

ADULT SOCIAL CARE CABINET COMMITTEE

Friday, 29th September, 2017

9.30 am*

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

****please note the earlier start time***



AGENDA

ADULT SOCIAL CARE CABINET COMMITTEE

Friday, 29 September 2017 at 9.30 am
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), Ms D Marsh (Vice-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,
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/Webcasting Announcement
- 2 Apologies and Substitutes
To receive apologies for absence and notification of any substitutes present.
- 3 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.
- 4 Minutes of the meeting held on 20 July 2017 (Pages 7 - 18)

To consider and approve the minutes as a correct record.

- 5 Verbal updates by Cabinet Member and Director (Pages 19 - 20)
To receive verbal updates from the Cabinet Member for Adult Social Care and the Corporate Director of Adult Social Care and Health.
- 6 15/00003 - Live Well Kent: Our Strategic Partnership - PRESENTATION (Pages 21 - 56)
To receive a presentation from strategic partners, setting out the achievements, challenges and successes of the partnership and future opportunities.
- 7 17/00068 - Adult Social Care Case Management ICT System (Pages 57 - 66)
To receive a report from the Cabinet Member for Adult Social Care and the Corporate Director of Adult Social Care and Health and to consider and either endorse or make a recommendation to the Cabinet Member on the proposed decision to procure a new system.
- 8 17/00006 - Local Account for Kent Adult Social Care (April 2016 - March 2017) (Pages 67 - 136)
To receive a report from the Cabinet Member for Adult Social Care and the Corporate Director of Adult Social Care and Health and to consider and endorse the final version of the Local Account before it is signed off by the Cabinet Member.
- 9 17/00078 - Physical Disability Wellbeing Core Offer (Pages 137 - 176)
To receive a report from the Cabinet Member for Adult Social Care and the Corporate Director of Adult Social Care and Health and to consider and either endorse or make a recommendation to the Cabinet Member on the proposed decision to tender for a new contract.
- 10 17/00097 - Health and Social Care in Prisons (Pages 177 - 186)
To receive a report from the Cabinet Member for Adult Social Care and the Corporate Director of Adult Social Care and Health and to consider and either endorse or make a recommendation to the Cabinet Member on the proposed decision to commission jointly an integrated service with NHS England.
- 11 Your Life, Your Wellbeing - Transformation Phase Three Design update (Pages 187 - 194)
To receive a report from the Cabinet Member for Adult Social Care and the Corporate Director of Adult Social Care and Health, setting out progress on the latest stage in the transformation programme, on which Members are invited to comment.
- 12 Time To Change - KCC Mental Health Pledge and World Mental Health Day (Pages 195 - 210)
To receive a report from the Cabinet Member for Adult Social Care and the

Corporate Director of Adult Social Care and Health, setting out the action plan, on which the committee is invited to comment.

13 End of Life Care Strategy (Pages 211 - 226)

To receive a report from the Cabinet Member for Adult Social Care and the Corporate Director of Adult Social Care and Health, setting out how Adult Social Care is working with a range of partners to implement its End of Life Care Strategy against a national framework. The committee is asked to comment on the Strategy and agree that an annual progress report be presented to the committee.

14 Work Programme 2017/18 (Pages 227 - 230)

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

EXEMPT ITEMS

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

John Lynch,
Head of Democratic Services
03000 410466

Thursday, 21 September 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 CABINET COMMITTEE

MINUTES of A meeting of the Adult Social Care Cabinet Committee held at Darent Room, Sessions House, County Hall, Maidstone on Thursday, 20th July, 2017.

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

OTHER MEMBERS: Graham Gibbens

OFFICERS: Andrew Ireland (Director of Children's Services), Melanie Anthony (Commissioning and Development Manager), Emma Hanson (Policy Manager), Christy Holden (Head of Strategic Commissioning - Accommodation Solutions), Anthony Mort (Policy Manager), Samantha Sheppard (Commissioning Manager, Community Support), Steph Smith (Performance Monitoring Manager), Penny Southern (Director, Disabled Children, Learning Disability and Mental Health), Anne Tidmarsh (Director, Older People and Physical Disability), Theresa Grayell (Democratic Services Officer) and Emma West (Democratic Services Officer)

UNRESTRICTED ITEMS

13. Introduction/Webcasting Announcement
(Item 1)

14. Apologies and Substitutes.
(Item 2)

1. Apologies for absence had been received from Ms D Marsh, Mr P W A Lake and Mr S J G Koowaree.
2. Mrs P A V Stockell was present as a substitute for Ms Marsh, Mr M J Horwood was present as a substitute for Mr P W A Lake and Mr R H Bird was present as a substitute for Mr S J G Koowaree.

15. Declarations of Interest by Members in items on the agenda.
(Item 3)

1. Mr B H Lewis made a general declaration of interest as his wife was employed as a Care Worker.
2. Mrs P A V Stockell made a general declaration of interest as her sister was in a Care Home.
3. Mrs A D Allen made a general declaration of interest as a trustee of North Kent Age Concern and Co-Chairman of her local Partnership Group for People with Learning Disabilities.

4. In response to a query, the Chairman advised that Membership of a District/Borough Council did not need to be declared as an interest.
5. Later in the meeting, Mrs S Chandler made a general declaration of interest as a board member of East Kent Housing.

16. Minutes of the meeting held on 9 June 2017.

(Item 4)

1. RESOLVED that the minutes of the meeting held on 9 June 2017 are a correct record and that they be signed by the Chairman.

17. Verbal updates by Cabinet Member and Director.

(Item 5)

1. Mr G K Gibbens, Cabinet Member for Adult Social Care, announced the launch of the formal consultation for the Physical Disability Core Offer. The Physical Disability Core Offer involved reviewing all historic grants which funded services for people with physical disabilities, designing a service to meet needs equitably, being more inclusive and delivering better outcomes. The consultation would be open until 4 September 2017 and feedback or recommendations would be presented to the Adult Social Care Cabinet Committee on 29 September 2017.
2. Mr Gibbens spoke about a presentation on Loneliness which was made at the Community Wellbeing Board at the Local Government Association recently. This needed to be looked at as a major issue as Loneliness and Suicide was the biggest single killer in males under the age of 40.
3. Mr Gibbens discussed the Social Care Integration seminar held by the County Council network and KPMG which looked at ways in which the new monies could be used most effectively and what needed to be achieved from the new money.
4. Mr Gibbens spoke about the successful opening of the two new Extra Care Housing schemes. Locals in Tenterden and Dover said that they were pleased with how the scheme had changed over the years and could see improvements in the design and building of the Extra Care Housing. People with serious disabilities were able to live independently and were optimistic about their future.
5. Mr Gibbens said the Autism Strategy launch had been greatly supported and the response to the launch had also been very positive. A Member commented on the success of the Autism Strategy launch and was pleased to hear that it had been supported.
6. The Cabinet Member paid a tribute to the Corporate Director of Social Care, Health and Wellbeing, Andrew Ireland, and thanked him for the work that he had done for Adult Social Care over the last 6 years. Mr Ireland thanked Mr Gibbens and the Committee for their kind words.
7. The Chairman paid a tribute to the Director of Commissioning, Mark Lobban, and thanked him for the work that he had done for Adult Social Care.

8. Mr Ireland spoke about the greater clarity that had been received with regards to setting targets for NHS and Local Authorities. The overall position nationally was within the middle bracket and Kent County Council was far from a major cause of concern in terms of overall performance. There were 12 Local Authorities which the Care Quality Commission had been asked to inspect in relation to this issue.
9. Mr Ireland discussed the work of the Associated Directors of Adult Social Services; the region to which Kent belongs was doing a lot of focused work around hospital discharge to enable Authorities to have greater clarity on their current position. However, the national reporting of the data could become out of date quickly. As a region, the aim was to develop a template and protocol that provided more up to date information. In addition, Mr Ireland said that Anne Tidmarsh was currently working on the high impact of the changes around hospital discharge.
10. Mr Ireland said that the Transformation programme was coming towards the end of the design phase and would be reporting through various Committees in September 2017.
11. RESOLVED that the verbal updates be noted, with thanks.

18. 17/00062 - Older People and People Living with Dementia Wellbeing Core Offer.
(Item 6)

Sam Sheppard (Commissioning Manager, Community Support) and Emma Hanson (Head of Strategic Commissioning, Community Services) were in attendance for this item.

1. Sam Sheppard introduced the Older People and People Living with Dementia Wellbeing Core Offer and said that it was in consultation on a proposal to commission a range of services for Older People and People Living with Dementia to support them in their communities, promote their wellbeing, enable them to stay connected to their communities, and receive the help and support that was needed. The offer involved ending a number of historic funding arrangements. The Commissioning Team had engaged with the market and also with over 200 older people, people living with dementia and their carers, to discuss the procurement process. Ms Sheppard confirmed that, so far, 134 responses had been received.
 - a) A Member asked whether there was a proposal to change Respite Care. Emma Hanson confirmed that Respite Care was delivered in a number of different ways, including the carers contract, but that day services would provide a type of respite care and would remain a key element of the service going forward;
 - b) A Member requested further clarification on the Dementia element of the proposed offer and clarification on the whole draft specification. She also wanted to know how the Gravesham Muslim Association would be impacted by the offer and requested to see the completed Equality Impact Assessment. Ms Sheppard confirmed that the draft specification was with the

market for comments and once feedback had been collated; the specification would be updated to reflect this. Ms Sheppard confirmed that the offer would ensure that specific groups were referenced to ensure that this was represented. Ms Hanson added that Key Performance Indicators would monitor this. Ms Sheppard confirmed that the completed Equality Impact Assessment was available on the KCC website;

- c) A Member asked for reassurance that the team was confident that it could find the right strategic partners that would support the service and their providers. Ms Hanson confirmed that the team were using the 'competitive dialogue' process to put out the initial tender and invite the strategic partners to come into dialogue. In the dialogue, officers would help make sure the appropriate strategic decision was made. Mr Ireland added that the model approach was similar to one used previously which had been very successful, other than a few minor problems; and
- d) A Member commented on communication levels and the need to address concerns.

2. RESOLVED that the consultation and the further opportunity for Committee Members to comment on the recommendations be noted and that the Cabinet Member take the Executive Decision at the end of August 2017.

19. 16/00137 - Proposed changes to funding arrangements of Housing-Related Support and Community Alarms in Sheltered Housing.

(Item 7)

Emma Hanson (Head of Strategic Commissioning – Community Services) and Mel Anthony (Commissioning and Development Manager) were in attendance for this item.

1. Mel Anthony introduced the report and outlined the background to Housing-Related Support and Community Alarms in Sheltered Housing. Kent County Council had issued a joint accommodation strategy that highlighted ambitions to deliver for the Extra Care Housing to address housing needs of older people in need. Central Government had held an evidenced review, a consultation and an inquiry to set a course to change the way in which supported housing was funded. In this model, a proportion of an estimated £2 billion would be devolved to local level. The County Council proposed to work collaboratively with providers of sheltered housing schemes to help them to make the transition to the new arrangements. An event was held to deliver training and raise awareness to organisations at senior levels to help them understand the changes and prepare.

- a) A Member asked questions about possible issues and concerns related to costs and support required. She also proposed that the decision be delayed for one year to allow a contingency plan to be put in place. Ms Anthony said that the team were working with providers collaboratively and understood that the transition process would be challenging. An event was held with East Kent Housing to look at how the process could be implemented whilst ensuring people in Sheltered Housing were fully supported. Any person in Sheltered Housing who had eligible needs would continue to receive the specialist services;

- b) Mrs Chandler declared an interest as a board member of East Kent Housing. She also wanted to be sure that the housing providers' expertise and time would be used to assist residents to access the changed housing benefit. Ms Anthony reassured the Committee that the team worked closely with the providers to ensure that needs were met and appropriate resources were available;
 - c) Another speaker supported the proposal to delay the decision by one year in order to look more closely at the concerns highlighted. Ms Anthony confirmed that the change would be implemented in April 2019 and if this were to be delayed, there would be a risk of insufficient funds. Organisations had had time to prepare for the change as the Government had been aware of this change since 2015. The aim was to guarantee the future of supported housing in Kent and ensure that action was taken to support the organisations that were making the transition and ensure that this was done properly;
 - d) A Member said that this would prove to be challenging and sought a guarantee that would be able to move through the transition process within the given timeframe;
 - e) A Member asked for further information relating to the other providers that were experiencing similar problems to Canterbury. Ms Anthony said that the team had worked most closely with Canterbury, Dover and Shepway because they had been significantly affected by the different arrangements; all sheltered housing providers had been advised on Kent County Council's approach. The manager of East Kent Housing had expressed doubt that this would be possible, but had been advised that it had been possible for other organisations in a similar position;
 - f) The Cabinet Member, Mr Gibbens said that seven of the twelve districts had already been through the change and confirmed that everyone who had an eligible Social Care need in accordance with the Care Act had had that need met; and
 - g) A Member asked a question about the savings that would be made. Ms Anthony said that the total annual contract value of sheltered housing currently spent in a year was £2.7 million. An exact savings figure would be determined once the finalised figures are released.
2. The Chairman clarified that Ida Linfield had proposed and Mr B Lewis had seconded that the decision be delayed for one year to allow a contingency plan to be put in place.

*Upon being put to the vote, this was lost (3 votes for, 10 votes against)
Mr R H Bird, Mr B H Lewis and Ida Linfield asked that their votes against
be minuted.*

3. The recommendation in the report was then put to the vote.

Carried (11 votes for, 3 votes against)

Mr R H Bird, Mr B H Lewis and Ida Linfield asked that their votes against be minuted.

4. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care, to:

a) work in collaboration with current providers to explore and secure alternative funding models, enabling the gradual withdrawal or reduction of the Council's contribution towards housing related support and community alarms in sheltered housing by the end of March 2018; 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.

20. Implications of the Policing and Crime Act 2017 for Adult Social Care.
(Item 8)

Penny Southern (Director, Disabled Children, Learning Disability and Mental Health) was in attendance for this item.

1. Penny Southern introduced the Implications of the Policy and Crime Act 2017 report and the impact that the implications would have on Adult Social Care.

a) A Member commented on the excellent preventative work that the Police had carried out in the Dartford area regarding the 'safe place' Café that had been opened for offenders with Mental Health issues, and the transition process supporting them;

b) A Member commented on the difficult situations that might arise for officers and whether there was a need to recruit more staff to deal with these difficult situations. Ms Southern confirmed that there were a shortage of Approved Mental Health Practitioners (AMHPs) and it was important to ensure that a sufficient number were trained. Although there was a shortage of AMHPs, the number of assessments had increased significantly. Although there was a risk of an AMHP being in physical danger, the AMHP's did not work alone and there would be a backup AMHP on assessments along with a General Practitioner and S12 Doctor.

c) A Member asked for the Financial Implications of the report. Ms Southern confirmed that the extra resources in terms of staff required would be around £80,000.

d) A Member asked a question around the place of safety for adults over 18. Mr Ireland confirmed that this was concerned with the safety of the individual concerned.

e) A Member asked a question around whether there were specific circumstances listed that state whether an offender with Mental Health issues should be placed in a 'safe place' or a prison cell. Mr Ireland said that an

assessment was undertaken and a decision was made based on each circumstance; and

- f) A Member asked a question about pre and post care. Ms Southern said that, in terms of the assessment under the Mental Health Act, AMHPs and doctors would be on hand to help a patient and a psychiatrist would usually assist with the treatment. Mr Ireland added that a formal assessment under the Mental Health Act was a formal statutory and legal process and it was distinct from the wider generality of work and responses to Mental Health situations. Mr Ireland said that patients would be able to appeal against detentions and were accountable for the decisions around the Mental Health tribunals.

- 2. RESOLVED that the key issues set out in the report, and the comments made by Members of the Committee, set out above, be noted.

21. Approach for Social Care New Monies.

(Item. 9)

Christy Holden (Head of Strategic Commissioning - Accommodation Solutions) and Anne Tidmarsh (Director, Older People and Physical Disability) were in attendance for this item.

- 1. Ms Holden introduced the report and said that £52 million was available to be spent within the next 3 years. It would be added to the local Better Care Fund and therefore it was important that NHS partners were engaged in the development of the plans. In addition to the £52 million, Kent County Council had added an additional £6.8 million, recognising that the Social Care sector needed some sustainability funding per year. The main focus had been the high impact changes and taking forward actions and there were a range of key decisions that would be required arising from the sustainability funding. Mr Ireland confirmed that the changes had not yet been confirmed and that further reports would be brought back to the Cabinet Committee when decisions were required.

- a) A Member asked how much money had been saved since 2008. Mr Ireland said that more money had been spent each year because of the issue with matching funding against demography and demand. In recent years, the budget had increased;
- b) A Member commented on making better use of the funds available. Mrs Tidmarsh said that funding would help improve discharge rates and improve the model of discharge in all of the acute hospital sites. Mrs Tidmarsh added that this would be building upon and extending a model that had already been approved.

- 2. RESOLVED that the proposals in relations to the plan for the Social Care New Monies be considered and commented on.

22. 17/00073 - Approach for Social Care New Monies - Progressing High Impact Change 4 - Nurse Led Community Services to be moved to the exempt part of meeting.

1. The Chairman asked Members if they wished to refer to information in the exempt appendix. Members confirmed that they did and therefore the item took place in the closed session at the end of the meeting and is recorded in minute 28.

23. Adult Social Care - Social Value Framework.
(Item 11)

Emma Hanson (Policy Manager) was in attendance for this item.

1. Ms Hanson introduced the report and provided a brief overview on the Social Value Toolkit and how the Toolkit allowed Commissioning to drive the desired outcomes through the use of the Act.
2. RESOLVED that the co-productive approach taken to develop the Adult Social Care – Social Value Framework and its use in all commissioning activity, be noted and endorsed.

24. Adult Social Care Annual Complaints Report (2016 - 2017).
(Item 12)

Anthony Mort (Policy Manager) was in attendance for the item.

1. Anthony Mort introduced the Annual Complaints Report for Adult Social Care. He said the complaints procedure needed to be accessible and fair. In 2016, there was a slight decrease in the number of complaints and enquiries received. There were many compliments, which were a reminder that the service being provided was of a good standard.
 - a) A Member asked if compliment e-mails were responded to. Mr Mort said that all e-mails, including compliments, were responded to;
 - b) A Member asked a question about the automatic indexing of complaints where an M.P makes an enquiry. Mr Mort said that complaints and enquiries were responded to by KCC, but the complainant would also be informed of their right to take their complaint to the Local Government Ombudsman if they were dissatisfied. Ms Southern said that if anything needed to be addressed immediately, particularly around safeguarding issues, then it would be dealt with immediately by the team;
 - c) A Member commented on the excellent quality of work of care workers. Mr Ireland and Mr Mort said that the work of care workers should be enhanced and attention should be drawn to the incredible impact that they had and how important home-care workers were to the people for whom they were caring;
 - d) A Member asked a question about repetitive complaints and the complaints that were moved to the service providers. Mr Mort said that there were persistent complainers but there was a policy about how these were dealt with. There was a requirement that providers had set their own complaints procedures, although if the service had been arranged by Kent County Council, complainant could use the Adult Social Care complaints procedure;

- e) A Member spoke about an increase in complaints in the previous year. Mr Mort advised that the unified communications system had been introduced and had initially given rise to complaints about its operation. The financial constraints had also made it difficult to provide the same level of service each year;
 - f) The Cabinet Member, Mr Gibbens said that all complaints were welcomed in order to be able to make changes and continue to improve upon services; and
 - g) Mrs Tidmarsh said it was very important that service providers understood users' needs, key issues and where mistakes had been made, to ensure that good practice and training could address issues.
2. RESOLVED that the report and comments by Members of the Committee, set out above, be noted.

25. Adult Social Care Performance Dashboard.
(Item 13)

Steph Smith (Performance Monitoring Manager) was in attendance for this item.

- 1. Steph Smith introduced the Performance Dashboard and said that the indicators aimed to set out key priorities and monitor performance.
 - a) A Member questioned the number of enablement referrals which had a red indicator. Mrs Tidmarsh advised that this was being looked at on a weekly basis. She said that enablement was a key part of keeping people independent and was monitored closely. There was a mix of several issues, a key contributing factor had been the market and that people only stayed in enablement for a short period of time. Ms Tidmarsh added that it was not easy to recruit in some areas of Kent and there was an issue with the market in North Kent.
- 2. RESOLVED that the performance dashboard be noted and an Informal Member Performance Workshop be arranged.

26. Work Programme 2017/18.
(Item 14)

- 1. A Member said they would like loneliness and social isolation to be discussed at the Agenda Setting, for addition to the Work programme.
- 2. A Member's Briefing Session on Adult Social Care issues was welcomed by all Members and would hopefully take place in September 2017.
- 3. RESOLVED that the Committee's Work Programme for 2017 be noted.

27. Motion to Exclude the Press and Public for Exempt Item

Resolved that under Section 100A of the Local Government Act 1972 the press and public be excluded from the meeting for the following items of business on the

grounds that they involved the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A of the Act.

28. 17/00073 - Approach for Social Care New Monies – Progressing High Impact Change 4 – Nurse Led Community Services.
(Item 10)

Christy Holden (Head of Strategic Commissioning - Accommodation Solutions) and Anne Tidmarsh (Director, Older People and Physical Disability) were in attendance for this item.

1. Christy Holden introduced the report and the exempt appendix and welcomed questions from the Committee.

a) A Member asked a question about the action plan that was in place and the associated risks. Ms Holden said that the team was developing performance indicators to ensure that a well-structured action plan was in place to clearly highlight expectations and needs. Ms Holden said that the risks would be balanced and performance measured in September and November 2017 in terms of its effect on Delayed Transfers of Care figures;

b) A Member asked a question about the minimum standard of staffing required. Mrs Tidmarsh said that staff had become stakeholders in the company and the model was very good;

c) A Member asked a question about the lack of responses from the market and whether or not a contingency plan was in place. Mrs Tidmarsh said that there were not many providers that could deliver this specific service and had to be mindful that the model did not become de-stabilized and that the current provider was able to continue to deliver the service. The model would be more outcome-based and would provide an innovative service. Mrs Tidmarsh said that the team had been looking at different ways of expanding and working with health providers; and

d) Mr Ireland said that the model looked closely at two key factors: speed and long term security, the latter of which was helped by the New Monies. He added that it would be a good idea to highlight achievements to allow people to see what had been done in the successful scheme.

2. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care, to:

a) agree to formalise existing arrangements with Hilton Nurse Partners in the short term, procured through a KCC single sourced contract;

b) agree to enter into an adaptable framework agreement to cover the specification and procurement of a nurse led community service in the medium and longer term, alongside Homecare and Supporting Independence Service, from September 2017;

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) authorise Officers to commence market engagement in readiness for the full procurement process, where required,

be endorsed.

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By: Mr G K Gibbens, Cabinet Member for Adult Social Care
Ms A Singh, Corporate Director of Adult Social Care and Health

To: Adult Social Care Cabinet Committee – 29 September 2017

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

Classification: Unrestricted

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

Cabinet Member for Adult Social Care – Mr G K Gibbens

Independent Living Scheme
Older Person's Core Offer
Local Government Association

Corporate Director of Adult Social Care and Health – Ms A Singh

Delayed Discharge of Care
Sustainability Transformation Plan update
Safeguarding Awareness

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Live Well Kent Our Strategic Partnership

Emma Hanson
Head of Commissioning - Kent County Council

Austin Hardie
Executive Director of Enterprise and Operations Shaw Trust

Mike Barrett
CEO Porchlight



Our aim...

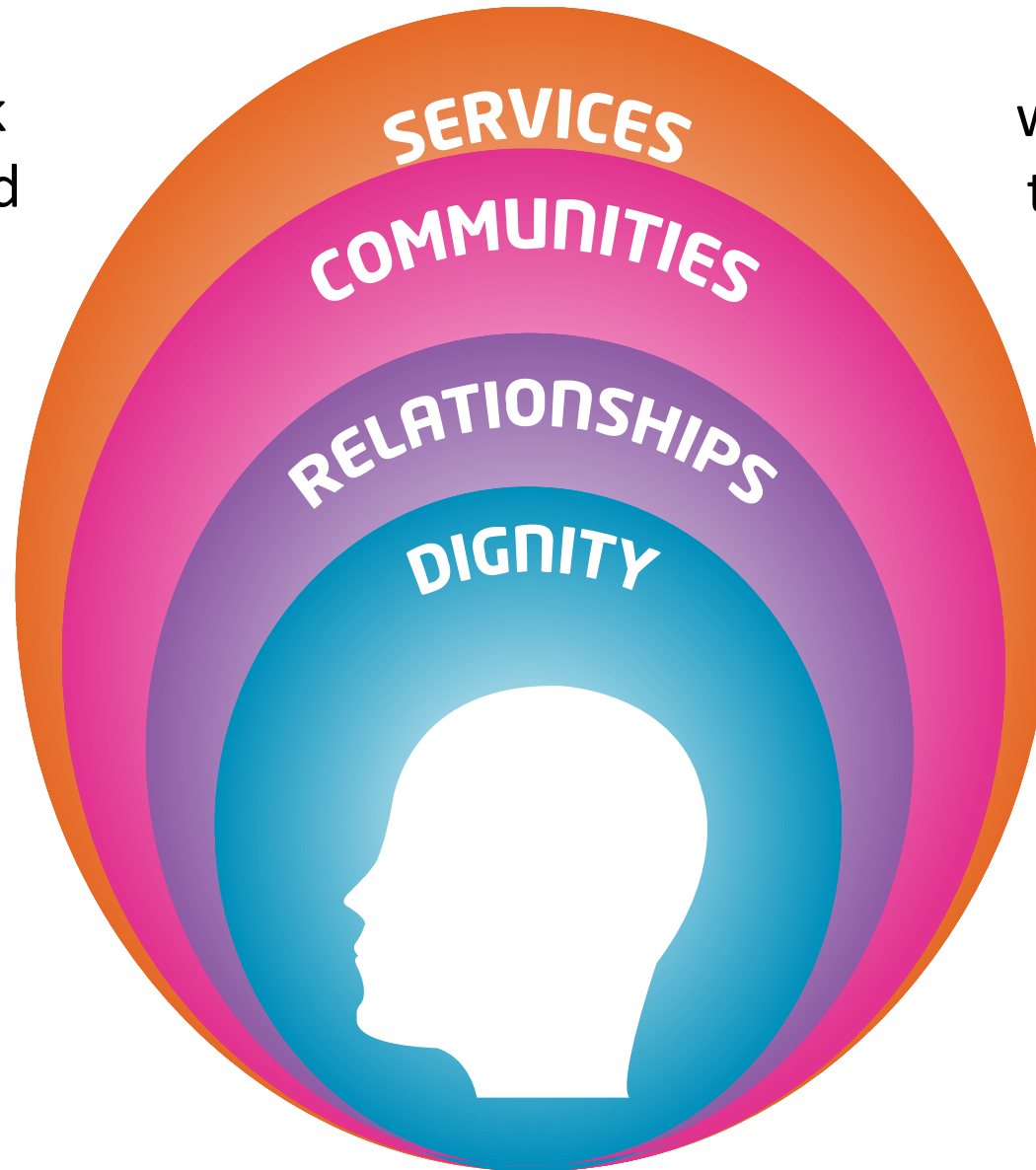
- To keep people well and improve their health and wellbeing
- To improve support for people with mental health problems
- To get the best possible outcomes within the resources we have available
- To develop a system that is both affordable and sustainable
- To encourage growth and diversification of provider market including the voluntary, community and social enterprise sector



A Life not a Service !

What does a good life look like to you and your family?

How can we work together to achieve it?



Deficit Approach	Asset Approach
Identifies problems	Identifies strengths
Sees people as service users or patients	Sees that people have lots to offer and contribute
Does to or Fixes people	Supports people to take control of their lives and develop their potential
Focuses on individuals	Focus on relationships, communities and neighbourhoods

Where we were;

- Services were not fully aligned to our strategic outcomes or priorities
- Historic growth; different services in different areas, equalled inequity of access and a postcode lottery
- Services provided via a wide range of voluntary sector partners who were not consistently networked together
- Lack of performance management we didn't know what we were getting for our investment and we couldn't compare the quality and impact of services

Integrated Commissioning

Public Health; universal services that support prevention, emotional health and wellbeing

Adult Social Care; day opportunities, employment services and service user engagement

Clinical Commissioning Groups; acute, secondary and community mental health services and improving access to psychological therapies

Supporting People; housing related support and specialist housing schemes

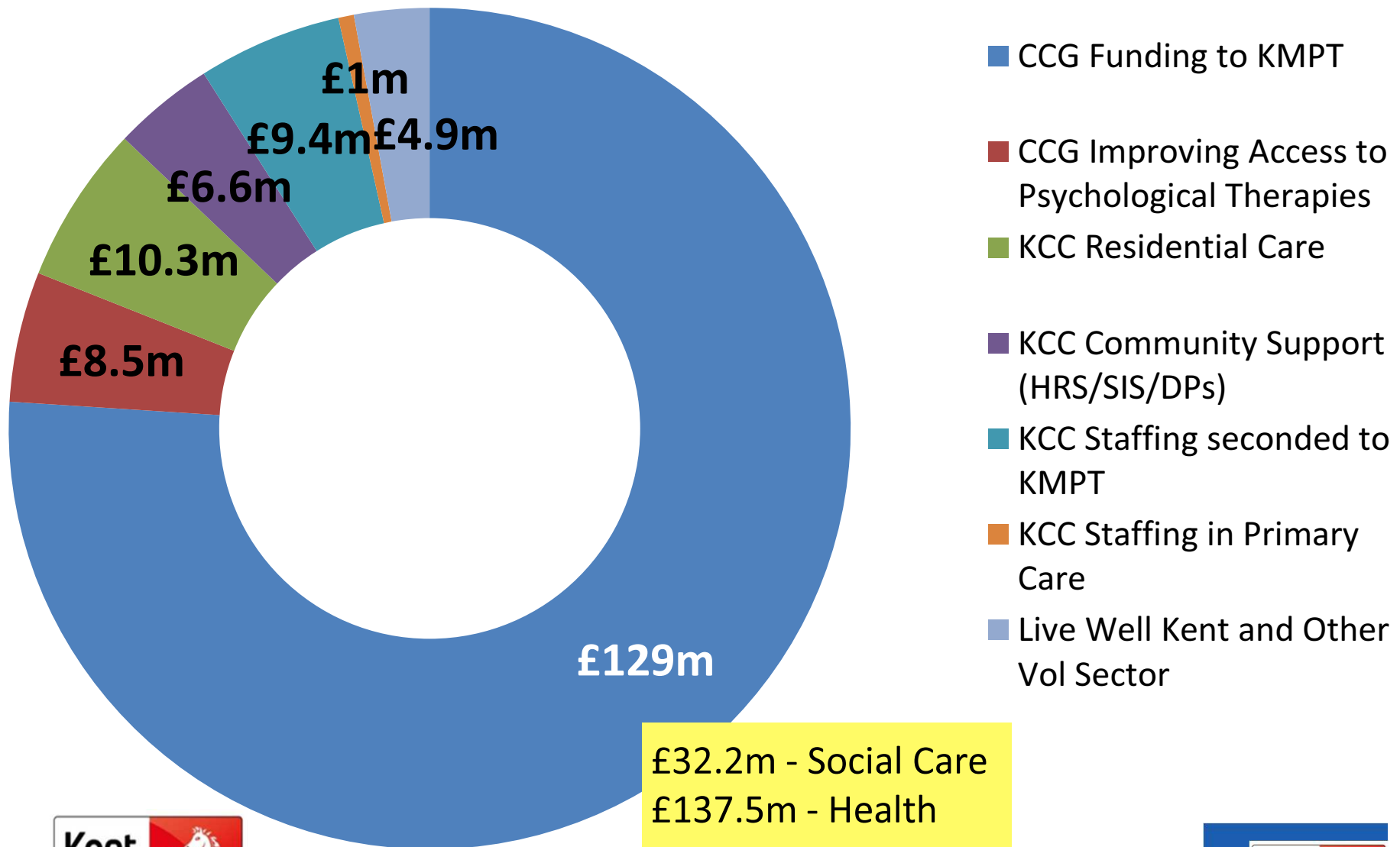
- Historically services worked in silos focussing on particular issues or steps in a journey
- We developed a new integrated and outcome focussed approach that is design to enable people to lead the lives they want
- Aim to tackling stigma and improving well-being



Key facts

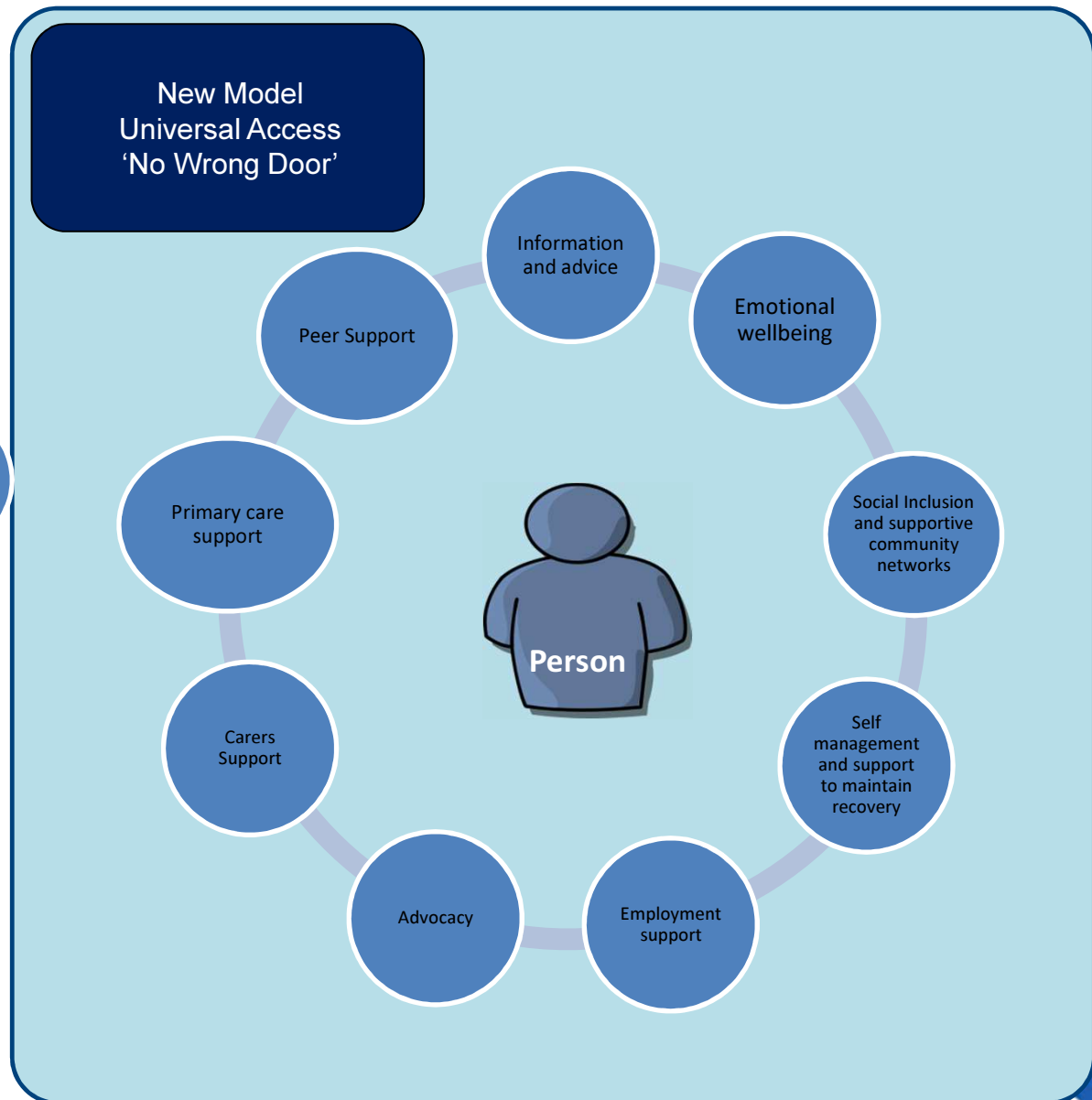
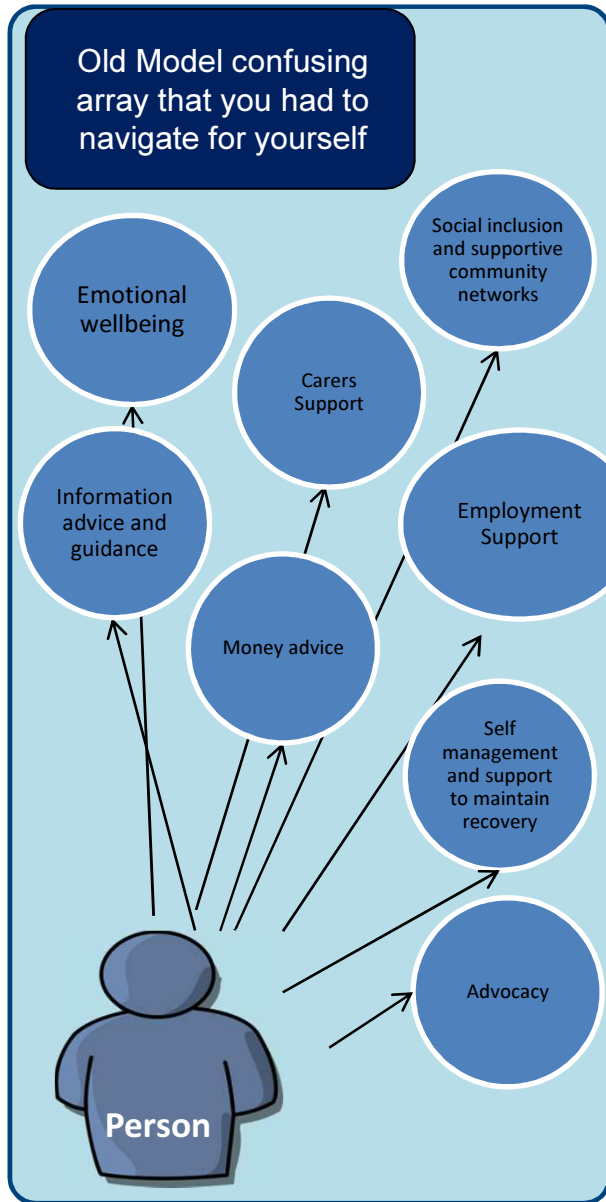
- Total pot £4m per year
- Historic funding re-profiled and allocated according to need
- A 5yr contract with an optional 2yr extension clause
- Contract let in four lots to mirror CCG cluster areas
- Outcomes focused contract with some specified requirements around employment and housing
- Includes co-location of primary care social workers

