

ADULT SOCIAL CARE CABINET COMMITTEE

Friday, 9th June, 2017

1.30 pm*

**Darent Room, Sessions House, County Hall,
Maidstone**

****Please note the revised start time***



AGENDA

ADULT SOCIAL CARE CABINET COMMITTEE

Friday, 9 June 2017 at 1.30 pm (please note the revised time)

**Darent Room, Sessions House, County Hall,
Maidstone**

Ask for: **Theresa Grayell**

Telephone: **03000 416172**

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

Membership (14)

Conservative (11): Mrs P T Cole (Chairman), Mrs A D Allen, MBE, Mrs P M Beresford, Mrs S Chandler, Miss E Dawson, Mr K Gregory, Mr P J Homewood, Mr P W A Lake, Ms D Marsh, Mr D D Monk and Mr R A Pascoe

Liberal Democrat (2): Mr S J G Koowaree and Ida Linfield

Labour (1) Mr B H Lewis

Webcasting Notice

Please note: this meeting may be filmed for the live or subsequent broadcast via the Council's internet site or by any member of the public or press present. The Chairman will confirm if all or part of the meeting is to be filmed by the Council.

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)

- 1 Introduction/Webcast announcement
- 2 Apologies and Substitutes
To receive apologies for absence and notification of any substitutes present.
- 3 Election of Vice-Chairman
To elect a Vice-Chairman for the committee
- 4 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.

- 5 Minutes of the final meeting of the former Adult Social Care and Health Cabinet Committee held on 14 March 2017 and the first meeting of this committee held on 25 May 2017 (Pages 7 - 20)

To consider and approve the minutes as a correct record

- 6 17/00030 (b) - Community Support Services - Homecare contract continuation or variation through mutual negotiation (Pages 21 - 34)

To receive a report from the Cabinet Member for Adult Social Care 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 agree to continue, for some contracted providers, service provision on the existing terms and conditions through to 31 May 2019, and, for other contracted providers, where mutual negotiation can be agreed, to award varied interim contracts through to 31 May 2019.

- 7 17/00030 (c) - Community Support Services - Supporting Independence Service contract continuation or variation through mutual negotiation (Pages 35 - 48)

To receive a report from the Cabinet Member for Adult Social Care 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 agree to continue service provision on the existing, or varied, terms and conditions to 31 May 2019, and, for other contracted providers, where mutual negotiation can be agreed, to award varied interim contracts through to 31 May 2019.

- 9 Adult Social Care and Health - Annual Equality and Diversity Report 2016/2017 (Pages 49 - 60)

To receive a report setting out a position statement for services within Social Care and Health regarding equality and diversity work and progress on KCC equality objectives for 2016/17.

- 10 Work Programme 2017/18 (Pages 61 - 64)

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

MOTION TO EXCLUDE THE PRESS AND PUBLIC FOR EXEMPT ITEM(S)

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

EXEMPT ITEMS

(At the time of preparing the agenda there were exempt appendices relating to items 6 and 7. 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

Thursday, 1 June 2017

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

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KENT COUNTY COUNCIL**ADULT SOCIAL CARE AND HEALTH CABINET COMMITTEE**

MINUTES of a meeting of the Adult Social Care and Health Cabinet Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 14 March 2017.

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, Ms D Marsh, Mr R A Marsh (Substitute for Mrs C J Waters) and Mr A Terry (Substitute for Mr H Birkby)

ALSO PRESENT: Mrs T Dean, MBE and Mr G K Gibbens

IN ATTENDANCE: Mr A Ireland (Corporate Director Social Care, Health and Wellbeing), Mr A Scott-Clark (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. Apologies and Substitutes**

(Item A2)

Apologies for absence had been received from Mr H Birkby and Mrs C J Waters.

Mr A Terry was present as a substitute for Mr Birkby and Mr R A Marsh as a substitute for Mrs Waters.

2. Declarations of Interest by Members in items on the Agenda

(Item A3)

Mrs A D Allen declared a personal interest as a Co-Chairman of the Dartford Partnership for Adults with Learning Disabilities.

Ms D Marsh declared a personal interest as a registered mental health nurse, although she was not currently employed as such.

3. Minutes of the meetings held on 16 January 2017 and 30 January 2017

(Item A4)

RESOLVED that the minutes of the meetings of this committee held on 16 January 2017 and 30 January 2017 are correctly recorded and they be signed by the Chairman. There were no matters arising.

4. Verbal updates by the Cabinet Member and Directors

(Item A5)

Adult Social Care

1. The Cabinet Member for Adult Social Care and Public Health, Mr G K Gibbens, gave a verbal update on the following issues:-

7 February – opened Copperfields Extra Care Housing in Ramsgate. The concept of extra care sheltered housing (ECSH) had developed a lot since the first schemes opened 8 – 10 years ago. It had been good to meet many residents who were happy with their new homes at Copperfields, and the success of the model demonstrated the extent to which older people valued living independently and having their own front door.

23 February – attended Ministerial Roundtable on Carers Strategy and Carer-friendly Communities. This had emphasised the importance of carers' support as part of the Minister's role.

Additional funding for social care. He welcomed the announcement in the recent budget of additional government funding for local authorities, to support the provision of social care.

Mr Gibbens responded to comments and questions from Members, as follows:-

- a) having visited Emily Court, an ECSH facility in Dartford, the facilities of which were praised by the local Member, Mrs A D Allen, Mr Gibbens commented that ECSH offered a secure and supportive place for people with dementia and as such were a valuable part of future dementia care provision; and
- b) in response to a question about the options around ECSH provision, including partnerships with housing associations, Mrs Tidmarsh explained that there were various ways of providing such services, including PFI funding and partnership working with district councils and housing associations, and that schemes offered a combination of units for sale or rent.

2. The Corporate Director of Social Care, Health and Wellbeing, Mr A Ireland, then gave an update on the following issues:-

Feedback from the Association of Directors of Adult Social Services (ADASS) Policy Event – 3 February 2017. This event had included discussion of such issues as market engagement, integration with the NHS, and long-term funding solutions and sustainability, and he would ensure that an ADASS seminar in May took account of Kent's perspective on these issues.

Update on the Kent and Medway Sustainability Transformation Plan. Work on this would continue, with the aim of reducing pressure on the hospital sector and enhancing the experience for patients, users and carers. The County Council would work with CCGs to ensure that work streams were brought together.

Care Quality Commission's inspection of commissioning of adult social care announced.

Care Quality Commission good care guides. These were produced on a range of five subjects and would be made available in the Members' lounge at Sessions House.

Responding to a comment, Mr Ireland explained that the Government had been lobbied by national organisations with the view that the additional funding awarded to

local authorities for social care provision should instead have been given to them. It was important that the allocation of that funding be strategic and carefully targeted. In Kent, the relationship between the County Council and care organisations was good and the latter were largely supportive of the Council's need to develop care provision.

Adult Public Health

3. Mr Gibbens then gave a verbal update on the following issues:-

6 February – visit from Duncan Selbie, Chief Executive of Public Health

England. Mr Selbie had been very complimentary about the County Council's work in public health since it took over responsibility for it in April 2013 and acknowledged the ongoing challenge faced by Kent and many other local authorities across the country in addressing health inequalities.

9 March – attended Local Government Association Public Health Conference in London. At this event it had been announced that the ring-fencing of local authorities' public health funding would continue until 2019. Discussion had included public health issues for children, especially the prevalence of obesity among Year R children.

4. The Director of Public Health, Mr A Scott-Clark, then gave an update on the following issues:-

Sustainability Transformation Plans (STP). To what Mr Ireland had said above, Mr Scott-Clark added that the County Council had a statutory duty to support NHS commissioning and to identify priorities.

Local Government Association Suicide Prevention publication. Mr Scott-Clark thanked Jess Mookherjee, Tim? Woodhouse and Wayne Gough, who had worked on the County Council's 'Release the Pressure' campaign, which had been showcased in the LGA publication.

Darzi Fellow – an NHS clinician who had undertaken a clinical leadership fellowship under the Darzi fellowship would be starting work in the County Council's PH team in September 2017 for a twelve month placement.

Responding to a question about the possibility of establishing an apprenticeship scheme for healthcare assistants, to boost the profession, Mrs Tidmarsh explained that such a scheme was currently being discussed with the NHS. Discussion would include a possible model, methods of delivery and the likely implications of the scheme.

Responding to a question about training for nurses and social workers to improve hospital discharge, Mrs Tidmarsh explained that the 'Home First', 'Discharge to Assessment' and enablement services sought to support timely discharge and return patients home as soon as possible.

5. RESOLVED that the verbal updates be noted, with thanks.

5. 16/00096 - Kent and Medway Prisons Drug and Alcohol Services Procurement
(Item B1)

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

1. Ms Sharp introduced the report and advised the committee that drug and alcohol services in prisons were commissioned by the County Council on behalf of NHS England and were funded by the latter. In response to a question, Ms Sharp explained that NHS England also determined the length of contract to be awarded to the success bidder, and this would be three years with an option to extend for two further years.
2. RESOLVED that the progress of the procurement of the Kent and Medway Prisons Drug and Alcohol Service be noted, and the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to award the contract for Kent and Medway Prisons to the successful bidder, following the conclusion of the procurement process, be endorsed.

