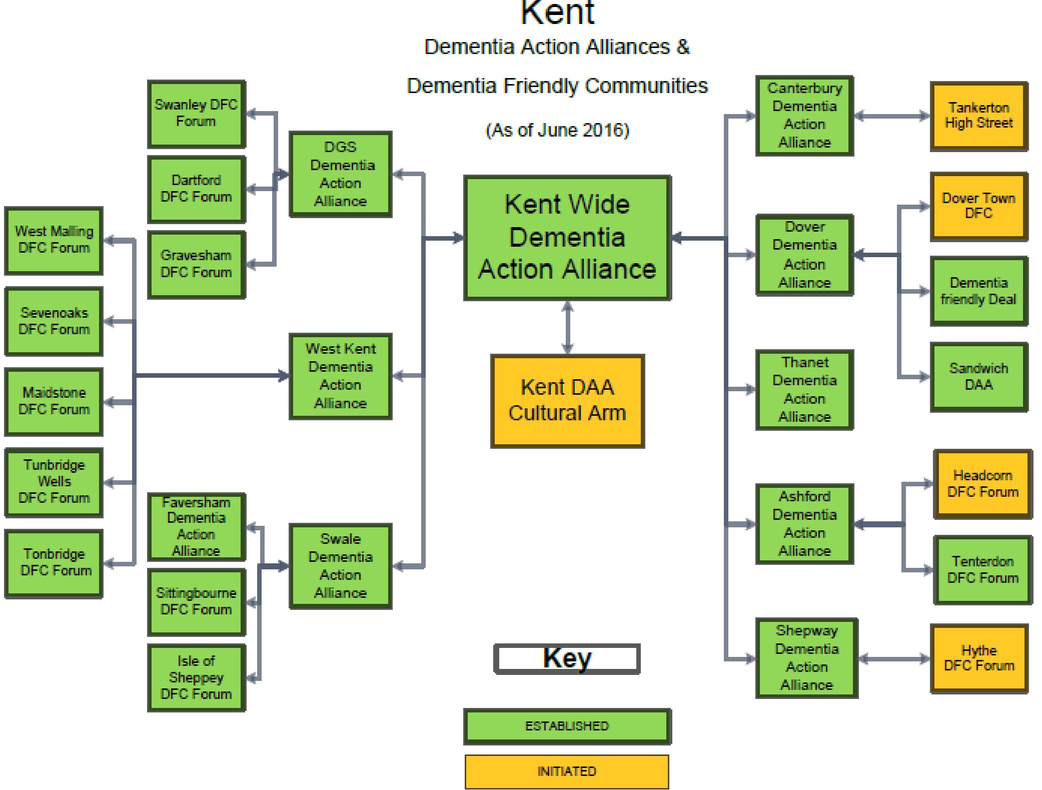
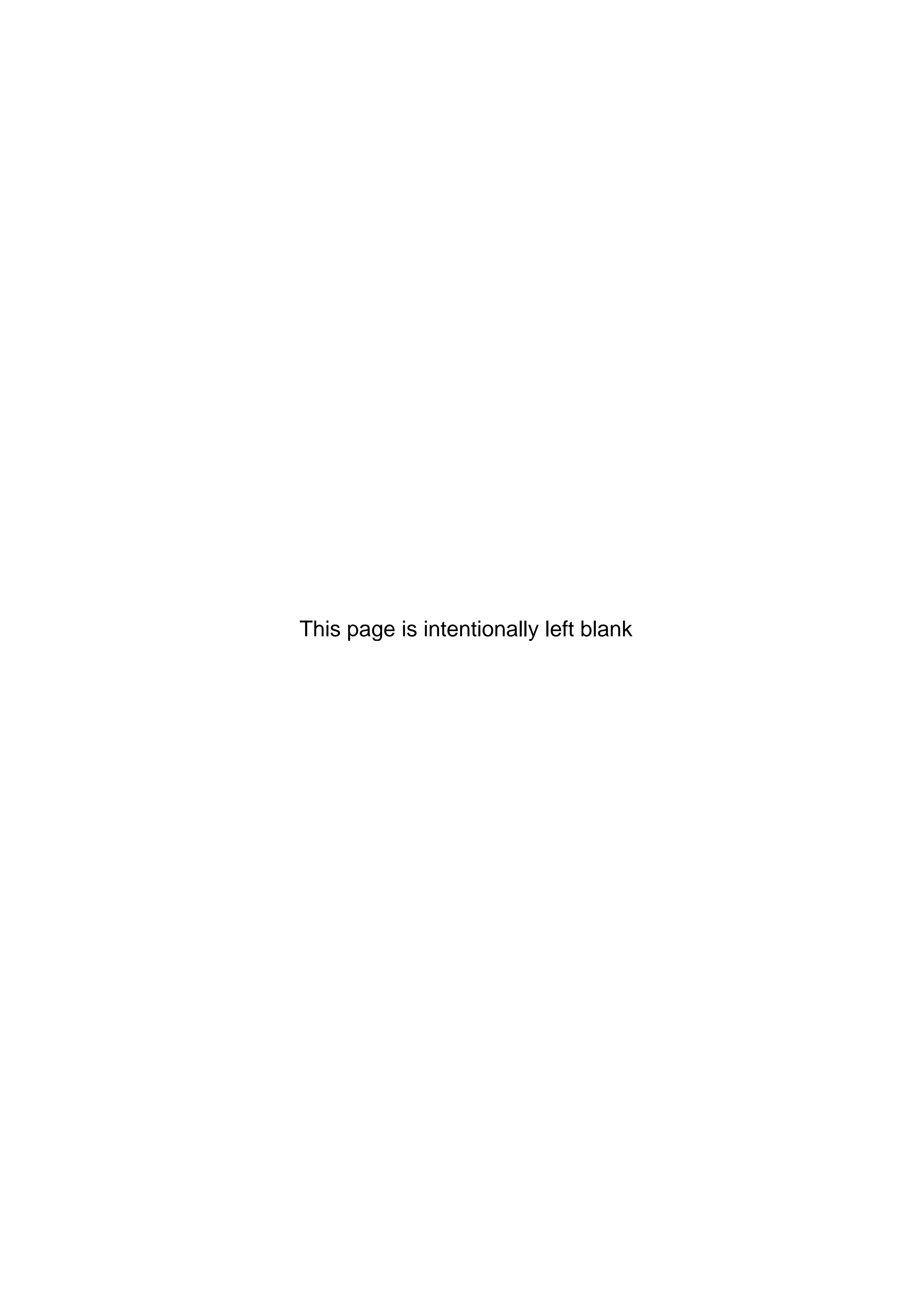
Appendix 3 - Kent's Dementia Friendly Communities and Dementia Action Alliances Model