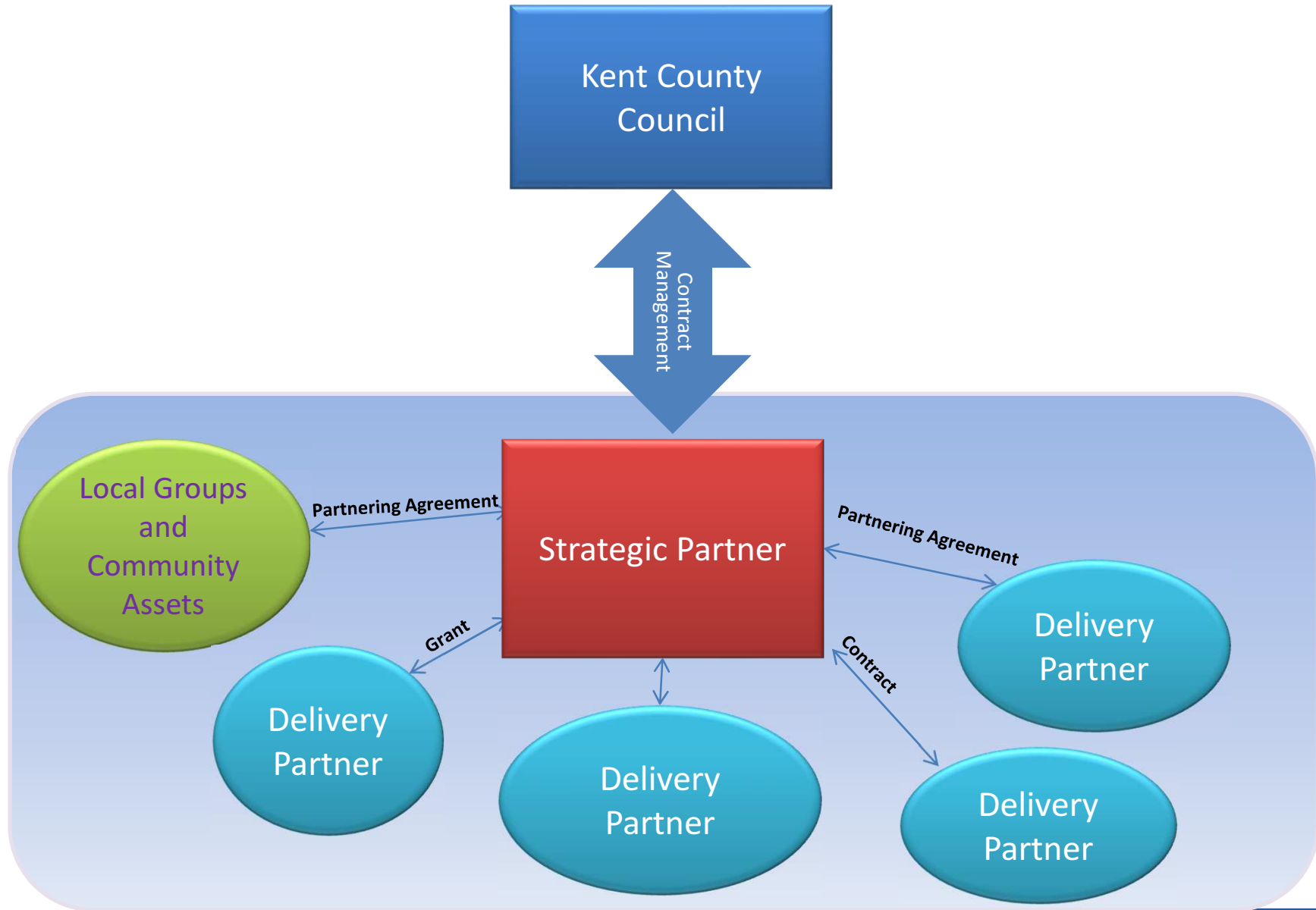
Mental Health Commissioned Spend £170m



The Vision - Person Centred Community Based Services

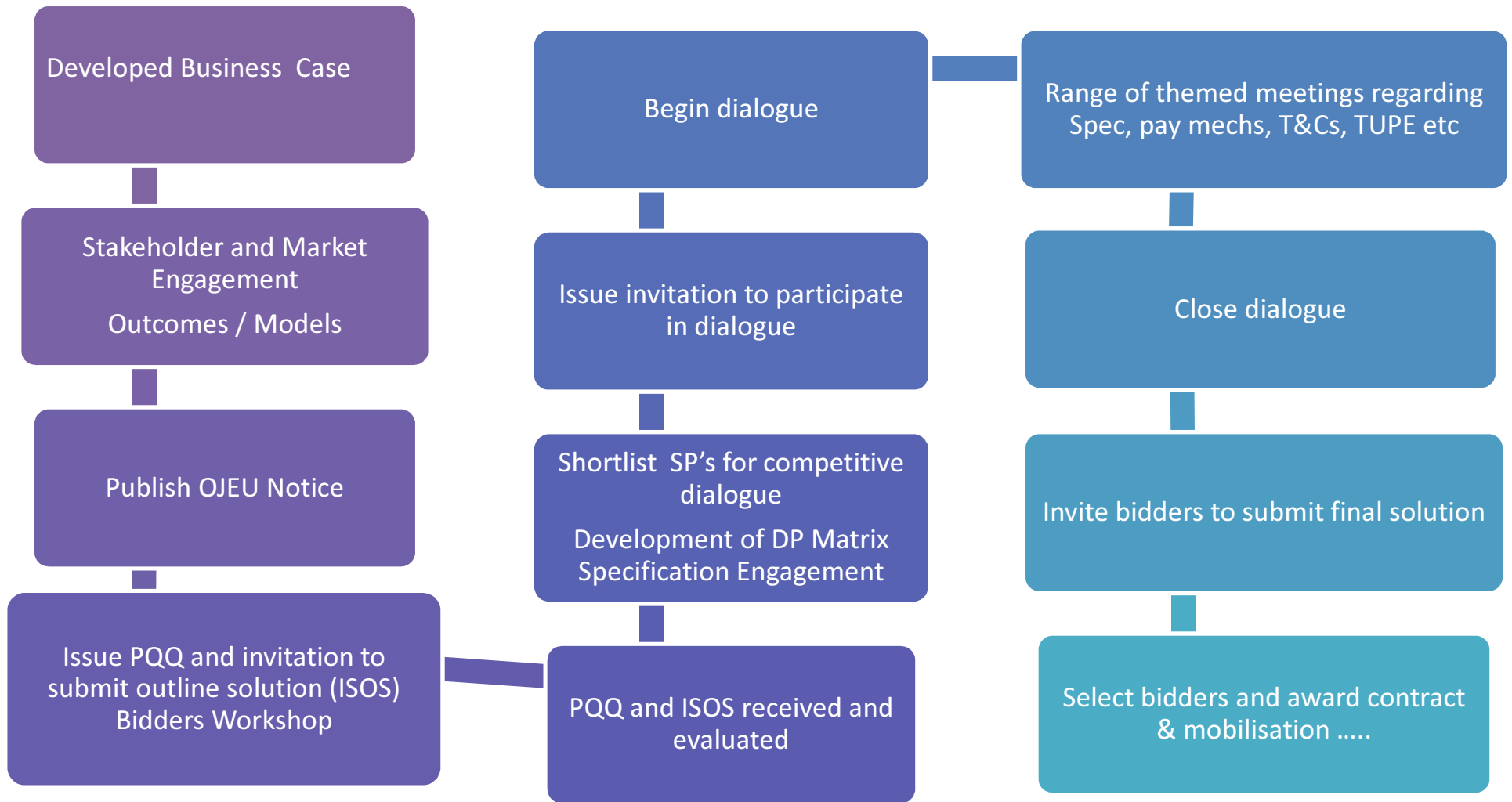
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Competitive Dialogue

..... is a public-sector tendering option that allows for bidders to develop proposals in response to a client's outline requirements. Only when their proposals are developed to sufficient detail are tenderers invited to submit competitive bids



Pro's and Con's of Approach

Pro's

- Really helps shape construction of service
- Allows for provider perspective
- Enables commissioners to understand from providers point of view
- Ensures service commissioned in best possible for outcomes
- Helped us to understand the depth and motivation of the partners

Con's

- Labour intensive and costly for LA and providers - especially those who are not successful
- Repetitive Process
- Slow Process

What we have achieved ...the model

- A new sustainable model to support wellbeing, self management, promote recovery, tackle social isolation, build resilience, and reduce stigma
- Built on foundation of peer support, connectivity and community development – ***a life not a service***
- Focus on prevention and early intervention to reduce need for secondary mental health services and use all services more effectively – reducing duplication
- Proportionate performance management with a focus on outcomes and impact

What we have achieved ... the Network

- Strong Strategic Partners who can help delivery network innovate, thrive and develop
- Two Strategic Partners are;
 - Porchlight
 - Shaw Trust
- A diverse range of delivery partners over 60 in total with 15 from Arts and Cultural Sector
- 40K innovation fund – to seed fund good ideas
- A network that continues to grow and diversity
- A whole systems based approach to individual journeys





Porchlight

Changing attitudes • Changing lives

Porchlight works across Kent and the south east to support people who are homeless, vulnerable and isolated.

We help children, adults and young people with housing, education & employment, and their mental health and wellbeing.



Porchlight

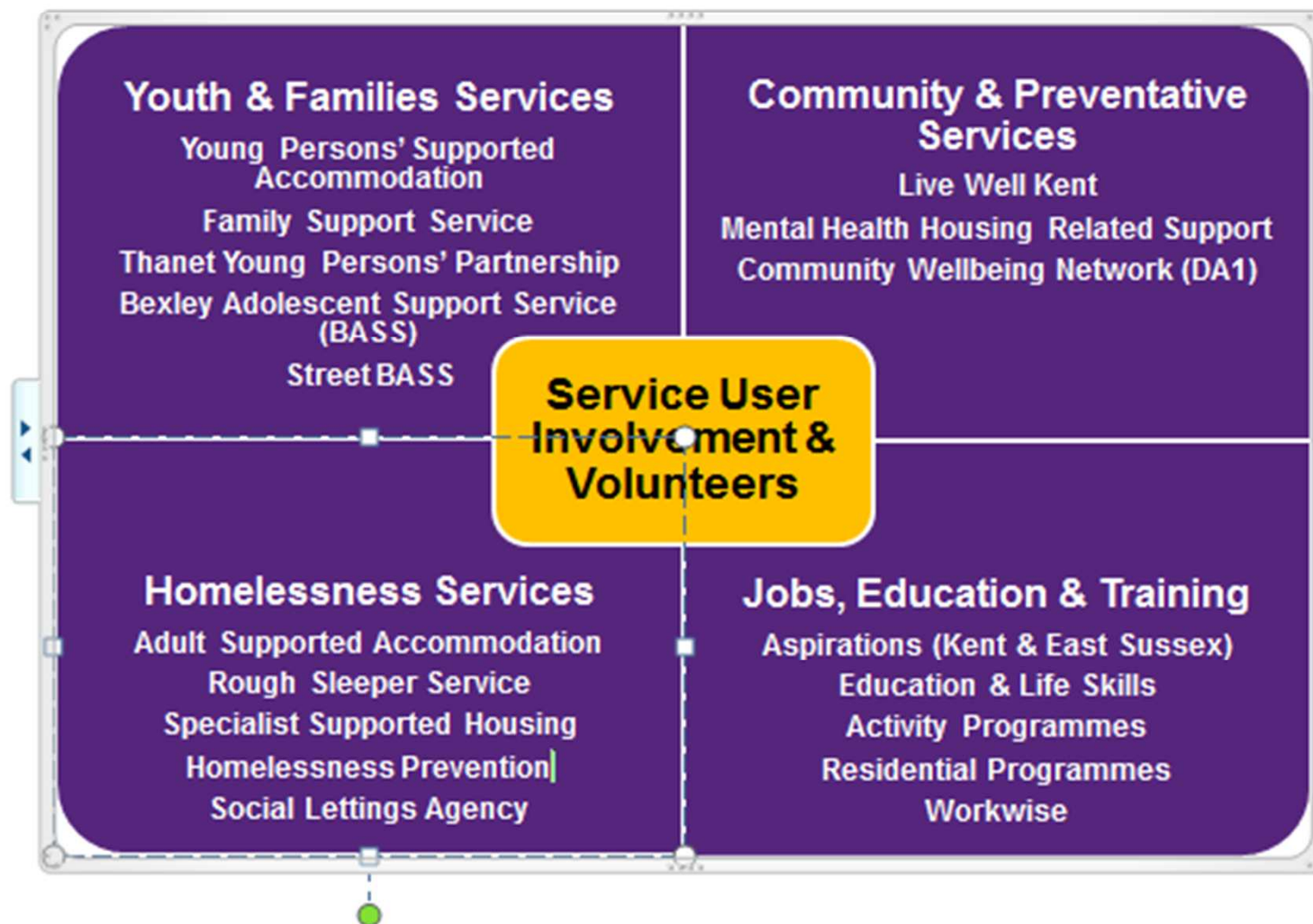
Changing attitudes • Changing lives

- Set up in 1974 by Tom Gifford, motivated by his own homeless experience
- Started as a single hostel to a charity now working with over 5000 people a year
- Turnover £10m per annum, reserves £2.3m, and no debt
- 86% growth in the last 5 years
- Working partnerships with over 92 organisations across Kent and Sussex



Porchlight

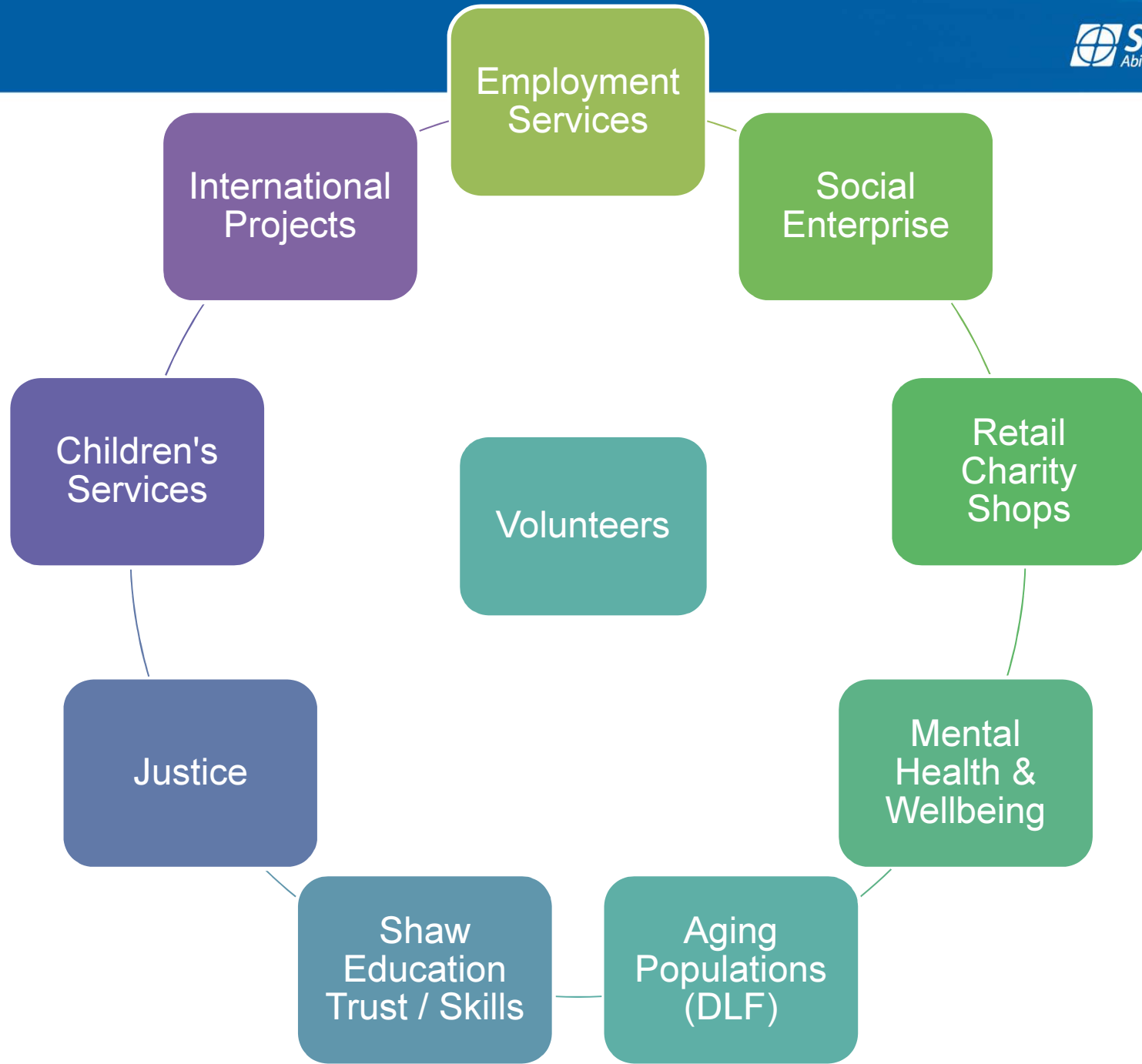
Changing attitudes • Changing lives



Shaw Trust is a national charity
working to create brighter futures
for the people and communities
we serve

Who are we.....

- National Charity with a Non-Executive Board of Trustees
- Founded in 1982 in the village of Shaw in Wiltshire to support local disabled people to find employment.
- Today, Shaw Trust has grown in reach and now supports over 50,000 people a year to live independent and inclusive lives.
- Turnover of £109m Per annum, £40m in reserves, no debt
- Approximately 1,400 staff working across the UK and 1,000 volunteers
- 50% of all delivery is subcontracted to our delivery partners – capacity and capability building other charities / SMEs
- Operating in Kent since 1996 running Learning Disability, Mental Health and Employment services across a variety of funders – KCC / JCP



Live Well Kent Model

At Live Well Kent your new life journey looks something like this...



Live Well Kent Website

www.livewellkent.org.uk

Live well Kent
community wellbeing

Home In your area How to get help News Resources About Live Well Kent

In your area

Select your area

- Dartford, Gravesham and Swanley →
- Swale →
- Canterbury and Coastal →
- Thanet →
- West Kent →
- Ashford →
- South Kent Coast →

Performance Year 1

In the period from the 1st April 2016 – 31st March 2017

- **5,391** referrals with **4,415** people formally signed up for a service or intervention.
- **43%** people have declared that they have a serious mental health illness
- **57%** have declared they have a common mental health illness
- Highest numbers coming from self referral route **43%** self referrals
- Statutory referrals also high from Secondary MH services and Social Care.
- GP referrals increasing, Strategic Partners are working with GP to increase referrals from this route
- GP are also recognised as signposting clients to the service who then show as self referral. Working to develop the feedback loop with GPs to evidence impact.

Successes

- **Long term contract** enables relationships and services to fully develop and embed
- **Innovation fund** – piloting new services and diversifying the network
- Creating a sense of **purpose and direction** for the growing network
- Shift to **recovery focus service** enabling improved wellbeing for people who had been stuck in the system
- **Capacity building** organisations to enable them to grow and develop
- Better visibility of performance to demonstrate **impact and outcomes**
- Closer **monitoring of services** enabling continual improvement
- Varying the **delivery network** when requirements change or providers are not performing
- Increase in **peer support** across services
- Embedding of **service user involvement** and **co-production** in delivery model

Programme Success Examples (ST)

Volunteers

- Recruitment of volunteers to support clients and develop community activities

Peer Support

- Volunteer IT and Gardening Group – run and led by ex LWK clients now Peer Volunteers
- Funding peer led groups and projects - Take Off, Maidstone Mind, West Kent Mind, TWMHRC

Capacity Building

- Interface meetings with the Network, sharing best practice, developing ideas and partnership working.

Service User Involvement/Co-production

- Worked with ActivMob to co-produce new delivery model based on service user feedback and focus groups.
- Working in partnership with SpeakUp to create a new pathway for service user feedback

Demonstrating the Impact

- Ability to capture data on MI system and demonstrate access, demand, need, impact and outcomes.

Delivery Network specialist support

- Offering a consistent delivery model of short and long term mental health support from a range of providers across all areas.
- Core offer of Housing and Employment support to improve long term outcomes



Local Successes Examples (ST)

Ashford

- Move away from traditional day care drop in to thriving multi-agency centre in Ashford Live Well Centre – West Kent Mind, Maidstone Mind, IAPT, KERs Team, Counsellors, Take Off, MCCH, Canterbury Art Studio, CMHT.
- Marchwood Project - piloting innovative approaches to providing therapeutic support in a woodland

Canterbury

- Canterbury Art Studio – Providing art therapy course with a professional exhibition
- Support for students delivered in partnership with the Delivery Network and Universities. (Canterbury Umbrella)

Maidstone

- Blackthorn Trust – piloting a holistic approach to mental health support based on organic gardening and cooking.

West Kent

- Bore Place – providing mental health support for 17 – 25 year olds at a working farm, learning horticultural skills, farming and catering.



Programme Success Examples (PL)

Flexible Provision

- Commissioning of weekend support – Global Generation SpAce peer support project in Margate
- Longer term as well as short term provision where needed – Richmond Fellowship, local Minds

Capacity Building

- Resilience Conference – key part of prevention approach
- Utilising network expertise – Folkestone Mind supporting with income generation

Service User Involvement

- Service users integral part of locality steering groups

Driving up standards

- Development & implementation of new quality standards audits

Innovation Fund

- £70,000 awarded to 16 projects. Diversified interventions and increased our reach

Peer Support

- Expanded peer support delivery, including investing in new services. Peer Support conference planned.



Local Successes Examples (PL)

Swale

- Swale Your Way mental health football team – development of league
- LWK branding/evidence supported funding of two wellbeing cafes in Sittingbourne and Sheerness

Dartford, Gravesham & Swanley

- Ecology Island – seed funding from Innovation Fund – SWEMWBS evidence help to secure borough council continuation funding
- Springboard Employment Service – flexibility to bring in new and innovative service, embedding IPS

South Kent Coast

- Folkestone Mind hub – collaboration and shared resources
- Improved recovery focus – shining a light on local practice which created dependency

Thanet

- Community focus – use of café as a community asset in Cliftonville
- Culture & art – Turner Contemporary T S Eliot exhibition in partnership with Richmond Fellowship



Challenges

- Lack of historical baseline data, illustrating a **high demand**
- Gaps in mental health services, seeing **more complex cases**
- **External factors** influencing services, e.g. housing, benefits
- **Institutionalisation** – people and providers; cultural change
- Working to **compliment** not duplicate support across the whole health and social care system
- KCC **balancing partnership** with SP's with **performance management** of the contract
- Shift in **outcome focused delivery** v traditional grant funded provision

Evaluation – Live Well Kent

Co-produced KPI's and data set to track progress and measure impact

Systems Outcomes

- Using NHS numbers to track outcomes
- In order to evidence impact on Acute Mental Health PBR clusters

Personal Outcomes

- SWEMWB (Short, Warwick, Edinburgh Mental Wellbeing Scale)
- Wider Wellbeing scales to show personal journey .. Self selected/reported and person centred
- 6 month follow ups aligned with personal centred goals

Network Feedback – NCVO & Serco code of practice



Wellbeing Year 1

- On average **90%** of people reported achievement against 1 or more of their meaningful goals
- For people whose meaningful goal is to gain employment / reinstate benefits / move home, it is not always possible to achieve this.
- On the combined SWEMWBS and WWB on average **80%** of clients are achieving an improvement across the 14 areas

Average Reported Improvements:

- **42%** “I’ve been thinking clearly”
- **39%** “I’ve been dealing with problems well”
- **38%** “I’ve been feeling close to other people”
- **38%** “I access things I want to do in the community”
- **24%** “I understand my health needs and do things that keep me well”

Future Opportunities

- **Housing Related Support** - Market shaping contract clause
- **Employment** - we need a more robust employment approach need to work with and through others
- **IAPT** - NHS Talking Therapies need to realise the potential of closer working
- **MH Trust Single Point of Access** clearer pathways into the right type of support
- **Life not a Service** – continue to work with mainstream arts, leisure and sports provision
- Continue to develop **robust governance** with strong link back into commissioning and which supports collaboration at both an operational & strategic level

Measures of success

- People are talking about and taking care of their mental health
- Move from a crisis driven to a preventative model of support
- Flourishing community, peer support – ***life not a service***
- Well networked delivery network, sharing costs, sharing best practice continuously improving and diversifying ...
- Re-profiling of mental health investment with additional funds being brought into Kent
- Improved community engagement leading to sustainable lives
- Reduced stigmatisation in local communities

Questions, Comments and / or Thoughts

Thank you

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From: Graham Gibbens, Cabinet Member for Adult Social Care

Anu Singh, Corporate of Director of Adult Social Care and Health

To: Adult Social Care Cabinet Committee – 29 September 2017

Decision No: 17/00068

Subject: **ADULT SOCIAL CARE CASE MANAGEMENT ICT SYSTEM**

Classification: Unrestricted

Past Pathway of Paper: Adult Social Care Technology Enabled Change Programme Board – 14 September 2017

Future Pathway of Paper: Cabinet Member decision

Electoral Division: All

Summary: Recommendation to Procure a Replacement Case Management ICT system to replace the current SWIFT/AIS system and support delivery of Adult Social Care.

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) **PROCURE** a new Adult Social Care Case Management ICT System; and
- b) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health, or other nominated officer, to undertake the necessary actions to implement the decision.

1. Introduction

- 1.1 The Council requires modern technology solutions to support the implementation of its Adult Social Care Strategy, Your life, your well-being, which will help the citizens of Kent to improve or maintain their well-being and live as independently as possible. The Council therefore requires a new and flexible case management system for adult social care (to replace its current system, SWIFT/AIS), which can be configured to suit the Council's business needs, and can evolve over time with minimal disruption and cost, preferably with the ability for the Council to make the changes without additional cost.
- 1.2 In addition, the Council requires an automated system for the payment of domiciliary service providers to replace the current Transaction Data Matching (TDM) system. The current TDM system has been secured until October 2019 but the contract with the supplier, PCCL, cannot be extended beyond this date.

2. Financial Implications

2.1 There will be an initial capital cost of up to £6.5m to cover the following:

- Enterprise licences for the new software solution
- Implementation Services (from the system supplier)
- Implementation project team (KCC and temporary contract resources)

2.2 The implementation project is expected to start immediately on contract signature with the main replacement adult social care case management system to go live no later than the end of January 2019, ahead of the end of the SWIFT contract in April 2019.

2.3 The implementation programme will be delivered in two phases:

2.3.1 Phase One – by end January 2019:

- Main Case Management system including finance and interfaces to corporate financial system for provider payments and client billing
- Replacement of TDM for payment of domiciliary providers
- Mobile Working.

2.3.2 Phase Two – to be delivered following implementation of main system and subject to business case

- External portals to allow clients, their carers, other professionals and service providers to access social care records, subject to the appropriate security and consent
- Integration with other systems e.g. Health.

2.4 In September 2016, the Adult Social Care and Health Directorate bid for Capital funding through the Programme Advisory Group and was given Approval to Plan. Having now undertaken negotiations with suppliers, the programme is expected to cost less than the original funding bid and includes the opportunity to implement greater functionality than originally expected.

2.5 The expected ongoing revenue cost will be comparable to that for the current SWIFT/AIS system at approximately £0.35m for hardware and software support and maintenance but represents a significant improvement in functionality. There will be a one-off revenue pressure of approximately £0.73m in 18/19 and £0.22m in 19/20 due to the transition from the old to the new system, the need to parallel run the two systems for a short period of time and the cost of additional resources (staff and venues) to provide training to approximately 1800 staff.

2.6 It is expected that the directorate will be able to realise significant efficiency benefits through streamlining processes and implementing more flexible ways of working. The new system will also replace the Transaction Data Matching system (TDM) used to pay domiciliary providers and the current Care Services Directory, representing a further revenue saving.

3. Policy Framework

- 3.1 The new system will give the Adult Social Care and Health Directorate the opportunity to modernise and streamline its processes and allow social care staff to work more flexibly with access to case records from wherever they need them. This will help to improve delivery of social care services to citizens of Kent.
- 3.2 The new system offers the opportunity to share information with partner organisations (subject to appropriate security and consent) which will improve services to clients as all partner agencies will have access to relevant information about an individual's situation.
- 3.3 Implementation of a client/carer portal will allow citizens and/or their carers to access their social care records electronically (subject to the appropriate security and consent) and to transact with the Local Authority via a digital platform. This offers greater choice to the citizen and their carers and will help to promote independence and give the citizen more control over their own care.

4. Procurement Process

- 4.1 In December 2016, the Council launched its new strategy for Adult Social Care, Your Life Your Wellbeing. The Vision underpinning the strategy is to help people to maintain or improve their wellbeing and live as independently as possible. To support delivery of this strategy, the Adult Social Care and Health directorate (AH) has embarked on phase 3 of its Transformation programme. The directorate is seeking to move to a commissioning model of service delivery, in line with the Council's ambition to become a commissioning authority and so many of the functions currently performed in house may be transferred to the Private and Voluntary sector or partner organisations in the next few years.
- 4.2 As part of the plans to implement the NHS Five Year Forward View, NHS England has initiated a programme of technology projects called *Personalised Health and Care 2020* which has as its ambition that health and care should be paper free at the point of delivery by 2020. This is intended to include Social Care in its scope and will require social care professionals to be able to work flexibly from any location including when access to the KCC data network is not available.
- 4.3 NHS Clinical Commissioning Groups (CCGs) were tasked to lead the development of Local Digital Roadmaps (LDRs) to deliver the objectives of Personalised Health and Care 2020 for Health and Social Care in their area. Four LDRs were developed in Kent and Medway: East Kent, West Kent, DGS and Swale and Medway.
- 4.4 In 2015, NHS England mandated the establishment of Sustainability and Transformation Plans (STP) to deliver place based change to the delivery of Health and Social Care. A single STP footprint was established for Kent and

Medway and the four LDRs combined to become the Digital workstream of the Kent and Medway STP (K&M STP).

- 4.5 The Council will need a modern and flexible case management system with integration capabilities (known as Open APIs) to support integration and delivery of the K&M STP Digital workstream.
- 4.6 Furthermore, the directorate has recognised that it is not making best use of the current Adult Social Care case management system with variable recording practices across teams and poor data quality in some areas. A review of system use has been undertaken to standardise and streamline the use of the SWIFT/AIS system but it has been recognised that SWIFT/AIS is no longer fit for purpose and will not support the future needs of the directorate.
- 4.7 As part of the need to promote independence and to support the Council's digital strategy, the authority will need to enable clients and/or their carers to transact with the Council via a digital client/carer portal. This needs to be integrated with the back-office system so that the client or their carer has access to the same information as the social care professional and can undertake some tasks online; for example, searching for and paying for services, updating their personal details, undertaking an assessment of their own care needs (or those of a loved one), undertaking an online financial assessment and contributing electronically to their own reviews. Whilst this may not be appropriate for many clients in the short term, it should be offered as an option for those who prefer this route and take up is likely to grow over time as people grow ever more used to transacting digitally in other areas of their lives.
- 4.8 To promote further efficiency, the Council needs to interact digitally with its providers and partners to streamline processes and so may wish to implement provider and professional portals integrated with the back-office system to allow external professionals to contribute directly to assessments, care plans and reviews and to submit invoices electronically for payment.
- 4.9 The SWIFT/AIS contract expired in April 2016 and was extended under Single Source Justification to April 2018 with the option of two further six-month extensions to April 2019. A bid for capital funding for a project to replace SWIFT/AIS was brought to Project Advisory Group (PAG) in September 2016 and was given approval to plan.
- 4.10 Royal Bank of Scotland (RBS) gave notice that from September 2017 it would no longer support the Transaction Data Matching (TDM) system provided by its subcontractor, PCCL, which is used to automate payment to Domiciliary Providers. The Council has contracted directly with PCCL to continue to use TDM with some modifications but this will not be supported beyond October 2019. The Council therefore needs to implement a replacement system to automate domiciliary provider payments.
- 4.11 In January 2017, NPS, the suppliers of SWIFT/AIS (the current Adult Social Care Case Management system), announced that they were withdrawing from

the social care applications market and intended to give contractual notice that they would no longer support SWIFT/AIS beyond April 2020. Subsequently NPS sold their social care software business to another social care software supplier, OLM, who have committed to support SWIFT/AIS for the foreseeable future. However, the Authority's contract for SWIFT/AIS is due to expire in April 2019 and cannot be further extended and so a procurement exercise was still required.

- 4.12 Various options for procurement of a replacement system were considered, as follows.

Option A: Lot 6 (Social Care systems) of the Local Authority Software Applications (LASA) framework (RM1059/L6);

This was rejected since it would not allow the Council to enter into a contract of more than seven years. Given the cost of implementing a system of this size and complexity, a contract term of this length was considered insufficient to allow the Council to derive maximum benefit from the new system.

Option B: Open Procedure

This procedure would require the Council to fully develop a technical specification up front and does not give the opportunity to negotiate over the proposed solution with the supplier. Given the current Transformation programme within Adult Social Care and the potential impact of the Kent and Medway Sustainability and Transformation plan on future partnership arrangements, this was not considered a viable option.

Option C: Competitive Dialogue

This procedure is most appropriate where multiple solutions must be discussed with bidders before a formal tendering process can commence. This was not required in this case.

Option D: Agree an Access Agreement with East Sussex County Council to purchase 'The Supply, Implementation, Support and Maintenance of a Social Care Information System' directly from LiquidLogic.

This was rejected as it did not allow a full evaluation of the social care systems market or the opportunity to negotiate competitive contract terms with the supplier. The contract term would be limited to the remaining term of the East Sussex County Council contract and would not allow the Council to obtain maximum value from its investment in the new system.

Option E: Competitive Procedure with Negotiation (condensed to reduce timescales)

The procedure can be used where the Council can specify minimum requirements, but negotiations with bidders are needed to improve initial tenders. This was agreed as the best route for this procurement.

- 4.13 In early 2017, a market engagement exercise was undertaken which determined that a limited number of software suppliers were active in the Adult Social Care software market with offerings that appeared to meet the high-level requirements of the directorate.

- 4.14 In June 2017, the Adult Social Care and Health Directorate under the governance of the Adult Social Care Technology Enabled Change Programme Board initiated a procurement process using the Competitive Procedure with Negotiation.
- 4.15 A Core Negotiation Team consisting of representatives from Adult Social Care and Health, Strategic Commissioning, ICT Commissioning and Strategic Procurement was appointed by the Technology Enabled Change Programme Board to lead the procurement process and conduct negotiations on its behalf.
- 4.16 A larger Evaluation Team comprising of appointed representatives of all affected directorates and teams was established to evaluate and score the Initial and Final Tender submissions from the suppliers and to attend system demonstrations. The teams represented were:
- Adult Social Care and Health
 - Strategic Commissioning
 - Adult Social Care Performance and Information Management
 - Corporate Finance
 - ICT Commissioning
 - Business Service Centre Finance
 - Business Service Centre ICT
- 4.17 The timetable for the procurement process was as follows:

Task Name	Start	Finish
Preparation	Mon 05/06/17	Mon 31/07/17
Develop Requirements Specification	Mon 05/06/17	Wed 14/06/17
Requirements Signed Off	Wed 14/06/17	
Publish OJEU Contract Notice & Selection Questionnaire:	Thu 22/06/17	
Supplier Response to Selection Questionnaire	Mon 10/07/17	
Evaluate Supplier Responses to Questionnaire	Mon 10/07/17	Thu 13/07/17
Send Initial ITT to Selected Suppliers	Fri 14/07/17	
Supplier Responses to ITT	Mon 31/07/17	
Evaluation and Negotiation	Mon 31/07/17	Thu 21/09/17
Evaluate Initial Tender Responses	Mon 31/07/17	Fri 04/08/17
Supplier Negotiations	Mon 14/08/17	Thu 31/08/17
Invite Suppliers to submit Final Tender Response	Fri 01/09/17	
Supplier Response to Final ITT	Mon 11/09/17	
Evaluate Final Tender Response	Mon 11/09/17	Tue 12/09/17
Decision and Award	Mon 11/09/17	Fri 27/10/17
Write Approval to Award Report	Mon 11/09/17	Wed 13/09/17
Recommendation to ASC TEC Programme Board	Thu 14/09/17	
Present Approval to Award Report to ASC	Fri 29/09/17	Fri 29/09/17

Task Name	Start	Finish
Cabinet Committee		
Key Decision by Cabinet Member	Mon 09/10/17	Mon 09/10/17
Award Decision	Tue 17/10/17	Tue 17/10/17
Contract Award and Signature	Fri 27/10/17	Fri 27/10/17
Procurement Complete	Fri 27/10/17	Fri 27/10/17

4.18 A new system will offer the functionality to allow integration with information systems in partner agencies, in particular Health, and will support the implementation of the Kent and Medway Sustainability and Transformation Plan Digital Workstream.

4.19 The robust Procurement process undertaken allows the Council to be confident that a new ICT system will support these ambitions into the future and represents best value to the Council.

5. Legal Implications

5.1 The procurement has been conducted as a Competitive Process with Negotiation in accordance with Kent County Council's financial regulations and 'Spending the Council's Money' guidelines.

6. Equality Implications

6.1 An initial Equality Impact Assessment has been undertaken. The only affected group will be staff with disabilities. Adherence to accessibility standards is a mandatory requirement of the procurement. Staff should be no worse off than currently and a new system may offer some improvements. The solution will be tested with the accessibility software used by staff as part of the implementation project.

7. Conclusions

7.1 The Adult Social Care and Health Directorate must replace its main case management system due to the age of the contract (which was originally let in 2004 and expires in April 2019) and the fact that the current system is outdated and will not meet the directorate's current or future needs.

7.2 A new system will allow the authority to realise considerable efficiencies through the use of workflow, the creation of a single case record for a social care client and the ability for social care staff to work flexibly from any location. Further project phases will allow citizens or their carers to access their care records through a digital portal and to transact with the Council electronically if they wish to, thus promoting greater independence and control.

7.3 A new system will offer the functionality to allow integration with information systems in partner agencies, in particular Health, and will support the implementation of the Kent and Medway Sustainability and Transformation Plan Digital Workstream.

7.4 The robust Procurement process undertaken allows the Council to be confident that a new ICT system will support these ambitions into the future and represents best value to the Council.