6. 16/00132 - Proposed Revision of Rates Payable and Charges Levied for Adult Social Care Services in 2017-18
(Item B2)

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

1. Miss Goldsmith introduced the report and explained that most of the charges were those which had applied year on year, with only one charge being new this year. This charge, for home care and other non-residential care and support, was the subject of the item B3 on this agenda. The proposal to introduce an annual arrangement fee for self-funders was discussed under this item and was ultimately endorsed, after being put to the vote. *The discussion of item B3 is covered in minute 7.*
2. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to:
 - a) approve the proposed changes to the rates payable and charges levied for Adult Social Care Services in 2017-18, as follows:

an increase to:

 - i. Client contributions for residential care – older people £467.70
 - ii. Client contributions for residential care – people with learning disabilities £637.57
 - iii. Deferred Payment Scheme – the Initial fee £484.80 and annual fee £65.65
 - iv. Wellbeing Charge - Better Homes Active Lives Scheme for older people £15.16
 - v. Wellbeing Charge - Better Homes Active Lives Scheme for people with learning disabilities £45.36
 - vi. Notional charges for Day Care:
 - Learning Disability – day centre £38.02
 - Learning Disability – day centre half day £19.01
 - Older People – day centre £30.29
 - Older People – day centre half day £15.15
 - Physical Disability – day centre £36.16

- Physical Disability – day centre half day £18.08
- Older People with Mental Health Needs – day centre £35.80
- vii. Notional Homecare charge;
 - Social ½ hour – £7.77
 - Social ¾ hour - £10.36
 - Social 1 hour - £13.44
 - Unsocial ½ hour - £8.81
 - Unsocial ¾ hour - £11.65
 - Unsocial 1 hour - £14.91
- viii. Client contributions for Meals Charges
 - Meal Charge £3.94
 - Meals and other snacks £4.94
 - Refreshments flat rate charge of £1
- ix. Other Local Authority charges.
 - Assessment hourly rate to increase to £70.27

Introduce:

- x. Annual arrangement fee of £104 for self- funders – non-residential care

note:

- xi. The charge for Personal Expenses Allowance.
- xii. The recommendation to continue the £10 charge for blue badge
- xiii. The continuation of the Voluntary Drivers mileage rate
- xiv. The rates for consultancy work and key publications

and confirm the charge for other Local Authorities for use of in-house respite residential beds is to be calculated on the basis of full cost recovery; and

- b) 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.

7. 17/00026 - Proposed Changes to the Charging Policy for Home Care and other Non-Residential Care and Support
(Item B3)

Mr M Thomas-Sam, Head of Strategy and Business Support, was in attendance for this item, with Miss Goldsmith.

1. Miss Goldsmith and Mr Thomas-Sam introduced the report and explained that, of the three proposed changes to charging set out in the report's recommendation, the first two had already been introduced by most local authorities. Under the Care Act 2014, self-funders now had enhanced rights to seek assistance from their local authority.

2. Miss Goldsmith, Mr Thomas-Sam and Mr Ireland responded to comments and questions from Members, as follows:-

- a) concern was expressed that a change from a levy of £1 for every £500 to £1 for every £250 of a client's savings was a large increase to make all at once. Mr Thomas-Sam advised that the change sought to equalise the situation for clients living in their own homes and those in long-term care;
- b) in response to a question about other local authorities' approach to charging an arrangement fee, Miss Goldsmith advised that most other authorities charged one. The arrangement fee in Kent was confirmed as being £104 per annum;
- c) a view was expressed that the changes proposed were not necessary and would generate minimal income, compared to the £26m given by the Government to the County Council for social care for 2017-18. Mr Ireland explained that the changes had been planned for and included in the County Council's budget for 2017-2018. He commented that, although the £26m of Government money would have an impact upon the County Council's budget, it would not solve the ongoing shortfall in funding for social care, which was a national issue, and the changes proposed had to be considered as part of this larger picture;
- d) a view was expressed that changes should not necessarily go ahead just because they had been planned in the budget, as money given since must have had some impact on the funding picture; and
- e) in response to a question about what was included in the consideration of a client's second or additional property, Miss Goldsmith confirmed that this would not include the house content.

3. Mr A Marsh proposed and Mr P Homewood seconded that the three parts of recommendation a) be not activated yet as the income they would generate may be insufficient to justify their introduction, and a suggestion that consideration of these proposed changes be deferred until the £26m given to County Council by Government in the recent budget (since this report had been written) had been spent.

4. The Cabinet Member, Mr Gibbens, sympathised with the concerns expressed and the suggestion made but said that, even with the £26m, the County Council's social care budget was still challenging. He emphasised the breadth and range of service provision which had to be achieved within the funding available to the County Council. Another view was expressed that, although the £26m was a one-off payment, there were many ongoing expenses which would need to be covered in this and every subsequent year. It was vital that the County Council protect the most vulnerable in society and every piece of available funding should be drawn upon to do this;

5. It was then suggested that each of the three parts of recommendation a) be voted on individually. Mr Marsh confirmed that he was happy to withdraw his amendment and go with this suggestion. The votes were as follows:

(1) Change the rules on the treatment of savings/other capital between £14,250 and £23,250 so that £1 per week for every £250 between these two amounts is taken into account (rather than the current £1 for every £500).

Lost, 5 votes to 6

(2) Change the current policy on the treatment of any second or more properties so that they are treated as capital in the financial calculation. It is proposed that this applies to new clients from April 2017 and existing clients from April 2018.

Carried, 9 votes to 1

(3) Introduce an Arrangement Fee of £104 per annum for people who have over the capital threshold, currently £23,250, (and who therefore must pay the full cost of their care) but who nevertheless request KCC to make the arrangements for their care (as is permitted under the Care Act 2014).

Carried by 11 votes to 0

6. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to:

a) approve the proposed changes to the Charging Policy for Home Care and other non-residential care and support to:

Change the current policy on the treatment of any second or more properties so that they are treated as capital in the financial calculation. It is proposed that this applies to new clients from April 2017 and existing clients from April 2018;

Introduce an Arrangement Fee of £104 per annum for people who have over the capital threshold, currently £23,250, (and who therefore must pay the full cost of their care) but who nevertheless request KCC to make the arrangements for their care (as is permitted under the Care Act 2014); and

b) 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.

7. The changes proposed in part 1 of recommendation a - to change the rules on the treatment of savings/other capital between £14,250 and £23,250 so that £1 per week for every £250 between these two amounts is taken into account (rather than the current £1 for every £500), was not endorsed.

8. Mr Gibbens said that he would consider the committee's views when taking the decision.

8. 17/00030 - Housing-Related Support - contract continuation
(Item B4)

The Chairman referred to the additional item which had been published after the main agenda and asked Members if, in considering it, they wished to refer to the information included in the exempt appendix to it. Members confirmed that they did wish to refer to this information and, accordingly, the item was considered in closed session at the end of the meeting. *It is covered in minute 17, below.*

9. Kent Support and Assistance Service (KSAS) Update

(Item C1)

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

1. Ms Anthony introduced the report and responded to a question about eligibility for KSAS.
2. RESOLVED that the information set out in the report be noted.

10. Draft Adult Social Care and Health Directorate Business Plan 2017/18

(Item C2)

Mr M Thomas-Sam, Head of Strategy and Business Support, was in attendance for this item.

1. Mr Thomas-Sam introduced the report and, with Ms Southern and Mrs Tidmarsh, responded to a question about support given to staff working with changing services. Staff training and development were key priorities when approaching transformation and bedding in new services, and staff were supportive of the transformation agenda. Regular briefings and training to cope with changing pressures were arranged for staff groups. Staff now had more scope than previously to use specialisms in which they had once trained, and were able to see how their specific skills contributed to service development.
2. RESOLVED that the draft Directorate Business Plan 2017/18 for the Adult Social Care and Health Directorate be noted, prior to the final version being approved by the Corporate Director and the Cabinet Member.

11. Recommissioning of Mental Health Supporting Independence Service and Mental Health Housing Related Support

(Item C3)

Ms E Hanson, Head of Commissioning, was in attendance for this item.

1. Ms Hanson introduced the report and set out the key changes to the way in which services had been commissioned historically, moving to integrated services delivered with strategic partners, built on peer support.
2. In response to a question about the prevalence of mental ill health, Mr Scott-Clark explained that, although it was often reported that one in four adults would experience some sort of mental ill health during their lifetime, it was now known that the whole adult population would experience at least one mental health issue during their life time.
3. RESOLVED that the proposal to include the Mental Health Supporting Independence Service and Housing Related Support Contracts in the existing Live Well Kent Contract, and the information given in response to comments and questions, be noted.