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Appendix 4

Work in Kent to Meet Aspirations of Prime Ministers Dementia Challenge 2020

The revised Prime Minister Challenge contains a number of aspirations to be achieved by 2020.

This report list's the aspirations of the PM Challenge and the actions taking place in Kent to help achieve them,

(Aspirations of the PM Challenge 2020 in **bold.)**

1. **Improved public awareness and understanding of the factors, which increase the risk of developing dementia and how people can reduce their risk by living more healthily. This should include a new healthy ageing campaign and access to tools such as a personalised risk assessment calculator as part of the NHS Health Check.**

1.1. The KCC are supporting at a national and local level:

1.2. Nationally we are supporting Public Health England with their focus on reducing dementia risk and promoting dementia risk indicators through the NHS Health Check programme.

1.3. Public Health England was also one of the strategic partners behind both the launch and promotion of the dementia friend's awareness sessions which the KCC's DFC team encourage, deliver and promote locally.

1.4. For NHS England, the main focus for the last year has been in reaching the target of a 67% diagnosis rate. This has been supported by the DFC team in: the raising of awareness within communities of the signs and symptoms of dementia; the promotion of the memory checklist in GP surgeries, healthy living centres and libraries in Kent; reducing the stigma of dementia by the development of dementia friendly communities and increase of local awareness events.

1.5. This year's 2016 Dementia Awareness Week events held during 16th to 24th May can be seen on www.dementiafriendlykent.org.uk

2. **In every part of the country people with dementia having equal access to diagnosis as for other conditions, with an expectation that the national average for an initial assessment should be 6 weeks following a referral from a GP (where clinically appropriate), and that no one should be waiting several months for an initial assessment of dementia.**

2.1. KCC's DFC team is working with the Kent and Medway NHS partnership Trust (KMPT) and all of Kent's Clinical Commissioning Group's to encourage an early diagnosis, removing stigma and encouraging people to discuss dementia earlier.

2.2. The Dementia Friend Awareness Sessions, public events and Dementia Friendly Community work being held across the County is also raising awareness within family members and carers so that they recognise the early signs of dementia aiding in early diagnosis.

2.3. We have developed a 'memory checklist' which is being used widely across Kent as an aid for people to use when meeting with their GP to help set out their concerns and symptoms and aid the diagnosis process.

3. GPs playing a leading role in ensuring coordination and continuity of care for people with dementia, as part of the existing commitment that from 1 April 2015 everyone will have access to a named GP with overall responsibility and oversight for their care.

3.1. Local DFCs have done a considerable amount of work engaging with members of the public generally and more specifically those living with dementia. The information we have received through consistently tells us that people expect to be able to obtain information about dementia and dementia related services from their GP surgery.

3.2. The DFC Team have recognised that engaging GPs in becoming a Dementia Friendly 'Business' is problematic as the staff have limited time and a restricted ability to alter environments. In order to assist surgeries in joining the local alliances we have adapted the DAA action plan forms so that we have an alternative form for GP surgeries which consists of a number of 'tick box' statements specifically related to surgery practice. Surgeries can then indicate the practices which they already adhere to, those they are working towards and those which they have yet to consider. We hope that this easier process will encourage more GP's to join the Kent Dementia Action Alliances.

4. Every person diagnosed with dementia having meaningful care following their diagnosis, which supports them and those around them, with meaningful care being in accordance with published National Institute for Health and Care Excellence (NICE) Quality Standards. Effective metrics across the health and care system, including feedback from people with dementia and carers, will enable progress against the standards to be tracked and for information to make publicly available. This care may include for example:

- **Receiving information on which post-diagnosis services are available locally and how these can be accessed, through for example an annual 'information prescription'.**
- **Access to relevant advice and support to help and advice on what happens after a diagnosis and the support available through the journey.**
- **Carers of people with dementia being made aware of and offered the opportunity for respite, education, training, emotional and psychological support so that they feel able to cope with their caring responsibilities and to have a life alongside caring.**

4.1. GP surgeries are exactly that: 'General Practice' therefore they cannot be expected to have expert information in regards each and every condition.

Work in Kent to Meet Aspirations of Prime Ministers Dementia Challenge 2020

4.2. The DFC team are in the process of initiating pilots in three districts, to ensure that post diagnosis, when the memory clinic refer back to the GP, each patient is also given an appointment with a local 'Dementia Support Worker' to discuss their non-clinical needs. This new process is being co-produced with a number of peer support and carers groups

4.3. Many areas have now produced their own 'local' multi-agency leaflet that gives basic info on memory problems and local organisations and what they offer. These give information both before and after the memory assessment process.

4.4. The DFC team manages the www.dementiafriendlykent.org.uk website which gives information about local groups and activities which are inclusive for those with dementia or specifically for those living with dementia, as well as linking to national information.

4.5. The DFC Team is investigating the possibility of a Dementia Time Bank to allow peer support, tackle loneliness & isolation and to link local people and help build community capacity. Peer Groups have been consulted and the idea was well received and members very enthusiastic to support this offer.