8. Recommendations

8.1 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) **PROCURE** a new Adult Social Care Case Management ICT System; and
- b) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health, or other nominated officer, to undertake the necessary actions to implement the decision.

9. Background Documents

None

10. Report Author

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:
Cabinet Member for Adult Social Care

DECISION NO:
17/00068

For publication

Key decision

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

Subject: Adult Social Care Case Management ICT System

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

- a) **PROCURE** a replacement ICT Case Management system for Adult Social Care Case Management ICY System; and
- b) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health, or other nominated officer, to undertake the necessary actions to implement the decision

Reason(s) for decision:

- Expiry of contract of existing case management system in April 2019
- Expiry of contract for domiciliary provider payments system in October 2019
- Opportunities to achieve efficiencies and improve delivery of service to social care clients through implementation of modern workflow based social care case management system
- Requirement for system supporting open interface standards to facilitate integration with Health and support the Kent and Medway Sustainability and Transformation Plan

Financial Implications: There will be an initial capital cost of up to £6.5m to cover enterprise licences for the new software solution, implementation services (from the system supplier) and implementation project team (KCC and temporary contract resources). The expected ongoing revenue cost will be comparable to that for the current SWIFT/AIS system at approximately £0.35m for hardware and software support and maintenance but represents a significant improvement in functionality. There will be a one-off revenue pressure of approximately £0.73m in 18/19 and £0.22m in 19/20 due to the transition from the old to the new system, the need to parallel run the two systems for a short period of time and the cost of additional resources (staff and venues) to provide training to approximately 1800 staff.

Legal Implications: The procurement has been conducted as a Competitive Process with Negotiation in accordance with Kent County Council's financial regulations and 'Spending the Council's Money' guidelines.

Equality Implications: An initial Equality Impact Assessment has been undertaken. The only affected group will be staff with disabilities. Adherence to accessibility standards is a mandatory requirement of the procurement. Staff should be no worse off than currently and a new system may offer some improvements. The solution will be tested with the accessibility software used by staff as part of the implementation project.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 29 September 2017 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered:

None available

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

.....
signed

.....
date

By: Graham Gibbens, Cabinet Member for Adult Social Care
Anu Singh, Corporate Director of Adult Social Care and Health

To: Adult Social Care and Health Cabinet Committee – 29 September 2017

Decision Number: 17/00006

Subject: **LOCAL ACCOUNT FOR KENT ADULT SOCIAL CARE (APRIL 2016 – MARCH 2017)**

Classification: Unrestricted

Previous Pathway of Paper: None

Future Pathway of Paper: Cabinet Member decision

Electoral Divisions: All

Summary: This report provides Adult Social Care Cabinet Committee with an update on the development of the Local Account for Adult Social Care (April 2016 – March 2017).

The report summarises involvement/engagement activities undertaken to date across Adult Social Care and outlines how user engagement feedback from these activities has informed the development/content of the Local Account for 2016-2017.

Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** the draft Local Account document– ‘Here for you, how did we do?’ (April 2016 – March 2017) and **ENDORSE** this as the final version before it is signed off by the Cabinet Member.

1. Introduction

- 1.1 Adult Social Care Services at both a local and national level are currently being delivered against a backdrop of ongoing challenging financial constraints, a population that is living longer with associated increasing complex care needs and people wanting better quality and choice in the services they use.
- 1.2 There is also greater emphasis on Councils to work collaboratively to improve performance and outcomes for people and to deliver joint services with the NHS and other partners.
- 1.3 In the past, the Care Quality Commission (CQC) used to assess how well Local Authorities were performing in Adult Social Care. They no longer do this, and

as part of national changes, all Local Authorities are now asked to produce a document in partnership with their residents to enable them to hold the authority to account. As a result the annual report for Adult Social Care in Kent - **'Here for you, how did we do?'** has been produced.

- 1.4 The Local Account, **'Here for you, how did we do?' April 2016 - March 2017** describes the achievements, improvements and challenges faced by Kent Adult Social Care during the past year on continuing to transform services. It also sets out the vision for the future and provides updates on the key issues that people have said are important to them.
- 1.5 It is an important way in which people can challenge and hold the Council to account and this is the sixth year that it has been developed in partnership with service users, their carers, voluntary organisations and service providers as well as Members, district councils and staff.

2. Development of the Local Account

- 2.1 A key ongoing challenge for the Council is to ensure that people continue to be at the centre of the care they receive and that the Council actively engages with service users, their carers, voluntary organisations, partners, commissioned and other providers and staff as part of the ongoing development of service provision.
- 2.2 The need to continue to deliver cost effective Adult Social Care Services not only in line with our new strategy for Adult Social Care "Your life, your well-being" and our strategic statement – "Increasing Opportunities, Improving Outcomes", but also through effective Strategic Commissioning and in conjunction with the Care Act and sector led service improvement which places important emphasis on engaging with and listening to customers.
- 2.3 Whilst user engagement activity is already carried out across the Directorate, the ongoing development of the Local Account provides further opportunity for to listen to, work with and take action on what customers are saying about service provision enabling collaborative working with people in Kent to deliver sustainable Adult Social Care Services now and for the future.
- 2.4 There is also a strong link between effective service user engagement/involvement and the 'Think Local, Act Personal' (TLAP) and 'Making it Real' agenda which is focused on enabling people to have more choice and control to live full and independent lives.

3. User Engagement Activity to inform the Local Account

- 3.1 There are a number of effective forums, boards and partnerships already in place across the Directorate and work has been undertaken to link into or utilise these in the most effective way to inform the Local Account. This had enabled us to avoid duplication and work in the most cost effective way, i.e. the previous version of the Local Account has been distributed to over 100 contacts associated with the Kent Learning Disability Partnership structure including the

Kent Learning Disability Partnership Board and District Partnership Groups to obtain user engagement feedback.

- 3.2 The easy read version of the Local Account from last year has been posted on the Kent Learning Disability Partnership website together with an easy read cover letter and tailored commentary to encourage feedback. The Local Account has also been distributed widely and has been sent to all Kent Libraries, Gateways, Clinical Commissioning Groups and several Patient Participation Groups to increase awareness, particularly across Health.
- 3.3 There are a number of forums and groups across Kent that support and provide a voice for vulnerable adults and links to these forums have continued to be developed to inform the Local Account. Presentations/engagement sessions on user involvement and the Local Account have been delivered at these events, i.e. engagement sessions delivered at the Involve Carers Forum during National Carers' week and at Older Persons' Forums.
- 3.4 Work has also been undertaken to link into user engagement activity carried out by other organisations or groups to obtain user engagement feedback to promote the Local Account, i.e. involvement with the Peoples' Panel developed in conjunction with Healthwatch Kent and the Citizens Panel developed as a requirement of the Kent and Medway Safeguarding Adults Board (KMSAB).
- 3.5 An adult social care user engagement database containing over 2,000 active contacts has continued to be developed, organised by service provision and then alphabetically by contact name. Work has also been undertaken to ensure that each contact incorporated within the database is current.
- 3.6 All contacts within the user engagement database have received a copy of the previous version of the Local Account in the most appropriate format – e-version, easy read, standard edition or plain text requesting their feedback and this will be utilised again for the current version. Where possible (and if appropriate), the Local Account has also been distributed electronically to minimise printing costs.
- 3.7 To promote user feedback, a succinct video has been produced which has enabled people to review the Local Account and its content without having to actually read it. The animation can also be viewed with subtitles for those people with hearing difficulties.
- 3.8 The video incorporates an introduction to the Local Account and the ways in which people can make contact to provide feedback. The animation has also been designed to encourage people to say what they think of the Adult Social Care services provided and the ongoing transformation plans for the future.
- 3.9 A social media strategy for user engagement is being developed to showcase the content of the Local Account and video, raise awareness and encourage feedback from a wide/different audience. This will include the development of a dedicated Local Account Facebook page, access to the KCC Twitter feed and exploring the use of Sticky World as a user engagement tool. The social media

strategy will enable the Local Account to continue to be distributed as widely as possible to give everyone the opportunity to read it, challenge the approach, ask questions and feedback their views.

- 3.10 Ongoing communications to Adult Social Care staff promoting the Local Account and the importance of feedback have been developed, including features in Transformation Newsletters and regular web based updates encouraging feedback.

4. Financial Implications

- 4.1 The proposed development of the Local Account does not include savings targets, however a key objective when developing the brochure and our user engagement approach has been the consideration of how to enhance value for money utilising wherever possible existing forums or approaches already in place across the Directorate or working in conjunction with existing partners to minimise costs.
- 4.2 There will be a cost implication to the production and distribution of the Local Account; however these will be managed within the budget planning forecasts for the Unit, i.e. ongoing production of the Local Account.

5. Legal Implications

- 5.1 There are no legal implications associated with this report.

6. Equality Implications

- 6.1 There are no equality implications associated with this report.

7. Future Publication, Distribution and Feedback

- 7.1 The final document will be ready for publication in late October 2017 and will be distributed as widely as possible to give everyone the chance to read it, challenge the approach, ask questions and feedback their views.
- 7.2 All contacts within the user engagement database (2,000+) will receive a copy in the most appropriate format – e-version, easy read, standard edition or plain text requesting their feedback. Where possible (and if appropriate), the Local Account will also be distributed electronically to minimise printing costs. Hard copies will also be distributed to public accessible social care locations, i.e. Libraries, Gateways, Day Centres, Patient Participation Groups.
- 7.3 An easy read version of the Local Account will be developed and posted on the Kent Learning Disability Partnership website together with an easy read cover letter and tailored commentary to encourage feedback.
- 7.4 There are already existing feedback mechanisms in place, including through the Kent County Council website, twitter, email, post and phone. Feedback

from these as well as user engagement at forums and other events will continue to be used in the development of the next document.

- 7.5 Service users, carers, the voluntary sector, providers, KCC Members, Healthwatch Kent and KCC staff will continue to be encouraged to play a part in the evaluation and ongoing development of the Local Account.

8. Recommendations

8.1 The Adult Social Care Cabinet Committee is asked to **CONSIDER** the draft Local Account document– ‘Here for you, how did we do?’ (April 2016 – March 2017) and **ENDORSE** this as the final version before it is signed off by the Cabinet Member.

9. Background Documents

Increasing Opportunities, Improving Outcomes, Kent County Council’s Strategic Statement 2015-2010

<http://www.kent.gov.uk/about-the-council/strategies-and-policies/corporate-policies/increasing-opportunities-improving-outcomes>

Your life. Your well-being, 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>

Care Act 2014

<http://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/care-act>

Think Local, Act Personal 2011

<http://www.thinklocalactpersonal.org.uk//Browse/ThinkLocalActPersonal/>

Local Account ‘Here for you, how did we do?’ April 2015 - March 2016

<http://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/local-account-for-adult-social-care>

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Cabinet Member for Adult Social Care

DECISION NO:

17/00006

For publication
Non-Key
Subject: Local Account for Kent Adult Social Care (April 2016 to March 2017)
Decision: As Cabinet Member for Adult Social Care, I propose to approve the Local Account for Kent Adult Social Care (April 2016 – March 2017).

Reason(s) for decision: With the withdrawal of external inspection of the Council's performance in Adult Social Care, there is now more emphasis on councils to manage their own performance, work collaboratively with the sector to improve performance and outcomes and explain how they have performed to local residents. The Local Account has emerged as a standard feature of the new local accountability framework.

Financial Implications: The proposed development of the Local Account does not include savings targets, however a key objective when developing the brochure and our user engagement approach has been the consideration of how to enhance value for money from a Council perspective utilising wherever possible existing forums or approaches already in place across the Directorate or working in conjunction with existing partners to minimise costs. There will be a cost implication to the production and distribution of the Local Account; however these will be managed within the budget planning forecasts for the Unit, i.e. ongoing production of the Local Account.

Legal Implications

None.

Equality Implications

None.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 29 September 2017 and the outcome included in the paperwork the Cabinet Member will be asked to sign.

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

 signed

 date

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Here for you, how did we do?

Local account for Kent Adult Social Care



April 2016 - March 2017

Report highlighting the achievements, improvements and challenges of Kent County Council Adult Social Care during the past year and our vision for the future.

Page 75

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

Foreword

By: Graham Gibbens, Cabinet Member for Adult Social Care and Anu Singh, Corporate Director of Adult Social Care and Health.



Graham Gibbens



Anu Singh

We are pleased to publish, "Here for you, how did we do?" the Local Account for Kent County Council Adult Social Care for April 2016 – March 2017.

This Local Account describes the achievements, improvements and challenges of KCC Adult Social Care in the past year and sets out our vision for the future.

There continue to be big challenges ahead in Adult Social Care, we are changing the way in which we deliver our services so we can continue to offer quality care and value for money for the future. We are also committed to improving social care outcomes within the constraints of a challenging financial climate.

We have already made essential savings and we are working to become even more efficient. We are doing this through reducing paperwork, simplifying processes and cutting red tape, as well as looking at the way we commission services to get better value for you and the council.

At the same time, we are making significant investment in vital support services, which will help people, stay independent for longer, offer greater support for carers and reduce avoidable hospital admissions. We are also working more closely with our partners in the NHS to integrate Health and Social Care.

The people of Kent have told us they want real choice in their care, they want personalised care which suits them and they want to stay independent for as long as possible.

We know that quality care matters to people and we will continue to work to find innovative and efficient ways to deliver these services.

In 2016-17, we strived to:

- keep vulnerable adults safe
- support people to live independently in their own home
- increase investment in enablement services (see glossary) and Telecare (see glossary) provision to enable people to regain their independence and remain at home
- reduce the number of permanent admissions to residential care
- support more people through a person-centred process and to receive a personal budget (see glossary)
- support more people with a learning disability into employment
- use surveys and other feedback to look at what we are doing well and what needs improving
- work with Health to plan and provide joint services.

Many people, including those who use our services, their carers and voluntary organisations were crucial in putting this Local Account together and we would like to thank all those who contributed. We will continue to listen to and work with people in Kent to build a sustainable service for the future.

Introduction

Welcome to this year's annual report for Adult Social Care in Kent - '**Here for you, how did we do?**' April 2016 - March 2017 which describes the achievements, improvements and challenges faced by Kent Adult Social Care during the past year as we have continued to transform our services. It also sets out our vision for the future.

In the past, the Care Quality Commission (see glossary) used to assess how well Local Authorities were performing in Adult Social Care. They no longer do this, and as part of national changes, all Local Authorities are now asked to produce a document in partnership with their residents to enable them to hold the authority to account. As a result '**Here for you, how did we do?**' has been produced.

The Local Account is an important way in which people can challenge and hold us to account and this is the sixth year that it has been developed in partnership with people who use our services, their carers, voluntary organisations and service providers as well as members, district councils and staff.

Throughout this document, we will provide updates on the key issues you have told us are important to you and we will also tell you about the new things we have been developing and are working on.

Feedback from you is enormously important and many people played a crucial role in putting this Local Account together either through providing us with feedback or taking part in meetings to let us know the areas that were important to you.

You told us that you would like to know:

- How to access our services (page 11)
- How we spend money (page 15)
- How we do things differently (page 20)
- How we support carers (page 47).

We will continue to listen to and work with people in Kent to build a sustainable Adult Social Care Service for the future and we will continue to distribute the Local Account as widely as possible to give everyone the chance to read it, challenge our approach, ask questions and feedback their views.

If you have not had the opportunity to contribute to the Local Account or have been involved in the past and would like to continue to help us shape how the Local Account looks and what it includes going forward, please email us at: kentlocalaccount@kent.gov.uk letting us know how you would like to be involved.

If you have any questions regarding the content of this report or you would like to submit your comments, please complete our feedback form online. The feedback form only takes five minutes to complete and we would love to hear from you.

We also have a paper feedback form which you will find in the centre of the booklet. Please contact us if it isn't included and we can arrange for a copy to be sent to you.

Further copies of the Local Account can be downloaded directly from our website at: www.kent.gov.uk/localaccount where you can also find plain text and easy read versions as well. Alternatively, please contact us and we can arrange for further copies to be sent to you.

Symbols used in this report



Refers to what is new this year.



Refers to an update on last year.

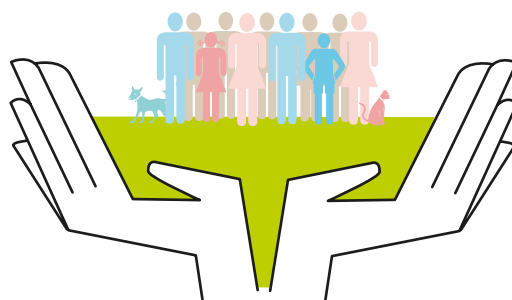
Kent and its people

At Kent County Council (KCC) we recognise the diverse needs of our community. We value and celebrate diversity and believe it is essential to provide services which work well for all our customers and staff. The different ideas and perspectives that come from diversity will help the council to deliver better services as well as making Kent a great county in which to live and work.

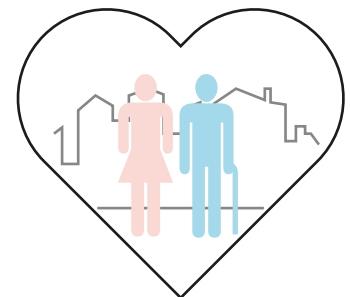
Further information on the council's objectives for equality and diversity can be found at: www.kent.gov.uk/diversity



14,286 people aged between 18-64 are supported by Adult Social Care

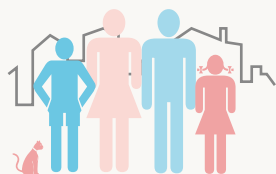


34,641 people in Kent are supported by Adult Social Care

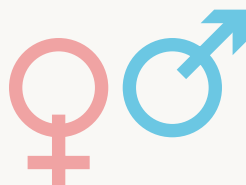


20,355 people supported by Adult Social Care are over the age of 65

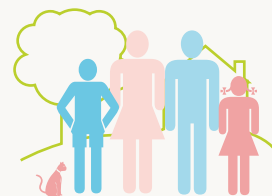
Facts and figures about Kent



74% of the Kent population live in urban areas



51% of the population is female and 49% male



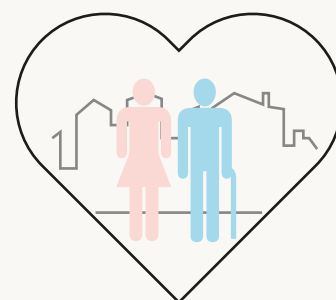
26% of the Kent population live in rural areas



17.6% of the Kent population have an activity limiting illness or condition (257,000 people)



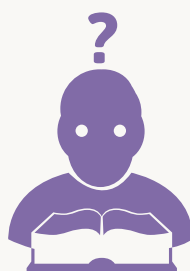
46% people in Kent supported by Adult Social Care are over the age of 85



57.5% forecast increase in over 65 year olds between 2015 and 2035



5,370 people (18-64) supported by KCC Adult Social Care have a physical disability



4,720 people (18-64) supported by KCC Adult Social Care have a learning disability



4,863 people (18-64) supported by KCC Adult Social Care have mental health issues

Further facts and figures about Kent can be found at www.kent.gov.uk/about-the-council/information-and-data

What does Kent Adult Social Care do?

'Together, we want to make sure people are at the heart of joined up service planning and feel empowered to make choices about how they are supported.'



What Statutory Responsibilities do we have?

KCC Adult Social Care has a statutory responsibility for:

- assessing your needs
- planning your support
- arranging your services, where appropriate
- providing community care services for adults living in Kent who qualify for social care support.

Who do we support?

Kent Adult Social Care support:

- older people
- adults with physical disabilities
- adults with sensory disabilities including dual sensory impairment and autism
- adults with learning disabilities and disabled children
- adults with mental health issues
- adults moving from children's services to adult services
- adults who give voluntary care to family members or friends.

What is our purpose?

Our principal purpose is to work with people who need care and support and who may need any of the services we arrange or provide. We do this by working with people to understand their personal needs, helping them to build on their strengths and abilities wherever possible. We always aim to promote people's independence and wellbeing, helping them to achieve outcomes that are important to them.

What is our aim?

Our aim is to make sure Kent's population of older people, people with physical disabilities, people with learning disabilities and people with mental health issues live healthy, fulfilled, independent lives and that people feel socially and economically included in the community.

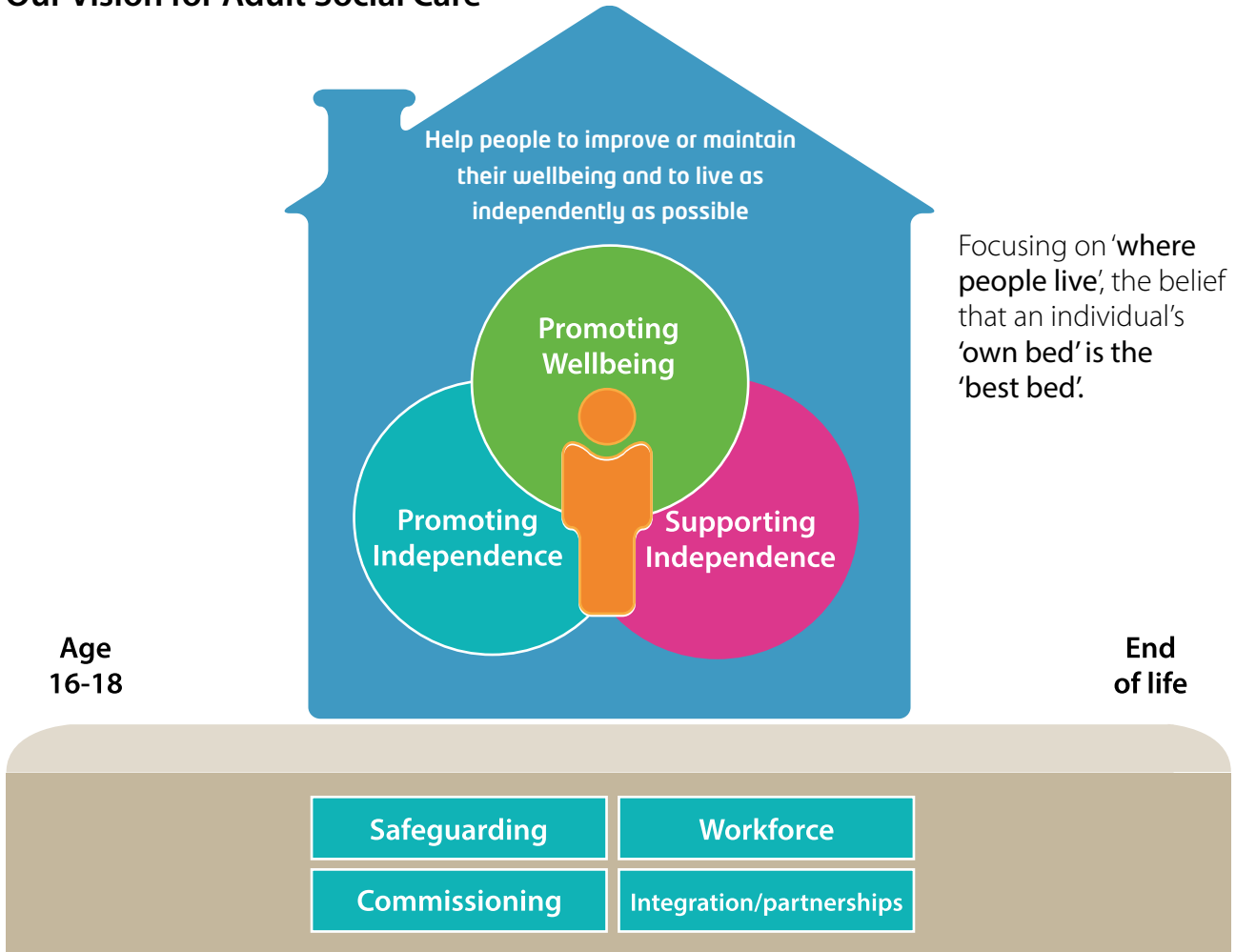
We're also aiming to drive, promote and support transformational change through commissioning high quality, cost effective, outcome based social care services to ensure that the right level of support is provided at the right time, right place and at the right cost for vulnerable adults, children and young people, their families and carers in Kent.

'A life not a service'

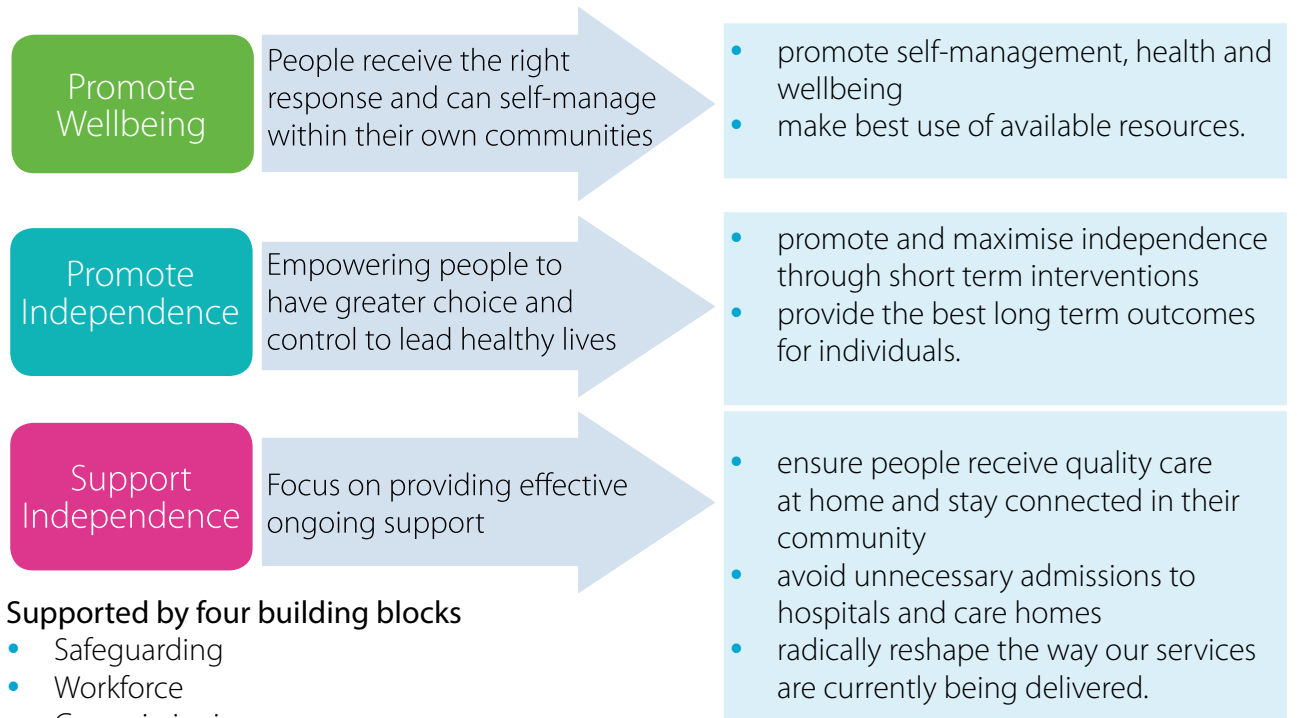
This builds on **supporting older and vulnerable adults to live independently** and it supports KCC's vision to focus on improving lives by ensuring every pound spent delivers better outcomes for residents, communities and businesses.

Our vision for Adult Social Care is centred around the individual being at the heart of everything we do. More information on, 'Your life, your wellbeing' - our vision and strategy for adult social care 2016 -2021 can be found at www.kent.gov.uk/

Our Vision for Adult Social Care



How will we deliver our Vision for Adult Social Care? We will:



Supported by four building blocks

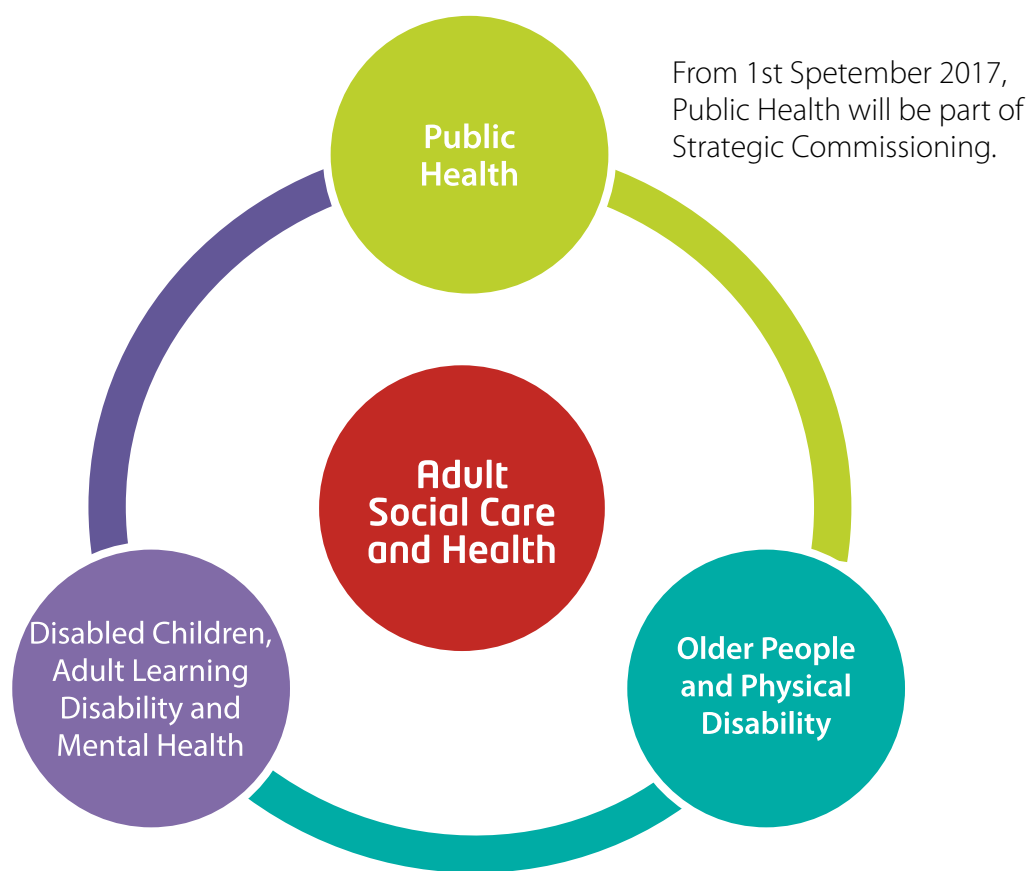
- Safeguarding
- Workforce
- Commissioning
- Integration/partnerships

Through transition on an all age pathway.

How Adult Social Care in Kent is structured

The Adult Social Care and Health Directorate is made up of three Divisions which work together to meet the statutory responsibilities for social care and public health that Kent County Council is obliged to fulfil.

- Older People and Physical Disability
- Disabled Children, Adult Learning Disability and Mental Health
- Public Health



Older People and Physical Disability (OPPD) commissions and provides a range of services to improve outcomes for older people and physically disabled adults and their carers.

- **The purpose of the Division** is to support older and vulnerable adults wherever they live in our community to improve or maintain their wellbeing and live as independently as possible.
- **Key business areas** – Area Referral Management Service, Adults Central Referral Unit, Adult Community Teams, Kent Enablement at Home, Sensory and Autism Services, Integrated/Registered Care Centres, Day Centres, and the Health and Social Care Integration Team.



Disabled Children, Adult Learning Disability and Mental Health commissions and provides a range of services for children, young people and adults with disabilities and people with mental health issues.

- **The purpose of the Division** is to support vulnerable adults and children to live independently by promoting their wellbeing and supporting their independence.
- **Key business areas** – Disabled Children and Young People Teams, Community Learning Disability Teams, In-House Provision, Mental Health Services and the Operational Support Unit.

The services for adult mental health and learning disability already work in integrated teams with NHS colleagues. One of the priorities for the year ahead is to implement a lifespan pathway for our service users to ensure continuity of support as soon as people enter our services, through transition to adulthood and throughout their lives.

Public Health commissions and provides a range of services that aim to improve and protect the health of the population and provides advice and guidance to the wider Health and Social Care system.

- **The purpose of the Division** is to understand and highlight the factors that affect peoples' health, helping people to stay healthy and preventing illness. With our partners we seek to promote and deliver actions to improve the overall health and wellbeing of residents and to reduce inequalities in health.
- **Key business areas** - Children and Young People, Health Improvement Services, Kent Public Health Observatory, Health Protection and Sexual Health, Mental Health and Community Wellbeing and Health and Social Care Integration, Health Inequalities and Business and Operational Management.

Additional information about the business areas of Adult Social Care and the Social Care, Health and Wellbeing directorate can be found in the Annual Business Plan at www.kent.gov.uk and search Business Plans.

Your journey with Adult Social Care

Getting the right care and support is important and you need to take time to consider all the options and information available. Many people will manage their support needs themselves, often with help from family and friends. Some people are not able to do this and need help from Kent Adult Social Care.

Care and support is the term used to describe the help some adults need to live as well as possible with any illness or disability they may have. It can include help with things like; getting out of bed, washing, dressing, getting to work, cooking meals, eating, seeing friends, caring for families and being part of the community.

If you think you have care and support needs, you are entitled to a needs assessment or if you are a carer and you need some support, you are entitled to have a carer's assessment.

The assessment is about you and we will make sure that you are able to be involved. A family member, neighbour, friend or carer can help and represent you and if you don't have someone who you can ask, and you have a lot of difficulty being involved in the assessment yourself, we will find an independent advocate to help you.



Contact

If you feel you have care and support needs, you need to contact us and we will start an assessment of your needs based on what you tell us. A relative, GP, neighbour, friend or carer can also contact us on your behalf. See page 60 for our contact details.



Your Needs Assessment:

- is an opportunity for you to tell us about your situation and discuss your care needs to help us to understand things from your point of view
- will happen over the telephone or face to face and will help us to see if you are eligible for care and support services
- will look at how your needs impact on your wellbeing and what you would like to achieve in your daily life.

We will assess your care and support needs with you, and decide if they are at the level where you need help. If you have eligible needs, we will discuss with you how you would like these met based on the information you gave us during your assessment and we will work with you to develop a care and support plan. If you do not have needs that are eligible, we will give you information and advice about what care and support is available to help you locally. This could include help from a local charity or voluntary organisation.



Planning your Support (your Care and Support Plan)

- This will set out how your eligible needs will be met and we will support you to organise the right balance of care and support services to achieve the goals in your plan.
- You can put the plan together on your own, with the help of your family and friends or with our help.



Supporting you to be Independent

- Where we can, we will aim to support you to stay in your own home and live independently, maybe by providing you with simple equipment to make life easier such as a grab rail for the bath or adapted cutlery and non-spill cups.
- By helping you to do more for yourself, we aim to improve your quality of life and wellbeing.
- If you pay for some or all of your care, doing more for yourself may help reduce the cost of your care and support.
- If you receive a service that is time limited, we will reassess you when it ends to see whether you still need our support or service.



Paying for your care and support

- We will assess how much you need to pay towards your care and support by carrying out a financial assessment.
- This looks at your capital (savings and investments) and your weekly income (which includes most pensions and benefits) to see how much you will need to pay towards the cost of your support.
- We may contribute to the cost of your care but this depends on the financial assessment.



Arranging your Support

- Once we have agreed with you how your needs will be met, you can choose to use the care services we provide and arrange or you can make your own care arrangements with a direct payment.
- This gives you greater choice and control over the care you receive.
- A direct payment is the money we will pay toward the cost of your care. We pay this onto a Kent Card.



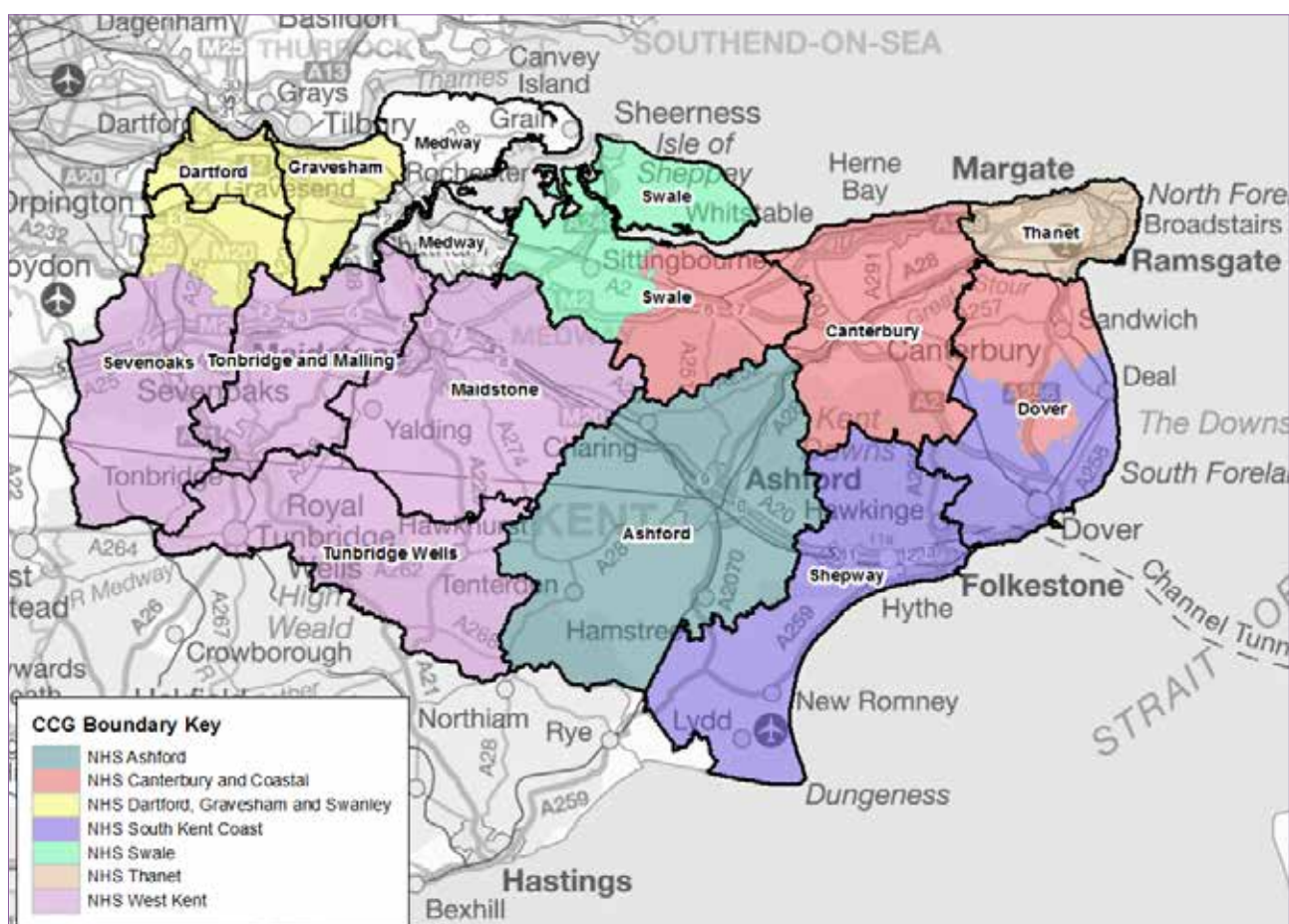
Reviewing your care and support

- We will contact you to check that your care and support is going well and that you are happy with what is being provided.
- This will happen within eight weeks of starting your care and support and then at least every year.
- We will also review your care and support if you or your carer contact us to let us know that your care is not working for you or if your circumstances have changed.