12. Risk Management: Social Care, Health and Wellbeing

(Item D1)

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

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

- a) it was important to set targets which would challenge and stretch the service but were attainable;
 - b) the level of each risk was identified by balancing the impact of something happening with the likelihood of it happening;
 - c) a view was expressed that levels of risk would be easier to understand if each risk were banded 'red', 'amber' or 'green', and Mr Mort undertook to include this banding next time the risk management report was submitted to the committee; and
- a) Mr Ireland explained that the register contained a lot of risks because it included both Children's and Adult Services risks. It also reflected the current risk levels, which were probably higher now than at any time before, eg the current risks in the social care market. Some risks were unavoidable, e.g. those associated with any major change such as the renewal or upgrade of the IT system and the staff training which must accompany this. Mr Gibbens added that active safeguarding of any vulnerable client group also brought with it a high level of risk.

2. RESOLVED that the risks presented in the Directorate risk register, and the information given in response to comments and questions, be noted.

13. Adult Social Care Performance Dashboard

(Item D2)

Ms S Smith, Head of Performance for Adult Social Care, was in attendance for this item.

1. Ms Smith introduced the report and explained that parts of the dashboard were reviewed regularly, some weekly, some monthly. This helped to identify patterns and variances through the year, eg changes in the number of people awaiting discharge from hospital. Ms Smith, Mr Ireland and Mrs Tidmarsh responded to comments and questions from Members, as follows:-

- a) the listing, including red, amber and green ratings, was welcomed as being clear and helpful. Mr Gibbens added that arrows included, to show the direction of travel, towards or away from a target, had proved confusing and would not be included in future dashboards;
- b) Mr Ireland explained that, although it impacted upon social care services and relied upon waiting for a suitable place to become available at a care home, delay in discharging patients from hospital was the responsibility of the NHS. Mrs Tidmarsh added that an integrated discharge scheme, led by

a case manager within a hospital and involving a patient's family, was now working well to seek to ensure that a patient was discharged as soon as possible and to a suitable placement. A recommendation of a placement would be made and the family given time to visit the home and consider it and any other options;

- c) it was noted that an increase in one client group would lead to a decrease in another group, eg more people staying in their own homes with a care package or enablement service would mean fewer people taking up long-term care placements. However, those entering long-term care were doing so at a later stage of life and with more complex care needs, having stayed longer in their own homes; and
- d) targets were reviewed annually, in April, to ensure that they remained challenging but achievable. In reviewing targets, likely patterns of need for the next year would need to be predicted, as far as was possible.

2. RESOLVED that the information set out in the Adult Social Care Performance Dashboard, and given in response to comments and questions, be noted.

14. Public Health Performance - Adults *(Item D3)*

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

1. Ms Sharp introduced the report and highlighted areas of performance in which Kent was doing well (the number of health checks completed), less well (levels of substance misuse in some parts of the county were above the national average) and which needed addressing (the number of people in Kent who continued to smoke was the third highest in the UK).

2. Mr Scott-Clark then responded to comments and questions from Members, as follows:-

- a) analysis had been undertaken of the costs of the stop-smoking service and campaigns, balanced against the benefits to be gained in treating fewer cases of smoking-related illness, and this had shown that a small spend could produce a large gain. On the whole, public health treatments were very cost-effective; and
- b) use of e-cigarettes had been shown to be an effective method of stopping smoking. Public Health England had stated that they were 95% as safe as smoking traditional tobacco products. A national system was monitoring evidence around e-cigarette usage. Public health professionals recommended that e-cigarettes be used as an alternative to tobacco for a limited period only, as an aid to stopping, and not adopted as a new, permanent habit. Nicotine-replacement therapies used alongside motivational support had been shown to give the best outcome.

3. RESOLVED that the current performance of Public Health-commissioned services set out in the report, and the information given in response to comments and questions, be noted

15. Work Programme 2017
(Item D4)

RESOLVED that the committee's work programme for 2017 be noted.

16. Motion to Exclude the Press and Public for Exempt Business

The Committee resolved that, under Section 100A of the Local Government Act 1972, the press and public be excluded from the meeting for the following business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 5 of Part 1 of Schedule 12A of the Act.

EXEMPT ITEM (Open Access to Minutes)

17. 17/00030 - Housing-Related Support Services - contract continuation

1. Mr Lobban introduced the report and explained that, unfortunately, it had not been possible to publish a report with the agenda because a complex programme to align the renewal of the various community support services to implement the Your Life Your Wellbeing Strategy had proved impossible to complete in time. Community services which need to be aligned were Homecare, Supporting Independence Service and Housing Related Support. Instead, a staged approach had been adopted, with just the four areas of Housing Related Support services listed – older people's and community alarms, people with learning and/or physical disabilities, people with mental health needs and homelessness and offenders - being taken forward separate to Home Care and Supporting Independence Service so contracts could be continued by 31 March 2017, ensuring continuity of service. He advised Members that work to align and integrate service delivery would continue. He advised the committee that a key decision would be taken under the procedures for urgency which were set out in appendix 4 part 6 of the County Council's constitution.

2. The Cabinet Member, Mr Gibbens, added that he regretted having to submit a late report and take an urgent decision but he had simply not felt able to report the required level of detail about the whole programme in time to accompany the agenda. He offered a briefing on the issues concerned to any Member who requested one.

3. Mr Ireland emphasised the service advantages of aligning and integrating service provision but said this may have an impact on savings currently set out in the budget, which would need to be mitigated.

4. In discussion, the following points were raised:

- a) the continuation of contracts for the service areas listed was welcomed;
- b) in response to a question about engagement with providers, Mr Lobban outlined the preparatory work being undertaken in the four service areas listed and advised that Member support was being sought to start formal market engagement in readiness for the full procurement process.

5. RESOLVED that:-

The decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to:

- a) agree to continue service provision on the existing terms and conditions through to 30 September 2018 and to approve actions taken by officers to continue service provision through to 31 March 2017, for housing-related support services for the following:
 - i. older persons' housing-related support and community alarms
 - ii. people with learning and/or physical disabilities
 - iii. homelessness and offenders;
- b) agree to continue service provision on the existing terms and conditions through to 30 September 2017 and to approve actions taken by officers to continue service provision through to 31 March 2017, for housing related support services for the following:
 - i. people with mental health needs
- 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; and
- d) support officers commencing market engagement in readiness for the full procurement process, where required,

be endorsed.

KENT COUNTY COUNCIL

ADULT SOCIAL CARE CABINET COMMITTEE

MINUTES of A meeting of the Adult Social Care Cabinet Committee held at Council Chamber, Sessions House, County Hall, Maidstone on Thursday, 25th May, 2017.

PRESENT: Mrs A Allen (MBE), Mrs P M Beresford, Mrs S Chandler, Mrs P T Cole, Miss E Dawson, Mr K Gregory, Mr P J Homewood, Mr S J C Koowaree, Mr P W A Lake, Mr B H Lewis, Ida Linfield, Ms D Marsh, Mr D D Monk and Mr R A Pascoe

OFFICERS: John Lynch (Head of Democratic Services)

UNRESTRICTED ITEMS

1. Election of Chairman.
(Item 3)

1. It was proposed and seconded that Mrs Cole be elected as Chairman of the Cabinet Committee.
2. Resolved that Mrs Cole be elected as Chairman of the Cabinet Committee.

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From: Graham Gibbens, Cabinet Member for Adult Social Care
Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing

To: Adult Social Care Cabinet Committee – 9 June 2017

Decision No: 17/00030b

Subject: **COMMUNITY SUPPORT SERVICES - HOMECARE CONTRACT CONTINUATION OR VARIATION THROUGH MUTUAL NEGOTIATION**

Classification: Unrestricted – Exempt Appendix

Past Pathway of Paper: Social Care, Health and Wellbeing DMT – May 2017
Strategic Commissioning Board – 7 June 2017

Future Pathway of Paper: Cabinet Member decision

Electoral Division: All

Summary: This report is provided to inform the Cabinet Member of the implications of aligning Homecare contracts into the future delivery of community support services (in line with the Your life, your wellbeing Strategy) and ultimately achieving full integration with the NHS by 2020 (in line with the NHS 5 Year Forward View.)

Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member to:

- a) **AGREE** to continue, for some contracted providers, service provision on the existing terms and conditions through to 31 May 2019 and for other contracted providers where mutual negotiation can be agreed, to award varied interim contracts through to 31 May 2019;
- b) **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; and
- c) **AUTHORISE** officers to commence market engagement in readiness for the full procurement process, where required.

Introduction

- 1.1 Kent County Council endorsed the Adult Social Care Strategy, Your life, your wellbeing in December 2016. The new Vision and Strategy is based on the Care Act 2014. Under this Act not only is there a responsibility towards adults with care and support needs and their carers, but also a broader responsibility to promote the wellbeing of adults living in the area. This should help prevent some needs arising in the first place and delay their development.