5. All NHS staff having received training on dementia appropriate to their role. Newly appointed healthcare assistants and social care support workers, including those providing care and support to people with dementia and their carers, having undergone training as part of the national implementation of the Care Certificate, with the Care Quality Commission asking for evidence of compliance with the Care Certificate as part of their inspection regime. An expectation that social care providers provide appropriate training to all other relevant staff.

5.1. The DFC team has been working with local Community and Acute Hospitals via the DAA and DFC groups and training provision and level of provision are in the process of being mapped by the West Kent DAA.

5.2. Dementia Awareness is being encouraged in all care providing organisations as well as for residents within care home settings. Care home providers regularly attend local DAA's/DFC Forums and the DFC Team are holding Dementia Friends sessions in these environments to raise awareness amongst staff, residents and their families.

5.3. All Acute Hospitals and Community Hospitals have signed up to the Dementia Friendly Hospitals Charter and all are working on their environment to make them more dementia friendly. As yet though there are no agreed national 'criteria' as the national team led by the Alzheimer's Society has yet to produce clear criteria for individual settings.

5.4. Kent's DFC team are supporting care homes and care providers and are in process of developing a framework to inform people about what 'can' be done to make their business or environment more dementia friendly.

Appendix 4

Work in Kent to Meet Aspirations of Prime Ministers Dementia Challenge 2020

This work is based on the British Standards PAS1365 (Best Practice for Dementia Friendly Communities).

6. Alzheimer's Society delivering an additional 3 million Dementia Friends in England, with England leading the way in turning Dementia Friends in to a global movement including sharing its learning across the world and learning from others.

6.1. Although the Alzheimer's Society leads on the Dementia Friends initiative, their role is to train the 'Dementia Friends Champions' which deliver the sessions across England. In Kent we have in the region of 400 Champions many of which are linked to our local DAA and DFCs. Kent has over 25,000 dementia friends.

6.2. KCC Cabinet Members, Commissioning, Finance and Community Safety teams have attended Dementia Friends sessions as have a number of other internal staff. Many of our local District Councils have followed suit and provided sessions to their Councillors and front line staff.

7. Over half of people living in areas that have been recognised as Dementia Friendly Communities, according to the guidance developed by Alzheimer's Society working with the British Standards Institute2. Each area should be working towards the highest level of achievement under these standards, with a clear national recognition process to reward their progress when they achieve this. The recognition process will be supported by a solid national evidence base promoting the benefits of becoming dementia friendly.

7.1. This is misleading as it implies still that there will be a 'highest' level of achievement with set criteria. This has been discussed and rejected by representatives from local communities across England as too difficult to manage considering the diversity of areas. The recognition symbol will remain as 'working to become dementia friendly' recognising that the work must continuously evolve to remain current.

7.2. Instead of a 'highest' level of achievement there is now an alternative model which looks at measuring improvement and the achieving of self-set goals linked to the 8 areas of action form the BSI - PAS 1365.

7.3. Kent's Dementia Friendly Communities are already working in this manner with the 14 existing communities signing up to the new model. These communities range from large districts to small towns or villages. Kent is on track for having half its residents living in areas considered to be 'working to become dementia friendly'.

7.4. The Kent Model of Dementia Action Alliances and Dementia Friendly Communities has been recognised and adopted as Good Practice by the Alzheimer's Society Nationally. (Appendix 4)

7.5. Tracey Schneider from the KCC Dementia Friendly Team represents England's Local Dementia Action Alliance's as an elected member of the National Dementia Action Alliance; Tracey also sits on the National Dementia Friendly Community recognition symbol advisory board

8. All businesses encouraged and supported to become dementia friendly, with all industry sectors developing Dementia Friendly Charters and working with business leaders to make individual commitments (especially but not exclusively FTSE 500 companies). All employers with formal induction programmes invited to include dementia awareness training within these programmes.

8.1. We have linked the Dementia Friends sessions in with the Healthy Business Awards via Public Health and attended a number of Business Breakfasts, which has led to a need for a business focused workshop. We have also been working with the community safety teams across Kent to ensure that the Dementia Friends Awareness sessions is located in basic training and in top ups for Fire and Police

8.2. As part of our work to make Kent more 'Dementia Friendly ' we have been looking at the recommendations from the recent British Standards 'Best Practice' guidelines (PAS1365) for building 'Dementia Friendly Communities' and promoting ''Dementia Friendly Organisations and Businesses'

8.3. We have engaged with various representatives from business and organisations (excluding those Health and social care based) to work together in a co-productive manner to build a minimum criteria for Kent's businesses and organisations to be awarded the recognition symbol.

8.4. Now we have minimum criteria, the DFC team will disseminate this down to the local groups and businesses so we can encourage more businesses and organisation's to use the recognition symbol and commit to becoming dementia friendly. Upcoming we will be working with the Care and Health organisations to make a set of criteria relevant to the Health and Social care industries.

8.5. The Second Dementia Friendly Kent Awards took place in October 2016 and received plenty of press coverage due to having Angela Rippon OBE attend and hand out the awards to this year's winners and finalists. The awards have raised the awareness of the Kent DAA and also 'sparked' interest from local businesses who would like to get involved either through nominations or sponsorship. The Awards have shown to be an opportunity to make significant growth in this area with local businesses and encouraging them to become Dementia Friendly.

Appendix 4

Work in Kent to Meet Aspirations of Prime Ministers Dementia Challenge 2020

9. National and local government taking a leadership role with all government departments and public sector organisations becoming dementia friendly and all tiers of local government being part of a local Dementia Action Alliance.

9.1. In 2011 the Kent Dementia Collaborative Board asked the KCC SILK team to undertake a piece of insight gathering work to support the Board's vision: "…that people with dementia receive timely diagnosis and support that promotes their independence and helps them 'live well' with dementia, and that all services and support are provided to the highest possible standards: promoting dignity, choice and respect".