Sometimes things will improve so much that you may no longer need our services or you may need different help from someone else. We will help you with any advice you need about other organisations which might be able to support you.

All our employees wear name badges at all times so you can clearly identify them as KCC employees.

Clinical Commissioning Groups - CCGs



*Please note the coloured areas detail the CCG boundaries, the outlined areas are the district boundaries, resulting in some overlap. Map also highlights Medway CCG.

This map shows the district boundaries for Adult Social Care in Kent, which are now aligned with the Clinical Commissioning Groups (see glossary) to make it easier to provide joint Health and Social Care Services to residents. There are seven CCGs across Kent as well as Medway CCG.

CCGs organise the delivery of NHS services in their area and work closely with patients, healthcare professionals and in partnership with local communities and Kent County Council.

West Kent CCG is the largest CCG. It has the biggest overall population and the highest number of people aged 16-64, over 65+ and aged over 85+. Thanet CCG is the most densely populated CCG with 13.4 people per hectare followed by Dartford, Gravesham and Swanley CCG at 9.5.

The total Kent population is expected to be 1.58 million by 2020. Ashford CCG and Dartford, Gravesham and Swanley CCG have the highest predicted population change from 2013 to 2020 by 7% to 8%. Swale CCG, Thanet CCG and West Kent CCG have the lowest population increase from 4% to 5%.

Of the 12 local authority districts within the Kent County Council area, Maidstone Borough is the most populated with 166,400 people. Dartford Borough is the least populated with 105,500 people.

Further information on how Kent County Council is working with your local Clinical Commissioning Group (CCG) and how health services are being delivered in your area can be found at www.kent.gov.uk and search **Kent Integration Pioneer** (see

Challenges facing Adult Social Care Services

Adult Social Care Services across Kent continue to face four huge challenges:

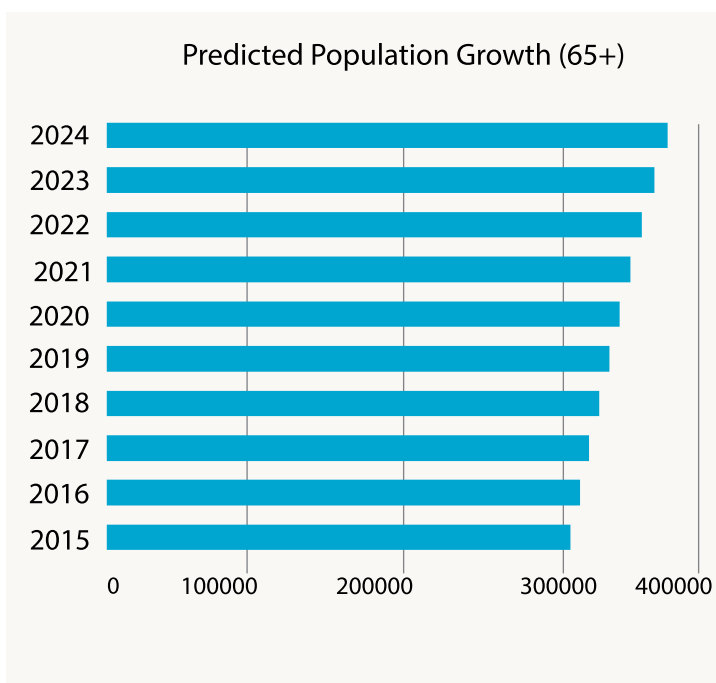
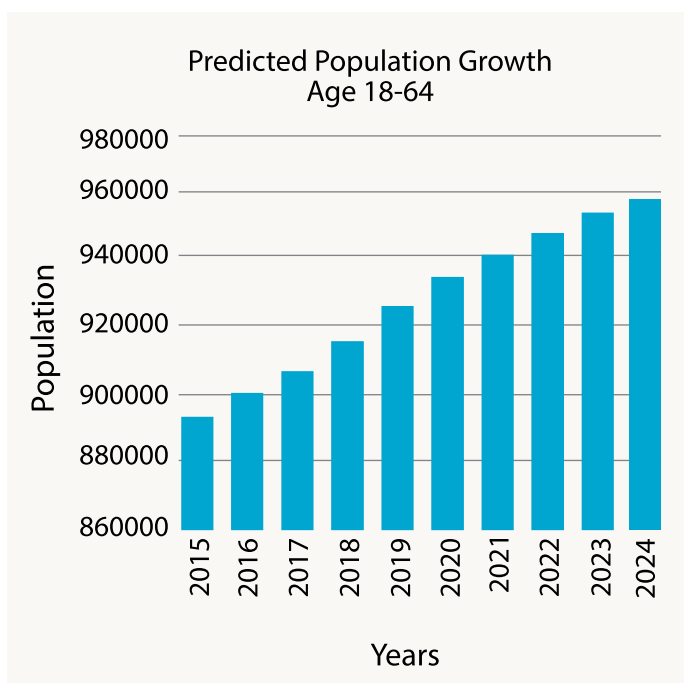
- people want better quality and choice in the services they use
- the population is living longer with complex needs putting further demand on social care
- the financial climate is imposing massive constraints on local authorities
- we need to deliver joint services with the NHS and other partners.

As the population of Kent and demand on services increases, we need to ensure that we continue to deliver cost effective Adult Social Care Services where people remain at the centre of the care they receive.

Predicted Kent population growth (excluding Medway) 2015 – 2024

Age Band	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
18-64	892,800	899,700	906,000	914,700	924,800	933,200	939,700	945,900	951,900	957,900
65+	300,500	307,000	312,800	319,400	326,100	332,600	339,600	347,100	355,100	363,700
Total	1,193,300	1,206,600	1,218,800	1,234,100	1,250,900	1,265,900	1,279,200	1,293,000	1,307,000	1,321,600

Source: KCC Housing Led forecast (Oct 2015), Strategic Business Development & Intelligence, KCC.



Additional facts and figures about Kent and the predicted population growth can be found at:

www.kent.gov.uk/about-the-council/information-and-data

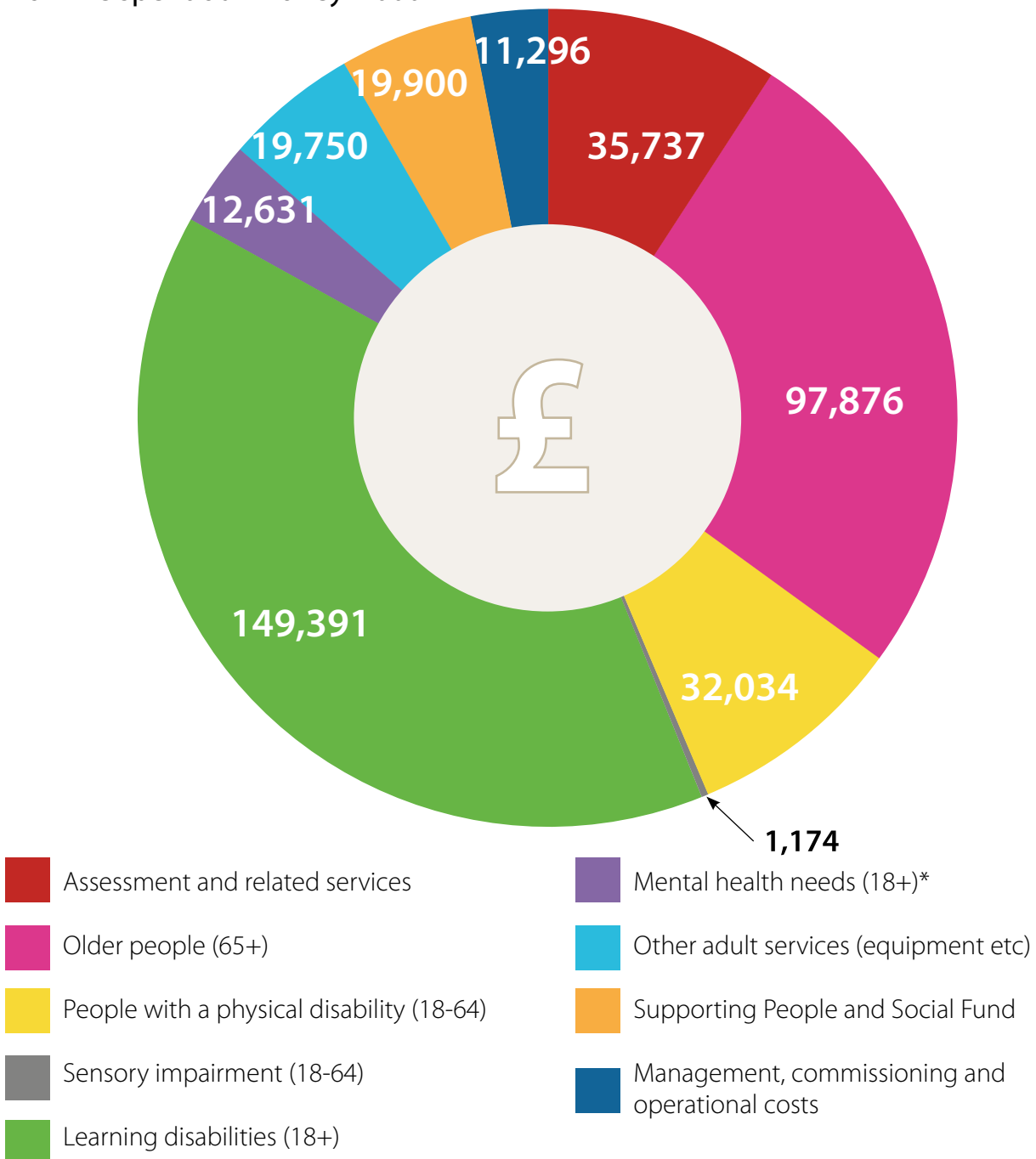
How we spend our money

KCC's net expenditure is £1.834 billion per annum and the budget is split into three areas:

- direct services to the public - £1.62 billion
- financing items - £125 million (authority wide costs that are not service specific)
- management, support services and overheads - £93 million.

The Adult Social Care net budget is £379,789 million per annum, below is an illustration of how this is spent across all our client groups. For more detailed information go to: www.kent.gov.uk/budget

How we spent our money £'000



* Mental health services are also funded and provided by Kent and Medway Partnership Trust (KMPT) who work in partnership with KCC.

How we spend our money

Service	Net (£'000s) 2016-17	Percentage of Budget
Assessment - staff costs for carrying out community care assessments, support plans and reviews	42,459	11.2%
Residential care and nursing care including non-permanent care such as respite	160,561	42.3%
Domiciliary Care services provided to individuals in their own homes and those within extra care housing	33,575	8.8%
Direct payments - money which is passed directly to individuals so they can purchase and manage services to meet their eligible needs	47,662	12.5%
Supported Living and Supported Accommodation arrangements	58,596	15.4%
Day Care, Community Support Services and Meals	20,073	5.3%
Non-residential client charging – client contributions towards community based services	-14,901	-3.9%
Enablement - intensive short term support which encourages people to be as independent as possible	8,220	2.2%
Advanced Assistive Technology	4,627	1.2%
Voluntary organisations contributions for social support related services	18,175	4.8%
Support for Vulnerable People - Supporting People and Social Fund	19,900	5.2%
Better Care Fund income	-31,819	-8.4%
Management, commissioning and operational costs	12,661	3.3%
Total adult spend	379,789	

Additional Social Care Grant



In the Chancellor's 2017 Spring Budget, the government announced that an additional £2 billion will be given to councils in England over the next three years for Adult Social Care.

From this additional Social Care Grant, Kent County Council will receive additional funding of £52.282 million towards social care spending over the three year period 2017-20 (£26.091m in 2017-18). This equates to approx. 2.6% of the total additional funding nationally.

There are three purposes for the grant. These are:

- meeting adult social care needs
- reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready
- ensuring that the local social care provider market is supported.

We are developing a strategy and plans to enable this resource to be used in those areas where it will be most effective and where people remain at the centre of the care they receive whilst we continue to deliver cost effective Adult Social Care Services.

Headline figures

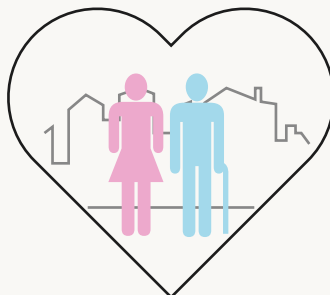


Assessments

34,641 people in Kent are supported by Adult Social Care



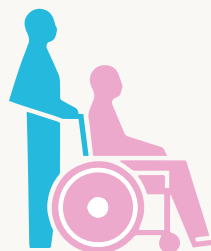
14,286 people aged between 18-64 are supported by Adult Social Care



20,355 people supported by Adult Social Care are over the age of 65



33,966 people received an assessment of their needs



8,263 assessments were completed that took account of carers' needs.

Personal Budgets

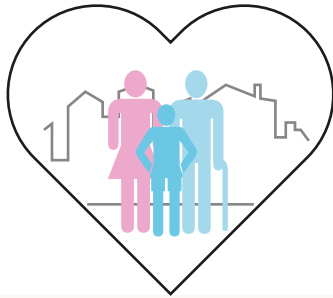


12,055 people had a Personal Budget

5,408 people decided to take their Personal Budget as a Direct Payment

2,113 people received their Direct Payment through a Kent Card

Services in the community



5,879 people received a home care support service so they could stay in their home

7,706 people received an enablement service

81% of people could return home due to an enablement service

2,411 people received a day care service

1,244 supported living placements were made

Residential and nursing care



4,302 people in permanent residential placements

1,229 older people were resident in nursing care homes

1,102 residential placements were made for people with learning disabilities

588 suppliers provided services in relation to permanent residential placements

112 suppliers provide services in relation to nursing care homes

Carers



899 carers received a 'something for me' payment

Reviews



17,693 people received a review of their needs



Transformation programme



To meet the challenges facing Adult Social Care services across Kent, we have been transforming our existing services to deliver better outcomes for people building on people’s strengths and capabilities, promoting their independence and improving their health and wellbeing.

Initial planning for this began in 2012 and we have been driving forward three stages of transformation. We have been working closely with people who use our services, their carers, the public, our staff, the NHS, the voluntary and community sector and other organisations to help us achieve our desired outcomes and deliver savings.

The first two stages of our transformation programme are complete and already we’ve achieved significant savings and discovered far more efficient ways to deliver our services:

What a difference our Transformation has made so far!

Our transformation programme has enabled outcomes for thousands of older and vulnerable people across Kent to be improved.

- ✓ developments in Kent Pathways Service, Shared Lives, Your Life Your Home, Learning Disability Integrated Commissioning, Kent Enablement & Recovery Service and Live Well Kent have been implemented
- ✓ improved ways of working has meant that 3,500 more people every year are benefiting from our Enablement service
- ✓ additional 2,000 people each year are accessing telecare
- ✓ additional 3,600 people each year are receiving Promoting Independence Reviews
- ✓ effective enablement has meant the average package size for people receiving care after enablement has reduced by 55 minutes per week
- ✓ additional 350 people per year going home when discharged from hospital
- ✓ enablement teams have support from a Senior Occupational Therapist who provides clinical support and advice to help people reach the most independent outcome
- ✓ simplified and structured paperwork to ensure the right support is provided at the right time
- ✓ Care Navigators in GP practices in North Kent has resulted in a 90% reduction in the need for GP appointments for people who are frequent attenders to surgery.

What’s different about phase three?



The third stage of our transformation programme is being delivered in line with our new strategy for Adult Social Care **“Your Life, Your Wellbeing”** and is focused on delivering a sustainable social care service for the future, while supporting and enabling integration.

Having completed our first two successful programmes of transformation, phase three is more complex and requires more involvement of other agencies.

We are focusing on services and pathways that involve interaction with partners in Health and other services and identifying innovative approaches that require the development and implementation of new models of delivery.

Phase three builds on the success of the first stages of our transformation and we have reflected on what worked well and what could have been better to inform our planning going forward.

Ongoing Challenges in our transformation – ‘A life, not a service’

One of our biggest challenges is to ensure people are at the centre of their care and live as independent a life as is possible given their needs and circumstances.

Although we have achieved significant savings and implemented more efficient ways to deliver our Adult Social Care services, we are not complacent and continue to face significant challenges as we move forward.

Through our transformation programme, we recognise that we need to continue to:

- ensure we are paying a fair and affordable price for our services and that we are confident about how we agree prices to keep people supported effectively across both residential and community services
- ensure our workforce is supported with the culture change needed to deliver transformation, maintaining high morale and minimising staff turnover
- work closely with the NHS to co-ordinate joint priorities, planning and sharing of data
- work with our homecare providers to ensure that there is sufficient capacity to deal with demand and to ensure that it doesn't compromise the effectiveness of enablement.

This will ensure we continue to deliver quality care that offers value for money for the future, that we improve social care outcomes within the constraints of a challenging financial climate and that our social care practitioners are supported by efficient and effective functions.

Kent's Sustainability and Transformation Plan (STP) - transforming Health and Social Care in Kent and Medway



We published our draft Health and Social Care Sustainability and Transformation Plan (STP) on 23 November 2016. The draft sets out in broad terms what we need to do to bring about better Health and Wellbeing, better standards of care, and better use of staff and funds, to meet the changing needs of local people for decades to come.

The STP has been developed jointly with the NHS, Social Care and Public Health leaders in Kent and Medway. It is the first time we have all worked together in this way and it gives us a unique opportunity to bring about positive and genuine improvement in Health and Social Care delivery over the next five years.

The draft plan builds on conversations held over several years with local people about the care they want and need, and has the patient at its heart.

However, it is work in progress - we are not putting forward concrete proposals at this stage. Instead, we are sharing our ambition for the future and our thinking on where we need to focus.

We will only be able to decide on and implement any changes following a period of engagement and consultation with local communities in Kent and Medway.

Health and Social Care Integration



'Many people who need social care support also need health support. By working more closely together, people can get more seamless services, have better outcomes and we can help reduce costs.'

The number of people living with multiple, long-term health conditions is increasing. This is a challenge to Health and Social Care both locally and nationally, but also an opportunity for us to deliver services in a way that:

- improves outcomes
- improves experience of care
- makes best use of resources.

What is the Integrated Care Pioneer programme?

Kent's Integrated Care Pioneer programme is a partnership including Kent's seven CCGs, Adult Social Care, Kent Community Health Foundation Trust, Kent and Medway Partnership Trust for Mental Health, Hospital Trusts in Kent and

district councils. The partnership also includes the independent and voluntary sector and Healthwatch Kent.

The aim of the Integrated Care Pioneer programme is to make Health and Social Care services work together to provide better support at home and earlier treatment in the community to prevent people needing emergency care in hospital or care homes

The programme has been running since 2013 and there are twenty five pioneer sites across England, all working on developing and testing new and innovative ways of joining up Health and Social Care to provide support and earlier treatment for people in their own home and communities.

In the last year the Pioneer Programme has achieved and focused on the following:



Design and Learning Centre for Clinical and Social Innovation

'Making out of hospital care safer for both citizens and the professionals.'

The Design and Learning Centre for Clinical and Social Innovation has been set up by the Kent and Medway Integration Care Pioneer Team in partnership with the NHS and Social Care to support how we transform and integrate Health and Social Care services across Kent and Medway.

The main focus of the Design and Learning Centre is to reduce frailty, develop safe new services and transform the Health and Social Care workforce by promoting independence and self-care, exploring digital technology and sharing innovative ideas and best practice.

Innovations are developed in partnership with clinicians, care professionals, residents, industry, innovators, local academic institutions and extensive international collaborators who include Denmark, Sweden, Holland, Scotland, USA and Japan.

The aim is to develop innovative solutions, at the right time to support people to live independently and meet local community challenges. This will help to create safer **'out of hospital'** solutions to reduce the pressure on both Health and Social Care services.

Where is the Centre based?

The Design and Learning Centre has a modern office at Discovery Park in Sandwich set up with technology to enable virtual working and networking across local NHS and Social Care sites rather than in isolation.

The Centre sets out to enable new ways of working by co-designing and evaluating sustainable solutions to meet the changing needs of a growing population, incorporating the new models of care such as vanguards and GP federations.

The projects that the Design and Learning Centre is leading or supporting:

Impact Framework for Preventative Services

This involves the development of an outcome framework for voluntary sector preventative services through an online database. This is a unique model for voluntary sector services.

Microsystems Leadership

Clinical microsystem aims to improve the quality and value of care provided in primary care in the West Kent system through the development of team coaching with patients. This builds improvement capability at the front line with knowledge, processes and tools which the team learn and can re-use.

Integrated Community Healthcare Centre

This prototype will enable people to have their acute clinical care met in the community, reducing the need for acute hospital beds whilst making local primary care more sustainable. This prototype provides an environment where patients would choose to have their acute clinical needs met that feels like an extension of their home rather than a hospital – **"Home from Home"**

Push Project

This is a resuscitation aid developed by the Kyoto European Centre, London. We are looking at rolling this out with Kent schools.



International Collaboration

The Design and Learning Centre has formed international collaborations and submitted a range of bids:

- 2 Seas Buurtzorg bid – This bid has been successful and the program of work will start in October 2017
- European Partnership Active Healthy Ageing – B3 action group integrated care
- MOUs Scotland, South Denmark, Jonkoping
- Kyoto University
- 2 Seas bid: Innovation Labs and Community Engagement with Belgium, Netherlands and France.

The Esther model - Learning from Health and Social Care in Sweden

What is the Esther model and who is Esther?

The Esther model, which originated in Sweden, is inspired from one patient's experience (Esther) and was developed by Health and Social Care staff who work with people who need care and attention from more than one Health Care provider.

Esther was a real person who became unwell with serious heart failure and was admitted to hospital. There were delays in diagnosis, treatment and care planning. Overall the experience that Esther had was not good and the staff involved in her care recognised that there was a different way of doing things that would lead to better outcomes, higher quality care and efficiency.

Supporting the Esther principles

'Every person that works in Health and Social Care is important to the ESTHER experience, from care workers, cleaners, nurses to social workers.'

Esther could be a female or male, old or young; Esther is simply a person who needs care and attention from more than one Health Care provider.

The ESTHER principles are about asking '**what matters to ESTHER?**' instead of '**what is the matter with ESTHER?**' ESTHER Coaches are specially trained members of staff, known as 'Esther Improvement Coaches' who help to develop the quality approach that underpins these principles and they share knowledge and tools within their teams. To date we have trained 32 coaches.

What is ESTHER to me?

"ESTHER is "one" and not one size fits all"
Jacqui Cole, ESTHER Coach, KCC

In Thanet, twenty people from different care organisations completed ESTHER coach training to gain a deeper knowledge about improvement work and they were able to implement practical improvements, either within their own team or across Health and Social Care organisations. Examples included having a plan for hair care for a bedbound lady to ensure 'ESTHER'S wellbeing' and identifying the 'correct care placement for ESTHER' with her care-coordinators so she didn't bounce around the system from one service to another.

"ESTHER is quality care that starts with the question "what changes do you want?"
Sarah Mitchell, ESTHER Coach, Kent Community Health Foundation Trust

Training is underway for our fourth cohort of ESTHER coaches and we are currently focusing on the team linked to the pathway from hospital discharge to Broadmeadow Registered Care Centre and then home or community support within the home.



We are asking ESTHERS and staff to share their own experiences of moving through the pathway now and will highlight the improvements made to the pathway once the ESTHER training has ended and the coaches have the knowledge of the tools to continue implementing the ESTHER principles within the pathway and their own teams and organisations.

To support the roll out of ESTHER, Roadshows were held across East Kent where ESTHER Coach Trainers visited a range of sites including care homes, hospitals and offices to raise awareness and to identify ESTHER Ambassadors. Following the roadshows, there are now 92 ESTHER Ambassadors.

Four ESTHER cafes have been held so far. The cafes give people the opportunity to hear about the experiences of ESTHER's with services in their areas including access and signposting.

Planning is underway to hold future ESTHER cafés with ESTHERs invited to join a range of Health and Social Care professionals to share their stories and experience of care with the aim of working together to improve experiences in the future.

Buurtzorg

Buurtzorg is a model of care that was founded in the Netherlands by Jos de Blok in 2006, the literal translation of Buurtzorg is "neighbourhood care". The core principle of the Buurtzorg model is that nursing teams are autonomous and self-managing, teams are intentionally small with each team having a maximum number of 12 nurses and they work with a smaller number of patients than UK community nursing teams. This model has expanded over the globe with teams forming in Sweden, Japan, the USA and UK.

A pilot project is underway to implement the Buurtzorg Model in West Kent around the College Road GP Practice. The aim of the Buurtzorg model is to change and improve the delivery and quality of home health care through leadership and collaboration with the community nurses. The nurses in the Buurtzorg teams are responsible for delivering both nursing and care, to support nurses in their observations and to work in a preventative way.

The nursing team in West Kent known as the "One Care" team have been recruited and have started to see patients and build their case load. As part of this pilot, a small Social Care element has been included to make it an integrated team.

Shared learning from the pilot project will help us understand how the model works in practice and lessons learnt will help inform future work linked to the Buurtzorg model.

Extensive partnership working has been ongoing for several months with a range of people from various organisations across Kent and Medway and with European partners to work on Interreg 2 seas bid based on the Buurtzorg model.

We have been successful in obtaining the bid and the focus of this programme of work is "*Transforming Integrated Care in the Community*"

This is providing us with the opportunity to explore the Buurtzorg model in more detail and for implementation projects to be tested against the agreed blueprint.

Medication management

This is the first challenge to the Design and Learning centre via the Design and Learning Centre Advisory Board and will be the first project to go through the Design and Learning Centre methodology.

Room for Life and Home for Life

Both the Room for Life and Home for Life projects were established under the Pioneer Programme and the Design and Learning Centre.

Following positive feedback and outcomes provided by the volunteers, further work to combine the outcomes and learning from the projects is underway and may support the future redesign of services.

Case Study

Sue and Bill's Story – being a volunteer for 'Home for Life'



Sue was one of our first volunteers for 'Home for Life' alongside her husband Bill and she described taking part as too good an opportunity to miss. Sue felt being involved was a good way to understand what is offered in terms of services and how these could meet her needs (as a carer) and Bill's as a user of Health and Social Care services.

Sue wanted to take part in the project to help identify and make improvements where things did not go well for them following Bill needing to access a range of services during a period when he was unwell.

After taking part, Sue felt she had achieved what she set out to do; she now feels more knowledgeable of the services that are available to her and Bill and she is in contact with people who can help them. However, Sue does feel it will be a challenge on both sides keeping information up to date.

Sue found having regular contact with a Personalisation Development Officer throughout the project to be the most beneficial as it provided her with support and reassurance; Sue felt she had someone on her side while navigating through the Health and Social Care system. Sue was also able to increase her knowledge and understanding of the services available to her and Bill using the menu of services and she found this to be invaluable.

Sue described the Personalisation Development Officer role as **"professional, helpful, empathetic and willing to support us"** at a time when it felt as though the world had put them on the side burner.

Sue described her experience taking part in 'Home for Life' as edifying and well worth looking into and she would definitely recommend it to others.

The key thing Sue took away from the experience was that no information is wasted and if she were to access services in the future, she would like to see a more personalised and individual approach especially in relation to questions that are posed to clients, carers and their families.

When asked to describe the experience of taking part in 'Home for Life', Sue defined it as 'useful, educational and empowering'.

Case Study

Muriel - experiencing the 'Room for Life'

Our latest volunteer, Muriel found her experience in the 'Room for Life' interesting and stimulating.

She liked being able to try out the different technologies and provide feedback on the flat, equipment and activities, all of which will inform the project moving forward. Being in the flat also gave Muriel time to reflect on her life and motivated her to think about changes she might make to improve her quality of life.

Although Muriel does a number of activities, she felt that she was 'stuck in a rut' and was keen to extend her social circle and mix with people with a broader age range.

Muriel is now considering joining a reading group and is also looking into doing some sort of voluntary work, possibly with the Cats Rescue or Dogs Trust as she likes animals. Muriel also attends the Falls Clinic which she has found very beneficial but staying in the Room for Life has motivated her to think about joining an exercise class once the Falls programme comes to an end.

During her stay, Muriel took the opportunity to look through the Directory of Services, and came across a number of organisations she thought could support her and people she knew to remain in their own homes as they got older. Muriel was particularly interested in Family Mosaic's Handyperson service as she was struggling with the steep step outside her front door and was also looking for someone to do some decorating.

The Directory of Services significantly increased Muriel's knowledge of community services and she felt 'it was great to have all the information in one place'. The project has benefitted greatly from Muriel's involvement and her valuable and constructive feedback will continue to help to shape the project.

Integrated Personal Budgets and the Kent Card

We continue to work in partnership with CCGs on integrated personal budgets as these are a useful way of giving people more ownership and control over their ongoing healthcare (as they get older or their needs become more complex). Recent figures show there were 76 active adult Personal Health Budgets in place for patients agreed continuing health care.

For further information on the integration of Health and Social Care in Kent and the work of the Integrated Care Pioneer Team, please visit www.kent.gov.uk and search Kent Integration Pioneer.



Access to Independence

Kent Enablement at Home (KEaH) and Access to Independence Project

What is Kent Enablement at Home?

Kent Enablement at Home or KEaH is a short term service which supports people to do more for themselves at home, by learning or re-learning skills to make an individual feel safe and happy in their own home. The service offers support that aims to encourage and enable people to lead as independent and fulfilling a life as they can, in the way that they want.

How does it work?

KEaH is not about doing things for people, it is about giving people the skills and confidence to complete daily living tasks for themselves.

Support may include help getting in or out of bed, washing, dressing, getting to work or being part of the community, providing Fast Track Equipment (basic pieces of equipment to make daily tasks around the home easier or the provision of Telecare – personal and environmental sensors in the home that provide 24-hour monitoring.

The KEaH Team have three key priorities:

- everyone should get the best chance to be independent through structured delivery of enablement
- everyone who can benefit from the service should have access to it. We should try our best to never turn someone away
- to deliver the support service users need efficiently and we should adjust our operational practices to best meet this need.



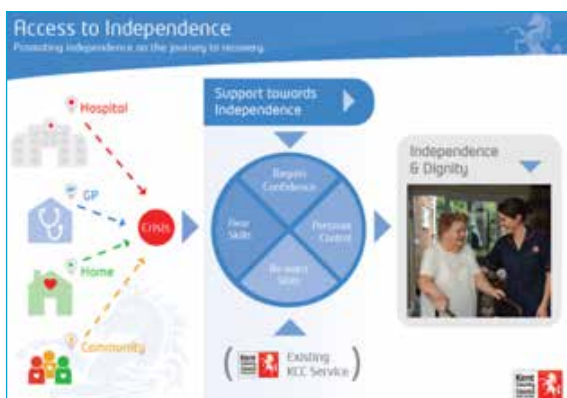
These priorities are met by:

- ✓ sharing best practices and knowledge between teams, introducing input from Occupational therapy, Case Managers and Purchasing Officer to help achieve best outcomes
- ✓ setting enablement goals which aim for the greatest level of independence possible for a service user
- ✓ actively managing the visit time with service users, ensuring they are working towards the end goal of enablement in a structured way
- ✓ providing visibility of visit lengths to enable the team to make more informed scheduling decisions
- ✓ reducing unnecessary service user visits by mapping and tracking a clear end goal to enablement and by managing the transition to increased independence for those whom have met their enablement goals
- ✓ providing visibility of service users progress
- ✓ highlighting and learning from the reasons why outcomes have not been achieved.

The success of the KEaH service in Kent has been recently noted in the latest national report issued by the Royal College of Occupational Therapists, "Living, not Existing: Putting prevention at the heart of care for older people", endorsing the value Occupational Therapists can bring to a variety of teams and projects across Health and Social care.

What is the Access to Independence Project?

The Access to Independence project, which was one of our key projects in phase two of our Transformation Programme, aims to give more time back to the KEaH teams, so they can provide more support to more service users - **promoting independence on the journey to recovery.**



Enablement is a key factor in maximising independence for the ever increasing number of service users who are able to benefit from its provision.

The project has focused on gaining a better understanding of how to improve outcomes for service users and increase their level of independence, through improving efficiencies in the way the service is delivered.

This has been achieved by ensuring that everyone makes effective use of all the tools available to them, enabling people to have the right support at the right time.

As part of the project, tools have been developed to assist in the allocation of

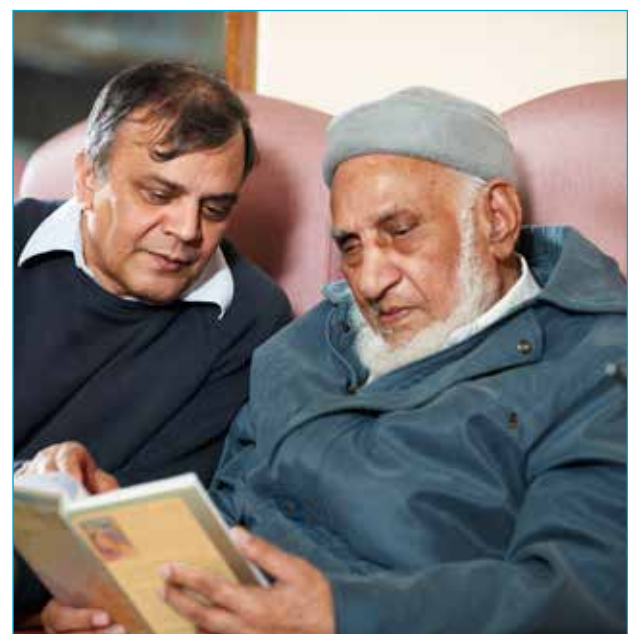
Enablement Support Workers and this has enabled resources to be more aligned to levels of demand, which has reduced the numbers of people who were not provided with enablement. This directly benefits a much higher number of service users across Kent.

Achievements

- At the start of the project, KEaH started an average of 172 individual per week. With improved efficiency, we now start an average of 196 individuals per week.
- 63% of individuals who are supported by KEaH achieve full independence, an increase from 50% prior to the project starting.
- Individuals who do require homecare support following KEaH need, on average just over 30 minutes of homecare per week compared to an average 1.6hrs of homecare support at the start of the project.



This has been achieved through improving practice within the service and effective joint working between KEaH, Case Management and Occupational Therapists who assess and work with individuals who use our services.





Outcome Based Care

During the Summer of 2016, a 12 week assessment was undertaken with practitioners and Home Care providers to better understand if different approaches and interventions could improve a person's outcomes and experience and help maintain their level of independence. We found around 61% of people (approximately 2,600 of our current home care users) could have benefited from professional led, outcomes focused care.

We have been working with a design team since February 2017 to co-design different parts of the pathway a person receiving homecare experiences.

What is the Outcome Based Care project?

The Outcome Based Care pilot started on 5 June 2017 with one of our current homecare providers; 121 Care and Mobility, who are delivering care within the Canterbury CCG. A Kent Enablement at Home (KEaH) supervisor and Occupational Therapist have been working with 121 Care and Mobility to identify whether people could benefit from a more enabling approach to home care. The pilot team are focusing on how they can support people to do things for themselves to help maintain and improve their levels of independence.

What progress have we made?

To date, the Outcome Based Care team have reviewed a third of the total number of people we will be working with during the pilot. We have identified that over 50% of the people reviewed could benefit from a different outcome and/or intervention. We will continue to work with people receiving care and support from 121 Care and Mobility moving towards outcome goals and identify barriers to achieving these.



What have we learnt so far?

We have identified:

- people are still coming into Social Care from a number of different routes, such as hospital, KEaH etc
- for some people, if outcome goals were met and sustained, social care involvement could reduce or end leaving a health only need e.g. input from pharmacy or district nurses
- there are opportunities to improve review processes between KCC and 121 Care and Mobility. This will help to improve decision making and reduce duplication
- some people could have their needs met by a voluntary agency instead of through home care
- multiple new referrals have been made to services such as Care Navigators, Multi-Disciplinary Health Teams, Equipment and Mental Health to support the delivery of outcomes
- for some people, we are working on wellbeing goals with the aim to improve the quality of care they receive.



What feedback have we received?

“I want to work with my care worker in this way to identify things I can do independently”

Person receiving a service from 121 Care and Mobility

“I like that you are helping Dad to make a sandwich for himself”

Family member of person receiving a service from 121 Care and Mobility

“When I see my client now he has a really sparkle in his eyes.... what an achievement!”

Member of staff employed by 121 Care and Mobility

Integrated Rehabilitation

Clients who had received a service from KEaH and finished with a long-term Homecare package were reviewed to understand if anything could have been done to support these individuals to achieve more independent outcomes. The reviews were undertaken with Health and Social Care professionals including therapists and nurses.

The assessment found that opportunities to improve a person's outcomes could be achieved if Health and Social Care staff worked more closely together to improve the quality of short-term interventions and service delivery. The review found that:

- 16% of ongoing homecare hours could have been avoided through improved short-term interventions
- For 16-30% of people, there is an overlap in tasks delivered by both KEaH and Health's Intermediate Care Teams (ICT).

What is the Integrated Rehabilitation project?

The Integrated Rehabilitation project is exploring ways to bring KEaH and Intermediate Care Teams (ICT) together to create an integrated model of care and pathway. The project aims to:

- improve a person's experience of a consistent pathway and seamless, person centred rehabilitation service
- improve a person's outcomes and reduce their requirement for ongoing care by delivering a more effective enabling service
- minimise duplication of activity and effort between different professionals and services providing rehabilitation.

An integrated Rehabilitation pilot started on 5 June 2017 between KEaH and ICT in Ashford.

What have we learnt so far?

We have identified:

- 13% of people who are referred to KEaH or ICT are referred to both services
- most people who require input from both KEaH and ICT are referred to KEaH for managing their personal needs and to ICT for physio input
- the two services deliver similar rehab and reablement tasks, however there are also some specialist services such as processing Disability Facility Grants and Speech and Language Therapy.