- 1.2 The Council is already working with 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 the Your life, your well-being Vision and Strategy is part of the broader process of joining up health and social care under the NHS Five Year Forward View.
- 1.3 The Strategy provides the best opportunity to establish the right pathways and develop new ways of working to deliver a sustainable service, whilst keeping people at the heart of everything we do. It also allows the Council to align activities and services for full integration with the NHS by 2020.
- 1.4 To enable the delivery of Your life, your well-being, a range of community based services need to be completely redesigned along with a thorough review of what the Local Authority can do and what can be delegated to bring efficiency and better outcomes to people in need of social care services and support.
- 1.5 There are a number of synergies between all community support services and commissioning intentions through Transformational design that this report seeks to continue, or in some cases vary, the current arrangements and align with other activity as detailed in the Market Position Statement for Community Support Services. The majority of community support services, including Homecare, will be tendered with a procurement process starting late in 2017 so that full integrated service provision will be in place with compliant contracts in 2018. To be able to deliver this work, Single Source Justifications (SSJ) are required to continue these contracts and align them with the new programme timetable. This will also support placement stability and gradual transition of service users to new service provider/s should existing providers be unsuccessful in the tendering process.
- 1.6 The Health Overview and Scrutiny Committee (HOSC) received an update on the Sustainability and Transformation Plan on 3 March 2017 and a report was presented to County Council on 16 March 2017. The HOSC report, provided as a background document to this report, gives important context to the aims of the Phase 3 Transformation Programme and the implications on the contracts the council has to put in place for community support services.
- 1.7 Additionally, on 8 March 2017 in the Spring Budget, a further £2bn was announced for Social Care. This means, for the Council, £26m in 2017/18, £17m in 2018/19 and £9m in 2019/20 that has to be directed to sustain social care markets and address DTOC. Homecare is critical to both of these requirements.

2. Financial Implications

- 2.1 The total annual value of the current contracted service is £ 33,632,993.52. The proposed contract continuations for Homecare include an additional £7,095,568.31 plus circa £145,000 for TDM development costs. This represents the pressure for the remainder of 2017/18 and is subject to further refinement.
- 2.2 Additional pressures relate to four areas of Kent where a separate approach shall be taken, risks highlighted include increased rates should non-contracted (and non-cluster contracted) provider clients require transitioning to a contracted provider resulting in higher costs, new clients entering the service at new rates, the waiting list and any other factors still to be determined.

2.3 The activity of some of these services is similar in approach to other community support services commissioned by the County Council in that it is delivered in people's own homes to support, maintain or improve their independence or wellbeing by maintaining a tenancy or in supported and shared accommodation.

3. Market Position Statement

3.1 All interaction with providers and the Trade Associations over the last couple of years has resulted in discussions about how things can and should be done differently with outcome based services, different contractual, payment and risk share arrangements and more of a partnership approach. These discussions helped shape the Market Position Statement for community support services which can be found at:

http://www.kent.gov.uk/_data/assets/pdf_file/0004/60475/The-Social-Care,-Health-and-Wellbeing-Community-Support-Market-Position-Statement-FULL-statement.pdf

3.2 Within this document, there is a section on "Key Messages to the Market" which includes:

- Demographic change will significantly increase demand for care and support over the coming years but will not be matched by increases in public funding.
- We will be increasing investment in information and advice, preventative services, **assistive technologies to support independent living**.
- We will **move away from time and task home care and develop more person-centred models of support that are outcome focussed**.
- We will be exploring a range of models including **provider managed services and individual service funds to maximise opportunities for personalisation**.
- We will be looking for more cost effective ways of delivering care and support and we are **keen to work with providers who can offer innovative solutions, flexibility and value for money**.
- We will be **commissioning for care networks and models of support that bring traditional and non-traditional providers** together to ensure services are joined up and focus on promoting wellbeing and independence.
- We will be doing more **joint commissioning with the NHS and other partners looking for responsive and flexible models of support** that prevent hospital admission and/or support timely and effective discharges.
- Providers must plan and adapt their services to support the increasing numbers of people who are funding their own care.
- We will continue to promote self-directed support and increasing the numbers of people taking up personal budgets and direct payments, which will **decrease reliance on more traditional models of care and support** over time, as people choose more flexible and innovative ways to meet their needs.
- We want to explore and commission **models of brokerage and micro-provision of specialist or very local services**.
- There is currently an insufficient supply of personal assistants to meet the expected demand as the numbers of people directing their support increases.
- There are plans to facilitate a continued decrease in the number of publicly funded care home placements, as we look to **develop more personalised housing options**, including Extra Care Housing, **supported living** and Shared Lives.

4. Implementing a new model of community support

4.1 The Council is entering into Phase 3 of its Transformation Programme building on and learning from Phases 1 and 2. The Design Phase began in March 2017 and will last 24 weeks focusing on the need to radically transform the community support provision which will require the alignment of existing contracts to 31 May 2019.

4.2 Homecare contracts, when tendered were for one year plus two further one year extensions which was extended in one go at the time due to certainty needed to attempt to address the significant issues experienced by the sector. In order to align these services to Adult Social Care transformational activity, it is requested that the end date of this arrangement is 31 May 2019. Extensive discussions have taken place with providers and the feedback generally is:

- Many providers would be unlikely to tender for such a short period due to costs incurred during the tender with no guarantee of business.
- Significant numbers of service users would have to transfer to new providers with the potential of having to transfer again within a short period of time.

4.3 The Care Act 2014 provides greater flexibility to delegate tasks to others to carry out on behalf of the Local Authority and this will be considered as part of the Design Phase alongside the greater focus on wellbeing and prevention.

4.4 There is currently duplication in some of the community support services such as Homecare, Housing Related Support and the Supporting Independence Service. In addition, there are some providers that deliver different services to the same individuals at differing hourly rates and provisions. There is a need to break down barriers between these services and focus on competences to create a more effective, integrated workforce. Only by changing how we think of workforce will we meet current staffing challenges and create capacity to deliver better outcomes. Furthermore, there are opportunities to doing things differently in partnership with stakeholders such as the Police and Crime Commissioner, the NHS, Public Health and the District and Borough Councils.

4.6 Commissioners have reflected on the recent and ongoing conversations with stakeholders alongside the very significant decisions in relation to identified savings and as a result need to secure service provision to individuals through the continuation of contracts.

5. Corporate Objectives

5.1 Given the freedoms set out in the Care Act 2014 since these contracts started and the council's Strategy for Adult Social Care, Your, life your well-being, there is now an opportunity to move to greater integration with health services. To achieve this it is desirable to continue these services' contracts to a single end date of 31 May 2019.

5.2 This will help achieve the corporate objectives of:

5.2.1 Strategic Outcome

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

5.2.2 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

5.2.3 **Your life, your well-being** - providing the strategic direction to move towards full integration with the NHS by 2020.

6. Risks

- 6.1 The most significant legal risk to the continuation of these contracts is that the Council is likely to be operating outside of the procurement regulations. This is because there is a risk that the continuation of the contracts should have been the subject of competitive tenders. As such the continuation could be open to a range of challenges from providers and service users. Should these challenges be successful, the continuation of the contracts may be set aside or shortened and compensation may be payable to aggrieved parties. Although not obviating the risk entirely, it is believed that this risk may be mitigated through partial reliance on provisions within the procurement regulations, clear communication and sharing more widely of the opportunity to work with the council and its NHS partners in developing and designing a new approach. This will be very transparent and any market engagement events, due to commence in line with full procurement from October 2017, will be very open to make sure that all questions are answered so the new service delivery and contractual requirements is fully understood.
- 6.2 If, in implementing this decision it becomes apparent that elements of this may need re-phasing or amending, the Corporate Director will do this in consultation with the Cabinet Member.
- 6.3 Providers state that it is difficult for them to plan and innovate their business with short term arrangements and therefore the intention is to end these arrangements in May 2019 with appropriate clauses inserted into the contract to end arrangements early, where necessary, to support Design and sustainability of the Phase 3 Transformation Programme. Feedback from the sector is that greater and more advanced planning and communication is needed in relation to these contracts and therefore to do anything other than extend the arrangements, whilst working with

providers to negotiate the future need for each service would be impossible to maintain any service provision for service users.

6.4 Withdrawal of these services would compromise all statutory duties under the Care Act 2014

7. Legal Implications

7.1 There are significant inherent legal implications from this approach. Legal advice has been sought which is legally privileged and therefore attached as an exempt appendix to this report.

8. Equalities Impact Assessments

8.1 An Equalities Impact Assessment will be completed for the new service design as part of the Transformation Programme. For this arrangement, service users would receive continuity in service provision, pending any planned activity for review.

9. Next Steps

9.1 The Cabinet Member for Adult Social Care will be asked to take an Executive Decision to continue, for some contracted providers, service provision on the existing terms and conditions through to 31 May 2019 and for other contracted providers where mutual negotiation can be agreed, to award varied interim contracts through to 31 May 2019.

10. Recommendation(s)

10.1 Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member to:

- a) **AGREE** to continue, for some contracted providers, service provision on the existing terms and conditions through to 31 May 2019 and for other contracted providers where mutual negotiation can be agreed, to award varied interim contracts through to 31 May 2019;
- b) **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; and
- c) **AUTHORISE** officers to commence market engagement in readiness for the full procurement process, where required.