9.2. The evidence from this initial programme provided the foundations from which a partnership of Clinical Commissioning Groups and the Local Authority were able to apply for Department of Health funding. This successful application was part of the Prime Minister's Dementia Challenge, supporting a programme of work towards becoming a Dementia Friendly Community. (More about SILKS work can be seen in Appendix 5)

9.3. KCC takes a lead role in the Dementia Friendly Community work across Kent; we have been able to influence change both locally and nationally, setting a good example of how working in coproduction with the communities we can help make our Kent communities stronger and more resilient.

9.4. Within the council we are restarting the internal facing DAA looking at reviewing the original DAA action plan, in order to better reflect the various directorates/departments and roles which may come in to contact with people living with dementia and their families.

9.5. All Kent large public sector organisations such as Police, Fire, NHS, Universities and District / Borough councils engage with the Kent DAA and championing Dementia Friends sessions for all existing and new staff.

9.6. Volunteer roles have now been confirmed for supporting the local communities and the online media presence. These roles are designed for local residents and students with an interest in dementia and will be managed by the DFC team.

10. The below aspects from the PM Challenge 2020 that KCC DFC is not taking an active role in pursuing are:

10.1. Dementia research as a career opportunity of choice with the UK being the best place for Dementia Research through a partnership between patients, researchers, funders and society.

10.2. Funding for dementia research on track to be doubled by 2025.

Appendix 4

Work in Kent to Meet Aspirations of Prime Ministers Dementia Challenge 2020

10.3. An international dementia institute established in England.

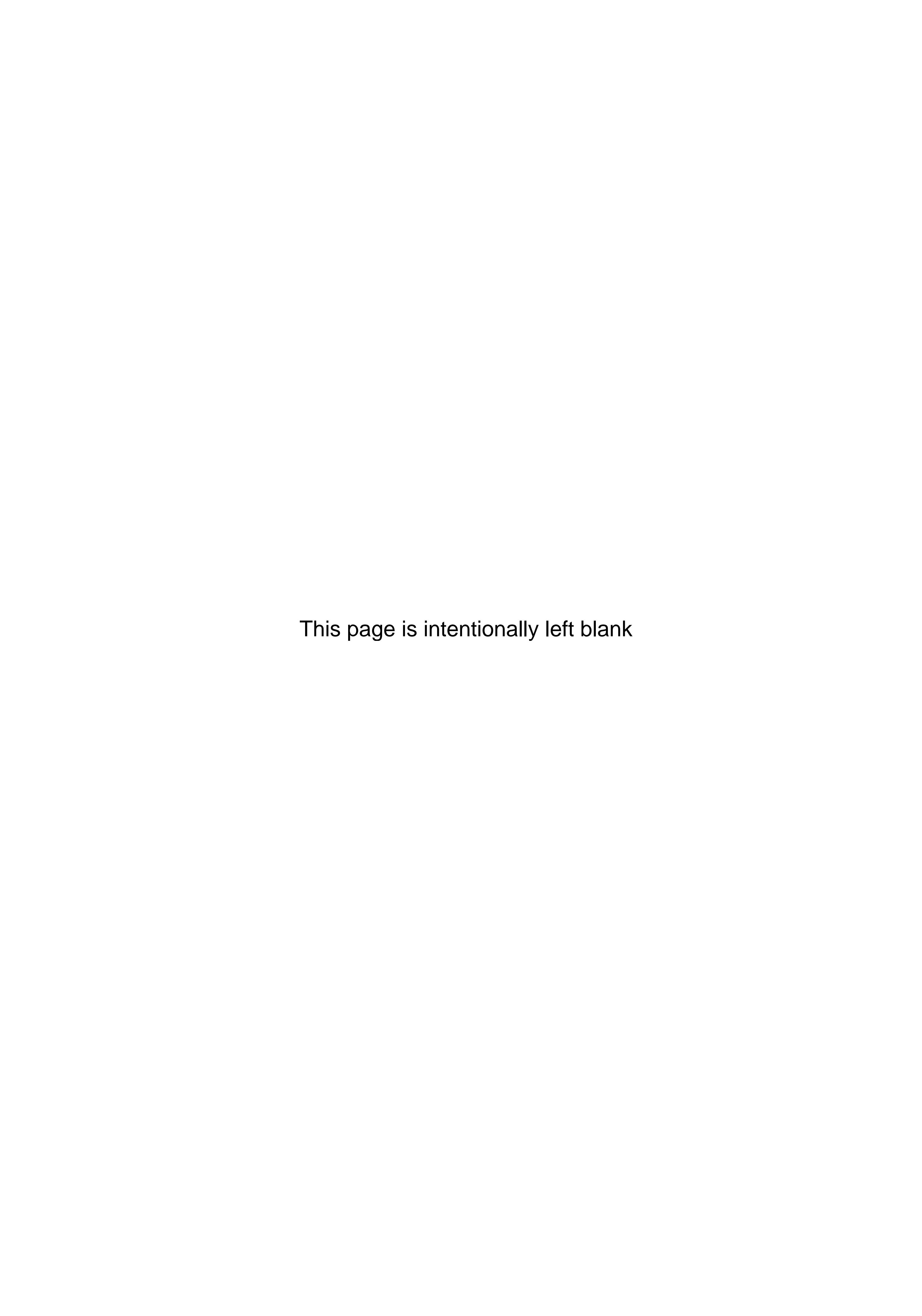
10.4. Increased investment in dementia research from the pharmaceutical, biotech devices and diagnostics sectors, including from small and medium enterprises (SMEs), supported by new partnerships between universities, research charities, the NHS and the private sector. This would bring word class facilities, infrastructure, drive capacity building and speed up discovery and implementation.