Case Study



Canterbury resident Betty* had been in hospital for 4 months following a series of illnesses. At the end of her stay in hospital, she was weak and had lost confidence in her ability to live independently at home. Her family were anxious about her leaving hospital and going home where she would not have a full medical team around her.

However, Betty was supported by our enablement service and was able to go home and receive several calls a day offering her the support she needed.

Betty was determined to become independent again and be able to live a fulfilling lifestyle. The team worked closely with her to help her re-gain her confidence and re-familiarise herself with independent living. An enablement supervisor and occupational therapist created a support plan with Betty to help identify key goals that mattered to her to allow her to get back to where she was before hospitalisation.

With this structured work, she was confident in gradually reducing her calls from 4 to just 1 a day.

After 3 weeks with the enablement service, Betty achieved all her goals and left the service, completely independent.

*Name, details and image have been changed to protect identity

Sensory and Autism Services

Kent Adult Social Care has its own specialist unit for sensory impaired people (d/Deaf, sight impaired, deafblind) and individuals with an autistic spectrum condition. The unit comprises both in-house teams and voluntary organisations: Hi Kent (see Glossary) the Royal Association for Deaf people (RAD - see Glossary), Kent Association for the Blind (KAB - see Glossary) and Advocacy for All (see Glossary).

Specialist teams for d/Deaf and deafblind people merged in April 2015 to provide one county-wide Sensory Services team, based alongside a county-wide Autism team in Ashford. These specialist teams provide a number of services including information and advice, assessments, short term enabling help, safeguarding, personal budgets and equipment.

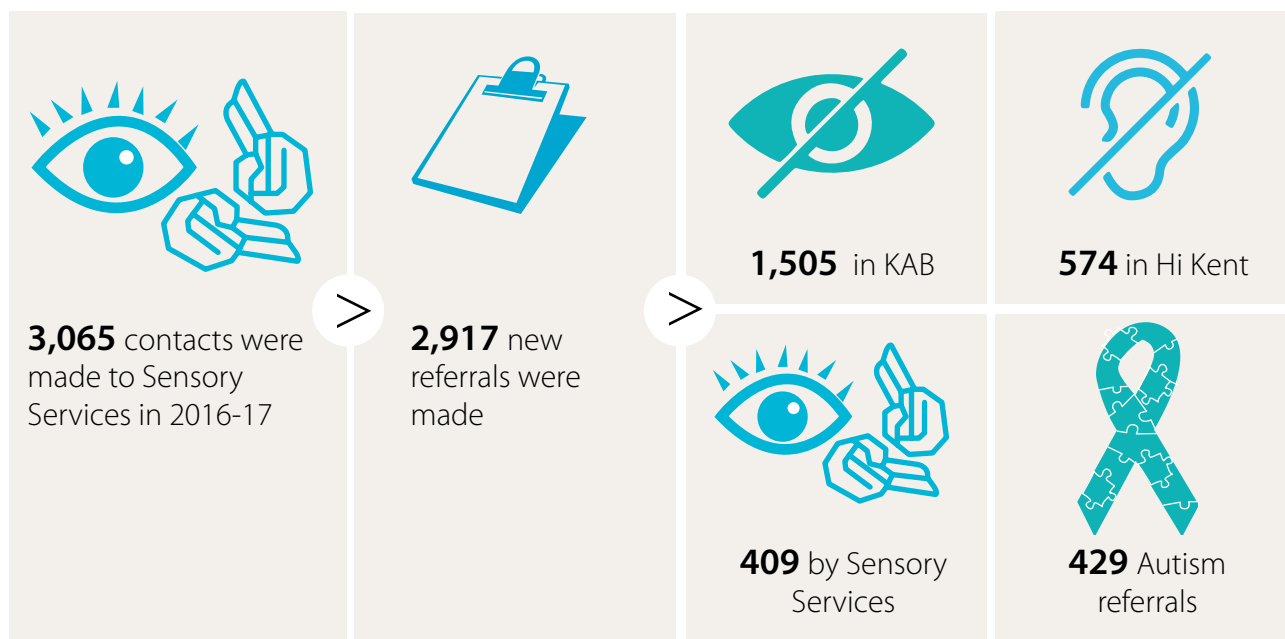
Hi Kent provides equipment assessment and provision for older people and a hearing aid maintenance service and has resource centres in Maidstone and Canterbury.

Kent Association for the Blind (KAB) provides assessments, rehabilitation training (mobility, daily living and communication skills training), registration as sight impaired and has resource centres in Maidstone and Canterbury. KAB also provides a Guide Communicator service – a specialist one to one support service for deafblind people.

The Royal Association for Deaf People (RAD) provides interpreting services for d/Deaf and deafblind people. The Unit manages this contract on behalf of a number of public agencies in Kent .

Advocacy for All provides 11 peer support groups for people with an autistic spectrum condition across Kent. People with autism come together regularly to help and support each other and the groups organise activities and speakers.

Headline figures





Developments in Autism

Strategy for Adults with Autism in Kent

The Strategy for Adults with Autism in Kent has been developed by the Kent Autism Collaborative taking into account the views of people with autism, their families and carers, professionals and voluntary organisations who work with people who have autism. A three month public consultation period was held and the strategy changed in the light of the feedback received.

Our vision is for people with autism to receive the right support at the right time, to be enabled to develop to their full potential and to be active and accepted members of their communities. At the core of this strategy is the desire to create an autism friendly society in its widest sense.

The strategy sets out the direction we are going to follow over the next five years to achieve this vision. It will form the basis from which more detailed plans will be developed.

KCC is committed to working in partnership with the CCGs to help improve services for people with autism and to take forward the implementation of the strategy. The top priority for 2017/18 is to address the need for a multidisciplinary diagnostic and assessment service and related specialist interventions and support services.

Public Health have also carried out some detailed work to understand the numbers and needs of children and adults with autism in Kent. This analysis will help inform the future planning of services.

The Strategy for Adults with Autism in Kent and the Autistic Spectrum Conditions Joint Needs Assessment are published on the kent.gov.uk website.

All Age Neurodevelopmental Pathway

KCC has carried out a project to consider the needs of children and adults with autism and developed an all age Neurodevelopmental pathway. The project involved survey work by the Tizard Centre with young people with autism and their families, mapping of current services, the identification of issues and gaps in services and developing plans to improve the current situation.

One clear issue that was identified was the lack of awareness of the help that was available. Two pathways have now been developed and published which describe the services and resources available for people with autism and their families. (These are published on the Kent.gov.uk website).

Two further projects are now planned to give detailed consideration to how best to address the social care needs of children and to review and redesign the team for adults with autistic spectrum conditions.

The Autistic Spectrum Conditions Enablement project

Kent's Specialist ASC Enablement intervention was granted social care research status from July 2015 to September 2016, and has been nationally accredited as good practice. The enablement intervention is an intensive, short term, targeted intervention which assists service users to regain, maintain or develop daily living skills and provide them with the confidence to carry these out to the best of their ability.

Specialist enablement takes place over a twelve week period and involves working one-to-one with service users on agreed meaningful goals, as identified by them.

The research project has been completed and the results analysed. There have been some life-changing results for some, especially around their increase in daily living skills, self-management, confidence, quality of life and self-esteem. There have also been benefits in the reduced costs of care and support packages.

This innovative project is proving to be of national interest and the team have written a book on their work shortly to be published by Jessica Kingsley (November 2017)

We have received lots of positive feedback from our Enablement interventions:

"It's all making me feel good about myself and not feeling such a mess or failure, it's helping me to function better with my life and this will most definitely benefit my family too."

"You cannot imagine the difference you have made to my son's daily life, I can't begin to say how much we appreciate it."

An Enablement case study

Jenny had a diagnosis of Asperger's Syndrome, and had recently recovered from a period of psychosis. Jenny had young children – one child being on the spectrum themselves and she was also a single parent.

She could be physically exhausted much of the time, due to disturbed nights from caring for the children and running a family home. This was additionally compounded by her sensory difficulties which she said made her feel agitated on a daily basis. Jenny also struggled with sequencing and planning tasks in her family routine.

Within her overall enablement intervention, Jenny was one of the first people in the UK to trial an interactive home white board, which allowed her to visually see time periods counting down throughout the day and allowed her to plan time and activities.

This aid helped Jenny to provide structure, increased her confidence and improved her concept of the passage of time, benefitting the whole family; indeed, Jenny states that her young son on the spectrum used to come down at night and not go back to bed – now he sees the Board's light is blue and goes back upstairs as blue means 'Night'. He sleeps better as a result and also checks the Board throughout the day to see how long he has to wait until an activity starts, improving his overall behaviour as he can predict upcoming events.

At the end of the enablement period, Jenny felt that she could cope without an ongoing support package.



Sensory Services

Development of an all age Sensory Pathway

In April 2016, the Children's Sensory team joined the unit. The children's team work with deaf, visually impaired and deaf/blind children and young people until they are 18 years old. Social workers with specialist knowledge and skills, including British Sign Language carry out a children and families assessment. A multi-agency care plan is then developed which identifies the needs and support required.

If the child/young person has complex disabilities including deafness, visual impairment or deaf/blindness, the team can offer specialist support and advice to families and other professionals.

Deaf Wellbeing and Access Project

People who are born Deaf or become Deaf during their early childhood are most likely to use British Sign Language (BSL) as their first language. The Deaf community has a strong and unique culture based around their language and identity as Deaf people.

Typically, Deaf BSL users have a marked reduction of opportunity to access services. To reduce the gap in equality between Deaf people and the hearing world, KCC Sensory Services have appointed a dedicated Deaf Community Worker for a one year pilot, working in the Thanet area.

Our Deaf Community Worker has been engaging with service providers to improve community access and is working hard to make a difference to BSL users in Thanet. It is expected that this exciting and pioneering approach will yield some excellent results, empowering the Deaf community to become more independent and reduce inequalities.

Sensory Services also has a dedicated Facebook page to help engage effectively with the Deaf community by various methods, including sign-language videos.

We are now developing an all age Sensory pathway, aligned with the changes taking place within the Lifespan Pathway project. We are working to improve young people's experience of transitioning from Children's to Adult services and to ensure better partnership working with agencies such as Education and Health

Case Study

Sarah who is deaf, was referred to Sensory C&F team when she was 13 years old due to concerns from her teacher. She had poor attendance at school, there were signs of self-harming and she was described as "not seeming herself, quite withdrawn, grubby and pale." Sarah was making no effort to engage in support services being offered at school.

Following a Children and Families assessment by a Social Worker in the Sensory team, she was identified as a Child in Need. Further direct work was undertaken with Sarah to explore her wishes and feelings about herself, home life, school and her identity as a deaf person.

A referral was made to Deaf CAMHS which resulted in a further diagnosis of autism which gave professionals a better understanding of the support Sarah needed.

Her mother had been struggling with parenting a teenager and was provided with support to understand her daughter's needs and provide the care Sarah required.

The result was that Sarah's relationship with her family improved and with a more positive self-esteem, the self-harming stopped. Sarah became more confident and started to attend school again. She attained the appropriate grades to transfer to college to study the Hair and Beauty course she wanted to do.

Promoting well-being

Promoting independence

Supporting independence

Integrated Community Equipment Service and Technology Enabled Care Services



Integrated Community Equipment Service (ICES)

ICES play a crucial role in helping us to support the most vulnerable people in Kent to remain in their own home. Through the provision of equipment, people are enabled to carry out everyday activities independently or are provided with equipment which supports them to be cared for at home.

We updated you in the last edition of the Local Account that we had commissioning a new service that would be more responsive to service users' needs and make the best use of our financial resources and a new contract started in November 2015. This was awarded to Nottingham Rehab Limited (trading as NRS Healthcare). The contract has been let in partnership with KCC and the seven NHS CCGs in Kent.

We also commissioned a new contract for a Digital Care and Telecare service that has brought together telecare installation and monitoring, service user support and staff

training under the responsibility of a single provider. This was awarded to Invicta Telecare Limited (trading as Centra Pulse and Connect) and is a KCC contract. Centra Pulse have been contracted to supply, install, maintain and monitor telecare alarms.

Both services reduce care home/foster care and hospital admissions and assists with timely discharge from hospital.

In 2016/17

- **92,761** service users were seen by the Integrated Community Equipment Service
- **164,133** items of equipment were provided to support the most vulnerable people in Kent to remain in their own home.

Our Kent Enablement at Home (KEaH) service has made good use of both services and the Occupational Therapists working in KEaH teams have been able to support better outcomes by assessing quicker and providing a wider range of specialist equipment to support our service users.

584 people in Kent have received additional specialist equipment while they were being supported by the KEaH service. Clients have had the opportunity to practise and gain confidence in using the equipment with enablement support workers enabling people to continue to live independently at home for longer.

new

Safe and Well

Safe and Well is a service provided by NRS Healthcare which enables people who aren't eligible for social care to find out about getting personal equipment to support their independent living. The service includes free online self-assessment, local demonstration and telephone advice, links to Centra services (technology and Telecare), occupational therapist visits (fee charged) and a directory of trusted local suppliers

Further information on Safe and Well can be found at www.safeandwell.co.uk

County Technician Service

The team provide minor adaptations to the homes of adults and children across Kent ranging from simple grab rails to more complex ramping and other access solutions. The service is fully mobile and out about within the county with simple, minor adaptations provided within seven days with more complex work requiring further time to complete.

In the last 12 months the service provided 12,921 adaptations/ equipment to 8200 people. This work also included completing 1092 bathing assessments.

The Kent Blue Badge Service

Between April 2016 and March 2017, we received 29,671 Blue Badge applications and issued 28,019 badges - the highest ever number issued in a year.



Bob's story

"Bob* has a degenerative condition that affects the nervous system, this affects his co-ordination, mobility and more recently the ability to use his hands to grip/ pick up items; Bob is unable to use a telephone to call for help.

Bob is unable to transfer independently; he is a wheelchair user and has had recent falls when attempting to self-propel in his wheelchair. The provision of Telecare equipment has meant that Bob's wife can now go to the shops knowing that if he has a fall, she will be notified. Prior to the provision of Telecare, Bob's wife would 'time' herself at the shops and admitted to completing her weekly food shopping in 30 minutes.

Since the provision of Telecare she has stayed out for a couple of hours secure in the knowledge that she will be notified if there is an incident. The provision of Telecare has reduced carer anxiety and the risks associated with Bob having a fall when alone. Equipment provided has included a smoke detector, Reach, Key safe, wrist worn IV intelligent, Touch Pendant aid (easy press)."

**Name, image and details have been changed to protect identity.*



Peter's story

"We love it here by the sea. Being able to watch the sun rise and set is so peaceful and reminds you to appreciate everything you have."

Peter had a Centra telecare alarm installed at home to provide his family with peace of mind. He has a history of strokes and his wife Lee lives with a physical disability. They recently moved away from friends and family so Centra's services are more important than ever to the couple.

"After some encouragement from my family, I agreed that it would be wise to have some sort of personal alarm at home. We recently moved to Deal from Maidstone and knew that help from our family wouldn't be so readily available if anything was to happen to either of us.

It turns out that the decision to get a Centra Pulse alarm would save my life. In January 2013, I suffered a fall at home and couldn't get to my feet. I blacked out and don't remember a thing. Lee was unable to get me up. Luckily she could raise the alarm via the telecare pendant on my wrist which connects to the Centra Pulse call centre and they arranged urgent medical attention.

I was taken to hospital in a semi-coma and transferred to the renal unit after a few days where I remained for nearly three weeks. I was then moved to the rehab ward for 11 weeks while I learnt to walk again.



The doctor explained that I had been paralysed with myelitis which affected all my muscles and caused my kidneys to fail completely. The consultant told me that if I'd remained on the floor without medical attention for as little as 30 minutes more that would have been it, good night Irene!

Up until then, I had only worn my pendant when Lee left the house. Now I wear it all the time except in bed as recommended. Had it not been for the alarm I would have died that day. Lee goes on two holidays abroad and a long weekend away each year. Knowing I have my alarm, she can go away with complete confidence with the knowledge that help is there for me if I need it."



Shared Lives



We are always looking at different ways we can provide support and the Shared Lives scheme is just one example of how we're transforming the lives of Kent residents.

Shared Lives offers eligible people over the age of 16, placements within a Shared Lives family home for:-

- long term – living with a Shared Lives family on a long term/permanent basis where this is the person's main home
- short breaks – staying for a couple of days, a week at a time or longer if required
- day support – one session is up to 5 hours and can be any time during the week at the Shared Lives Host's home.

Shared Lives is about opening the door to choice, satisfying experiences and a sense of belonging whilst enabling people to keep their own independence.

As well as offering an excellent form of quality care and support, Shared Lives saves, on average around £26,000 per year, per individual, against the cost of residential care.

How does Shared Lives work?

Shared Lives is available to individuals with a wide range of care and support needs, such as older people, people with learning and physical disabilities, people with mental health issues, people on the autistic spectrum, people living with dementia and people with a sensory impairment.

Our experienced team work with the individual to match them with a suitable household. We match the person with a family who have the right skills and characteristics to give the care and support needed.

Shared Lives hosts could be a single person, a couple, friends or a whole family. Our hosts will also be that all important link to wider social experiences and the local community. Our hosts are thoroughly assessed, trained and monitored throughout their time with Shared Lives.

Over 220 people have accessed our Shared Lives service and we have many individuals in placements with hosts and their families.

We have also continued to recruit new hosts in all areas of Kent and the service now has nearly 170 hosts and their families for people that wish to consider Shared Lives as an alternative to living in a residential service or using other day services or short breaks units.

Further information on Shared Lives can be found on our website at www.kent.gov.uk/sharedlives, phone: 03000 412 400 or email: sharedlives@kent.gov.uk.



Case Study



Fred's story - Shared Lives and Telecare coming together!

Fred* was in a long term Shared Lives placement. He had been experiencing changes in his behaviour and it was necessary to consider creative solutions to help him and his Shared Lives hosts. Fred was becoming disorientated at night and this was having an impact on his hosts who were unable to get a good night's sleep and finding it hard to provide care and support the next day.

Telecare provided a solution with the installation of a bed sensor which connected to a lamp switch, helped him get out of bed safely, find the bedroom door and go to the toilet during the night. Once Fred had been to the toilet, there were concerns that he'd become disorientated and be at risk of falling.

A passive infra-red sensor was installed close to a base monitor and set to a constant beam. When the sensor was activated, it would link to a voice recording of one of the hosts who reassured him to return to bed. In the instance that Fred did not return to bed, the sensor would alert the host, waking them up via Care Assist, a bleep alert, so they could support Fred when he needed it most.

These installations helped Fred remain independent at night and meant his hosts could get a good night's sleep, helping them to maintain the quality of support provided during the day.

A pilot study was completed with other Shared Lives placements and it was found that within one year the use of Telecare demonstrated a cost saving on average of £46,798pa compared to adults with the same support needs living in residential care settings. In addition the placements that had Telecare equipment installed were sustained going forward to help with overcoming disturbed nights.

**Name, details and image have been changed to protect identity.*

Douglas's story

Douglas was 52 and living with his elderly father. Douglas had put on weight, due to lack of exercise and rarely left the house.

His family initially decided that he would be moved to a residential home. However someone mentioned that he may be suitable for Shared Lives and he was referred across. His brother initially was not happy with the idea that he would move in with another family but met the host family and decided to give it a go.

Douglas moved in with Rod and Lee and has been living with them for 2 years, along with another Shared Lives user called Noel. Over this time, he has lost 5 stone, has developed a love of walking the dog, is often out of the house and uses the bus system all on his own.

Douglas is now involved in trampolining, cricket, he works at the local stables and has been on holiday for the first time in 20 years. With Rod and Lee's consistent and continuous support, he has transformed into a more independent and crucially a happier person.



Douglas's brother now thinks that Shared Lives is the best thing that could ever possibly have happened to him. By sharing their life, Rod and Lee have radically change Douglas's life for the better.

Promoting well-being

Promoting independence

Supporting independence

Your life Your home - supporting people to choose their home



In 2016 there were just over 1200 adults with a learning disability in residential care across Kent and a significant number of these adults could lead more fulfilling independent lives by moving from Residential Care to Supported Living.

Supported Living that may be more suitable is a flat with shared communal areas with other service users, shared housing or shared living with a family.

'Your Life Your Home'

The 'Your Life, Your Home' project was implemented in early 2016 and will run for a period of three years, with the aim of supporting both existing and future adults with learning disabilities to live in the way they want through:

- expanding the options for increased independent living available to Adults with Learning Disabilities through Supported Living and Shared Lives placements, and reducing the number of residential placements

- enabling people to have more control and lead a more independent life if they choose to, in line with government legislation as set out in Valuing People Now
- designing a sustainable set of processes and tools to facilitate moving Adults with Learning Disabilities who would benefit from moving from Residential Care to Supported Living.

Our aim is to provide the opportunity for people with Learning Disabilities to access new housing and support. Transfers are done slowly to minimise disruption and make sure the right housing is available.

What have we done so far?

Working with a 'Your Life Your Home' project team, we have rolled 'Your Life Your Home' out to all localities across Kent

We are engaging with people in residential homes and their care managers, to understand whether they would benefit from a move to Supported Living or Shared Lives.



133 people have already moved out of residential care through the Your Life, Your Home Project.

Supported Living accommodation is advertised on the Accommodation Register that has been developed as part of the project.

People that have moved, and their families and carers have fed back that their lives have improved and they are enjoying doing different things.

We are working with residential providers, housing providers and community support providers to understand future plans for new supported living accommodation, and inform providers of likely demand to stimulate new development.



Mental Health (MH) Your Life Your Home Pilot



Learning from the 'Your Life Your Home' project currently being delivered by the Learning Disabilities teams, we are working to support individuals with mental health issues currently in a residential care placement to live more independently.

This work is based on an assessment which took place at the end of 2016, which found there are a significant number of people who could be better supported in a community setting.

Working closely with practitioners from the Community Mental Health teams, Primary Care Social Work team and representatives from Policy, Performance and Finance teams, the existing process has been further developed in order to deliver the right outcomes for individuals being supported in a Mental Health residential placement.

A team of Social Workers and Social Work Assistants from both Primary and Secondary Care teams across the county is being brought together to deliver the project. They have started the reviews with individuals to work with those who are able to move into a community based service.

The project is due to be delivered over one year, supporting individuals who are able to be more independent and increase their wellbeing. In this time, we are also working with accommodation providers, as in Learning Disability Your Life Your Home, to develop the market for the future.

Promoting well-being

Promoting independence

Supporting independence

Kent Pathway Service



Enabling people with a learning disability to be more independent.

The Kent Pathways Service (KPS) supports young people and adults with a learning disability to become more independent by supporting them to develop their skills so they can do more for themselves.

The support provided (up to twelve weeks), is intensive and task specific for people to learn and develop skills at home and in the community such as daily living skills, community safety, learning to travel independently, preparing for work, college and finding daily and social activities.

The Service was originally designed and developed as a six month pilot in the locality office of Dover and Thanet. This was successful and KPS has now been implemented across Kent since April 2016.

From April 2016 to June 2017, 632 successful referrals have been completed increasing peoples skills and independence. This also has an impact on people's confidence and their willingness to try other new things.

How Kent Pathways Supports Individuals:

- to ensure continuity and build a successful working relationship, Individuals will work exclusively with a single Support Worker during their programme
- Kent Pathways programmes are bespoke and the frequency and timing of support will be flexible so that they best meet the individuals needs and Outcomes
- the rate of progression is individual to each person. Some will spend the first couple of weeks simply building a relationship with their Support Worker
- individuals and their Support Workers work in partnership to come up with **SMART** objectives so that they have realistic goals to work towards
- every three weeks, an informal review is held with the individual to assess progress towards the goals and to make any alterations to the support that may be required
- feedback is always requested after support finishes to continuously improve the service
- Care Managers and Social Workers are encouraged to consider the suitability of a referral to Kent Pathways Service at every assessment and review. They are closely involved in the entire process and regular feedback is provided by the Support Worker.

People really appreciate this service:

"I would tell other people to use the Kent Pathways Service!" Paul F.

Success stories:

Alan wanted to find voluntary work. After using the service he now works at Community Grow near Maidstone. Alan says, "I'm so exited about my job!"

Aaron wanted to be more independent on public transport. He can now do a whole journey on his own, Aaron says, "I'm very happy."

Supporting Mental Health and Wellbeing -Live Well Kent

Mental health problems can affect any of us at any time in our lives. For most people with mental health needs, the first place to get help is your doctor, who can often refer you to other professionals.

Some people need more intensive support. Most of these services are provided by Kent and Medway NHS and Social Care Partnership Trust (KMPT). Other services are provided by independent providers, voluntary organisations and others.

We have taken a proactive approach to improving the mental health and wellbeing of people of Kent.



Live It Well is a website that is designed to promote better wellbeing and mental health for all of the residents in Kent and Medway and to help people connect with support in their local communities. The vision for Live Well Kent is to keep people well and provide a holistic offer of support for individuals living with both common mental illness and severe and enduring mental health diagnosis.

The approach puts a greater focus on outcomes and engages people in innovative ways to achieve these outcomes, based on recovery and social inclusion principles. It offers a **“Life not a service ethos”** and builds resilience in communities through asset based approaches to community development.

Mental Health Facts

- One in four adults will experience a mental health problem at some point in their lives and one in six adults has a mental health problem at any one time. (*‘No Health without Mental Health’, Mental Health Strategy for England, February 2011*)
- Mental health is the largest single cause of disability in the UK.
- Mental illness is the largest single cause of disability and represents 23% of the national disease burden in the UK. It is the leading cause of sickness absence. (*Chief Medical Officer (CMO) annual report: public mental health, 2013*)
- Adults with mental health problems are one of the most socially excluded groups in society.

Key aims of the Live Well Kent Service are to:

- aid recovery and prevent relapse, improve health and social care outcomes for individuals with poor mental health and wellbeing
- reduce the stigma associated with mental illness
- connect people with their communities, ensuring they have access to the widest possible range of community support and services to meet their particular needs.

6,533 people have been referred to the Live Well Service since it was launched in April 2016.



“I didn’t think I’d ever leave my flat again”

For nearly a year, Nick (54) didn’t leave his home or speak to anyone. He’d been diagnosed with depression and had also developed agoraphobia.

“I went into a deep depression and never thought I’d leave my flat again,” he recalls.

Things began improving when Live Well Kent got involved. They put Nick in touch with Porchlight’s community inclusion service and

he began meeting regularly with a support worker called Gill. “I can honestly say Gill saved my life,” he says.

“She helped me build the confidence to go back outside for short periods. She was willing to sit and talk me through what I’d be doing which made it a lot less daunting. It was also nice having somebody to talk with again – it gave me back a sense of normality.”

Now, Nick attends a weekly coffee meet-up with people in similar situations. He also goes for a regular walks with Porchlight volunteer Rose.

“My confidence is coming back and the future is looking good. I still have bad days but I can always call Gill and she’ll help me.”

“If someone needs help, I’d tell them not to hesitate getting in touch with Live Well Kent,” says Nick. “It’s the best thing you could do.”

Mental Health in Kent

In Kent and Medway at any one time, there are around:

- 163,000 - 190,000 people with common mental health problems, such as anxiety and depression
- 60,000 people with severe mental illness, such as severe depression or post traumatic stress disorder
- 12,000 people with severe mental illness and longer-term needs, such as schizophrenia and bipolar disorder.

(Source: Kent and Medway Joint Strategic Needs Assessment for Mental Health, April 2009)

Further information can be found on the Live Well website at www.livewellkent.org.uk to make a referral please call 0800 567 7699 or email: info@livewellkent.org.uk

Carers in Kent

Carers Assessments

If you provide care and support to an adult friend or family member, you may be able to get more help to carry on caring and to look after your own wellbeing.

If you give unpaid care to someone who is over the age of 18, you can ask for a carer's assessment.

'Caring' for someone covers lots of different things, including:

- helping with their washing, dressing or eating
- taking them to regular appointments
- keeping them company when they feel lonely or anxious.

If this sounds like you, you are a 'carer'.

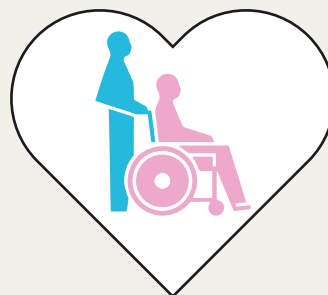
You can have a carer's assessment even if the person you care for does not get any help from the council, and they will not need to be assessed. You also don't need the permission of the person you are caring for to request a carer's assessment. You are entitled to ask for one in your own right.

However, you can request a combined assessment - where you will be assessed at the same time as the person you care for has their needs assessment.

The Kent Carer's Emergency Card

The Kent Carer's Emergency Card is a credit sized card to carry with you at all times if you have caring responsibilities. The card has a unique registration number on it and a telephone number for our 24-hour service. If you are suddenly taken ill or have an accident, anyone with you can call the number on the card and our staff will use the registration number to carry out a pre-arranged emergency plan.

Headline figures



152,000 people (10.4%) of Kent's total population estimate they provide unpaid care.

64% of all unpaid carers in Kent estimate they provide less than 30 hours of unpaid care a week.

24% of Kent's residents who provide unpaid care estimate that they provide care for 50 hours or more a week.

You can apply for the card if you live in Kent, are over 18 and care for someone else. The card is free of charge.

A break from caring

Being a carer can be physically and emotionally challenging and it's important you have the opportunity to take a break from your caring role.

There are lots of ways you can take what we call a 'short break' from caring. This could be for a few hours, overnight, a weekend or longer. The person you care for will be looked after in a supportive, safe environment and perhaps enjoy new activities while you take some time for yourself.

There are different kinds of short breaks available, depending on the sort of needs the person you're caring for has.

Crossroads care can provide you with a break from caring if you are providing care or support to a family member or friend who is ill, elderly or has a physical or learning disability.

Volcare provide a respite service between 1 day and 2 weeks for carers who provide full time care to relatives in their own home. This service is available in Canterbury, Thanet and Dover districts.

Local carer organisations

If you give unpaid care to someone who is over the age of 18, you can get in touch with your local carer organisation for support.

Local carer organisations can offer you help, advice, training and support in your role as a carer. They can talk to you about your needs as well as the needs of the person you care for, and then let you know how they can help.

Our local carer services are run by different organisations for each area of Kent.

Case Study

Joan's story



Joan* is 70 years old and cares for her husband, Sid*, who has Parkinson's disease. Joan's grand-daughter takes her shopping twice a month and this is often the only time Joan has to herself, away from the home.

Joan had no other support and was struggling to cope.

She said ***"I feel angry. I want to be able to cry but the tears won't come, so I just get even angrier. I am stressed and not sure how much more I can take. I feel I want to walk out of the door and not come back."***

Joan's case manager explained that she was entitled to support and that she could have a carers assessment and referred Joan to Involve Carers. During the visit from Involve, Joan explained her sleep is continually broken by Sid. When Sid has a fall, she struggles to help him back up, putting strain on her back.

Joan said she would love to spend a few days visiting her brothers in Nottingham, but can't leave Sid. One of her passions is gardening, but as Sid doesn't like Joan to leave him, she is

rarely able to do this and said the garden is so overgrown she would need some help to make it manageable.

Since Involve's visit, Joan has been referred to Crossroads Crisis service and agreed 3 3-hour visits per week, plus an overnight sitting service once a fortnight.

She's been put in touch with Maisie, through the Involve Keeping in Touch service and been referred for a volunteer to help with her garden. She has been given advice on what to do if Sid falls to protect both of them and been issued with a Kent Carer's Emergency for peace of mind should she be unable to care for Sid in an emergency situation. The Involve team have also liaised with Sid's case manager regarding respite so Joan can spend a few days visiting her brothers.

Two months on, Joan's reported feeling much more relaxed and calm. Her emotional well-being has improved - she is feeling less stressed, more able to cope and has also noticed Sid seems happier too. Joan said the Crossroads Carer in Crisis service had been a "Godsend" and being able to talk with Maisie every couple of weeks is "so reassuring - I don't feel so alone in my caring role anymore."

**Names, details and image have been changed to protect identities.*

Adult Safeguarding Unit

'It is everyone's right to live in a safe environment, free from harm. Adult safeguarding is about keeping people safe and protecting them from abuse and neglect wherever possible.'

What is safeguarding?

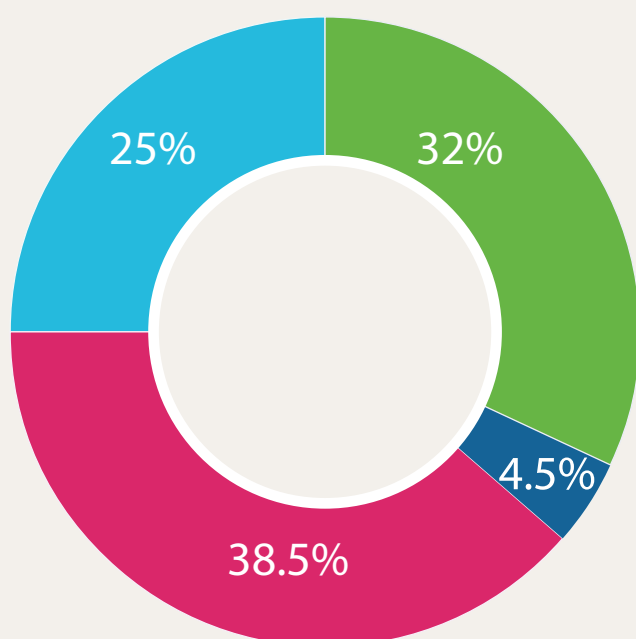
"Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action." Care Act (2014).

Abuse is a breach of a person's rights and may be a single act or happen repeatedly over a period of time. Abuse may be deliberate, but may also happen as a result of poor care practices or ignorance. It can happen anywhere.

Facts and figures

We have seen a significant increase in the number of Safeguarding Concerns received.

5,715 Safeguarding Enquiries were received during 2016/17 compared to 2015/16 when there were 3,906 (an increase of 46% when compared to the previous year). This is due to increased awareness of safeguarding and more robust reporting following the implementation of the Care Act 2014).



- 32% of Enquiries were not evaluated as abuse or discounted.
- 4.5% of Enquiries received ceased at the individual's request.
- 38.5% of the Enquiries had abuse confirmed or partially confirmed.
- 25% of the Enquiries investigated had insufficient evidence to confirm or discount them*. This is an increase from 2014/2015, where the percentage was 14%.

*This does not mean that no action was taken, but people were supported in other ways.



What should you do if you suspect or have witnessed an adult at risk being abused?

You should contact Adult Social Care on 03000 41 61 61 (social.services@kent.gov.uk) for Kent and 01634 33 44 66 (ss.accessandinfo@medway.gov.uk) for Medway. We advise against approaching the person directly.

If you wish to discuss your concerns outside normal office hours, you can contact the Out of Hours Team on 03000 41 91 91 for Kent and Medway.

If you think that someone may be at immediate risk of harm, you should contact the Police by calling 999.

Abuse or neglect can take many forms. The Care Act lists the following types of abuse and neglect.



The Kent and Medway Safeguarding Adults Board (see glossary) is a statutory service which exists to make sure that all member agencies are working together to help keep Kent and Medway’s adults safe from harm and protect their rights. The Board is chaired by an Independent Chair and meets 4 times a year.

The implementation of the Care Act places safeguarding adults on a statutory footing. Making Safeguarding Personal is an essential part of all our work as we always put the victim at the centre of the Enquiry.

Extensive work has been undertaken by KCC and multi-agency partners, many of them being led by the Kent and Medway Safeguarding Adults Board.

More information and the Kent and Medway Safeguarding Adults Board Annual Report can be found at: www.kent.gov.uk/social-care-and-health/information-for-professionals/adult-protection/kent-and-medway-safeguarding-adults-board

Comments, compliments and complaints



We welcome feedback on the services that we provide and on the services we arrange for people but might be provided by another care provider. Hearing people's views on the services helps us to identify where improvements are required as well as where things are going well.

We aim to provide a complaints service that is accessible and fair and we try to ensure the response to the complaint is proportionate to the issues being raised. A key part of the complaint process is to find a resolution to the issue giving rise to the complaint and provide an explanation if the service has not been to the standard we would expect.

Each year we analyse the complaints and enquires that we have received to identify any lessons we need to learn and need to communicate to staff.

In 2016-17 we received:

- 649 Complaints
- 362 Enquiries
- 430 Compliments.

Of the Complaints:

- 181 were not upheld
- 198 were partially upheld
- 199 were upheld
- 33 were withdrawn
- 19 were passed to other teams
- 15 other.

Some of the main reasons for complaints included:

- Communication issues
- Disputed decisions
- Delays
- Charging disputes
- Quality of Care issues.

The key themes and issues arising from complaints are anonymised and discussed at management meetings and at the Quality and Practice meetings for practitioners. Some of the topics covered in 2016/17 included:

- A number of complaints included reference to the difficulties some service users experienced in communication with the service. There was a reminder to staff of the need to keep service users, and where appropriate the relatives/family members informed of any key changes (for example following a review or a reassessment). Some of the complaints related to safeguarding where families did not feel they were kept sufficiently informed. The national "Making Safeguarding Personal" initiative has helped to address this, along with the production of Kent specific information leaflets for individuals affected by safeguarding.
- Charging for services also gave rise to some complaints. There is a charge for many of the care and support services provided and financial assessments are completed to determine how much someone will have to pay, if anything, towards the cost. In the past, there have been complaints that some people were unaware that they would be

charged or how much the charge would be. A charging booklet has been produced with information about charging (one booklet for care in the home and another booklet for residential and nursing home care). In addition to the booklets, a letter is often provided with further information about the charging arrangements.

- A complaint about "Protection of Property" led to an update to the Protection of Property policy. Protection of Property is relevant when a service user moves into accommodation such as a care home and they are unable to deal with their own property and there is no one else to do it on their behalf.
- Some of the complaints received were from, or on behalf of, individuals complaining about the quality of care provided by care providers. These complaints are shared with the commissioning service so that they can be taken into account as part of contract monitoring visits to address any concerns that have been raised.

Feedback from service users and carers helps us to improve our services and people are entitled to complain if they are not happy with the service they have received. A person can complain on their own behalf or with the help of someone else such as a relative, carer, friend or advocate. We may need to seek consent from an individual if someone is making a complaint on their behalf. A member of our complaints team can assist if help is needed in making a complaint or if an advocate is needed.

The Kent Adult Social Care "Have Your Say" leaflet provides more information about the Adult Social Care complaints procedure and further information can be found on the Kent County Council website.