11. Background Documents

Your life, your wellbeing – A Vision and Strategy for Adult Social Care 2016-2021
<http://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/your-life-your-wellbeing>

NHS Five Year Forward View
<https://www.england.nhs.uk/ourwork/futurenhs/>

Health Overview and Scrutiny Committee Report – 3 March 2017

<https://democracy.kent.gov.uk/mgConvert2PDF.aspx?ID=75535>,

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Graham Gibbens
Cabinet Member for Adult Social Care

DECISION NO:

17/00030b

For publication
Key decision

Affects more than 2 Electoral Divisions and expenditure of more than £1m

Subject: Community Support Services – Homecare contract continuation or variation through mutual negotiation

Decision: As Cabinet Member for Adult Social Care, I propose to:

- a) **AGREE** to continue, for some contracted providers, service provision on the existing terms and conditions through to 31 May 2019 and for other contracted providers where mutual negotiation can be agreed, to award varied interim contracts through to 31 May 2019;
- b) **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; and
- c) **AUTHORISE** officers to commence market engagement in readiness for the full procurement process, where required.

Reason(s) for decision:

Given the freedoms set out in the Care Act 2014 since these contracts started and the council's Strategy for Adult Social Care, Your life, your well-being, there is now an opportunity to move to greater integration with health services. To achieve this it is desirable to continue these services' contracts to a single end date of 31 May 2019.

This will help achieve the corporate objectives of:

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
- 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

Financial Implications

The total annual value of the current contracted service is £ 33,632,993.52. The proposed contract continuations for Homecare include an additional £7,095,568.31 plus circa £145,000 for TDM development costs. This represents the pressure for the remainder of 2017/18 and is subject to further refinement.

Additional pressures relate to four areas of Kent where a separate approach shall be taken, risks highlighted include increased rates should non-contracted (and non-cluster contracted) provider clients require transitioning to a contracted provider resulting in higher costs, new clients entering the service at new rates, the waiting list and any other factors still to be determined.

The activity of some of these services is similar in approach to other community support services commissioned by the County Council in that it is delivered in people's own homes to support, maintain or improve their independence or wellbeing by maintaining a tenancy or in supported and shared accommodation.

Equality Implications

An Equalities Impact Assessment will be completed for the new service design as part of the Transformation Programme. For this arrangement, service users would receive continuity in service provision, pending any planned activity for review.

Legal Implications

There are significant inherent legal implications from this approach. Legal advice has been sought which is legally privileged and therefore attached as an exempt appendix to the recommendation report.

Cabinet Committee recommendations and other consultation:

The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 9 June 2017 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered:

None

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

.....
signed

.....
date

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Document is Restricted

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From: Graham Gibbens, Cabinet Member for Adult Social Care
Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing

To: Adult Social Care Cabinet Committee – 9 June 2017

Decision No: 17/00030c

Subject: **COMMUNITY SUPPORT SERVICES - SUPPORTING INDEPENDENCE SERVICES CONTRACT CONTINUATION OR VARIATION THROUGH MUTUAL NEGOTIATION**

Classification: Unrestricted – Exempt appendix

Past Pathway of Paper: None

Future Pathway of Paper: Cabinet Member decision

Electoral Division: All

Summary: This report is provided to inform the Adult Social Care Cabinet Committee of the implications of aligning Supporting Independence Service contracts into the future delivery of community support services (in line with the Your life, your wellbeing Strategy) and ultimately achieving full integration with the NHS by 2020 (in line with the NHS 5 Year Forward View.)

Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make a **RECOMMENDATION** to the Cabinet Member on the proposed decision (Attached as Appendix A) to:

- a) **AGREE** to continue service provision on the existing, or varied, terms and conditions through to 31 May 2019 and for other contracted providers where mutual negotiation can be agreed, to award varied interim contracts through to 31 May 2019;
- b) **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; and
- c) **AUTHORISE** officers to commence market engagement in readiness for the full procurement process, where required.

Introduction

- 1.1 Kent County Council endorsed the Adult Social Care Strategy, Your life, your wellbeing in December 2016. The new Vision and Strategy is based on the Care Act 2014. Under this Act not only is there a responsibility towards adults with care and support needs and their carers, but also a broader responsibility to promote the wellbeing of adults living in the area. This should help prevent some needs arising in the first place and delay their development.
- 1.2 The Council is already working with 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 the Your life, your

well-being Vision and Strategy is part of the broader process of joining up health and social care under the NHS Five Year Forward View.

- 1.3 The Strategy provides the best opportunity to establish the right pathways and develop new ways of working to deliver a sustainable service, whilst keeping people at the heart of everything we do. It also allows us to align activities and services for full integration with the NHS by 2020.
- 1.4 To enable the delivery of Your life, your well-being, a range of community based services need to be completely redesigned along with a thorough review of what the Local Authority can do and what can be delegated to bring efficiency and better outcomes to people in need of social care services and support.
- 1.5 There are a number of synergies between all community support services and commissioning intentions through Transformational design that this report seeks to continue, or in some cases potentially vary, the current arrangements and align with other activity as detailed in the Market Position Statement for Community Support Services. The majority of community support services, including the Supporting Independence Service (SIS), will be tendered with a procurement process starting late in 2017 so that full integrated service provision will be in place with compliant contracts in 2018/19. To be able to deliver this work, Single Source Justifications (SSJ) are required to continue these contracts and align them with the new programme timetable. This will also support placement stability and gradual transition of service users to new service provider(s) should existing providers be unsuccessful in the tendering process.
- 1.6 The Health Overview and Scrutiny Committee (HOSC) received an update on the Sustainability and Transformation Plan on 3 March 2017 and a report was presented to County Council on 16 March 2017. The HOSC report, provided as a background document to this report, gives important context to the aims of the Phase 3 Transformation Programme and the implications on the contracts the Council has to put in place for community support services.
- 1.7 Additionally, on 8 March 2017 in the Spring Budget, a further £2bn was announced for Social Care. This means, for KCC, £26m in 2017/18, £17m in 2018/19 and £9m in 2019/20 that has to be directed to sustain social care markets and address Delayed Transfers of Care. SIS is critical to both of these requirements.

2. Financial Implications

- 2.1 The total annual value of the proposed contract continuations for SIS is £44.2m, however for the full period requested this totals £89.1m. It covers services for people in the day time and, for some, overnight. The amount of people receiving services for day support is 1,683 and 581 overnight.
- 2.3 The activity of some of these services is similar in approach to other community support services commissioned by the County Council in that it is delivered in people's own homes to support, maintain or improve their independence or wellbeing or in supported and shared accommodation.

3. Market Position Statement

- 3.1 All interaction with providers and the Trade Associations over the last couple of years has resulted in discussions about how things can and should be done differently with outcome based services, different contractual, payment and risk share arrangements and more of a partnership approach. These discussions helped shape the Market Position Statement for community support services which can be found at:

http://www.kent.gov.uk/_data/assets/pdf_file/0004/60475/The-Social-Care,-Health-and-Wellbeing-Community-Support-Market-Position-Statement-FULL-statement.pdf

- 3.2 Within this document, there is a section on “Key Messages to the Market” which includes:

- Demographic change will significantly increase demand for care and support over the coming years but will not be matched by increases in public funding.
- We will be increasing investment in information and advice, preventative services, **assistive technologies to support independent living.**
- We will **move away from time and task home care and develop more person-centred models of support that are outcome focussed.**
- We will be exploring a range of models including **provider managed services and individual service funds to maximise opportunities for personalisation.**
- We will be looking for more cost effective ways of delivering care and support and we are **keen to work with providers who can offer innovative solutions, flexibility and value for money.**
- We will be **commissioning for care networks and models of support that bring traditional and non-traditional providers** together to ensure services are joined up and focus on promoting wellbeing and independence.
- We will be doing more **joint commissioning with the NHS and other partners looking for responsive and flexible models of support** that prevent hospital admission and/or support timely and effective discharges.
- Providers must plan and adapt their services to support the increasing numbers of people who are funding their own care.
- We will continue to promote self-directed support and increasing the numbers of people taking up personal budgets and direct payments, which will **decrease reliance on more traditional models of care and support** over time, as people choose more flexible and innovative ways to meet their needs.
- We want to explore and commission **models of brokerage and micro-provision of specialist or very local services.**
- There is currently an insufficient supply of personal assistants to meet the expected demand as the numbers of people directing their support increases.
- There are plans to facilitate a continued decrease in the number of publicly funded care home placements, as we look to **develop more personalised housing options**, including Extra Care Housing, **supported living** and Shared Lives.

4. Implementing a new model of community support

- 4.1 The Council is entering into Phase 3 of its Transformation Programme building on and learning from Phases 1 and 2. The Design Phase began in March 2017 and will last 24 weeks focusing on the need to radically transform the community support provision which will require the alignment of existing contracts to 31 May 2019.

However, it is fully intended that these services will be ready to be fully re-tendered for October 2018. The date of extension to May 2019 is to align with the Homecare contracts. Appropriate notice periods will be inserted into the contracts from October 2017.