10.5. Cures or disease modifying therapies on track to exist by 2025, their development accelerated by an international framework for dementia research, enabling closer collaboration and cooperation between researchers on the use of research resources – including cohorts and databases around the world.

10.6. More research made readily available to inform effective service models and the development of an effective pathway to enable interventions to be implemented across the health and care sectors.

10.7. Open access to all public funded research publications, with other research funders being encouraged to do the same.

10.8. Increased numbers of people with dementia participating in research, with 25 per cent of people diagnosed with dementia registered on Join Dementia Research and 10 per cent participating in research, up from the current baseline of 4.5 per cent.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Appendix 5
Dementia Friendly Communities (DFC): Grant Funded Projects

1. 2015/16 DFC Grant Funded Projects

1.1. Dementia Networking and training day in Longfield, Dartford open to local agencies and residents- An event looking at strengthening local networks and working towards the DGS DAAs priorities of 2016 which include:

- Joint working processes – to aid the development of the Dementia Hub
- BME engagement
- Dementia, Delirium and Depression- public awareness of complex issues which may exasperate dementia symptoms
- Plan for Tomorrow but Live for today-public awareness around the issues of legal and financial planning while having capacity

116 people visited the event, of which 13 classified themselves as carers and 5 as having a dementia diagnosis. Also during the day 32 professionals and family carers were able to experience the Virtual dementia tour.

1.2. Oasis Academy Isle of Sheppey to open up the school once per term for a themed memory café for local residents, also included were a number of coffee mornings for older lonely and isolated people. This grant has allowed a full year of events and this will be continuing through local fundraising into 2017. Attendees at these events can range from 30-50 persons.

1.3. The Faversham dementia friendly community to fund an arts project between the Queen Elizabeth Grammar School and a local care home.

1.4. Thanet Age UK to provide a dementia awareness day to promote the knowledge and awareness of local services.

1.5. The Deal centre for the retired to run a project around the engagement with taxi drivers giving Deal a dementia friendly mode of transport.

1.6. Involve Maidstone to provide a project looking at outside spaces and dementia, working with the Kent Wildlife Trust

1.7. High Weald Partnership to provide an engagement and gardening project with people with dementia and planters at The Greggs wood surgery.

1.8. Town and Country in Tunbridge wells to provide a catalogue of small pieces of equipment to make life easier for those living with dementia – provided through referrals at a donation cost.

2. 2016/17 DFC Grant Funded Projects (in initiation phase)

1.9. The purchase of an Age simulation suit to encourage empathy and understanding of age related issues within local businesses

1.10. The delivery of two ‘Hot Potato’ Events looking at the issues which people often find controversial of difficult to deal with. The DFC Team have recognised that in relation to local demographic figures there is a disproportional representation of certain protected characteristics within dementia services. To understand better how to remedy these issues, the DFC team have engaged in a series of ‘Hot Potato’ events. The events consist of presentations, life stories, and workshops with the objective to encourage conversations, facilitate sharing of good practice and generate ‘points to consider’, all of which will be used to build a tool kit for Kent. Subjects discussed through the days have included Sexuality, Dementia and Disability, Learning Disability, Race, Culture, Language, Religion, Gender, Carers Lives and Emotions, Age and Workforce.

1.11. A hydrotherapy and dementia project upcoming in the Tunbridge Wells Area.

1.12. A business and local organisation exchange project based in Tonbridge building on the work of the WTBDF symbol.

1.13. Maidstone DFC has received a grant to provide training to professionals to better engage local people in the arts and culture activities.

1.14. Sevenoaks DFC have received a grant to develop cultural and experience days working with the local national trust.

1.15. A grant has been made to AgeUK Canterbury to provide an intergenerational project around the idea of precious postcards.

The Age Simulation Suit

Although not everyone living with a dementia diagnosis, or every family carer are elderly. We do know that there are a large number of elderly people living either with a diagnosis or caring for a family member.

In order to better help local groups and businesses better understand some of the complexities which can be faced as people age and how best they can assist, we have now purchased an age simulation suit which we can bring out to people to experience.

To ensure that we are all working towards common standards that are based on what we know is important to people affected by dementia, we have engaged with an assortment of local residents and organisations to developed a minimum standard for Kent.

Our aim is to encourage local businesses and organisations to apply to use this recognition symbol.

Those applying to use the symbol will be asked to commit to a number of actions , and would be asked to provide updates and business information to go onto our website www.dementiafriendlykent.org.uk

For more information
or to apply to use the symbol

please contact:

your local Dementia Friendly community

or

www.dementiafriendykent.org.uk/WTBDF

or Contact
dementiafreindlykent@kent.gov.uk
Call 03000 415483
Dementia Friendly communities
Social Care, Health and Wellbeing
Kent County Council, 3rd Floor, Invicta House, Maidstone ME14 1XX

Kent Communities, Businesses & Organisations

DAA
Kent Dementia
Action Alliance

The Dementia Challenge

launched in March 2012 by Prime Minister David Cameron to tackle one of the most important issues we face as the population ages.

In Kent, we are putting the real life experiences of people who are living with dementia at the heart of this Challenge. Although focusing on Dementia it is fair to say:

A dementia friendly community is in effect friendly for all!

At a National level many businesses are signing up to the Challenge, such as Lloyds bank, Marks and Spencer, Argos and Homebase. Working hand in hand with local businesses and trades is an essential part of this project.

People with dementia, just like those with other health conditions, want to carry on living their life within their communities for as long as they can. This means doing the things they did prior to their diagnosis such as working, shopping, DIY and hobbies: the list can be endless.

Keeping active and occupied can increase a person's self-esteem, confidence and motivation all leading to an increased sense of wellbeing.

It is not just the elderly that can have dementia; there are a number of groups across the county who have younger people, in young onset groups, many of which are in their 40's and 50s.