Compliments

We also welcome compliments when people make contact to commend the service or the work of an individual. Set out below are a few examples of the compliments we have received over the past year.

"Thank you simply isn't enough to say how much we appreciate the care and kindness you have shown our mum."

"I am writing to thank you for the dedicated care your team gave mum when she was desperately ill recently. The care your team gave our mum was just incredible; we do not believe she would have survived and be alive today without your teams."

"We would like to thank everyone for their assistance and great service."

"I am completely satisfied with the support and help that we got from the direct payments worker. She is very good at her job, is very knowledgeable about helping and knows how to put you at ease."

"We are extremely pleased with the grab rail and half step completed yesterday, not only by the quality of the work but also with the short time frame in which the work was completed."

New

Learning Disability Alliance Arrangements



Building on the strong history of collaborative working in the Adult Community Learning Disability services, KCC is now working in a formal Alliance Arrangement with its partners, Kent and Medway NHS Partnership Trust (KMPT) and the Kent Community Health NHS Foundation Trust (KCHFT).

The providers of the community Learning Disability services and the integrated commissioning team for Learning Disability are working together to achieve the following outcomes:

- improved quality of life through increased choice and control, greater independence and living free from abuse;
- increased life expectancy through reduction of health inequalities, better preventative care and avoidance of crisis escalation and parity of services;
- better patient/client experience through reasonable adjustments, person-centred practice and a skilled, competent workforce;
- increased support for the whole system development through ensuring a sustainable integrated service which will work with other providers to help shape the “market” of support available to people with a learning disability.

The work streams and projects that will contribute to these outcomes are set out in the three-year Joint Commissioning Plan, which has been agreed by KCC.

The Alliance Arrangement will help to strengthen partnership working for the future, and together with the integrated commissioning arrangement between KCC and the CCGs will help to ensure a legacy of integration across the system.

Home Care Services

Home care services are provided by care workers to people in their own home, so they can be supported to live independently and can manage activities of daily living. Home care services are delivered by home care agencies on our behalf and are arranged through the Kent County Council Home Care contract.

The current home care contracts commenced on 3 July 2017 and will run for a two year period.

Strategic Commissioning manage the home care contracts, in close liaison with Adult Social Care and specifically Area Support Managers. We use intelligence gathered from teams, the home care specification and key performance indicators to manage home care agencies to deliver improving home care services.

Glossary

Assistive Technology: These technologies help you to maintain independence. Telehealth provides equipment and devices used to remotely monitor aspects of a person's health in their own home. Telecare can be a combination of remotely monitored passive alarms and sensors to maintain independence at home.

ASC (Kent Autistic Spectrum Conditions Team): This integrated specialist team aims to address the unmet needs of adults with autism, including those with Asperger's Syndrome, who do not meet the eligibility of Learning Disability services. The service is jointly commissioned by Kent County Council (KCC) and Kent and Medway NHS and Social Care Partnership Trust.

Audits: Regular audits will be undertaken by the police, Adult Social Care and Health, to determine where improvements can be made and ensure that policies and procedures are being followed.

Autism Collaborative: The collaborative is a collection of stakeholders including clients and carer representation, the local authority, Health and all the main voluntary and charitable organisations. The aim of the group is to examine services and ensure that they are meeting the needs of adults with autism. If not how the group might plan to meet any gaps in services. The Collaborative will draw together various pieces of work from all sectors in order to fully complete the Kent Autism Strategy.

Better Care Fund (BCF): The BCF, worth £3.8 billion, was announced by the Government in the June 2013 spending review. It is designed to support the transformation and integration of Health and Social Care Services, to ensure local people receive better care.

BME: Black minority ethnic residents in Kent.

Care Quality Commission (CQC): The CQC is responsible for the inspection and registration of services including care homes, independent Health Care establishments and the Shared Lives Scheme.

Clinical Commissioning Groups (CCG): This is the name for the new health commissioning organisation which replaced Primary Care Trusts in April 2013. CCGs make it easier for us to work directly with our partner organisations and make the best use of resources.

Countywide Safeguarding Group: This is a meeting for senior managers within Kent County Council chaired by the Director of Commissioning for Social Care, Health and Wellbeing. The group reviews safeguarding activity across the county to ensure that robust systems are in place to provide appropriate support to individuals who raise allegations or concerns about adult abuse.

Dementia Care Mapping (DCM): A set of observational tools designed to evaluate quality of care from the perspective of the person living with dementia.

Department of Health (DH): They lead, shape and fund health and care in England, making sure people have the support, care and treatment they need, delivered with the compassion, respect and dignity they deserve.

Deprivation of Liberty Safeguards: Aim to prevent the unlawful detention of adults in hospitals and care settings who lack capacity to choose where they live and/or to consent to care and treatment.

Direct Payment: Cash payments to individuals who have been assessed as having eligible social care needs. The amount paid is less any contribution that is required by the individual following a financial assessment.

Domiciliary Care: These services can help people with personal care and with some practical household tasks to help them to stay at home and live independently.

Enablement: This is a short term, intensive service that can help you remain in your own home or regain independence if you have been ill or in hospital.

Good Day Programme: This programme enables people with learning disabilities in Kent to choose what they want to do during the day, evenings and weekends, have support when and where they need it, and be an equal citizen of their local community.

Hi Kent: A registered charity for deaf and hard of hearing people, who work in partnership with Kent County Council. Hi Kent carry out assessments of need for people aged over 65 years old, provide advice and a range of equipment.

KAB: A rehabilitation service for people who are blind or partially sighted in Kent. KAB aim to provide a quality service sensitive to the individual's needs to help them attain the highest levels of independence.

Kent Card: A secure way of receiving Direct Payments without the need to open a separate bank account. The card is a chip and pin visa card and works in the same way as a visa debit card. It can be used to pay a Personal Assistant (PA), makes record keeping easier and reduces paperwork.

Kent Health and Wellbeing Board (HWB): The Board lead and advise on work to improve the health and wellbeing of people in Kent. It does this through joined up engagement across the NHS, Social Care, Public Health and other services that the Board agrees are directly related. The Board aims to reduce health inequalities and ensure better quality of care for all patients and care users.

Kent Integration Pioneers: Aim to drive forward innovative ways of creating change in the Health Service which the Government and national partners want to see spread across the country. Kent is an integration pioneer.

Kent Wide Carers' Publication: An information booklet for carers about the range of support services available in the local area.

Mutli-Disciplinary Teams (MDTs): Joint teams between Social Care and Health that aim to minimise duplicate referrals.

National Transforming Care Programme: A programme of work led jointly by NHS England, the Association of Adult Social Services (ADASS), the Care Quality Commission (CQC), Local Government Association (LGA), Health Education England (HEE) and the Department of Health (DH) to improve services for people with learning disabilities and/or autism, who display behaviour that challenges, including those with a mental health condition.

Occupational Therapy: This service provides assessment, advice, equipment and adaptations for disabled people living in their own homes.

Personal Budget: Money paid by Kent Adult Social Care to you so that you can arrange your own care and support services.

Promoting Independence Reviews: These assess your abilities and difficulties with managing every day activities. We will work with you to identify what you are able to do and what you hope to be able to achieve, in order to continue to live independently. The Promoting Independence Service helps you to maximise how much you can do for yourself, and regain or learn new skills before any decisions are made about your ongoing support needs.

The Royal Association for Deaf (RAD): A British charitable organisation who promote the welfare and interests of Deaf people. RAD provide employment and legal advice, host

activities and support groups for families with parents and/or children who are deaf or hard of hearing and also offer an interpreting service.

Safeguarding: Safeguarding is about protecting children, young people and vulnerable adults from abuse or neglect. The policy aims to tackle how adult abuse can be prevented through community cohesion, communication, good practice and to ensure that everyone is treated with dignity and respect.

Safeguarding Adults Board: The Board consists of representation by senior management from the council, CCGs, Police, carers, voluntary and private sector representatives. A range of these partners may be involved in an investigation/ Social Care enquiry regarding suspected abuse or neglect.

The Board also arrange serious case reviews (which became Safeguarding Adults Reviews under the Care Act) where there is concern that safeguarding arrangements could have been more effective.

Self-Neglect: This is described as “the inability (intentionally or non-intentionally) to maintain a socially and culturally acceptable standard of self-care with the potential for serious consequences to the health and wellbeing of those who Self-Neglect and perhaps to their community”.

Shared Lives: This scheme helps vulnerable adults who want to live as part of a family or household find somewhere suitable. It is similar to fostering, but for adults rather than children. Placements can either be on a short or long term basis or act as a stepping stone towards independent living.
www.kent.gov.uk/sharedlives

Telecare: Any service that brings Health and Social Care directly to a user (generally in their homes). It enables people, especially older and more vulnerable individuals, to live independently and securely in their own home by providing them with personal and environmental sensors in the home. These

remotely monitor over a 24 hour period and should something happen like you have a fall, a warning is sent to a response centre and the required help is sent to assist you.

Telehealth: is part of Telecare, but relates specifically to remote monitoring of a person's vital signs, including blood pressure, weight and blood glucose.

Transformation: Over the next four years KCC will be looking at how their existing services currently operate, the difference they make, and if there's a better way to do things. We will also bring services together to avoid duplication and improve efficiency, shaping them around people and place. This is known as Transformation.

Data Sources

- ONS mid-year estimates 2012
- PCIS population June 2014
- Health and Social Care Information Centre (HSCIC) website
- Office of National Statistics (ONS) website
- Direct Payment services report
- Residential Monitoring and Non Residential Monitoring services report
- KCC Annual return reports

Getting in Touch

There are several ways for you to contact us.

Telephone our contact centre

For non-urgent telephone calls, please contact us Monday to Friday between 8.30am and 5.00pm.

The contact centre is based in Maidstone and is open for business 24 hours a day, 7 days a week.

Telephone: 03000 41 61 61

Text relay

A text relay service is available for Deaf, hard of hearing and speech impaired customers and is available 24 hours a day, 7 days a week.

Text Relay: 18001 03000 41 61 61

Out of hours service

Not every crisis occurs during office hours. Kent and Medway Social Services provide for these times with our out of hours service that can offer advice, support and help to ensure that vulnerable people are not left at risk.

Telephone 03000 41 91 91

Calls from landlines are typically charged between 2p and 10p per minute; calls from mobile typically cost between 10p and 40p per minute.

Email and website

You can email us with queries or questions about any of our services or information.

Email: social.services@kent.gov.uk or see our website at: www.kent.gov.uk/careandsupport

For more information on the Local Account email: kentlocalaccount@kent.gov.uk www.kent.gov.uk and search 'local account'

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



ant

From: Graham Gibbens, Cabinet Member for Adult Social Care

Anu Singh, Corporate Director of Adult Social Care and Health

To: Adult Social Care Cabinet Committee – 29 September 2017

Decision No: 17/00078

Subject: **PHYSICAL DISABILITY WELLBEING CORE OFFER**

Classification: Unrestricted

Past Pathway of Paper: Social Care Health and Wellbeing Directorate Management Team - 26 July 2017

Future Pathway of Paper: Cabinet Member decision

Electoral Division: All

Summary: This report brings forward a proposal to commission a new service offer for People with Physical Disabilities. The service offer will be delivered by, and for, People with Physical Disabilities and will be a county wide service to support access to information, advice and peer support.

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

a) **TENDER** for a new contract to deliver an information, advice and peer support service for People with a Physical Disability; and

b) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health, or other nominated officer, to award the contract to the successful organisation.

1. Introduction

- 1.1 The Council currently grant funds a range of voluntary and community sector organisations to support People with Physical Disabilities. This historic grant funding provides access to information and advice and provides help to access other forms of support, including peer led support. The historic grants that are associated with Physical Disability are listed in appendix 1.
- 1.2 The current services provide a range of support across the county. There are different services in different areas which are not consistently networked or linked together. This has led to inequality of access and achievement of outcomes for People with Physical Disabilities across the county.

- 1.3 Historic grants end on 31 March 2018, this along with concerns raised regarding the lack of consistency in Physical Disability provision has provided an opportunity to review how to best use the available budget to ensure more efficient and effective service provision.

2. Financial Implications

- 2.1 The current spend on Physical Disability grants is £181,053. The plan is to reinvest this whole amount into the new service. This equates to £905,265 over the life of the contract which will be five years, if the two year extension clause is used.

3. Strategic Statement and Policy Framework

- 3.1 The proposed decision supports the Council's Strategic Statement that older and vulnerable residents are safe and supported with choices to live independently, the duty placed on the Council under the Care Act 2014 to provide information and advice, promoting individual wellbeing and preventing needs for care and support and supports the Council's Strategy for Adult Social Care from 2016 – 2021 'Your life, your well-being'.

4. The Report

- 4.1 The Council previously asked Physically Disabled people's user led organisations to look at the experiences and views of disabled adults, their families and carers; asking what was working and what needed to change in the design and delivery of services. The results of this work were published in a report 'Towards a Better Future – Making it Work' in May 2013.
- 4.2 A key recommendation from this report was that "Kent County Council needs to work with other service providers and physically disabled people who use their service to design appropriate and relevant services". Additional work also identified that whilst other groups had a 'forum' to represent them, there was no such forum for People who have a Physical Disability.
- 4.3 The Commissioning Unit worked with Healthwatch Kent to establish a Physical Disability Forum and network and in February 2016, in partnership with The Centre for Independent Living (CiLK), a Project Manager was recruited. The Physical Disability Forum was launched in October 2016 and the group has established terms of reference and elected a chair and vice chair. Healthwatch Kent has agreed to fund the Forum and the Project Manager until March 2018.
- 4.4 The Commissioning Unit championed the development of the Physical Disability Forum and network to align with and support work to end all historic grants and create a new service offer.
- 4.5 This commissioning exercise provides the opportunity to use this funding more effectively; all historic grants have been reviewed, in order to understand what is currently in place and to help inform what needs to be commissioned. We are using the findings of the Towards a Better Future report along with a co-

production approach with People with Physical Disabilities to design a new service offer. An options appraisal was completed and is attached as appendix 2.

- 4.6 Throughout the co-production there has been a strong message that any organisation/s that delivers this service should involve People with Physical Disabilities in its delivery wherever possible, not only as paid employees but also as volunteers.
- 4.7 A number of views have been gained on what level of involvement from People with Physical Disabilities the service should contain, people have said it is really important to have People with Physical Disabilities involved in the service but they have not put huge emphasis on the organisation having to be led by People with Physical Disabilities. When the new service specification is created expectations on how People with Physical Disabilities are involved in the service offer will be clarified.
- 4.8 Through working with People with Physical Disabilities the outline of the service will need to:
- Have People with Physical Disabilities involved in providing the service
 - Cover the whole county
 - Provide a telephone helpline and a website
 - Market the new service brand, make sure people know it exists and how to access it
 - Provide all of the above support within local community settings across all areas of Kent as a face to face option e.g. within group settings, community facilities 'hubs' such as libraries, gateways, other disability support organisations facilities where agreed.
- 4.9 The service will provide support with:
- Information and advice regarding: training, employment, mobility aids and adaptations, holidays, transport and any other issues that arise
 - Provide support to people to understand and access disability benefits
 - Support people to understand how direct payments could work with them
 - Working closely with social services to break down barriers around direct payments and improving how people access them
 - Signpost people to other services that are best placed to meet their particular needs e.g. Kent Advocacy Contract, Wheelchair Service, Social Care where appropriate
 - Access a wide range of community activities and resources
 - Peer and reciprocal support.
- 4.10 Commissioning a new service means that there will be changes for people as some of the services will no longer receive grant funding. Those services affected will be:

- 4.10.1 **Disability Information Service Kent (DISK)** in Folkestone and **Disability Information Line (DIAL)** in Northfleet both provide information, advice and support to people to access disability benefits. We have heard that this type of support is vital to people and therefore will be incorporated into the new service. However, we will not require the new service to operate out of specific locations rather we will ask for a countywide service that is delivered via a range of community venues, making this a more accessible service.
- 4.10.2 **Disability Sportslink Project Gravesham**, this is an anomaly as other sports and leisure centres provide access to people with disabilities as part of their business as usual. We are providing support for Sportslink to see if they can access alternative funding sources.
- 4.11 As well as working with People with Physical Disabilities we have also engaged with current and potential providers, in order to support our understanding of best practice locally and nationally and what could be delivered differently through this contract.
- 4.12 Current historic grant recipients are mostly small organisations, we have been talking to them about the tendering process which is new to many of them and we have been supporting them to access mentoring so they are ready when the tender opens via the Kent Business Portal.
- 4.13 All organisations affected have been offered support through the new infrastructure contract, Stronger Kent Communities, this advice includes:
- how to participate in tender process
 - how they might seek to develop collaborative relationships with other organisation to deliver a the new contract
 - how to seek out alternative forms of funding.
- 4.14 The tender will be open for providers to participate singularly or as a partnership. If one provider was successful they would have the opportunity to sub-contract local delivery to smaller organisations where necessary. This is still subject to review and will be influenced by the consultation feedback and further engagement activity.
- 4.15 Formal consultation was undertaken between 17 July and 4 September 2017. The consultation report is attached as appendix 3.
- 4.16 It is proposed that the new contract will be three years plus an additional two years if the contract is working well and meeting all of its performance and quality markers. This will mean the possible contract length will be five years in total, this period of time will allow the provider(s) security to invest and develop the service.
- 4.17 Timeline is as follows:
- Consultation will take place between 17 July and 4 September 2017
 - Adult Social Care Cabinet Committee: 29 September 2017
 - Invitation to Tender (ITT): November 2017
 - Tender Evaluations: December 2017

- Evaluation and Awards Approvals: January 2018
- Contract Award: End of January 2018
- Mobilisation: February and March 2018

5. Legal Implications

5.1 The new service will be procured through a full competitive tender process.

6. Equality Implications

6.1 An Equality Impact Assessment has been completed and has been reviewed and updated throughout the consultation and co-production process. The latest version of the Equality Impact Assessment is included in the background documents to this report.

6.2 The Equality Impact Assessment has highlighted risks around people with disabilities other than physical and under those under the age of 16, who won't be able to access the new service. Respondents to the consultation also raised concerns that this service would not be available to all disabilities.

6.3 In light of the findings from the Equality Impact Assessment and the consultation, the scope of the offer has been adapted and will ensure that the helpline and website is accessible to all. The successful provider will then need to devise a system to identify and signpost to appropriate services.

7. Conclusions

7.1 By ending historic grants we will reinvest the same amount of money into commissioning a Physical Disability information, advice and peer support service.

7.2 The service will be user led, delivered by and for People with Physical Disabilities.

7.3 The website and helpline will be accessible to all groups where the provider will be expected to be aware of resources that will be able to provide appropriate support.

7.4 Work on commissioning a core offer for Older People and People with Dementia is currently underway. We will be working together to look at the pathway of service for people and how we can develop the services together for any efficiency and to avoid duplication.

8. Recommendations

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

a) **TENDER** for a new contract to deliver an information, advice and peer support service for People with a Physical Disability; and

b) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health, or other nominated officer, to award the contract to the successful organisation.

9. Background Documents

Physical Disability Core Offer Consultation:

<https://consultations.kent.gov.uk/consult.ti/PhysicalDisabilityCoreOffer/consultationHome>

Towards a Better Future – Making it Work' in May 2013:



10. Report Author

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:
Cabinet Member for Adult Social Care

DECISION NO:
17/00078

For publication

Key decision

Affects more than 2 Electoral Divisions

Subject: Physical Disability Wellbeing Core Offer

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

- a) **TENDER** for a new contract to deliver an information, advice and peer support service for People with a Physical Disability; and
- b) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health, or other nominated officer, to award the contract to the successful organisation.

Reason(s) for decision: The new contract will deliver a range of information, advice and peer support that will promote wellbeing, increase independence and enable people to see advice and support to manage their own independence without relying on the social care system.

Financial Implications: The current spend on Physical Disability grants is £181,053. The plan is to reinvest this whole amount into the new service. This equates to £905,265 over the life of the contract which will be five years, if the two year extension clause is used.

Legal Implications: The new service will be procured through a full competitive tender process.

Equality Implications: An Equality Impact Assessment has been completed and has been reviewed and updated throughout the consultation and co-production process. The Equality Impact Assessment has highlighted risks around people with disabilities other than physical and under those under the age of 16, who won't be able to access the new service. Respondents to the consultation also raised concerns that this service would not be available to all disabilities. In light of the findings from the Equality Impact Assessment and the consultation we have adapted the scope of the offer and will ensure that the helpline and website is accessible to all. The successful provider will then need to devise a system to identify and signpost to appropriate services.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 29 September 2017 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Public consultation was undertaken between 17 July and 4 September 2017.

Any alternatives considered:

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

.....
signed

.....
date

Table of current physical disability grants

Organisation	Cost per annum £	Area covered	Current Service
Wheelchair Users Group	£971	Premises in Folkestone that anyone in Kent can access	People are able to drop in to the shop 'ShopMobility' in Folkestone or telephone for information and advice.
Centre for Independent Living in Kent (CiLK)	£76,084	Whole of Kent	Information, advice and peer support across Kent by a website, helpline and face to face visits. This service is delivered by people with physical disabilities.
Disability Information Services Kent (DISK)	£43,318	Premises in Folkestone that anyone in Kent can access	DISK provide support to people to apply for disability benefits and other general enquiries by phone and by their premises in Folkestone.
Kent Association for Spina Bifida and Hydrocephalus (KASBAH) Disability Information Advice Line (DIAL)	£32,000	Whole of Kent	KASBAH provides Information, advice and support across Kent by a website, helpline and face to face visits. DIAL provide support to people to apply for disability benefits and other general enquiries by phone and their premises in Northfleet. This service is delivered by people with physical disabilities.
Gravesham Community Leisure	£26,680	Gravesham	The Gravesham Disability Sportslink programme runs from Cascades, Cygnet and Swanscombe Leisure Centres. The Centre's run a programme of structured and un-structured activities for people with disabilities.
Total Cost			£181,053

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Options Appraisal

	Option	Benefits	Risks
1	End grants and do not invest in a new service	<ul style="list-style-type: none"> Contribute to overall savings 	<ul style="list-style-type: none"> People would feel the loss of support services to access appropriate services, advice and income maximisation More people will require statutory assessments Due to a lack of forum and clear services, people with a physical disability already feel unrecognised by KCC, this would impact on their view further
2	Renew existing grants	<ul style="list-style-type: none"> Continuation of current support available 	<ul style="list-style-type: none"> People already feel that areas of support are inconsistent KCC's voluntary sector policy means we are unable to just extend grants we would need to complete a competitive application process Support would be inequitable in Kent
3	End grants, design and invest in a new service	<ul style="list-style-type: none"> Will go through a fully competitive process to ensure awarded in a fair and legal way Co-production of the service will ensure that the money is spent in a way that achieves the outcomes that matter most to people Service will be equitable across Kent Will be able to set a service to provide real data that we can use to look at how the service is delivering and how we can develop and shape the service over the life of the contract 	<ul style="list-style-type: none"> Some areas will see their current services change / loss of service Specialist service we are commissioning, we may not get any tenders

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**Physical Disability Core Offer
Consultation Report**

1. Executive summary

This report details the responses to consultation on the proposed new way of offering support for people with physical disabilities across the county from 1 April 2018. The public consultation was open between 17 July 2017 and 4 September 2017.

The consultation was well received by members of the public, service users and stakeholders. Considerable support was expressed for the proposals and in particular having a county wide service.

The most significant concern noted within the consultation feedback related to the fact that the new service was proposed to only be accessible to people with a physical disability when current services are open to all. Due to the feedback received we will be making some adjustments to the proposal, more detail of which can be found on page 13.

2. Introduction:

KCC currently supports people with physical disabilities to access a range of services that support access to information and advice through historic grants given to voluntary and community sector organisations.

KCC currently invests **£181,053** in grant funding to the following organisations:

Organisation	Area covered	Current Service
Wheelchair Users Group	Premises in Folkestone that anyone in Kent can access	People are able to drop in to the shop 'ShopMobility' in Folkestone or telephone for information and advice.
Centre for Independent Living in Kent (CiLK)	Whole of Kent	Information, advice and peer support across Kent by a website, helpline and face to face visits. This service is delivered by people with physical disabilities.
Disability Information Services Kent (DISK)	Premises in Folkestone that anyone in Kent can access	DISK provide support to people to apply for disability benefits and other general enquiries by phone and by their premises in Folkestone.
Kent Association for Spina Bifida and Hydrocephalus (KASBAH)	Whole of Kent	Information, advice and support across Kent by a website, helpline and face to face visits.
Disability Information Advice Line (DIAL)	North West Kent	DIAL provide support to people to apply for disability benefits and other general enquiries by phone and their premises in Northfleet. This service is delivered by people with physical disabilities.
Gravesham Community Leisure	Gravesham	The Gravesham Disability Sportslink programme runs from Cascades, Cygnet and Swanscombe Leisure Centres. The centres run a programme of structured and un-structured activities for people with disabilities.

The grant funded services provide a range of support across the county. However, they are not consistently linked together and this can result in people receiving very different services depending on where they live, leading to inequality of access and outcomes.

These grants are due to end on 31 March 2018. This has provided an opportunity to review how to best use the available budget and potentially ensure a more efficient and effective service provision.

Kent County Council is proposing a new county wide physical disability service which will ensure equity of service across Kent.

The proposed model involves an information and advice service run from a central hub that covers the whole of Kent, with a website, a helpline and the facility to arrange face to face contact when required.

The proposed service will create a more joined up response in order to inform and support people. This will be delivered by a user led organisation and will be in place for 3 - 5 years.

The proposed service is going to:

- Provide advice and information
- Provide support around adaptations and mobility
- Provide support to understand and access disability benefits
- Provide support around training and employment
- Provide information around how to access holidays and leisure facilities
- Provide peer support – people with physical disabilities supporting people with disabilities
- Support people to understand and access direct payments
- Support people to break down barriers that are preventing them from doing something that is important to their health, wellbeing or independence

KCC is not looking to deliver savings through the commissioning of this model and will instead focus on maximising the benefits. The current money spent on the physical disability grants will be reinvested back into the new service.

3. Consultation process:

A stakeholder engagement plan had been produced for the project identifying the following as key stakeholders:

- People with physical disabilities
- Their carers, family and friends
- Providers of services to people with physical disabilities
- Health and social care professionals, including adult social care staff and Clinical Commissioning Groups

An easy read version of the questionnaire was produced and other alternative versions were available on request.

The consultation document can be found as appendix 1.

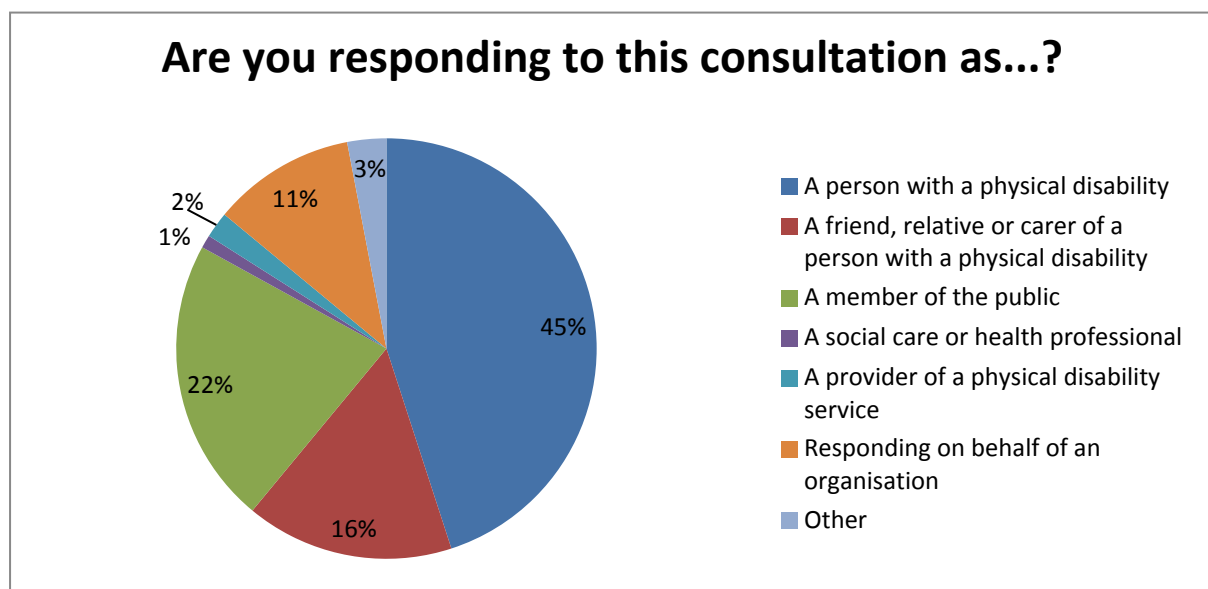
Pre-consultation engagement with key stakeholders was quite extensive. This included an engagement event with current and future providers and engagement with the physical disability forum. This engagement helped to shape the proposals for formal consultation.

Alongside the online consultation, we also carried out a consultation presentation that took place at the Physical Disability Forum working group on Thursday 20 July 2017.

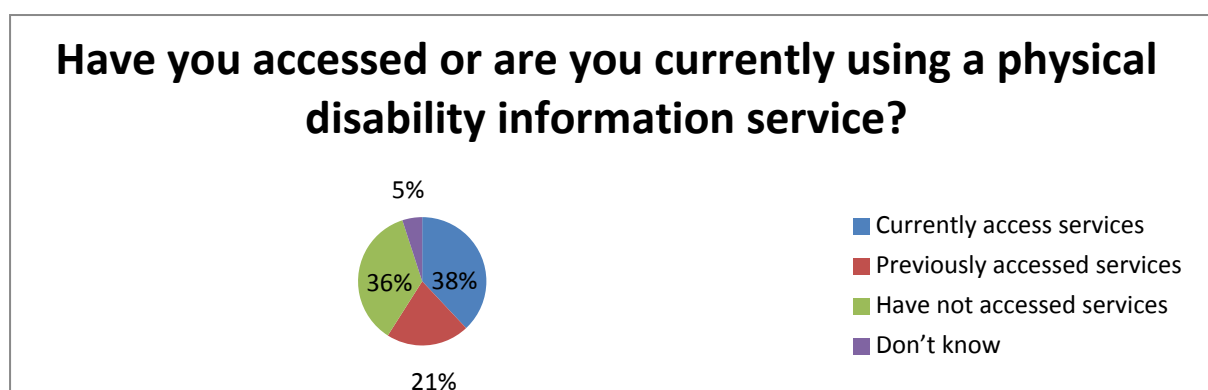
4. Respondents

The consultation was open for six weeks, from 17 July 2017 to 4 September 2017. During that time, 94 responses were received, most were submitted online but some electronic and paper copies were received.

There was a particularly good level of response from people with a physical disability who made up 45% of the responses received. The majority of the remaining responses were from members of the public or friends, relatives or carers of a person with a physical disability.



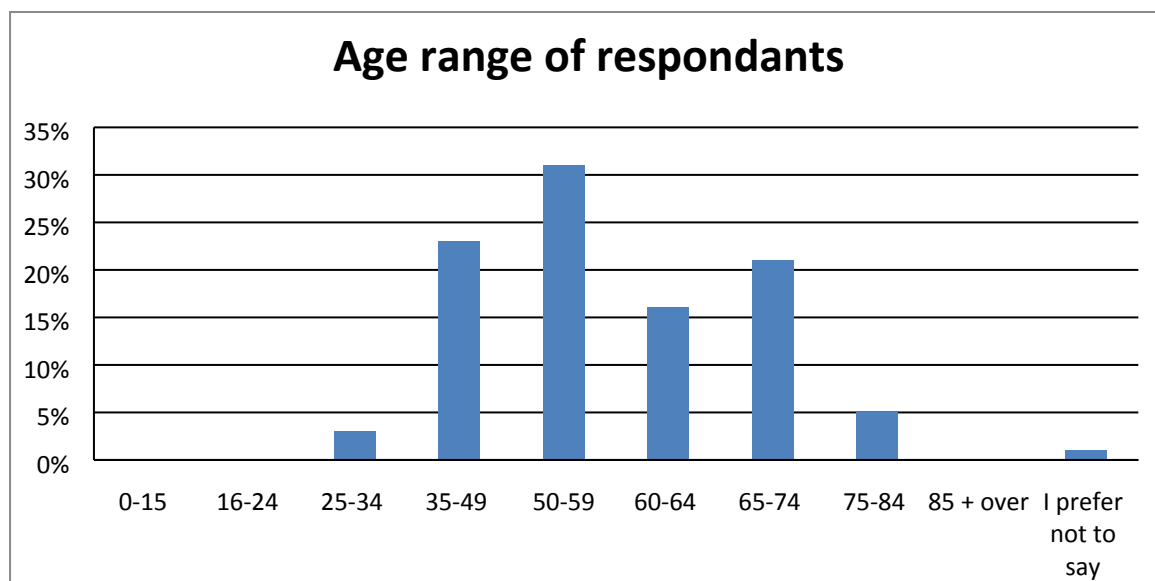
A good mix of responses were received from people currently accessing services, people who had previously accessed services and people who have not accessed any services. It was particularly positive that 36% of respondents have not accessed services as a lot of the people that will access the core offer will not currently access services, so this gave us useful information about how to make it work for this group in the future.



Demography data was collected by respondents voluntarily completing some equalities questions.

A high percentage of women responded to the consultation, 65% compared to only 33% of men.

The age profile of respondents was varied, which ensured a good mix of responses were received from different ages who may face different issues around disability depending on age. The highest response was from people in the 50 – 59 age bracket at a response of 31%. Under 34's were quite sparsely represented.



Responses received were predominantly from White English at 93% of respondents and with 1% responses from White Irish, Asian or Asian British Indian and Chinese respondents.

Of the 80 respondents that answered the question regarding disability, 58% identified themselves as having a disability.

Of those respondents that identified themselves as having a disability 78% had a physical impairment, 28% a sensory impairment, 54% a long standing illness or health condition, 24% a mental health condition, 4% a learning disability and 15% classed themselves as other.

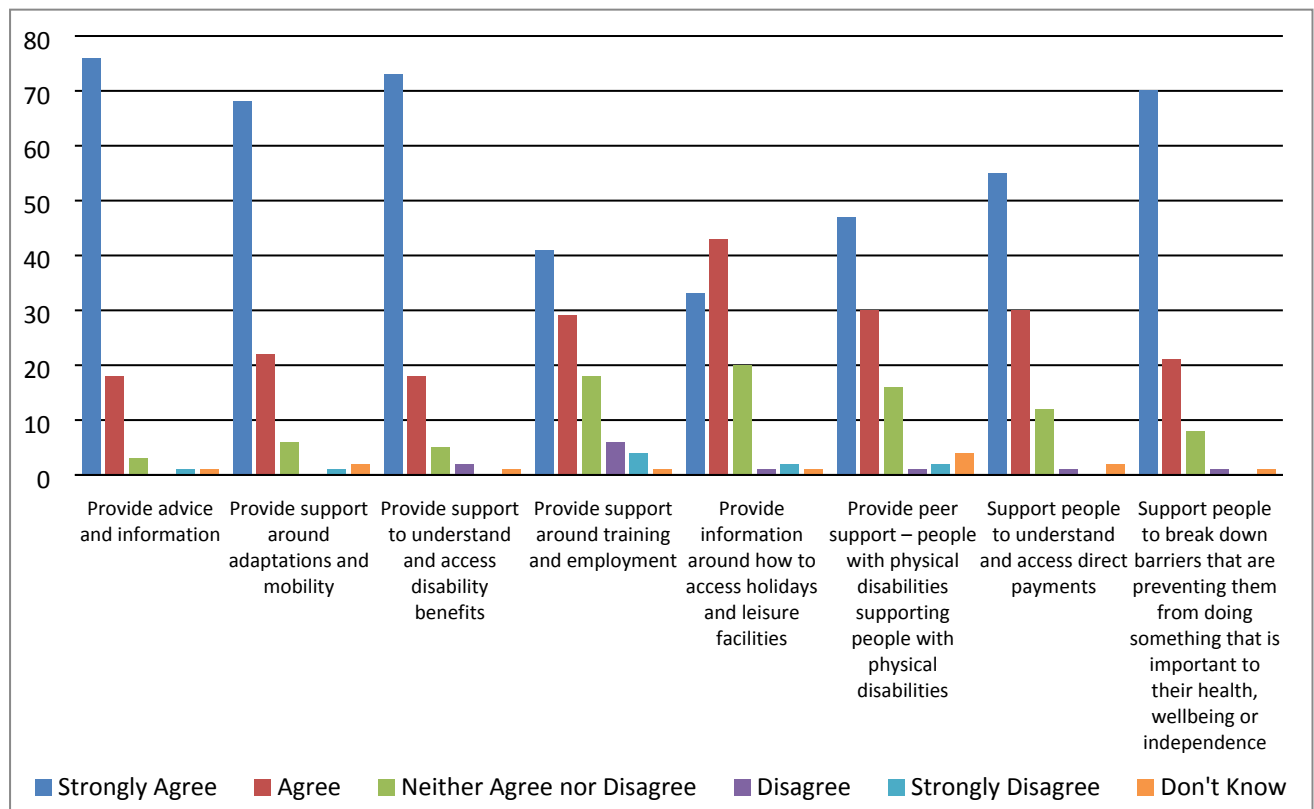
Of the 80 respondents who answered the question, 49% regarded themselves as belonging to a particular religion or belief. Of these, 87% were Christian with 3% reporting as Hindu, 5% reporting as other and 5% preferring not to say. No other religions were represented in the consultation process.

Of the 79 respondents who answered the question regarding sexual orientation, 81% identified themselves as heterosexual, 1% as other and 18% as preferring not to say. No LGB responses were received.