- 4.2 SIS contracts, when tendered, were for a period of five years in total. In order to align these services to Adult Social Care transformational activity, it is requested that the end date of this arrangement is 31 May 2019, however it is intended that the work will complete by October 2018 and the end of May 2019 be a back stop date in the event of further opportunities that might arise. Extensive discussions have taken place with providers and the feedback generally is that there is potential for significant numbers of service users having to transfer to new providers with the potential of having to transfer again within a short period of time, should the service be re-tendered in line with outcome based care.
- 4.3 The Care Act 2014 provides greater flexibility to delegate tasks to others to carry out on behalf of the Local Authority and this will be considered as part of the Design Phase alongside the greater focus on wellbeing and prevention.
- 4.4 There is currently some duplication in some of the community support services such as Homecare, Housing Related Support and the Supporting Independence Service. In addition, there are some providers that deliver different services to the same individuals at differing hourly rates and provisions. There is a need to break down barriers between these services and focus on competences to create a more effective, integrated workforce. Only by changing how we think of workforce will we meet current staffing challenges and create capacity to deliver better outcomes. Furthermore, there are opportunities to doing things differently in partnership with stakeholders such as the Police and Crime Commissioner, the NHS, Public Health and the District and Borough Councils.
- 4.6 Commissioners have reflected on the recent and ongoing conversations with stakeholders alongside the very significant decisions in relation to identified savings and as a result need to secure service provision to individuals through the continuation of contracts.

5. Corporate Objectives

5.1 Given the freedoms set out in the Care Act 2014 since these contracts started and the Council's Strategy for Adult Social Care, Your, life your well-being, there is now an opportunity to move to greater integration with health services. To achieve this it is desirable to continue these services' contracts to a single end date of 31 May 2019.

5.2 This will help achieve the corporate objectives of:

5.2.1 Strategic Outcome

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

5.2.2 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

5.2.3 **Your life, your well-being** - providing the strategic direction to move towards full integration with the NHS by 2020.

6. Risks

- 6.1 The most significant legal risk to the continuation of these contracts is that the Council is likely to be operating outside of the procurement regulations. This is because there is a risk that the continuation of the contracts should have been the subject of competitive tenders. As such the continuation could be open to a range of challenges from providers and service users. Should these challenges be successful, the continuation of the contracts may be set aside or shortened and compensation may be payable to aggrieved parties. Appendix one (exempt) provides further information. Although not obviating the risk entirely, it is believed that this risk may be mitigated through partial reliance on provisions within the procurement regulations, clear communication and sharing more widely of the opportunity to work with the Council and its NHS partners in developing and designing a new approach. This will be very transparent and any market engagement events, due to commence in line with full procurement from October 2017, will be very open to make sure that all questions are answered so the new service delivery and contractual requirements is fully understood.
- 6.2 If, in implementing this decision it becomes apparent that elements of this may need re-phrasing or amending, the Corporate Director will do this in consultation with the Cabinet Member.
- 6.3 Providers state that it is difficult for them to plan and innovate their business with short term arrangements and therefore the intention is to end these arrangements in May 2019 with appropriate clauses inserted into the contract to end arrangements early, where necessary, to support Design and sustainability of the Phase 3 Transformation Programme. Feedback from the sector is that greater and more advanced planning and communication is needed in relation to these contracts and therefore to do anything other than extend the arrangements, whilst working with providers to negotiate the future need for each service would be impossible to maintain any service provision for service users. However, it is fully intended to retender these contracts by October 2018.
- 6.5 Withdrawal of these services would compromise all statutory duties under the Care Act 2014

7. Legal Implications

- 7.1 There are significant inherent legal implications from this approach. Legal advice has been sought which is legally privileged and therefore attached as an exempt appendix to this report.

8. Equalities Impact Assessments

- 8.1 An Equalities Impact Assessment will be completed for the new service design as part of the Transformation Programme. For this arrangement, service users would receive continuity in service provision, pending any planned activity for review.

9. Next Steps

- 9.1 The Cabinet Member for Adult Social Care will be asked to take an Executive Decision to continue service provision on the existing terms and conditions through to 31 May 2019.

10. Recommendation(s)

10.1 The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make a **RECOMMENDATION** to the Cabinet Member on the proposed decision (Attached as Appendix A) to:

- a) **AGREE** to continue service provision on the existing, or varied, terms and conditions through to 31 May 2019 and for other contracted providers where mutual negotiation can be agreed, to award varied interim contracts through to 31 May 2019;
- b) **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; and
- c) **AUTHORISE** Officers to commence market engagement in readiness for the full procurement process, where required.

11. Background Documents

Your life, your wellbeing – A Vision and Strategy for Adult Social Care 2016-2021
<http://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/your-life-your-wellbeing>

NHS Five Year Forward View
<https://www.england.nhs.uk/ourwork/futurenhs/>

Health Overview and Scrutiny Committee Report – 3 March 2017
<https://democracy.kent.gov.uk/mgConvert2PDF.aspx?ID=75535>,

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Graham Gibbens
Cabinet Member for Adult Social Care

DECISION NO:

17/00030c

For publication
Key decision

Affects more than 2 Electoral Divisions and expenditure of more than £1m

Subject: Community Support Services – Supporting Independence Service contract continuation or variation through mutual negotiation

Decision: As Cabinet Member for Adult Social Care, I propose to:

- a) **AGREE** to continue service provision on the existing, or varied, terms and conditions through to 31 May 2019 and for other contracted providers where mutual negotiation can be agreed, to award varied interim contracts through to 31 May 2019;
- b) **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; and
- c) **AUTHORISE** officers to commence market engagement in readiness for the full procurement process, where required.

Reason(s) for decision:

Given the freedoms set out in the Care Act 2014 since these contracts started and the council's Strategy for Adult Social Care, Your life, your well-being, there is now an opportunity to move to greater integration with health services. To achieve this it is desirable to continue these services' contracts to a single end date of 31 May 2019.

This will help achieve the corporate objectives of:

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
- 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

Financial Implications

The total annual value of the proposed contract continuations for Supporting Independence Service is £44.2m, however for the full period requested this totals £89.1m. It covers services for people in the day time and, for some, overnight. The amount of people receiving services for day support is 1,683 and 581 overnight.

The activity of some of these services is similar in approach to other community support services commissioned by the County Council in that it is delivered in people's own homes to support, maintain or improve their independence or wellbeing or in supported and shared accommodation.

Equality Implications

An Equalities Impact Assessment will be completed for the new service design as part of the Transformation Programme. For this arrangement, service users would receive continuity in service provision, pending any planned activity for review.

Legal Implications

There are significant inherent legal implications from this approach. Legal advice has been sought which is legally privileged and therefore attached as an exempt appendix to the recommendation report.

Cabinet Committee recommendations and other consultation:

The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 9 June 2017 and the outcome included in the paperwork the Cabinet Member will be asked to sign.

Any alternatives considered:

None

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

.....
signed

.....
date

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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From: Graham Gibbens, Cabinet Member for Adult Social Care
Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing

To: Adult Social Care Cabinet Committee – 9 June 2017

Subject: **ADULT SOCIAL CARE AND HEALTH - ANNUAL EQUALITY AND DIVERSITY REPORT 2016/2017**

Classification: Unrestricted

Previous Pathway of Paper Social Care, Health and Wellbeing Directorate Management Team – April 2017

Future Pathway of Paper: None

Electoral Division: All

Summary: This report sets out a position statement for services within Social Care and Health regarding equality and diversity work and progress on KCC equality objectives for 2016/17.

Recommendation(s): The Adult Social Care Cabinet Committee is asked to:

- a) **CONSIDER** and **DISCUSS** current performance and proposed priorities;
- b) **CONTINUE** to ensure that equality governance is observed in relation to decision making;
- c) **AGREE** to the approach for delivering against the new equality objectives; and
- d) **AGREE** to continue to receive the report annually in order to comply with the Public Sector Equality Duty (PSED) and ensure progress against the Council's objectives.

1. Introduction

1.1 Publication of equality information is compulsory in England for all public authorities. Proactive publication of equality information ensures not only compliance with the legal requirements, but also greater understanding by the public of the difficult decisions an authority faces, and why it takes those decisions. Gathering equality information and using it to inform decision-making can also enable authorities to achieve greater value for money in the services they deliver through better targeting of services.

1.2 This report is to provide assurance to Cabinet Committee members that the Directorate can demonstrate it is compliant with its Public Sector Equality Duty (PSED) and as a result provides accessible and usable services.

2. Financial Implications

2.1 There are no financial implications in producing this annual report.

3. Policy Context

3.1 As a public authority Kent County Council must comply with the PSED, promote equality of opportunity and eliminate discrimination for service users and staff. Due regard must be shown to:

- Eliminating unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- Advancing equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not.

3.1.1 The three aims of the PSED are:

- i) Removing or minimising disadvantages suffered by people due to their protected characteristics
- ii) Taking steps to meet the needs of people from protected groups where these are different from the needs of other people
- iii) Encouraging people from protected groups to participate in public life other activities where their participation is disproportionately low.

3.2 The 2016-20 Equality and Human Rights Policy is now in place following a consultation during 2016. The Directorate Business Plan for 2017/18 provides an overview of the new equality objectives. The details of the actions that will be taken to deliver against these objectives are set out within the Divisional Business Plans.