By 2020 it's expected that over 27000 people in Kent will be living with dementia

It's important to look at how we can enable our customers, employees, friends and family to continue to live their life well, be as independent as possible and to continue their habits and routines of a lifetime for as long as is possible.

Shopping, banking & leisure pursuits all hold a number of challenges for a person with dementia, especially as the dementia progresses. With a little awareness, patience, good customer care and service, friendly staff can make a these experiences less of a challenge.

Small steps and Small Changes all add up to improve the lives of people living with dementia, every step in the right direction is one worth taking.

Nationally the Alzheimer's society have introduced a recognition symbol allowing groups and businesses to be officially recognised as

'working towards
become dementia friendly'

In Kent we believe that we need the whole community involved and as such we are managing the use of the recognition symbol for local groups, organisations and businesses.

Above: Coop Sandwich

Above: Abbey funeral service, Tonbridge

Left: Sevenoaks Taxi Drivers

Appendix 7
Kent Dementia Awareness May Activity 2016

Gravesham

Thurs. 19th 1 till 5pm	Activities at tourist information centre, Gravesend Library and garden (open to all)

Dartford

Wed 18th 10-12noon	Dementia café open day at The Orchards Shopping centre (The meeting place) contact Ross 01474 533990 ext. 203

Darent Valley Hospital

Mon + Wed 10am-3pm	Stand in reception area
Tue, Thurs + Fri 10am-3pm	Stand next to out patients
Mon 16th 11:30	launch of café on Ebony ward (time TBC)
Wed 18th	Launch of Memory room time TBC

Swanley

Fri 20th 6-8:30pm	Hextable Dementia Support Evening - Village Hall - Hextable (Open to all)

Maidstone

May 9th 10:30	Sporting Memories –Kent History and Library centre Maidstone (part of Maidstone passport event)
Wed 18th 2-4pm	DAW Question time, Bluebell Hill village Hall, Robinhood lane ME5 9QR contact Katie.Antill@alzheimers.org.uk
Fri 20th 12-3pm	Dementia friendly swimming (drop in casual swim session) - Maidstone Leisure Centre
Fri 20th 10:30-12:30	Bowls session at the Goodman Centre, Maidstone

Sevenoaks

Thurs 12th 6-8pm	Dementia Awareness Business Network Event—The Eden Church, The Eden Centre, Four Elms Road, Edenbridge, TN8 6BY (contact Symone.salwan@homeinstead.co.uk)
Tue 17th 2-4pm	Memory Lane—Sevenoaks Hospital (invite only)
Sat 14th 10:00-1:30	Our Senior year's event by Otford Surgery PPG at Methodist Hall, High Street, Otford (dementia surgery 11:30)
Thurs 19th 2-3pm	sing along, pat a dog, bingo Edenbridge Hospital (invite only)

Tunbridge Wells

Thurs 19th 10-3pm	Tunbridge Wells Service user forum open day, Brookers Oast, the Hop Farm
Fri 20th 10-4pm	memories matter, reminiscence, hobbies and home (invite only) Hawkhurst Hospital

Ashford District

Sun 15th 2-5pm	Ashford DAA Afternoon tea party for The Queens 90th—Joe Fagg Pop in centre and Ashford Baptist Church

Dover District

Apr 30th - May 30th	Charity art exhibition for Dementia UK Admiral nurses - The Golf road centre, Golf road, Deal CT14 6PY
Tue 17th 10:30-1:30	Dover DAA dementia Drop in event ay the Dover Town Council—Maison Dieu House, Biggin St, Dover CT16 1DW
Sat 21st 10-3pm	Dementia Awareness Day. - Sandwich guildhall
Sat 21st 12-3pm	Deal Dementia Awareness Day: Celebrate My Story - Deal Centre for the Retired, 3 Park St, Deal CT14 6AG (Open to the general public)

Canterbury District

Mon 16th 2:30-3:30	Dear Dementia, Queen Victoria Memorial Hospital Herne Bay (invite only)
Wed 18th 10:30-11:30	Dementia Friends Session the Beaney Canterbury Dementia Friends Session the Beaney Canterbury
Wed 18th 9.30 - 3.30pm	Dementia Drop in Day at St Barnabas Parish Centre in Boughton
Thurs 19th 10-4pm	Canterbury Information Stand—Rose Lane Canterbury (Multi agency)
Thurs. 1th 2-3pm	pat a dog, memory games, music at Whitstable and Tankerton Hospital (invite only)

Isle of Sheppey

Mon 16th 2-4pm	Sheppey Tea Dance at the Healthy Living Centre, Sheerness ME12 1HH
Tue 17th 2-3pm	Reminiscence, tea party and movie time—Sheppey Hospital (invite only)
Wed 18th 10-11am	Dementia Friends session at AgeUK Sheppey
Thurs 19th 2-4pm	Oasis Academy Isle of Sheppey—Dementia Café - All welcome—West Site Marine Parade, Sheerness ME12 2B

Sittingbourne

Tue 17th 9:30-4:30	Information Stand - Sittingbourne Library (The Willow Day Centre) - stand with information about day care and other support services for people living with dementia
Thurs 19th 2-4pm	Activity Afternoon—the Willow Day Centre at Court Regis, Middletune Ave, Milton Regis, Sittingbourne, Kent ME10 2HT
Wed 18th 9:30-4:30	Information Stand - ASDA Sittingbourne (The Willow Day Centre) - stand with information about day care and other support services for people living with dementia
Fri 20th 10-3pm	SMILE event - Sittingbourne - The Forum

Faversham

Wed 18th 2-4pm	Sing along session– Faversham cottage Hospital Faversham
Sat 21st 10-2pm	Faversham Dementia Awareness & Activity Day - Faversham Alexander Centre (Open to general public)
Tue 24th 9.30-1pm	FREE Dementia Workshop for Family Carers in Canterbury and Swale - No Place Like Home, Syndale Park, Faversham ME13 0RH (- limited places booking required call 0-1795 597983)