5. Consultation Responses

Section 2 - Our Proposed Model

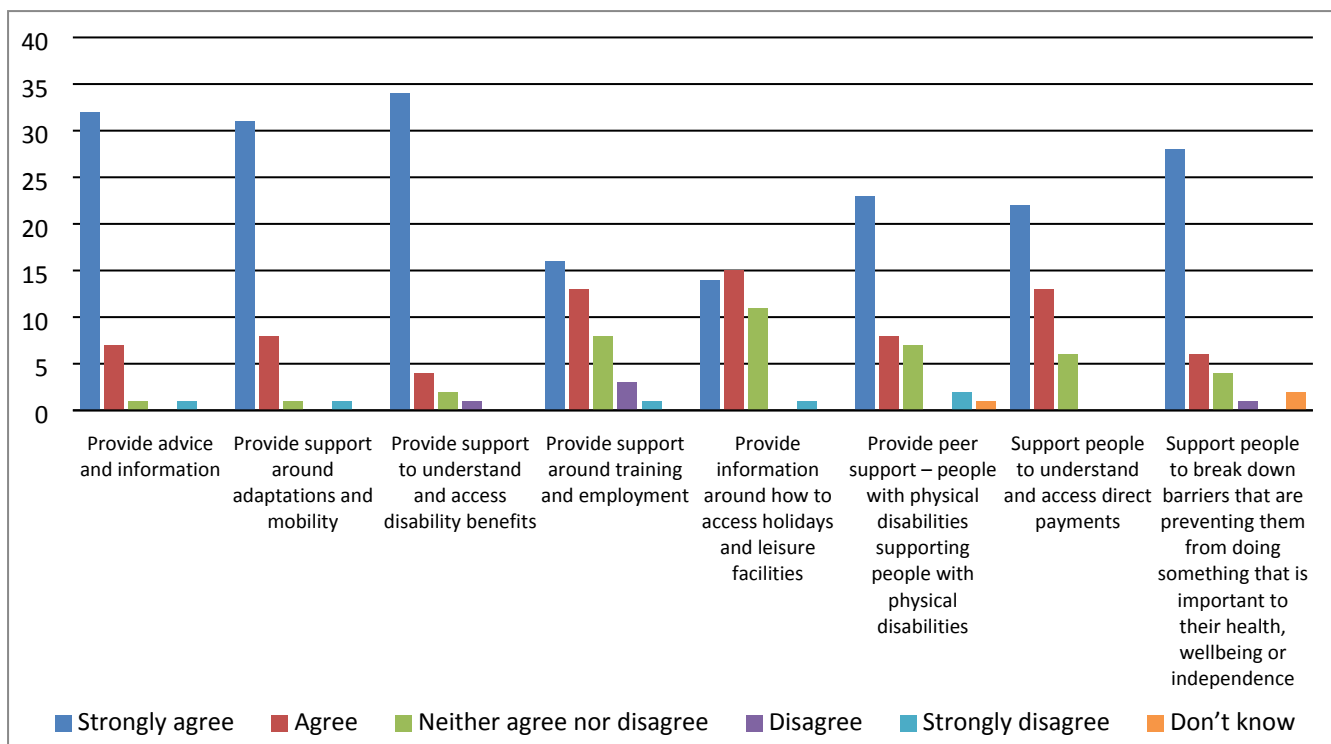
Q2a. Our engagement so far has told us that people want a service that meets the priorities listed below. To what extent do you agree or disagree with these priorities?



The majority of people who responded to the consultation either 'strongly agreed' or 'agreed' with all of the areas we are proposing that the service provides support with.

Some feedback was received around the area of training and employment and access to holidays and leisure, which we have detailed further in response to question 2b.

When looking at responses from people who classified themselves as 'a person with a disability' responses mirrored 'strongly agreed' or 'agreed' with most areas.



Q2b. Is there anything else you think should be added to this list for shaping the new service?

We received a lot of feedback supporting the areas we have identified and want the new service to cover. However, we also received some feedback and suggestions around the following areas:

Information and Advice

‘The new service should focus on prevention, ensuring individuals get the right information, aids and equipment and support that enable them to remain living safely in their own homes for as long as possible.’

‘Access to better housing, reviewing plans with local councils to enable people with a physical disability to live in a home suitable for them in a timely manner.’

Kent County Council response:

Although the core offer won't be able to be directly responsible for local housing provision we would like the service to be able to work with housing providers to support people's housing options and influence what housing providers are doing to meet the need in their area. This will be incorporated into the service specification.

Disability Benefits

‘Advisers on Disability Benefits may need regular/formal update training to ensure people are not misinformed.’

Kent County Council response:

Support with accessing disability benefits is something that is very important to people and something we will be looking to include within the service specification. We will be doing further development work with the Department of Work and Pensions to look at what level of support this service needs to provide.

Training and Employment

'The new PD service should provide volunteering opportunities to enable disabled and non-disabled people to gain office skills and socialisation experience where previously they may have been socially excluded and even stigmatised, thus helping life skills and giving better life chances and possible employment opportunities.'

'Signpost and support people to access Training and Employment services but this PD service should not provide these services. Other organisations and services provide it already i.e. Kent Supported Employment and RBLI etc.'

'Support around Training needs to be separate (& funded separately) as this requires a different skill set/resources and, for example, independently provided 'disability awareness' training could be part of local NHS & KCC Training programmes (where service providers often still appear to have a poor understanding of the social model of disability and clearly have not had good quality training!).'

'Employment support should be provided by the KCC Supported Employment Service which should be adequately funded to do this.'

Kent County Council response:

While 41% of respondents strongly agreed that the core offer should provide information regarding training and employment, due to the budget and capacity limitations of the service it is felt that there is provision already set up in Kent that should be providing this support. However, we will be ensuring that part of the core offer involves building links with existing training and employment providers and making sure people can access them.

Holidays and Leisure

'Providing support to access holidays and leisure does not need to be a separate priority category and can be linked into signposting from a regularly updated database.'

'We feel that this area of support could be peer-supported, and that basic signposting to accessible information should be in place, but not at the expense of more core issues such as benefits, housing and accessibility, for example.'

Kent County Council response:

We agree with this feedback and therefore this service will just be expected to hold information that people can access themselves.

Direct payments

'More people need to know about direct payments so on we all need to work so it's not so complicated.'

Kent County Council response:

We will be working with the direct payment team within Kent County Council to ensure that the new core offer provider builds links with them and supports work to increase awareness of direct payments and support people to understand and access them.

Other

'Provide support for meaningful activity in the Community making reasonable adjustments that remove barriers and is inclusive.'

'Setting up and running an up-to-date database is essential.'

'The service could provide feedback/occasional reports to the PD Forum.'

'Support participation in local councils 'Access Groups'.'

'Gather local views and intelligence.'

'Website needs to be mobile friendly.'

'I think that the location of any services needs to be considered thoughtfully with particular attention paid to how easily this building is for accessibility, together with opening times that are sensible for people who are disabled and therefore need time to be able to get to the location. Thinking of myself any early morning appointments are particularly difficult if I have had a really bad night so if offering morning appointments then also offer afternoon appointments. Could there be a telephone information service, or even telephone consultations for those unable to attend in person?'

Kent County Council response:

All of these things will be included within the service specification.

'There needs to be a greater link to mental health and well being given the impact that physical disability has on individuals and group (e.g. family members and carers) mental health has.'

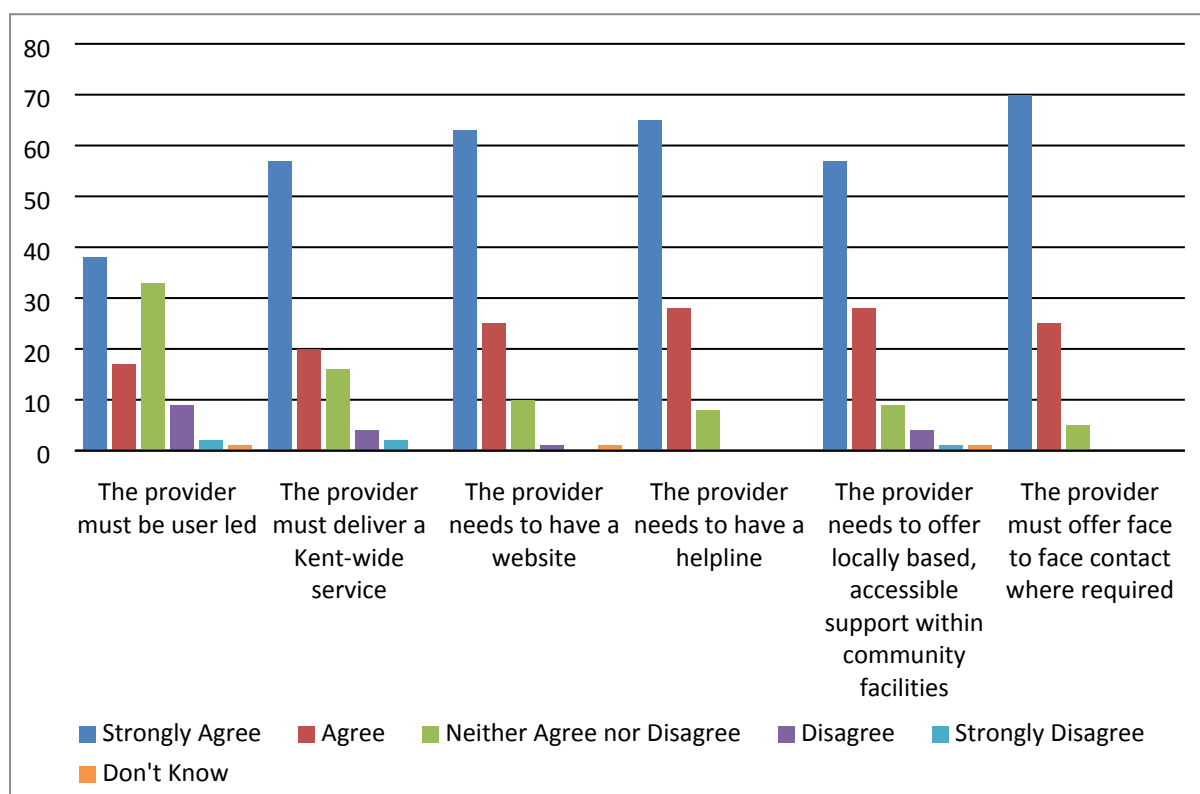
A lot of feedback received was around people with mental health problems and being excluded from this service. Please see the equality impact assessment section for further information on how we are planning to address those issues.

4 consultation returns referred to the withdrawal of funding from Disability Information Services Kent (DISK) in Folkestone. The respondents felt very positively about the service they had received from DISK and were upset that the service would no longer be funded. It is always positive to hear that services Kent County Council fund have supported people to achieve positive outcomes for them and it is always a difficult decision when changes need to be made. However, we have recognised the importance of this work and we need to make sure access to this kind of service is equitable and available to everyone.

The new service will be expected to provide support to people to access disability benefits but the support will be made available across Kent through a main website but there will also be some support locally within community settings that people are able to access.

A full list of comments can be found in Appendix 2.

Q3. To what extent do you agree or disagree with the following proposals for the new physical disability service?



Responses overwhelmingly agreed with the proposals for the new physical disability service.

Areas where feedback will influence changes in the proposed service were:

User led organisation

In our original proposal we outlined that the organisation that delivered this service would need to be user led and this would be defined as 75% for both board members and staff having a physical disability.

33% of respondents were neutral to the idea that the provider who delivered this service would need to be user led. This and other feedback received during the formal consultation period had led to us re-evaluating this criterion. Some comments received were:

'I don't feel it's important for the provider to be totally run by disabled people. It needs to be run by the right people who understand disability but to have a workforce with portion of disabled people would be advantageous.'

'Whilst very important to have peers with physical disabilities leading the service I see no reason why non-disabled empathetic people should not be involved. This gives the opportunity to learn more about coping with disabilities for those people and networking across other organisations such as employment etc'

'Ideally the provider should be user lead but it mostly needs expert advice to ensure best service. If both criteria can be met, then so much the better.'

'We believe that the lead provider does not need to be user-led. However, there will be need to be a good mix of partner organisations that offer peer support so that the provision as a whole can be user-led. A partnership can have good service user involvement and peer support without necessarily having a board which is classed as user-led.'

Kent County Council response:

Taking this information into account we will be reviewing the criteria for the service and will be considering what we specify for the requirements of the service being delivered by a user led organisation.

We still consider it vital that people with physical disabilities are heavily involved in delivering this service.

Q4. Please tell us if you have any other comments about the Physical Disability Core Offer.

We received a lot of additional information that will help us to shape and develop the core offer.

Budget

A number of concerns were raised about the budget allocated to this service.

'In future a single provider is to provide an unspecified service in future across Kent using the same level of funding. Please specify what it will be possible to provide for this spread so thinly.'

'Given the relatively small budget for providing a 'Kent-wide' service, the remit can realistically be to provide only specialist independent information and advice.'

'Budget doesn't cover either service.'

'We have considerable concerns that the budget doesn't fit the scope of this project. According to the statistics we have, there are 285,000 disabled people in the county, which puts the budget at 63p per head per annum.'

'All of the above would be of some benefit but more needs to be done.'

'It is also important to point out that this proposal is to some extent 'reinventing the wheel' in replacing current information & advice services which have struggled to be properly funded for many years – for example those provided in the past by the Simon Paul Foundation and currently the Centre for Independent Living Kent - two organisations for which I have worked and which have had almost identical aims to the above, but because of underfunding have not been able to adequately respond to the demand.'

Kent County Council response:

We understand the concerns people have about the allocated budget however, with the current pressure on public service budgets Kent County Council are unable to allocate more finances to this service at this time. However, when commissioning the new service we will be setting key performance indicators ensuring that the service is maximising the allocated budget and the new provider will be expected to provide performance data regularly. We will

be able to use this data to much more accurately monitor demand for the service which will enable us to more accurately forecast the budget required for the service in the future.

Specification Development

Many useful points were raised, all of which will be looked into and where possible, incorporated into the service specification for the core offer:

'Providers should be able to offer events and activities as a group. Families of those affected by such circumstance do appreciate the opportunity of spending time with each other, informally, to discuss more personal areas of their experiences. This can be invaluable and have positive impact on reducing stress, depression, isolation and feelings of coping.'

'It has to be well marketed so the services are known about. It has to be well staffed so that the work can be done in a proper and timely manner.'

'We would like to see an inclusion in the final tender requiring successful tenders to work closely with Healthwatch Kent to ensure that people's voices continue to receive maximum amplification.'

There were mixed views reported on the service providing contact locally across Kent. Some people felt this was essential where as some people felt that people would be willing to travel to a specialist service.

'Given the Sevenoaks District is a very rural area with rural isolation, having a service that provides locally based, accessible support within community facilities is very important.'

'We have tried using Libraries, Gateways etc. but have had a very poor turnout. We therefore mainly visit existing groups. There would be a cost attached to hiring private rooms in the community as much or what we talk about is sensitive particularly with form filling. The stats of DISK/DIAL suggest people are happy to travel for this service, enabling the service to serve many more people. Potentially there could be an office for Form Filling more central in the county as well/instead? The expenses for travelling all over the county would be very high plus room hire costs. Would it really save money or improve the number of people seen and would it raise the cost per client?'

And although people recognise that home visits are expensive it was felt that they should be included:

'Where a person is housebound a suitably trained person must visit.'

'Home visits are a must, we support a lot of people who are unable to leave their home or access transport.'

'Face to face contact may not always be possible due to accessibility issues for either provider or recipient – with limited resources, perhaps Skype or Messenger etc. might be used more often in some circumstances.'

'I would rather have a number of good practises around rather than one that is hard to access.'

We will be completing some more analysis on how this service should be delivered in terms of location and the feedback received in the consultation will feed into that.

A full list of comments can be found under Appendix 3.

6. Equality Analysis

People are concerned that the new service is only going to be made available to people with physical disabilities, particularly given that current services are accessible to all. Respondents feel that other groups are being excluded and raised concerns around people ending up with no service they could access.

Some of the comments received were:

'I worry about the strict physical disability Criteria. Are other services, particularly Mental Health, able to cope with the potential influx of people and do they provide the same services?'

'The proposals will exclude people with disabilities other than physical disabilities, ie Mental health disabilities from accessing the service. This is discriminatory.'

'The service should be available to all disabilities. You should not split information services into, physical, sensory, learning and mental health. You then give people with several types a decision to make and an organisation the possibility to turn them away. 'You become another groups' problem and no one takes responsibility.'

'In the EqIA, in the findings of the protected characteristics where the impact found is high you are not saying how to readdress. Also you are not only discriminating against disabled people by segregating physical impairment you are going against the social model of disability look at disabled people with all types of impairments. The groups referred to deal with all types of impairments; they are for the removal of barriers for all disabled people for an independent life.'

Kent County Council response:

Our aim was to create a specialist provision for information and advice for people with physical disabilities. Research has told us that people with physical disabilities feel that their needs have been left behind with current provision and that current provision around information and advice is not adequately meeting their needs.

By developing a service that was specific to physical disabilities, a potential future provider would be able to focus on delivering a specialist service run by and for people with physical disabilities. This would allow the service to empathise with the people it supports and build a growing database of knowledge and services that are specific to physical disability.

Following consultation however, we have taken on board people's concerns and we are therefore going to make some changes to the proposed model to ensure that people are not left without a service. The first point of entry to the proposed service with the helpline and the website will be accessible to all. Anyone using the website or helpline will be supported to access a service that is best suited to meet their needs or address their particular issue.

The second stage of the service will be specifically designed for people with physical disabilities. This will include peer support and the management of more complex requests will be via a specialist service for people with physical disabilities.

As outlined in an earlier section, concerns have been raised that the budget for this service is already stretched. We recognise that by increasing the range of people to whom the

service is open to may put further strain on the budget and this is something that we will be monitoring.

The equality impact assessment will be updated and made available on our website.

7. Post consultation:

The proposed design of a new physical disability core offer was largely well received during the consultation. The views and feedback received from the consultation will be used to further shape the specification for the service.

The proposals will be presented at Cabinet Committee for final approval on 29th September 2017.

The Physical Disability Forum is supported by Healthwatch and anyone with a physical disability, or who cares for someone with a physical disability, is welcome to attend the disability forum meetings. If you would like further information please contact Anna Morell, Project Manager, Healthwatch Kent on anna@healthwatchkent.co.uk or 07525 861637.

Thank you to everyone who took the time to respond to this consultation.

Appendix 1

Consultation Document: A link to the consultation document is attached as a background document at the end of the covering report.

Appendix 2

Comments from question 2b

Appendix 3

Comments from question 4

Appendix 4

Comments from question 6

Appendix 2 – Comments from question 2b

Q2b. Is there anything else you think should be added to this list for shaping the new service?

<p>The new PD service should provide a base or hub for people to just "call in" with enquiries as required, as many people prefer a face-to-face response.</p> <p>The new PD service should provide volunteering opportunities to enable disabled and non-disabled people to gain office skills and socialisation experience where previously they may have been socially excluded and even stigmatised, thus helping life skills and giving better life chances and possible employment opportunities.</p> <p>The new PD service should focus on prevention, ensuring individuals get the right information, aids and equipment and support that enable them to remain living safely in their own homes for as long as possible.</p> <p>Website needs to be mobile friendly.</p>
<p>where adaptations or equipment is provided make provision for its removal/return when no longer required.</p>
<p>Advice and Information to specifically include signposting where service users have multiple disabilities, including those outside the new remit.</p>
<p>Provide support to help people with physical disabilities access mental health and wellbeing services quickly and efficiently.</p>
<p>Link to the currently wholly inadequate wheelchair service to improve its working.</p>
<p>Continually educating the wider community about the issues faced and needs of the Physically Disabled so that in time their needs aren't someone else's after thought. Their needs are part of the mainstream populations thought process.</p>
<p>More people need to know about direct payments so on we all need to work so it's not so complicated</p>
<p>Ease of knowing who to talk to</p>
<p>Ensuring that where users say the existing service providers are doing a good job those providers continue being funded.</p>
<p>Support and advice on accessing medical services and advice easily accessible service through multi channels. Many people with physical disabilities will only visit easily accessible sites. Not all people have the internet or wish to use it. A physical disability is not just about mobility.</p>
<p>In your literature you say "All co-production and engagement presentations, key information, workshop materials and feedback undertaken so far can be found here:</p> <p>http://www.kent.gov.uk/social-care-and-health/information-for-professionals/events-for-social-care-professionals</p> <p>This engagement will continue with stakeholders as we shape the service"</p>
<p>All of these stakeholders are not the people who this consultation is going to affect. RATHER WORRYING</p>
<p>support those whose disabilities are not visible - people who are mobile but suffering from long-term/incurable conditions/diseases</p>
<p>Provide support for meaningful activity in the Community making reasonable adjustments that remove barriers and is inclusive.</p>
<p>This used to be available for those living with disability before you combined PD services with older adults. The case managers for older adults had no idea of younger adults needs and the PD case managers left the service.</p>

<ul style="list-style-type: none"> • Signpost and support people to access Training and Employment services but this PD service should not provide these services. Other organisations and services provide it already i.e. Kent Supported Employment and RBLI etc. • PA Recruitment support • Signposting to other existing services and suitable organisations • Support people with Person Centred Plans • Work with KCC to ensure Adult Social Services are providing the support that they should and that disabled people need • Support people to navigate the complex system • Encourage self-confidence and empower people to take control of their situation
the term "Provide support" is too vague, and each of the priorities also need to give a high level description of what the support is to intended to achieve as an outcome
More information and support from professionals and Care staff
Activities to promote wellbeing
Some kind of provision to help able bodied people understand that because people may look healthy they may still have restricting physical disabilities that are unseen.
Not sure if the following falls into the above categories, home call assistance line that KCC did use to run how is this service accessed now!
There needs to be a greater link to mental health and well being given the impact that physical disability has on individuals and group (e.g. family members and carers) mental health has
Ensure all public buildings and transport can be accessed by those with physical disabilities
Provide advocacy for people with physical disabilities on a one to one basis in whatever sphere the person needs advocacy on be it education, health, social services, housing, leisure etc
Service should be accessible to all, through a single telephone/email/person which/who should respond in personable manner to encourage questions, with the manner to deliver the responses in a person to person, not recorded message, ie press 1 if you wantpress 2 if you want etc. and who will be the constant facilitator for the individual or group.
Mental Health Disabilities.
Help with obtaining Personal Assistants using Direct Payments or other monies.
I don't want a new service we at present have a local disc office where we can go and get help with forms ,advice on numerous things relating to disability. They are extremely helpful and very friendly where you can chat freely face to face and in strict confidence. They also support local pain groups,so their faces are known locally by a lot of people . They are easily accessible being in the centre of town, what worries me is you state anywhere in the county how are disabled people supposed to get to these proposed new offices, are they going to help with forms that are endless will they support local groups or are we supposed to just talk on the phone and have you any idea of just how many disabled people actually need help and support in the folkestone area alone so that will mean either people who really need help will not bother because they either can't get through on the phone or simply prefer to talk face to face which is far less intimidating, or can't make the journey to whichever office
Continuing to assist disabled people to fill pip/esa forms in and appealing
Access to better housing, reviewing plans with local councils to enable people with a physical disability to live in a home suitable for them in a timely manor.
a physical base for people to use enabling more people to access them.
Just helping make a level playing field for people with difficulties
It is essential the service is independent and is involved with promoting the rights of physically disabled people, as well as providing information, including the Care Act and Human Rights Act. Therefore, it is essential that the service is user-led and enables physically disabled people be inclusive members of society, in ALL ASPECTS. It is essential that the voice of disabled people is heard, respected and valued - not as tokenism - but with practical application
Almost all of these services are being provided by Cilk and other organisations why not join them to make one organisation covering all of the above, except the training and employment.
To continue keeping the disability information services in folkestone open and not to close as we as a people rely on these services as a community. this service has my full support as this would make getting

help and information much more difficult in the future. I oppose to the closure in march 2018.
more taxis for disabled as there is none out there and when you are disabled you are isolated and unable to go out
PA Recruitment and employer issues. Signpost and support people to access employment and training services
Mental health of disabled people should also be looked at.
Provide quality patient education to those living with long term conditions that inhibit their mobility to help them better self manage and cope
Under our Homeless Support Service, we have seen that extremely vulnerable clients can be at risk of losing income and struggle to maintain disability benefits. Disability Information Services Kent (DISK) locally in Folkestone have been an invaluable service in helping those, through disability, the most vulnerable in society, with sustaining income and therefore appropriate accommodation routes.
Campaigning. This is an information and signposting service but needs campaigning elements within that to shape, scope and develop other services within KCC and provided by external providers to ensure that the services and facilities disabled people need, across the board, are provided. The service must provide information on human rights for disabled people. The service can't rely on the existing service providers to do the bulk of the work – enough staffing resource needs to be a key element of service provision. The service cannot merely signpost people to existing service providers. It has to provide people with deeper understanding rather than just referring them elsewhere. The service needs to pinpoint areas of specialisation and need (such as housing) as identified by its users and be responsive and flexible to incorporating new elements as it develops.
Giving the same support/advice/help to people with Mental Health Issues.
There should be a mechanism for the service for campaigning for/on behalf of people with physical disabilities (if this is not what was intended to be meant by the bottom point)
I think that the location of any services needs to be considered thoughtfully with particular attention paid to how easily this building is for accessibility, together with opening times that are sensible for people who are disabled and therefore need time to be able to get to the location. Thinking of myself any early morning appointments are particularly difficult if I have had a really bad night so if offering morning appointments then also offer afternoon appointments. Could there be a telephone information service, or even telephone consultations for those unable to attend in person?
It is hard to disagree with any of these ambitions.

The positive and constructive response by KCC Commissioners to feedback from the Physical Disability Forum on this issue has been well received and all parties have benefitted from the subsequent co-production process.

However, there is still a need to clarify/develop the following:

- Given the relatively small budget for providing a 'Kent-wide' service, the remit can realistically be to provide only specialist independent information and advice. Providing 'support' needs to be defined as either 'one-off' or 'ongoing' as this has clear resource implications.
- Advisers on mobility/equipment and adaptations may need additional health input/training to ensure people are not misinformed.
- Advisers on Disability Benefits may need regular/formal update training to ensure people are not misinformed.
- Support around Training needs to be separate (& funded separately) as this requires a different skill set/resources and, for example, independently provided 'disability awareness' training could be part of local NHS & KCC Training programmes (where service providers often still appear to have a poor understanding of the social model of disability and clearly have not had good quality training!)
- Employment support should be provided by the KCC Supported Employment Service which should be adequately funded to do this.
- Providing support to access holidays and leisure does not need to be a separate priority category and can be linked into signposting from a regularly updated database e.g. using feedback from PD Forum members.
- Disability/Human Rights could be an additional category but this may have legal implications and so the remit for advisers must be clearly defined. CAB offer this service but are often under-resourced.
- The Social Model of Disability and Person-Centred Approaches should be clearly defined principles for 'shaping' this service.
- Setting up and running an up-to-date database is essential.
- The service could provide feedback/occasional reports to the PD Forum.
- The service should not be doing the work of other currently funded NHS & KCC information and advice services, but have effective information sharing/signposting links with them – e.g. the Direct Payments Team, Personal Health Budget Co-ordinators, Occupational Therapy Teams, Supported Employment Team, Job Centres etc.
- It should also not be doing the job of Case Management Services, where there have been a number of examples of poorly trained and poorly informed case managers, who have also clearly lacked disability awareness.

Personal Assistant's Employers

The core offer should include the following:

- gather local views and intelligence
- support participation in local councils 'Access Groups'
- support local initiatives to map and promote accessible public services
- support individuals through the 'complaint process' where practice falls short and evidence of poor standards is found

Appendix 3 – Comments from Question 4

Please tell us if you have any other comments about the Physical Disability Core Offer.

<p>Yet another consultation that does not clearly set out what is to happen. The cost of this consultation must be really considerable in relation to the proposed spend.</p>
<p>In simple English, the current situation is that KCC supports 4 random projects serving odd bits of Kent in different ways costing £181kpa. Clearly this has to stop. In future a single provider is to provide an unspecified service in future across Kent using the same level of funding. Please specify what it will be possible to provide for this spread so thinly. Should this money be spent elsewhere to better effect?</p> <p>What are the realistic options and choices.</p> <p>This is consultation gone mad.</p>
<p>Why re-invent the wheel. The current organisations already cover most of the county and could provide outreach services with only minor adjustments to their current service delivery.</p>
<p>where a person is housebound a suitably trained person must visit.</p>
<p>Given that a number of physically disabled service users and their carers will be those who are elderly, or not particularly familiar with computer use, those methods of contact and access to the new service MUST be as widely accessible and clearly signposted as the online version.</p>
<p>We believe that the lead provider does not need to be user-led. However, there will be need to be a good mix of partner organisations that offer peer support so that the provision as a whole can be user-led. A partnership can have good service user involvement and peer support without necessarily having a board which is classed as user-led.</p> <p>The organisations need to have a local presence already in Kent.</p> <p>A gap that we see is that people may have access to information and advice but they need support to action their decisions.</p>
<p>The provider must provide the same service level in all areas and there must be an appropriate escalation process if and when this doesn't happen.</p>
<p>There should be providers that specialise in working with children as well as adults so that there is a glow of service. There too should be support for the families of these children.</p> <p>Also, providers should be able to offer events and activities as a group. Families of those effected by such circumstance do appreciate the opportunity of spending time with each other, informally, to discuss more personal ares of their experiences. This can be invaluable and have positive impact on reducing stress, depression, isolation and feelings of coping.</p>
<p>I totally agree the scheme must be KENT based, not just certain areas</p>
<p>Support line must be in Kent and staffed by personal who speak clear and accurate English</p>
<p>Whoever provides the service must be able to offer a fully funded service that has time when that is required. For example, I had to complete a PIP assessment claim form for a friend who is 95% disabled and collecting all the information the 40 page form required took about 12 hours.</p>
<p>I dont feel it's important for the provider to be totally run by disabled people. It needs to be run by the right people who understand disability but to have a workforce with portion of disabled people would be advantageous</p>

I would rather have a number of good practises around rather than one that is hard to access.

If you are planning on using user led provision it is often the case that part of the team is volunteer led and therefore it has restrictions.

I know that I could not have survived the ordeals of DLA to PIP if it hadn't been for DISK in Folkestone.

These local services may not be able to provide to the whole area as a team would have to over look the whole lot and that costs more money (which I presume is the bit you are planning on saving)

Disability Benefits should also cover help with housework where necessary. People like me do not need personal care and I receive mobility assistance but I cannot cope with heavy housework and have to pay someone to help me

Local people have local knowledge. Someone in Thanet won't know the Tunbridge Wells area or Folkestone for instance.

We have tried using Libraries, Gateways etc. but have had a very poor turnout. We therefore mainly visit existing groups. There would be a cost attached to hiring private rooms in the community as much or what we talk about is sensitive particularly with form filling. The stats of DISK/DIAL suggest people are happy to travel for this service, enabling the service to serve many more people. Potentially there could be an office for Form Filling more central in the county as well/instead? The expenses for travelling all over the county would be very high plus room hire costs. Would it really save money or improve the number of people seen and would it raise the cost per client?

Home visits are a must, we support a lot of people who are unable to leave their home or access transport.

The directors feel very strongly that KCC should support and work to develop the existing services. The existing organisations can work together to create a branded, Kent wide service.

A 100% remote service will not work, we have tried using libraries and community services but people don't come. We go to where people feel happy and safe such as visiting existing groups and visiting people in their own home. Privacy is paramount.

People are happy to travel for form filling, they frequently have very tight deadlines so waiting for a service to be visiting their area will be difficult. If all the organisations had training to do this is would potentially give people another central location. Although we do support people at tribunal and assessments which is something some of the others don't. Would individuals be prepared to make a suggested donation for form filling, of say, £5? This could help towards the office costs?

Support with employment and training are provided by a number of different organisations, it seems silly for this service to duplicate it and should signpost people to these services and support them to access them.

We are frequently being informed that KCC in house Adult Social Care services are not working for individuals who struggle to get the outcomes they require. This service is not only to help them to navigate this confusing and daunting system and to help them achieve what they need but also to work with KCC to help them to have effective and successful relationships with disabled people.

Q1 - Needs to say in brackets (this means 75% of the board members and staff having a physical disability)

Q2 Consultation doc says "Based on market engagement and analysis of the services needed to deliver the key outcomes in the long term, KCC expects that the best approach would be to have one contract to deliver this service.

The tender will be open for providers to tender singularly or as a partnership. If one provider was successful they would have the opportunity to sub-contract local delivery to smaller organisations where necessary. This is still subject to review and will be influenced by the consultation feedback and further engagement activity."

Don't agree that only one provider for the whole of Kent is necessary, desirable or appropriate. Such an approach may make life easier for KCC Officers, but will result in a monopoly provider, with lots of downsides. Better to open it up to allow other sub County options aswell as County-wide.

Re Q5 etc The online consultation jumps from Q4 to Q6 so misses out Q5 and also misses out the Qs after Q6 so couldn't respond, whereas the saved copy shows all Qs

There needs to be a need to provide wellbeing activities which are for Kent wide but may be based locally like horse riding swimming sports arenas it is okay to change things for the better county wide but not to cut important activities for disabled people.

The provider may also have to deal with access issues to different buildings and parking at the new places for disabled people

Many support services focus on discharge from time of assessment. Not always helpful to the service user. There can also be an emphasis on what staff won't do, rather than what support they will offer. Another service where staff just provide advice is not necessary.

Encourage creative and innovative ideas e.g. the dementia village in Holland. Maximise community buy in to resource and reduce cost of services. e.g. Work with job centres to encourage volunteering while people are claiming benefits and looking for work?

I question whether the 75% ratio of management conflicts with Equal Opportunities. It would be great if those 75% had outstanding management abilities but worry that decisions could be taken which would not be 'neutral' and be affected or influenced by some members with a specific disability.

I am unclear as to how those with a Visual or Hearing impairment would be catered for : does this core offer encompass them?

Disability covers such a wide range that I am unsure about the providers being run by disabled people. Sometimes I wonder if we can all view each others problems in a broad enough way.

It has to be well marketed so the services are known about. It has to be well staffed so that the work can be done in a proper and timely manner.

This is Discriminatory against people with Mental Health problems.

I feel that it is paramount that the new service is user led. Even if the lead partner is not user led then any other partners should be user led. I feel that people with a physical disability engage better with others who have a disability and feel that there is greater trust from people with a physical disability with those who are not from a local authority or Government department but are fellow disabled people.

I am concerned about what will happen during the handover phase of the grants ending and the new service starting. What things are in place to ensure that there is a smooth handover and no one is left alone without support etc?

I feel that it is important to still have a central place for the service to be based at such as an office where staff can work from and people can come to if needed. This would need to be wheelchair accessible and offer a kitchen area, office area and toilet for staff and visitors to access. Of course it is paramount that staff can meet people at places that suit them such as at home, libraries etc.

We want things the way we already have, a lot of disabled people get extremely stressed over change, you need to support our local disc offices more instead of getting rid of them

I would like to draw attention to the fact the current physical disability forum, has been funded by Engaging Kent since its inception, in year one using agreed Healthwatch Kent funds and in year two using Engaging Kent funds. The consultation document doesn't reference this and leads the reader to conclude that KCC have been funding it.

The fact that the consultation document doesn't recognise the invaluable role that this independent organisation working in partnership with groups who would meet the defining criteria regarding being user led, could be seen to limit the potential pool collaborative tenders.

In addition, the statement 'Work has taken place to now establish a physical disability forum, which now works directly with KCC and Health Commissioners to ensure they can influence priorities for the future commissioning of services', omits to mention that the Physical Disability Forum is working in partnership with Healthwatch Kent, who have a statutory duty to ensure the voice of people with physical disability is amplified and heard by providers and commissioners.

We would like to see an inclusion in the final tender requiring successful tenders to work closely with Healthwatch Kent to ensure that peoples voices continue to receive maximum amplification.

Cannot be local and Kent wide simultaneously

Budget doesn't cover either service

Has worked well so far

Mental health situation is not working so well, main organisations taking the money and passing people over to other services, as far as I can see

Many disabled people do not have their own transport and public transport is difficult and/or impossible to access, especially in rural areas. Many community buildings have limited and/or no accessible parking and facilities such as accessible toilets do not accommodate people with severe disabilities. There would have to be a guarantee of complete privacy both in the physical environment and in the way information is given and collated. How can you provide the information required in all the formats required? Will the staff already working be employed; will contracts, conditions, & pay rates change? How will you attract people to the service, both as clients and as staff? How will the service be supported, monitored & reviewed? If you feel the current grant does not cover the costs of the services provided at present, how can it be spread across a county wide service & maintain and increase the level of service now, and in the future, required? Will there be annual grant increases to meet increasing demands on the service? Are you intending to recruit volunteers and if so, in what proportion; what training will be offered and what will the terms & conditions be? How will this impact on paid staff?

It would not be appropriate to discuss personal things while in a coffee shop. there need to be a quiet place where there will be privacy to discuss personal matters.

all of the above would be of some benefit but more needs to be done

Visit existing groups, some people are reluctant or unable to travel to or access public places like libraries/community centres.

There are currently a number of organisations providing great services, use them but great a branded service.

A 100% remote service will not work.

benefits and form filling is very important and people are willing to travel for this support.

Whilst very important to have peers with physical disabilities leading the service I see no reason why non disabled empathetic people should not be involved. This gives the opportunity to learn more about coping with disabilities for those people and networking across other organisations such as employment etc

The current set up including the DISK office in Folkestone is perfect for me. If 'accessible support within community facilities' means that the Folkestone office will be closed and instead pop up clinics are offered in locations such as doctors surgeries, local libraries and similar, it would be difficult for me to access them and I would be strongly against this proposal.

Ideally the provider should be user lead but it mostly needs expert advice to ensure best service. If both criteria can be met, then so much the better.

I want to go somewhere with privacy, not a public building. I want to be a person not a statistic. I want to go to a site I have used before.

Community facility service provision

We are concerned that given the budgetary constraints and the size of the county, provision of local service in community facilities may prove difficult to prohibitive. We do not wish to see a drain on a restricted budget with the provision of untargeted services in centres which go unused or poorly used. Not all venues are truly accessible despite having a 'box tick' for accessibility. Public transport to them may not be available. In our experience, service users who can, are willing to travel to purpose-designed facilities where they can park and access the facilities with ease. We are also concerned about the lack of privacy in such facilities given the deeply intimate nature of some issues that service users may need to discuss. On this basis, we feel it would be a better use of resource to provide a central, accessible facility, and to supplement this channel with face to face meetings in users' residencies, or choice of local facility, for those who cannot access a central facility, and use of existing groups.

Providing support around training and employment

We are aware of existing services providing support for training and employment, such as Kent Support and Employment and the RBLI. The service must not duplicate the work of these organisations, but signpost people to them and support them to access those services where they experience barriers to engagement with those services.

Holidays and leisure

We feel that this area of support could be peer-supported, and that basic signposting to accessible information should be in place, but not at the expense of more core issues such as benefits, housing and accessibility, for example.

Budget

We have considerable concerns that the budget doesn't fit the scope of this project. According to the statistics we have, there are 285,000 disabled people in the county, which puts the budget at 63p per head per annum.

We wish to be involved with KCC's work on ensuring the budget fits the needs of these people and the

continuing development of this tender, and its finalised offering.