3.3 However for the reporting period for this report the 2012-16 equality objectives are relevant and summarised as follows:

- Working with all our partners to define and jointly address areas of inequality
- Promoting fair employment practices and creating an organisation that is aware of and committed to equality and diversity and delivers its PSED
- Improving the way the County Council listens to and engages with its employees, communities and partners to develop, implement and review policy and to inform the commissioning of services
- Improving the quality, collection, monitoring and use of equality data as part of the evidence base to inform service design delivery and policy decisions
- Providing inclusive and responsive customer services
- Understanding and responding to the impacts on people when the County Council is doing its work.

4. Adult Social Care

- 4.1 The Health and Social Care sector continues to operate in a context of unprecedented change and increased demand on services. Every aspect of social care services is being transformed, with many also subject to integration with health services. Transformation plans are being designed to address any identified inequalities and inconsistencies in service delivery and make the best use of available resources.
- 4.2 The principle responsibilities of the Directorate include undertaking individual and population needs assessment, commissioning and arranging services to meet the eligible needs of people and safeguarding vulnerable children and adults. Adult Social Care demonstrates its commitment by embedding equality throughout the organisation to ensure that the needs of all communities are considered in the commissioning and delivery of services.
- 4.3 The new Lifespan Pathway within the Disabled Children, Adults Learning Disability and Mental Health (DCALDMH) Division went live on 1 April 2017, this will ensure children, young people and adults with a disability have better transition at all stages, help young people achieve their ambitions and improve their outcomes.

5. Profile of Kent Service Users

- 5.1 The Directorate continually works to improve the quality, collection, monitoring and use of equality data as part of the evidence base to inform service design delivery and policy decisions.

Age Profile as of February 2017

Age	OPPD*	LDMH*
<18	0.0%	0.1%
18-24	2.4%	15.6%
25-34	2.4%	21.3%
35-44	3.4%	18.5%
45-54	6.6%	21.8%
55-64	8.6%	13.9%
65-74	14.7%	7.0%
75-84	25.9%	1.6%
85+	35.7%	0.2%
Age Not Provided / Not Recorded	0.5%	0.1%

*OPPD – Older People/Physical Disability

*LDMH – Learning Disability/Mental Health

Gender Profile as of February 2017

Gender	OPPD	LDMH
Female	63.11%	47.58%
Male	36.84%	52.39%
Neutral Gender	0.01%	0.01%
Not Known / Not Recorded	0.03%	0.01%

Ethnicity Profile as of February 2017

Ethnicity	OPPD	LDMH
Asian / Asian British	1.4%	1.7%
Black / African / Caribbean / Black British	0.5%	0.9%
Mixed / Multiple	0.3%	1.6%
Other Ethnic Group	0.6%	0.9%
Unknown / Refused / Not Yet Obtained	11.4%	8.4%
White	85.8%	86.4%
Lacks Capacity - Ethnicity	0.0%	0.1%

Religion Profile as of February 2017

Religion	OPPD	LDMH
Buddhist	0.1%	0.3%
Christian	19.4%	26.8%
Hindu	0.1%	0.2%
Jewish	0.1%	0.1%
Muslim	0.1%	0.5%
No religion	30.5%	31.9%
Other	4.9%	2.6%
Sikh	0.4%	0.3%
Lacks Capacity - Religion	0.0%	1.0%
Unknown / Refused / Not Yet Obtained	44.5%	36.4%

Sexual Orientation Profile as of February 2017

Sexual Orientation	OPPD	LDMH
Bisexual	0.0%	0.1%
Gay Man	0.1%	0.1%
Gay Woman/Lesbian	0.1%	0.0%
Heterosexual	25.5%	7.8%
Other	0.4%	0.9%
Lacks Capacity – Sexual Orientation	0.0%	1.4%
Unknown / Not Recorded	73.9%	89.7%

Primary Support Reason as of February 2017

Primary Support Reason	OPPD	LDMH
Learning Disability Support	0.3%	50.0%
Mental Health Support	10.3%	42.9%
Physical Support	75.0%	1.8%
Sensory Support	4.2%	0.2%
Social Support	5.0%	3.4%
Vulnerable Adult	2.4%	1.3%
Awaiting Assessment	2.8%	0.6%

5.2 The service user profile has remained the same over the last year. However, recording of sexual orientation and religion has changed to a high proportion of people now having a sexual orientation value recorded as 'prefer not to say' and a religion value of 'none' where this would otherwise have not been recorded. Therefore this is not accurately reflecting these groups that would actually 'prefer not to say' and where religion is 'none'. This indicates that further work is to be done with teams to ensure that only information on these characteristics is recorded where this is known and the service user has disclosed the information.

5.3 Since the 2012-16 equality objectives started, the service user profile has remained unchanged in some aspects, apart from the following:

- Age – increase of 3.6% in 85+ within OPPD
- Gender – 2.55% increase in female service users within OPPD and a reduction of 3.81% female service users within LDMH
- Ethnicity – 4% increase across OPPD and LDMH in Unknown/Refused/Not Yet Obtained recording category
- Data on religion and sexual orientation is not available retrospectively, therefore unable to compare against 2012
- The most significant changes in profile are within the primary reason for support: there is a 10% increase for mental health support, 6% increase in Learning Disability (LD) 8.3% in physical support and 5% in social support. However over the four years the demand on services has increased and the number of service users has increased by 6,197. However the increase in some categories such as Mental Health can also demonstrate where services have responded to the needs of people living in Kent through the introduction of the Primary Care Mental Health service in April 2016.

Service user numbers

	OPPD	LDMH
January 2012	25,050	6,710
March 2017	28,851	9,106

6. Adult Social Care and Health Staffing

6.1 The Equalities profile summary below, shows how Adult Social Care and Health compares with the diversity of the workforce across the Council and any changes in profile over the last year:

- A small decrease of 0.6% in male members of staff, with numbers remaining below the average across the Council
- An increase of 0.5% in black and minority ethnic staff , which is 1.9% higher than the average across the Council
- An increase of 0.2% in younger members of staff aged 25; however this is still 1.4% below the average, a 0.3% increase under 30 and staff over 50 has remained the same. The age profile remains lower than the the Council's average for younger staff and above the average for staff over 50
- An increase of 0.3% in staff considered disabled.

6.2 Fair employment practices are monitored and reported on a regular basis to the Social Care and Health Directorate Management Team (DMT) and the next level down Divisional Management Team meetings (DivMT), to ensure managers are engaged in their responsibilities.

7. Examples of Activity during 2016/17

7.1 The 2016/17 Local Account will be published later in the autumn, this will describe the achievements in, improvements of and challenges for Adult Social Care in the past year and sets out the vision for the future. There is also the Council's Annual Equality and Diversity report and information on the Council's performance against equality objectives is regularly updated on the Kent.gov website.

7.2 A few examples of how the Directorate provides inclusive and responsive customer services through, understanding our customer's needs, connecting with our customers effectively and efficiently are given below:

- Transgender (Trans) equality has become an area of growing concern both in the Council and nationally. Legislative changes through the Equality Act 2010 and a change in the wider social culture has led to greater awareness of the experience of Trans people in health, education employment and society in general. Therefore, during 2016 a Trans working group was established to actively consider addressing and advancing the equality outcomes of the Trans community in Kent. Following which the Directorate policy team developed a guide which is designed to help staff in Adult Social Care to offer the best service they can to Trans users of Adult Social Care services.
- During 2016, commissioning funded by OPPD supported Healthwatch to set up a Physical Disability Forum. Historically, there has been a gap in having a forum to represent people with a physical disability. The Forum, which is funded by Healthwatch and the Council, has been set up to work with the Council and Health Commissioners to ensure that people with a physical disability have a voice that can influence the priorities and direction of future

commissioning. The Forum aims to give people both with a physical disability, and those who care for them, a strong collective voice and bring many organisations and groups together to create a network of support and influence positive change. The Forum identified a gap in provision and is now working to develop a new support offer, which will be a user led service to help promote people's independence and wellbeing

- 294 people from different organisations attended 'Hot Potato' events in July and September 2016. These events explored sensitive issues in relation to Dementia and encouraged people to talk about these issues and be pro-active in dealing with them and to have awareness of possible scenarios rather than be re-active and unprepared. A number of topics were covered including LGBT and Dementia, Learning Disability and Dementia, Mental Capacity Act (MCA) and Best Interest overview, the carer's perspective and faith and spirituality. All attendees were asked to make a pledge from what they had learnt that day, some of the pledges include:
 - Pledge to do more to highlight the needs of LGBT community affected by dementia in training and awareness raising
 - To continue to develop further an understanding of dementia and treating those as an individual and not for their disease and
 - Recognising and respecting the person behind dementia better
- Within LD the Valuing People Now Support Contract and Facilitation Service continues to provide support across all 12 Districts of Kent via the organisation and facilitation of The Kent Partnership Board and District Partnership Groups (DPG) and to facilitate and support the engagement of people with learning disabilities and their families in making sure Valuing People Now is happening in Kent. Each DPG represents the local learning disability population - including people with complex needs, people with profound or multiple disabilities, people from black or minority ethnic communities, people who present challenges and people who are or have been offenders. From 1 April 2016 to 31 December 2016, 462 people with a learning disability attended the involvement group meetings.
- The Learning Disability Partnership Awards took place on 13 September 2016 and were very successful, with awards given out across a number of categories. The awards recognise the creative ways in which companies, services and people go the extra mile to help give people with a learning disability more choice, improved independence and access to their communities.
- During late 2016 the Strategy for Adults with Autism, which 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, was out for consultation. The consultation process ensured wider engagement with people with autism and their families and carers and the Strategy was revised in the light of this feedback.
- The OPPD division developed an overview on End of Life care, which sets out how the division is working to implement End of Life against the 'Ambitions for

Palliative and End of Life Care: A national framework for local action 2015-2020'. By measuring current activity against the national framework, this has allowed OPPD to identify where there are gaps and develop an action plan.