Tonbridge and Malling

Sat 14th 10:00-12:00	Launch of a new dementia café at the Methodist church Higham lane, Tonbridge (music by Tom Carradine)
Sun 15th - Tue 17th	Down Memory Lane Exhibition - The Old Fire Station, Bank Street, Tonbridge. Artefacts. Drop in cafe. Information
Mon 16th - Sat 21st	Photographic exhibition Old Tonbridge—Tonbridge Library, Avebury Avenue, Tonbridge
Mon 16th	Cream Teas—Age Concern West Milling—Rotary House West Malling
Mon 16th 1:30-2:30	Dementia friends Awareness session at Inspirations Hair Salon, 181 High Street Tonbridge
Mon 16th 2-4pm	Afternoon teas, songs, reminiscence and information at Tonbridge Hospital (Invite Only)
Tue 17th 11:00-1pm	West Kent CCG staff Dementia Awareness Sessions
Tue 17th 12-1:30	Entertainment, Music and Sing along—Age Concern West Malling—Rotary House
Tue 17th 1:30-2:30	Sing along with Colin for all clients friends and family—Age Concern West Malling at Rotary House West Malling
Wed 18th	Health walk (short) - starting at Tonbridge castle (Heidi.ward@tmbc.gov.uk) suitable for elderly persons
Wed 18th	Funfair day Age Concern West Malling at Rotary House West Malling
Wed 18th 2-3pm	Dementia Awareness Session, Nevil Court, West Malling (Hanover Housing Association)
Wed 18th 7-8pm	Dementia Friends Awareness Session, Watermans Arms, Wouldham (Hanover Housing Association)
Thurs 19th	Virtual Dementia Tour—The Botany, Tonbridge (chris@abbeyfs.co.uk)
Thurs 19th	Arts and Craft Day Age Concern West Malling at Rotary House West Malling
Thurs 19th 6-7pm	Tonbridge Library—Talk on being a ww2 evacuee followed by a dementia friends awareness session
Fri 20th	Trip down memory lane Age Concern West Malling at Rotary House West Malling
Thurs 26th 7:30-8:30	Dementia Friends Awareness Session - Bubbles Launderette, Quarry Hill Parade, Tonbridge.

Maidstone Hospital

Mon 16th	Goodman Centre – 9-2pm Argo, Involve Kent 10 – 2pm
Tue 17th	Alzheimer's Society – 10 – 3pm

Wed 18th	Family Mosaic (2pm onwards), Chosen with care, Home instead
Thurs 19th	Age UK, The Garden of England homecare 10 – 2:30
Fri 20th	Crossroads Care, Bluebird Care, – 10 – 3pm

Tunbridge Wells Hospital

Mon 16th	West Kent Dementia Action Alliance, Chosen with Care, Home Instead, The Garden of England homecare, Bluebird Care
Tue 17th	Kent Search and Rescue, Argo, Tunbridge Wells over 50's Forum 10-2pm
Wed 18th	Age UK, Bluebird Care 10 – 2:30
Thurs 19th	Alzheimer's Society - 10 – 4pm, 1-4pm Carers First
Fri 20th	Crossroads Care 10 – 3pm

Thanet District

Mon 15th	Dementia Friendly film screening at the Vue, Thanet in partnership with Bright Shadow (Anyone: public event)
Sat 21st - 10:30-2pm	Age UK Thanet Dementia Awareness Event - Age UK Thanet Ltd Randolph House, Zion Place, Margate, Kent CT10 3PH (Age UK Thanet Ltd)

Shepway District

Mon 16th 9:30-11:30	Alzheimer's society east Kent event - Cheriton Primary School (Multinational and intergenerational Dementia Friends Extravaganza) for students
Fri 19th 10-3pm	Shepway activity day 'creating memories' - Folkestone Leisure sport centre
Fri 19th 10-11:30	Hythe Library find out about the library services available for people living with dementia
	Business Breakfast Dementia Awareness Session

From: John Lynch, Head of Democratic Services

To: Adult Social Care and Health Cabinet Committee – 6 December 2016

Subject: **Work Programme 2017**

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 2017.

1.1 The proposed Work Programme has been compiled from items on the Forthcoming Executive Decisions 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 report 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 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
Local Area Single Assessment and Referral (LASAR)

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
Drugs and Alcohol Action Team (DAAT)

2.2 Further terms of reference can be found in the Constitution at Appendix 2, Part 4, paragraphs 21 to 23, and these should also inform the suggestions made by Members for appropriate matters for consideration.

3. Work Programme 2017

3.1 An agenda setting meeting was held on 18 October, at which items for this 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 be considered for inclusion to the agenda of future meetings.

3.2 The schedule of commissioning activity which falls within the remit of this Cabinet Committee will be included in the Work Programme and considered at future agenda setting meetings. This will support more effective forward agenda planning and allow Members to have oversight of significant service delivery decisions in advance.

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 of 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 2017.

6. Background Documents

None.

7. Contact details

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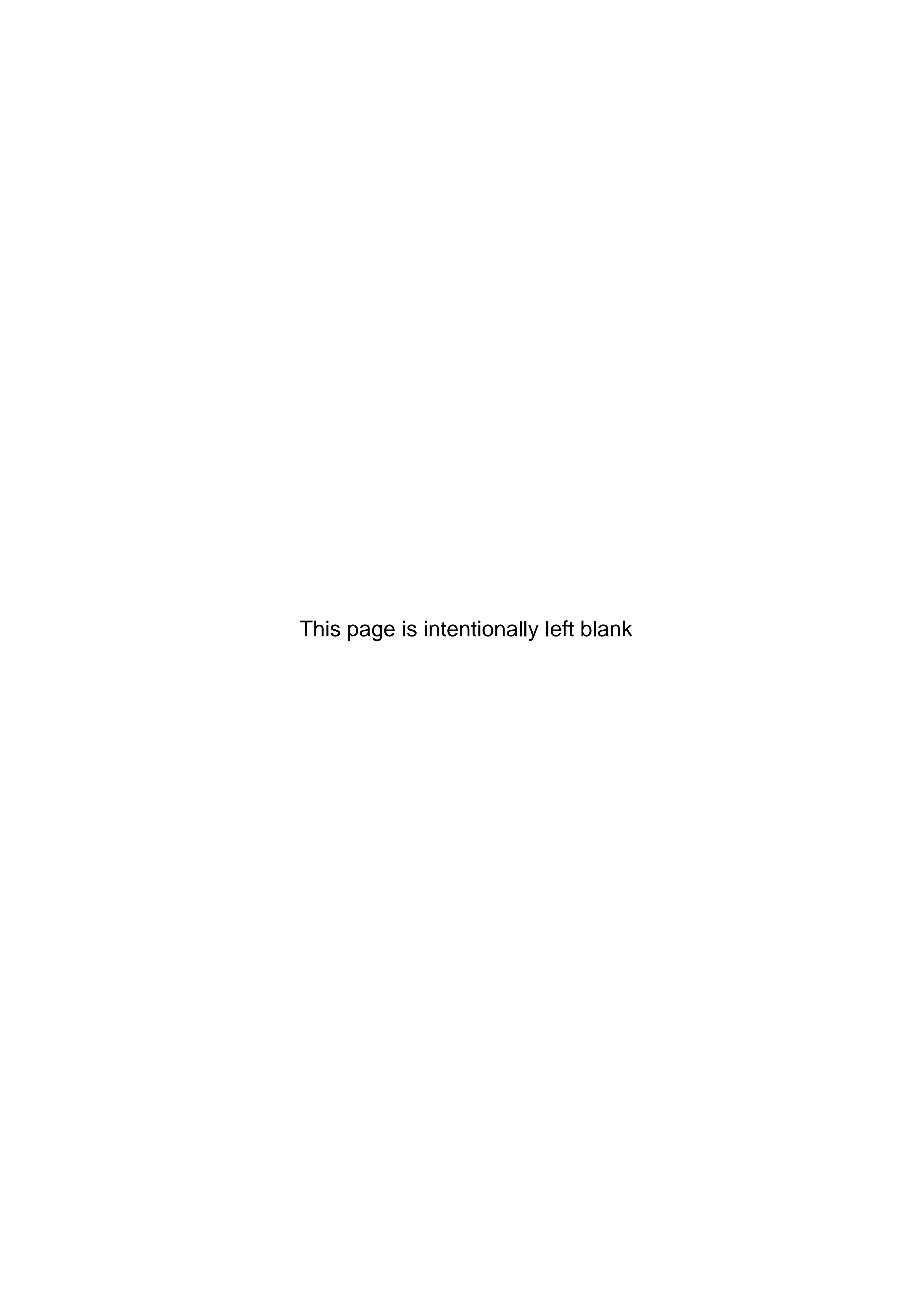
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Last updated on: 25 November 2016

ADULT SOCIAL CARE AND HEALTH CABINET COMMITTEE – WORK PROGRAMME 2017/18

Agenda Section	Items
16 JANUARY 2017 – BUDGET MEETING	
B – Key or Significant Cabinet/Cabinet Member Decisions	• **Housing-related Support**
C – Items for Comment/Rec to Leader/Cabinet Member	• **Budget Consultation and Draft Revenue and Capital Budgets**
D – Monitoring	**NO ITEMS**
E – for Information, and Decisions taken between meetings	
31 JANUARY 2017 *(previously 26 January)*	
B – Key or Significant Cabinet/Cabinet Member Decisions	• **Mind the Gap** – detailed plans • **Autism Strategy** – for comment and endorsement
C – Items for Comment/Rec to Leader/Cabinet Member	• **Update on Public Health Transformation** • **KSAS update, caseload and budget resilience** – requested by Mrs Brivio, 11 July 2016)
D – Monitoring	• **Contract Management** – new standard item • **Work Programme**
E – for Information, and Decisions taken between meetings	
14 MARCH 2017	
B – Key or Significant Cabinet/Cabinet Member Decisions	• **Drug and Alcohol Services in Prisons** • **Rates and Charges**
C – Items for Comment/Rec to Leader/Cabinet Member	
D – Monitoring	• **Draft Directorate Business Plan** • **Strategic Risk report** • **Adult Social Care Performance Dashboards** to alternate meetings • **Public Health Performance Dashboard – include update on Alcohol Strategy for Kent** to alternate meetings • **Contract Management** – new standard item • **Work Programme**
E – for Information, and Decisions taken between meetings	

Last updated on: 25 November 2016

Regular items for rest of year (add dates when set)

month	section B/C/D/E	item
9 JUNE 2017	**C** **D** **D** **D** **D** **D**	• **Annual Report on Quality in Public Health** • **Adult Social Care Performance Dashboards** to alternate meetings • **Public Health Performance Dashboard – include update on Alcohol Strategy for Kent** to alternate meetings • **Contract Management** – new standard item • **Work Programme** •
29 SEPTEMBER 2017	**B** **D** **D** **D**	• **Local Account Annual report** – Final version for Members' comment prior to publication • **Annual Equality and Diversity Report** • **Contract Management** – new standard item • **Work Programme**
23 NOVEMBER 2017	**D** **D** **D** **D**	• **Adult Social Care Performance Dashboards** to alternate meetings • **Public Health Performance Dashboard – include update on Alcohol Strategy for Kent** to alternate meetings • **Contract Management** – new standard item • **Work Programme**
19 JANUARY 2018	**D** **D**	• **Contract Management** – new standard item • **Work Programme**
9 MARCH 2018	**D** **D**	• **Contract Management** – new standard item • **Work Programme**