- There is on-going integration work with health through the Kent Integrated Care Pioneer Programme. During 2015/16 the Pioneer team set up the Design and Learning Centre for Clinical and Social Innovation, which is working in a co-produced way to find innovative solutions to integrate services to meet the changing needs of the communities in Kent. The Design and Learning Centre works to address health inequalities and is currently testing a number of EU models of care - ESTHER and Buurtzorg.
- During July 2016, the Accessible Information Standard guidance and policy was published, the document aims to make sure that service users who have a disability, impairment or sensory loss are provided with information they can easily read or understand with support, in order that they can communicate effectively with health and social care services. This in turn will ensure people who use our services are fully engaged with our processes, are able to make fully informed choices and receive the best service they can to continue to be independent in their community.
- The Council continues to invest in Easy Read publications to make important and relevant information more understandable and familiar. Easy Read documents are one of the ways in which the Council assists people, who may need it, access information which is presented in a way that is easier to understand.
- Public Health has continued to ensure that there is equity in accessing sexual health services through using equality measures as a part of their monitoring process, and new options for accessing services have been introduced during 2016/17, including options for online testing for chlamydia and HIV. A customer insights study has recently been undertaken (and the results are currently being analysed) to understand the barriers that groups face in accessing services in Kent, and the findings will be discussed with service providers to reduce these barriers.
- Over the last year school public health services have been recommissioned to ensure that health inequalities in early years and mental health are reduced. The new service has been split into two to better serve the age groups (primary and secondary) and focus on the particular needs of these groups, with the secondary service having a better focus on adolescent mental health and wellbeing.
- The Release the Pressure campaign (which was identified by the Suicide Prevention Strategy as a key action) was developed to take account of the needs of men, and to address the high disparity between the number of male and female suicides. The campaign was delivered and has increased male callers to the telephone hotline by 75%, with over 500 men a month calling.

8. Key Priorities for Future Development and Reporting

- 8.1 The service needs to work to ensure that data relating to all protected characteristics is collected for all services areas, fully analysed and used in both service provision and decision making.
- 8.2 The Directorate needs to build upon existing processes and forums to embed a cycle of learning and improvement with regards to equality practice. An event is planned for October 2017, which will remind staff of the legislation framework and legal duty around equality and diversity within the Council and help staff understand how equality and diversity impacts on practice, and therefore service user, outcomes.
- 8.3 The Divisions will be responsible for the implementation and monitoring of the equality objectives. Equality objectives will be monitored in line with Business Plan reviews at around six months into the year and progress will be reported to the Directorate Management Team in November 2017.
- 8.4 The Equality and Human Rights Objectives 2016-2020 for Social Care and Health are:
- Objective 1** – Safeguarding children and young people and vulnerable adults from harm
 - Objective 2** – Improved life chances and outcomes of children and young people and vulnerable adults through service developments and transformation
 - Objective 3** – The quality and range of services are improved through increasing engagement with service users and carers
 - Objective 4** – The number of BME people and women in the mental health system is reduced
 - Objective 5** - Ensuring equity of Access to Sexual Health services to improve health outcomes for protected groups
 - Objective 6** - Ensuring that the Children’s Public Health Service reduces health inequalities in early years and maternal health
 - Objective 7** - The rate of male Suicide declines
 - Objective 8** - Ensuring equality of access to NHS Health checks.

9. Key Challenges

- 9.1 Demographic changes and resource pressures continue to provide the biggest challenge.
- 9.2 A key challenge in Adult Social Care has been to develop a better understanding of the diversity of service users. Whilst the service works on a personal basis with many clients and has an understanding of an individual’s care needs, it is recognised that there is an ongoing need to better understand change in population and the broader patterns of experience to help plan resources for the future.

10. Governance

- 10.1 In 2012 governance arrangements were agreed to ensure compliance with the PSED following an internal audit. Governance is based on all Executive Decisions having an Equality Impact Assessment (EqIA) at both Divisional Management Team and Member level. If Executive Decisions are taken without full equality analysis the authority is open to potential Judicial Review.
- 10.2 Between 1 April 2015 and 31 March 2016 there were 15 Executive Decisions taken. Some of these did not require an EqIA, however where a change to service provision and subsequent Executive Decision merited the need for completion of an EqIA, this was undertaken and supported the formal decision making process.

11. Legal Implications and Risk Management

- 11.1 The PSED (Section 149 of the Equality Act 2010) requires the Council to publish its Equality Annual Report each year.

12. Equality Impact Assessment

- 12.1 There is no requirement to undertake an Equality Impact Assessment because this paper reports performance monitoring on the previous year's work and internal governance arrangements.

13. Conclusion

- 13.1 The changing population, combined with the limits on finances, means there is a need to be increasingly creative in responding to the needs of residents which will include promoting preventative strategies, greater independence and resilience for local people. The people supported have increasingly diverse and complex needs. The population is living longer with complex needs putting further demand on social care, and people want better quality and choice in the services they use. However, Transformation provides an opportunity to address identified inequalities and inconsistencies in service delivery and make the best use of available resources.
- 13.2 The annual report has been able to identify progress on the relevant equality objectives. The Directorate can demonstrate that it provides accessible and usable services but needs to continue to improve its governance arrangements and how it demonstrates the impact of service outcomes in relation to protected characteristics.

14. Recommendation(s)

14.1 Recommendation(s): The Adult Social Care Cabinet Committee is asked to:

- a) **CONSIDER** and **DISCUSS** current performance and proposed priorities;
- b) **CONTINUE** to ensure that equality governance is observed in relation to decision making;
- c) **AGREE** to the approach for delivering against the new equality objectives; and
- d) **AGREE** to continue to receive the report annually in order to comply with the Public Sector Equality Duty (PSED) and ensure progress against the Council's objectives.

15. Background Documents

Kent County Council Equality and Diversity page: <http://www.kent.gov.uk/about-the-council/strategies-and-policies/corporate-policies/equality-and-diversity>

Local Account for Adult Social Care 2015/16: <http://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/local-account-for-adult-social-care>

Accessible standards -

<https://www.england.nhs.uk/ourwork/accessibleinfo/> (KCC has an internal policy which is based upon this requirement)

ESTHER - <http://www.kent.gov.uk/social-care-and-health/information-for-professionals/design-and-learning-centre-for-clinical-and-social-innovation>

Buurtzorg - <http://www.buurtzorgnederland.com/>

Release the pressure campaign - <http://www.kent.gov.uk/social-care-and-health/health/release-the-pressure>

16. Lead Officer

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From: John Lynch, Head of Democratic Services
 To: Adult Social Care Cabinet Committee – 9 June 2017
 Subject: **Work Programme 2017/18**
 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 Cabinet Committee.

Recommendation: The Adult Social Care Cabinet Committee is asked to consider and agree its work programme for 2017/18.

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. Work Programme 2017

2.1 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.

2.2 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.

2.3 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.

3. Conclusion

3.1 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.

4. Recommendation: The Adult Social Care Cabinet Committee is asked to consider and agree its work programme for 2017/18.

5. Background Documents

None.

6. Contact details

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ADULT SOCIAL CARE CABINET COMMITTEE – WORK PROGRAMME 2017/18

Agenda Section	Items
20 JULY 2017 – additional meeting	
	<ul style="list-style-type: none">• Implications of the Policing and Crime Act 2017 for Adult Social Care.• Enablement service: to cover demographics, offer, in terms of physical and mental health, performance, integration and links with partners, make up and role of team, outcomes. (requested by Ms Marsh 1/5/17)• Dementia offer – similar content to above (<i>if not covered in recent report to ASCH</i>) (requested by Ms Marsh 1/5/17)• Adult Social Care Performance Dashboards to alternate meetings• Annual Complaints Report – Adult Social Care
29 SEPTEMBER 2017	
	<ul style="list-style-type: none">• Local Account Annual report – Final version for Members' comment prior to publication• Mind the Gap – update (16/00088)• Work Programme
23 NOVEMBER 2017	
	<ul style="list-style-type: none">• Adult Social Care Performance Dashboards to alternate meetings• Work Programme
19 JANUARY 2018	
	<ul style="list-style-type: none">• Update on Progress against British Deaf Association Charter of British Sign Language pledges (action from the time limited motion debate at County Council on 8 December 2016) – to HRPH instead?• Work Programme
9 MARCH 2018	
	<ul style="list-style-type: none">• Draft Directorate Business Plan• Risk Management report (with RAG ratings)• Work Programme

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