DISK in Folkestone have helped me numerous times and I'm appalled to discover you have told them they should not be helping people with Mental health Issues.

In relation to the advice on employment the role of the new service should be to signpost and promote the services already funded by KCC around supporting people with disabilities into employment.

I believe at all times that a good many service users may need any person who is dealing with them to take their time and give enough time for the service user to take in what is said and give appropriate responses. I am on medication that can make me a little confused and/or slower to process what I am hearing and if this were not difficult enough my condition often leaves me confused due to chronic fatigue. I often tell anyone I am talking to that I may need to ask them to repeat something if I am having difficulty processing what I am being told and particularly if I am being asked something I may need longer to respond. This is especially needed when those responses lead to any action that directly affects the service that is being proposed,

Given the Sevenoaks District is a very rural area with rural isolation, having a service that provides locally based, accessible support within community facilities is very important. We would hope that the County Council would work with us on this issue.

In terms of the section entitled "The Proposed New Service", on page 9 of the document you state "KCC will also be working with Kent Clinical Commissioning Groups and district councils regarding additional investment opportunities for this offer". It would be helpful if you could clarify this statement and whether KCC will be looking for funding support for this project. In terms of health funding, our funding sources will be accounted for with the new One You Sevenoaks model which is in the process of being established.

We run a small community grants programme open to voluntary and community groups who offer more localised support. Your consultation document does not appear to give any information on whether there are issues for local disability groups operating in the Sevenoaks district who get support from the current services listed on pages 2 and 3?

It would be useful to know how KCC feel this new service is going to interface with One You Sevenoaks and other advice services, such as those run by CAB in the district and the HERO service which is run by the District Council.

You also state that "KCC will effectively and efficiently invest the funding to provide equity of service across Kent..." However, you do not give details that would help us establish what this actually means for the Sevenoaks district. Could you please let us know on what basis funding will be "effectively and efficiently" invested within Kent and what resources are we likely to receive in comparison to other areas within Kent?

Finally, we like to know how the proposed new service model will interact with districts and Housing Associations in terms of supported housing? We have at least one supported housing scheme for people with disabilities in the district. We need more and all the support services need to be integrated.

It is difficult to envisage how this budget can adequately fund a Kent-wide service delivering all of the above fourteen categories to a high standard and also replace what is currently being provided by organisations such as CiLK, DISK, DIAL/KASBAH, Headway & the Wheelchair User Group etc. (who may consequently lose funding - no doubt with significant consequences for their staff and services) and who have generally been doing a good job with very limited resources.

It is also important to point out that this proposal is to some extent 'reinventing the wheel' in replacing current information & advice services which have struggled to be properly funded for many years – for example those provided in the past by the Simon Paul Foundation and currently the Centre for Independent Living Kent - two organisations for which I have worked and which have had almost identical aims to the above, but because of underfunding have not been able to adequately respond to the demand.

A detailed financial breakdown needs to demonstrate how this funding can provide a paid staff team of information & advice workers, (plus volunteers?), a 24-hour (?) telephone helpline service, administration support, publicity materials, updates/news (delivered through a range of alternative formats), database & website development & maintenance and then accessible venue/office(s) facilities, and even a training budget!

Accessibility for appropriate local venues and/or an initial office will be an issue – although this could perhaps be financed from a separate funding source (e.g. building adaptation grant for access to an otherwise well-located/resourced facility?).

Face to face contact may not always be possible due to accessibility issues for either provider or recipient – with limited resources, perhaps Skype or Messenger etc. might be used more often in some circumstances.

The staff will need a wide range of skills if they are to meet all the above priority areas and therefore their salaries should reflect that and encourage well qualified and suitably experienced applicants. Suggested model:

A possible model within these budget constraints might be to create one or two basic 'HUBS' like those in Surrey, which are run by paid Development Managers/Workers, but use volunteers who are 'experts by experience' and who can be gradually trained in additional skills which they might need (also potentially giving them future employment opportunities) with a focus on providing only information & advice and then signposting or referring enquirers on to specific/appropriate local services for further 'support' (e.g. already established Advocacy Services in Kent (i.e. SEAP))

NB: Health funding/joint funding should also be further explored as this service will be meeting health needs too! (e.g. links to hospital information services).

Could not reply to Q3 as I do not agree with a service to be set up just with people with physical impairments. The social model of disability is pan. Also each of the existing group referred to have to adhere to their own constitution and wont under the social model of disability. To have one service for the whole of Kent will not work not only because of the distance but also because of the importance of each service delivered - the services each group provide at present will be watered down to the expense of the (unreadable) person. The filling of forms is very important as disabled people do not attend places (lack of public transport, cost of taxi's etc) Home visits are important. Many disabled people do not have computers for many reasons.

Having read the core offer, I am disappointed that there seems to be little evidence that KCC understands that work of this kind cannot be Kent wide and must be delivered and be seen to be part of the community where people live. Many of the changes that have benefitted my family have been locally driven by the District and Parish Council not KCC. The list of things that might be required to be delivered is completely unrealistic for the money available. KCC own DDA shows over 257,000 people with health and disability issues and 11,000 receive disability benefit. This equates when tallied to the lower figure to £1.62p per person. This must be set into context when despite austerity KCC pays 7 directors over 100k a year. This position seems unsustainable. The core offer cannot deliver employment advice, direct payment advice as there are specialist staff who are paid to do this - same again in local councils. A Kent wide approach should be avoided because some districts have a higher number of disabled people resident.

Appendix 4 – Comments from Question 6

If you have any comments about the equality impact assessment, please provide them here:

<p>I do object to KCC and other bodies wanting to know about religion, sexual orientation etc just provide a service equally to every one without advantages to any individual group(s)</p>
<p>Whilst I am delighted that the new provision will include, indeed be entirely aimed towards physically disabled Kent residents, I am concerned tat the stark assumption that those with any other disabilities will not be included but will be covered by other services. What other services? How do you know that those other services will be able to cope, beyond stating that you expect them to do so. Where is the money coming from to provide for such a transition, always fraught with difficulty when people with disabilities are concerned, and for the increase in case loads? What about your statutory obligation to ALL people with disability?</p>
<p>As with any change, if implemented, the communication will need to be good and come through multiple channels to ensure people of all ages, abilities, etc. can understand it. The EqIA should take this fully into account.</p>
<p>The assessment states that there are other services for people with Mental Health Issues, Sensory, LD and Older People. While we agree that there are services out there providing information and advice we are less sure that they are providing form filling or benefit assessment/tribunal support or promoting direct payments?</p>
<p>Do these organisations have the capacity to take on an influx of additional cases?</p>
<p>I do not have a disability but can give my Aunts details, who has been a wheelchair user for approximately 20 years and is fiercely independent! She has consented to give her details to you. [REDACTED]</p>
<p>I do not understand / find unclear the first two rows of the EA.</p>
<p>I also reiterate whether it is legal to stipulate 75% of the operational outfit having a physical disability, irrespective of its merit/aims/aspiration</p>
<p>This is Discriminatory against people with Mental Health problems.</p>
<p>I am concerned that the new service will not provide the level of service that is currently provided under the grant funding. This is especially true for those who have a disability other than a physical disability. I am concerned that people who have any other disability will have to access social services instead of a service not connected to the local authority. I feel that social services may already be too overstretched without having to support additional people. The same goes for other charities or organisations that are outside the new service. Will there be the capacity?</p>
<p>As stated before it will have an immense impact on disabled people</p>
<p>Were non disabled people assessing this?</p>
<p>It is essential the service is available to all physically disabled people, their families, friends, and people who have permission to seek information on their behalf, without discrimination or prejudice. This would also impact on how the grant is offered and administered; how present staff are treated and the offers made to them, and for future staff.</p>
<p>I worry about the strict physical Disability Criteria. Are other services, particularly Mental Health, able to cope with the potential influx of people and do they provide the same services?</p>
<p>The proposals will exclude people with disabilities other than physical disabilities, ie Mental health disabilities from accessing the service. This is discriminatory.</p>
<p>I am shocked that this is even proposed. Mental health disability is very real and debilitating and these sufferers have a right to access services. The proposals are therefore inadequate and they will fail a significant percentage of the disabled 'community'.</p>

The service should be available to all disabilities. You should not split information services into, physical, sensory, learning and mental health. You then give people with several types a decision to make and an organisation the possibility to turn them away. 'You become another groups' problem and no one takes responsibility.

It would be helpful for a different approach to EqIA to be provided for group responses.

Our membership consists of 45 individuals with physical disabilities living in Kent and 130 Kent-based organisations. We have no further data available based on age, religion, sexual identity and gender identity I believe that more time should be given before the deadline as I was only made aware of this today.

In the EqIA, in the findings of the protected characteristics where the impact found is high you are not saying how to readdress. Also you are not only discriminating against disabled people by segregating physical impairment you are going against the social model of disability look at disabled people with all types of impairments. The groups referred to deal with all types of impairments, they are for the removal of barriers for all disabled people for an independent life.

From: Graham Gibbens, Cabinet Member for Adult Social Care

Anu Singh, Corporate Director of Adult Social Care and Health

To: Adult Social Care Cabinet Committee –
29 September 2017

Decision No: 17/00097

Subject: **HEALTH AND SOCIAL CARE IN PRISONS**

Classification: Unrestricted

Past Pathway of Paper: Social Care, Health and Wellbeing Directorate Management Team – 26 July 2017
Strategic Commissioning Board – 7 September 2017

Future Pathway of Paper: Cabinet Member decision

Electoral Division: Prisoners may come from all of Kent's electoral divisions. Prison establishments are situated within Maidstone North East, Maidstone Rural East and Sheppey electoral divisions.

Summary: The Care Act 2014 brought a new statutory duty for the Council to meet eligible care and support needs for people in prison establishments. This need is currently being met via a call-off contract with NHS England's provider of primary health care in prisons; support is purchased on a time and task basis. This report proposes an alternative model of purchasing care and support through jointly commissioning an integrated Health and Social Care Service with NHS England.

Recommendations: The Adult Social Care Cabinet Committee is asked to **NOTE** the funding arrangements for social care delivery in prisons, **COMMENT** on the proposed commissioning approach for social care delivery in prisons in Kent and **CONSIDER** and **ENDORSE**, or make a **RECOMMENDATION** to the Cabinet Member for Adult Social Care on the proposed decision (attached as Appendix A) to:

- a) **JOINTLY COMMISSION** an integrated Health and Social Care Service with NHS England; and
- b) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health, or other nominated officer, to undertake the necessary actions to implement the decision.

1. Introduction

1.1 Prior to the implementation of the Care Act in 2014 social care in prisons was provided by the NHS without involvement from Local Authorities.

- 1.2 The Care Act requires Local Authorities to assess and meet the needs of persons within prisons eligible to receive care and support.
- 1.3 Kent's prisons are located in two districts, Swale and Maidstone; with activity rates higher in the Sheppey cluster prisons; in Maidstone prisons social care provision has not yet been required. This is due to way the prison estate is used and the type of the prisoners who reside in each establishment.
- 1.4 Since 2014, KCC has collaborated with NHS England to utilise their existing contract for the delivery of health services in prisons, to provide social care support. We have done this via a call-off contract with the incumbent provider of NHS Primary Health Care.
- 1.5 In Kent, prison Health Care Services are delivered by:
- IC24 in the Sheppey prison Cluster and
 - Oxleas in the Maidstone and East Sutton Park prisons
 - Drug and Alcohol Services and Mental Health Support are commissioned separately by Public Health England and NHS England respectively and are outside the scope of this report.
- 1.6 The table below shows the prison estate and the number of current social care recipients compared with the prison population.

Prison Name	Category/Description	Prison Population	Social Care Recipients	Governor
East Sutton Park	Cat D - Open female prison	100	0	Robin Eldridge
Elmley	Cat B/C – Remand prison	1252	0	Sara Penington
Maidstone	Cat C – Foreign nationals	600	0	Dave Atkinson
Standford Hill	Cat D – Open male prison	464	0	Jim Padley
Swaleside	Cat B – Long Term Male Prisoners	1112	3	Paul Newton
TOTAL		3528	3	

2. The current position

- 2.1 From April 2015 to 18 August 2017 the following numbers of referrals have been received for adult social care assessments:

Prison	No of Referrals
East Sutton Park	1
Elmley	68
Maidstone	10
Standford Hill	14

Swaleside	50
TOTAL	143

- 2.2 The level of referrals is not thought to be a true representation of demand within prisons. There is evidence to suggest that the level of referrals has been suppressed; recently it became apparent that Prison Governors were unaware of the full extent of social care interventions available and had therefore restricted referrals to those for equipment, despite awareness raising work by social care professionals.
- 2.3 Not all persons referred were eligible to receive on-going social care support, some needed equipment only and others who have received a service have since passed away.
- 2.4 Currently there are three prisoners receiving an ongoing social care package and they are all at Swaleside, most of the current budget is used to meet the complex and high level of need of one prisoner.
- 2.5 The use of prisoners as peer to peer support is being explored as per the September 2016 ADASS Report "Seeing Prisoners as Assets." Other prisoners can be paid to help support others provided they do not conduct regulated activities and can be provided with training to carry out some functions.

3. Budget 2016/17

- 3.1 Government funding enables Local Authorities to implement the Care Act's statutory duties. This money is devolved for interventions that meet the requirements of the Act.
- 3.2 The original budget in 2015/16 was £479,000. This was adjusted down in 2016/17 to £417,000 (due to closure of Dover Immigration Centre & Blantyre House and adjustment for Swaleside population).
- 3.3 The budget allocations for service provision in prisons in 2016/17 were: -

Budget Type	Annual Cost £
Older People & Physically Disabled People Provision of Care	165,500
Learning Disability Provision of Care	25,100
Mental Health Provision of Care	25,000
KCC Staffing/Operational Costs to Administer Provision and Support	201,900
Total	417,500

4. Commissioning

- 4.1 In 2014 the Council was unable to jointly commission a service with NHS England as their contract was already in place; therefore KCC had to seek alternate routes for securing supply of provision. Dialogue and negotiations

were commenced with the incumbent NHS Primary Health Care Providers and call-off rates for the provision of time and task care were agreed.

4.2 The current call-off contract is costed as follows on a time and task basis:-

Band	Cost per hour	Cost per 45 mins	Cost per 30 mins
Band 3 – Unqualified	£18.54	£13.91	£9.27
Band 5 - Qualified Nurse	£27.81	£20.86	£13.91

4.3 Using the current call-off contract, one prisoner cost £210,000 for a year due to the complexity of the situation and their high level of need. Local teams have been working with this prisoner, IC24 and the prison staff to review the care plan and reduce costs, this has been a complicated and drawn out piece of work, but will soon see weekly costs reduce significantly.

4.4 The current model of purchasing care and support via a call-off contract on a time and task basis is not fit for purpose in prisons due to variable volume of care provision, access issues (time taken to enter and leave prisons for security reasons) and the institutional nature of the establishment including periods of lockdown when care cannot be provided. These factors indicate that commissioning a separate service for social care in prisons is not practicable or an attractive proposition for a service provider.

4.5 To oversee the development of social care provision in a prison setting a multi-agency prison steering group has been established. This group is chaired by the Director of Older People/Physical Disability and consists of commissioners, providers and prison staff. Through discussion and agreement at the group it has always been the intention, when the time was right, to consider joint commissioning an integrated prison Health and Social Care Service.

4.6 NHS England has begun the re-tendering for Health Care Services in prisons. The Council has been involved, influencing and helping to shape the process. The NHS has shared their specification with KCC Officers for comment, Officers responded with additions, amendments and questions prior to the publication of the ITT (Invitation to Tender). NHS England is leading on the commissioning and procurement process with KCC involvement, support and advice throughout.

4.7 NHS England cannot have the Council's governance processes impact upon their procurement timeline. In the event that NHS and the Council's governance processes cannot be aligned, NHS England has agreed that KCC can enter into contractual arrangements at a later date. The intention is to ensure synchronicity and for the KCC element of the contract go live with the NHS contract on 1 April 2018.

4.8 The proposed contract term will be three years with a potential two year extension. Based on the combined Older People/Physical Disability and Learning Disability budget allocation for this financial year of £191,000 (see

3.3), a three year term would cost £572,000; the potential full contract term of five years would cost £953,000.

- 4.9 An alternative model is suggested whereby the Council fund the equivalent of two full time Health Care Assistants (HCAs) for seven days per week, which should adequately cover needed social care provision and would cost approximately £80,000 annually including on costs and managerial support. Should social care need rise above that which can be delivered within this resource, the additional costs would need to be met by the Council. Activity levels would be set in a Section 75 agreement and monitored closely by KCC officers.
- 4.10 The Council has provided questions for the tender exercise and will be evaluating these. Payment mechanisms, contract monitoring and review responsibilities are being agreed and addressed by KCC and NHS England. Once agreed all terms and conditions will then be contractualised.
- 4.11 The Council's Procurement Team has advised that a Section 75 should be used as an agreement with NHS England as the contracting authority. Therefore, a Section 75 agreement will be drawn up to underpin the contract, with NHS England as the contracting authority for Health and Social Care in prisons.

5. Timescales

5.1 NHS England's procurement timescales are as follows:-

- The tender process to be launched by 24 July 2017
- Evaluations late September/October 2017
- Contract sign off November 2017
- Contract award Mid December 2017
- Contract start 1 April 2018

6. Financial Implications

- 6.1 The proposed contract will be for three years, with a potential two year extension. The potential cost of the full contract term of five years is £953k.
- 6.2 The proposed co-commissioning arrangement via a Section 75 agreement would utilise an alternative model to fund two full time Health Care Assistants at an annual cost to the authority of £80k per annum.

7. Legal Implications:

- 7.1 An existing Section 75 agreement has been adapted and the contents agreed with NHS England, however legal advice will be necessary to ensure the agreement is correct and the interests of the authority are protected.

8. Equality Implications

8.1 An Equality Impact Assessment will be necessary and will be undertaken by NHS England.

9. Conclusions

9.1 Three factors indicate that there will be growing demand for social care support in prisons:

1. Changing profile of prisons in Kent
2. An ageing prison population
3. Prison governors/staff becoming more aware and familiar with the support available through social care

9.2 It is anticipated that more referrals will be made and more care and support will be required, commissioning an integrated service will allow for the service to grow to meet assessed need.

9.3 This is an opportune time to work with NHS England to jointly commission an Integrated Health and Social Care Service.

9.4 Funding salaried generic staff rather than paying in time and task method will realise significant savings, improve recruitment/retention and improving quality and continuity of service.

10. Recommendations

10.1 Recommendations: The Adult Social Care Cabinet Committee is asked to **NOTE** the funding arrangements for social care delivery in prisons and **COMMENT** on proposed commissioning approach for social care delivery in prisons in Kent and **CONSIDER** and **ENDORSE**, or make a **RECOMMENDATION** to the Cabinet Member for Adult Social Care on the proposed decision (attached as Appendix A) to:

- a) **JOINTLY COMMISSION** an integrated Health and Social Care Service with NHS England; and
- b) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health, or other nominated officer, to undertake the necessary actions to implement the decision.

11. Background Documents

None

12. Report Author

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:
Cabinet Member for Adult Social Care

DECISION NO:
17/00097

For publication

Non-Key

Subject: Health and Social Care in Prisons

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

- a) **JOINTLY COMMISSION** an integrated Health and Social Care Service with NHS England; and
- b) **DELEGATE** authority to the Corporate Director of Adult Social Care and Health, or other nominated officer, to undertake the necessary actions to implement the decision.

Reason(s) for decision: The Care Act requires Local Authorities to assess and meet the needs of persons within prisons eligible to receive care and support. Since 2014 KCC has collaborated with NHS England to utilise their existing contract for the delivery of health services in prisons, to provide social care support. This has been done via a call off contract with the incumbent provider of NHS Primary Health Care.

Financial Implications: The proposed contract will be for three years, with a potential two year extension. The potential cost of the full contract term of five years is £953k. The proposed co-commissioning arrangement via a Section 75 agreement would utilise an alternative model to fund two full time Health Care Assistants at an annual cost to the authority of £80k per annum.

Legal Implications: An existing Section 75 agreement has been adapted and the contents agreed with NHS England, however legal advice will be necessary to ensure the agreement is correct and the interests of the authority are protected.

Equality Implications: An Equality Impact Assessment will be necessary and will be undertaken by NHS England.

Cabinet Committee recommendations and other consultation: The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 29 September 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

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From: Graham Gibbens, Cabinet Member for Adult Social Care
Anu Singh, Corporate Director of Adult Social Care and Health

To: Adult Social Care Cabinet Committee –
29 September 2017

Subject: **YOUR LIFE YOUR WELLBEING –
TRANSFORMATION PHASE THREE DESIGN
UPDATE**

Classification: Unrestricted

Previous Pathway of Paper: N/A

Future Pathway of Paper: N/A

Electoral Division: All divisions

Summary: This report provides an update on the progress of Design for the Your Life Your Wellbeing Phase 3 Transformation Programme.

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

1. Background

- 1.1 The Your Life, Your Wellbeing Transformation (YLYW) Programme was established to support the implementation of the new adult social care strategy. The intention is to deliver a practical translation of the vision; embedding improved outcomes achieved over previous phases of transformation and providing a sustainable platform for further change, improvement and integration, including delivery of Local Care within the Sustainability and Transformation Plan for Kent and Medway (STP).
- 1.2 The programme has been designed to identify opportunities for improved outcomes and efficiency which could be tested during a service design stage and then lead to implementation across the County. The assessment phase ran from August to November 2016 and design was agreed to begin in February 2017.

2. Design

- 2.1 The assessment was divided into three programme areas which align with the divisional structure of adult social care. For design these areas have been broken down into a selection of projects which ensure the required outputs to achieve the overall programme objectives are delivered.

3. Older People and Physical Disabilities (OPPD)

- 3.1 OPPD is focused on opportunities to re-design the whole pathway of support from preventative support in the community through to ongoing support for people who need long-term care. The key areas for design are:

Promoting Wellbeing

Commissioning a core offer of preventative, community support, provided by the Voluntary and Community Sector (VCS), to delay entry into formal health and social care. The pilot includes:

- A 'Wellbeing Coordination' role, which may be jointly funded by health and social care, to support access
- The 'front door' process, where people are referred to the appropriate service that can meet their needs. This may be to a commissioned service, such as the core offer in the voluntary sector, or for further assessment which may then require access to longer term support
- A digital offer, where people self-assess to access the provision.

Promoting Independence

Piloting a model of integrated rehabilitation and enablement, which includes all or some of the current Community Health and KCC functions and aims to:

- Improve people's experience through a consistent pathway
- Reduce requirement for ongoing care by making best use of the combined skill set of Health and Social Care
- Minimise duplication of activity and effort between Health and Social Care.

Supporting Independence

Piloting a model of outcomes-based homecare that:

- Incentivises providers to promote the independence of service users, building on principles of the in-house enablement service
- Provides the right professional input at the right time through a weekly Multi-Disciplinary Team meeting, including coordinating health and social care support and having Occupational Therapy support for goal setting and delivery.

Social Work

Design a model to deliver Social Work for OPPD that delivers more independent outcomes for individuals by focusing on the right professional skill set.

Purchasing

Design a model to deliver an end to end purchasing process across OPPD to increase the efficiency and control of the function and to ensure compatibility with new ways of working.

3.2 Key Findings to Date

Promoting Wellbeing

- The assessment phase identified that 40% of the people receiving less than 21 hours of homecare could have had part of their needs met within their community by voluntary organisations. Commissioning the voluntary and community sector to deliver a core offer of preventative, community support will delay entry into formal health and social care and meet some of these needs in the community
- Robust contract management and extensive market development of the voluntary sector will be required to ensure that the preventative and community support contract will develop services to meet these needs
- The 'front door' process (where people are referred to the appropriate service that can meet their needs) may need to be a commissioned service.

Promoting Independence

- A pilot is taking place in Ashford with over 300 individual referrals discussed to date. Daily caseload management calls have been established between Kent Enablement at Home (KEAH) and the Intermediate Care Team (ICT) to coordinate incoming referrals and identify the most appropriate pathway
- Weekly meetings are in place to discuss care plans and opportunities for coordinated service delivery. 20% of cases reviewed jointly had their care plan changed to make the best use of existing resources.
- Current findings indicate that 11% of the referrals to KEAH and to the ICT are duplicate. The two organisations both undertake needs assessments which mean the client may have two separate needs assessments resulting in a poor experience
- Currently, KEAH and ICT staff have different skill sets and are trained on different competencies. To create an integrated team both organisations will need to agree the mandatory training that needs to be undertaken. Otherwise the teams will continue to have inconsistent skills and therefore work separately
- ICT records are IT based, KEAH use a mixture of paper and IT based records, this can sometimes create delays in sharing information and duplication in collecting relevant information about a person.

Supporting Independence

- Pilot taking place in Whitstable, 39 individuals have been reviewed to date and had opportunities identified based on the outcomes they wish to achieve
- Weekly meetings are in place with the provider and pilot team to share outcome plans and agree the provider delivery plan. Currently, the provider has not taken responsibility for setting outcomes and completing reviews. However the future required skill set to achieve this has been identified by working closely with the provider care workers

- The future homecare model will require the provider market to develop a coordination and supervisory infrastructure which is not currently present. Evidence shows that care-workers can work to goals set and can deliver outcomes from goals if they are supported to do so.

4. Disabled Children, Adult Learning Disability and Mental Health (DCALDMH)

4.1 The DCALD transformation programme has already redesigned the pathway for young people and adults with a disability with the implementation of the Alliance Contract, Lifespan Pathway, Your Life Your Home and Kent Pathways Service. This phase of the transformation programme will focus on improving practice, understanding capacity and demand for internal and external services and commissioning outcome based services to meet needs across the pathway. The key areas for design are:

Care Package Design

Piloting a strength-based approach to deliver outcomes by:

- Developing practice to review support and ensure that individuals are receiving the right support to enable them to achieve outcomes
- Ensuring providers support individuals to meet their goals and promote independence of service users
- Commissioning the right services to support independence.

Targeted Interventions

Review areas of spend and practice across DCALDMH and implement solutions that will streamline expenditure and, where possible refine practice by:

- Realising savings through reviewing the number of 1:1 hours in residential placements that have been commissioned but are not being provided
- Ensuring that shared hours in supported living are provided in a way that maximises value for the service user.

In house Provision

The In House assessment findings were agreed at the Adults Portfolio Board in June 2017, a design team has been established to include representatives from across the in house service to support the design process. In house design will focus on:

- Improving quality whilst providing a flexible workforce able to support Lifespan Pathway services
- Streamlining processes which will maximise resources
- Providing support for those with complex needs
- Investment in buildings which will support Lifespan Pathway services.

4.2 Key Findings to Date

Care Package Design

- Pilot started in May in the Ashford, Canterbury & Coastal Community Learning Disability Team (clients 26+) supporting practitioners to prepare for planned reviews, by working with providers to provide

information prior to a review. There has been a good level of dialogue and collaboration with providers in the pilot team area

- There is an active dialogue between the work in the Lifespan Pathway 0-25 and this project, to ensure that approaches taken are consistent wherever possible so that a given individual will experience a continuous Lifespan Pathway
- Work is underway to develop a continuous commissioning feedback loop to ensure the right services are commissioned to meet current and future demand; this will support the development of the Supporting Independence Service (SIS) framework.

Targeted Interventions

- Across 1:1 residential support and shared hours in supported living, reviews have taken place of packages which has led to changes in care and support plans and improvements in value and outcomes.

In House Provision

- Work has commenced on workforce design discussions and on preparation for consulting on the future of the Independent Living Service (ILS)
- Design workshops started on 10 August, to look at tools and processes and a pilot of these will take place in October in readiness for implementation.

4.3 Mental Health

The Mental Health Transformation programme is continuing to transform the pathway, building on Live Well Kent, Primary Care Mental Health Services and the Kent Enablement and Recovery Service. This phase of the transformation programme is focusing on supporting independence and ensuring people are within the best model of care to support their needs within the pathway.

Mental Health Your Life Your Home

Piloting a dedicated social care team to undertake reviews of people currently in residential care:

- To support people to live more independently and, where possible, move back into a community setting
- To redesign the acute discharge processes to ensure that people are discharged into the best model of care to meet their needs, resulting in a reduction of residential placements from acute
- To ensure that appropriate Section 117 and joint funding applications have been made for those in residential care
- To review high cost Supporting Independence Service (SIS) packages and ensure robust feedback to commissioning to influence the development of a range of flexible and responsive SIS and SIS plus options which maximise use of universal services.

Key Findings to Date

- The Primary Care pilot started in June 2017 at this time, the Service Manager for the team came into post and the Mental Health Social Work Primary Care team started to review cases
- Primary care have undertaken 20 reviews and four individuals have been identified as suitable to move out of their current residential placement, each individual move will take approximately 12 weeks once suitable accommodation and support is identified.
- The secondary care pilot started in August 2017, with two brand new social workers joining Kent and Medway Partnership Trust (KMPT) starting to undertake reviews of individuals managed by secondary care
- There is a high proportion of older people (+65) currently in mental health residential placements, so we are working closely with the OPPD teams to manage the pathway for individuals.

5. Areas of Joint Work

- 5.1 Two areas of design are currently taking place across all the adult pathways. The first is to develop a flexible, outcome based commissioning framework for homecare and SIS to meet the needs of Older People, People with a Physical Disability, Disabled Children, Adults with a Learning Disability and Complex Needs (Transforming Care). This has been delayed in delivery due to the work required to secure an interim home care contract.
- 5.2 The second is to undertake a safeguarding assessment to understand how Strategic Safeguarding and DCALDMH Safeguarding currently work and identify the key components of an effective safeguarding model for the different areas of adult social care in the Council.

6. Commissioning and Performance (Structure and Support)

- 6.1 The assessment looked at structure and support functions to develop knowledge of the current efficiency of key functions and provided an understanding of the most effective way in which these could be designed to support new pathways in adult social care. Following the creation of Strategic Commissioning Division a targeted piece of work was delivered to provide visibility of resource for Commissioning and Performance, with no further activity planned for this workstream.

7. Planning for Implementation

- 7.1 An update on the outcomes of design was presented to the joint Strategic Commissioning Board (SCB) and Budget and Programme Delivery Board (BPBD) on 19 September. The full business case with further detail of the plans for implementation, along with discussion about sustainability and confidence in the realisation of expected outcomes will be discussed further with SCB and BPBD in November.

7.2 Following formal approval to commence implementation it is expected that a KCC team will implement new pathways and structures across the county.

8. Financial Implications

8.1 The final assessment identified potential total savings of £15.5m. However the proposed changes are highly complex – both in terms of innovation and reliance of partners for delivery in some areas.

8.2 As part of design the Adults Transformation Portfolio Board has established a Finance and Performance Group to identify the required KPIs to monitor and assure the financial assumptions being made during design. This group will continue as part of implementation to monitor the delivery of the identified opportunities.

9. Legal Implications

9.1 There no legal implications of the information in this update. Full consideration of legal implications will be given during planning and delivery of service design.

10. Equality Implications

10.1 Equality Impact Assessments have been undertaken in relation of each area of the development of the full business case and will inform the way that new pathways are shaped and tested.

11. Recommendation

11.1 Recommendation: The Adult Social Care Cabinet Committee is asked to COMMENT on the information provided in the report.
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12. Background Documents

None

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From: Graham Gibbens, Cabinet Member for Adult Social Care
 Peter Oakford, Cabinet Member for Strategic Commissioning and Public Health
 Anu Singh, Corporate Director of Adult Social Care and Health
 Andrew Scott-Clark, Director of Public Health

To: Adult Social Care Cabinet Committee – 29 September 2017

Subject: **TIME TO CHANGE - KCC MENTAL HEALTH PLEDGE AND WORLD MENTAL HEALTH DAY**

Classification: Unrestricted

Previous Pathway of Paper: Health Reform and Public Health Cabinet Committee – 22 September 2017

Future Pathway of Paper: None

Electoral Division: All

Summary: This report provides an update to the Adult Social Care Cabinet Committee to highlight the Time to Change initiative and to publicise the work taking place for World Mental Health Day on 10 October 2017.

Recommendation: The Adult Social Care Cabinet Committee is asked to **COMMENT ON** and **ENDORSE** the Action Plan for Time to Change and comment on how to strengthen the plan in subsequent years in commitment to the Time to Change campaign.

1. Introduction

- 1.1 This report provides an update to the Adult Social Care Cabinet Committee on the Time to Change initiative and the work taking place for World Mental Health Day on 10 October 2017.
- 1.2 A briefing on the current programme of Public Mental Health for Kent County Council is attached as Appendix 1.

2. Time to Change

- 2.1 Time to Change is a national mental health campaign (supported by the Department of Health and leading charities such as Rethink and Mind) and growing movement of people, changing how we all think and act about mental health. They want everyone with a mental health problem to be free of fear and to have equal opportunities in all areas of life. Since the launch in 2007, they

have reached millions of people across England and begun to improve attitudes and behaviour towards those of us with mental health problems.

- 2.2 Mental illness affects one in four adults at some time in their lives yet there is still an enormous amount of stigma and discrimination in the UK relating to mental health and mental illness. Improving public attitudes and behaviour towards people with mental health problems is important to ensure that people are confident to seek help and that people with mental health problems are not discriminated against – both by health and social care services and by employers. The aims of the campaign are to:
- Reduce the amount of discrimination that people with mental health problems report in their personal relationships, their social lives and at work
 - Make sure even more people with mental health problems can take action to challenge stigma and discrimination in their communities, in workplaces, in schools and online
 - Create a sustainable campaign that will continue long into the future.
- 2.3 Since Time to Change began in 2007, around 4.1 million adults in England have improved attitudes towards mental health problems – an improvement of 9.6% between 2008 and 2016.
- 2.4 This paper outlines Kent County Council's action plan (alongside local organisations) to honour the Organisational Pledge (Attached as Appendix 2) made to Time to Change.

3. The Action Plan for 2017 - World Mental Health Day 10 October 2017

- 3.1 Led by Public Health and Adult Social Care, the action plan aims to have a mental health champion in each KCC directorate. There are a number of actions from each directorate e.g. Release the Pressure, Live it Library, Six Ways to Wellbeing.

4. Recommendations

<p>4.1 Recommendation: The Adult Social Care Cabinet Committee is asked to COMMENT on and ENDORSE the Action Plan for Time to Change and comment on how to strengthen the plan in subsequent years in commitment to the Time to Change campaign.</p>
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5. Background Documents

None

6. Report Author

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Brief: Public Mental Health and Wellbeing in Kent County Council.
 By: Jessica Mookherjee, Consultant in Public Health, Kent
 Date: September 2017.

1. Introduction:

This briefing contains work currently ongoing via Kent Public Health to support and Facilitate good population wide mental health and well being. Kent's pioneering work has had national recognition both for it's suicide prevention strategy and it's programme for public health and has contributed to the development of the national mental health prevention concordat. This briefing outlines Kent's programme and outlines future areas for development in 2018/19. The work outlined in this breif is primarily focused on adults and further briefs will be produced to outline the considerable prevention work taking place for adolcesents and children in Kent.

2. Update on Release the Pressure Suicide Awareness Campaign.

The 2015-2020 Suicide Prevention Strategy highlighted that middle-aged men, not known to secondary mental health services are a high risk group in Kent. To address this, KCC Public Health developed and launched the Release the Pressure social marketing campaign.



2.1 The campaign deliberately avoided using the words 'mental health' as most stressed men don't believe that what they are suffering is a mental illness. In addition, the campaign used the experiences of real men to make other men aware of a 24/7 charity helpline (already commissioned by KCC) and actually make a call.

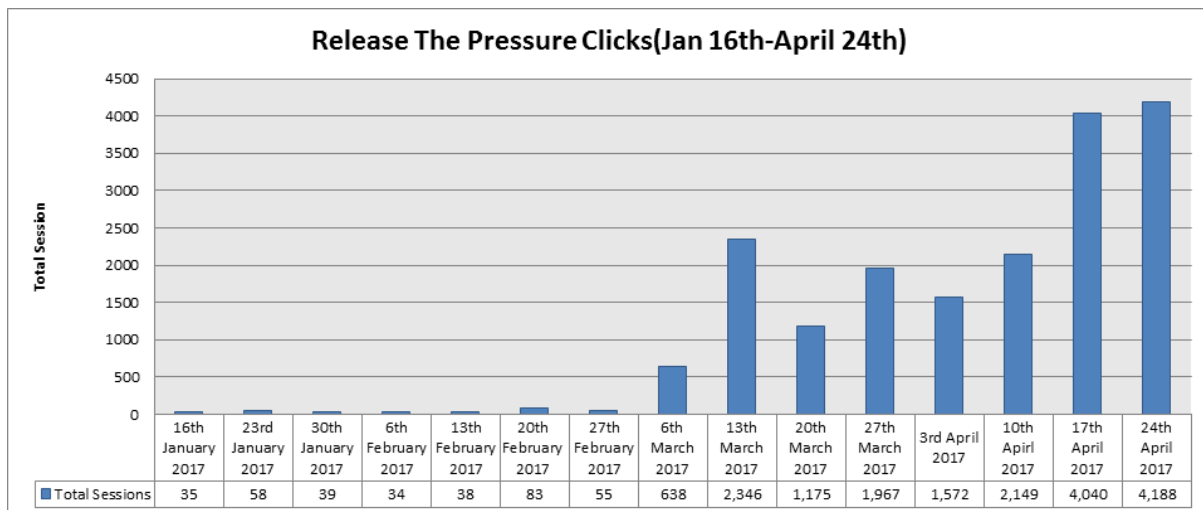
2.2 The impact has been strong, in the first seven months of the campaign:

- a total of 10,583 people called the helpline
- of which 3,385 were men
- the helpline received nearly 500 male callers a month which is a 56% increase on before the campaign launched (this is nearly 200 extra calls from men every month)
- total number of calls per month (including men and women) are up 30%.

2.3 Six month update since January 2017: Release the Pressure

In March 2017, Public Health launched Phase 2 of the Release the Pressure social marketing campaign with a mix of radio, online, outdoor and (new for 2017) digital TV adverts . It has already had a big impact on calls to the helpline (over 1,700 a month) and visits to the campaign website. The chart figure 3 shows that there were over 4,000 calls a week to the helpline.

Figure 1.



2.4 The impact that the helpline can have is demonstrated by quotes from two recent callers;

‘Your service has kept me alive, I would have killed myself otherwise if it wasn't for you people on the phone

I'm so glad I called, I had no idea it would leave me feeling so positive just by talking to you

2.5 KCC Public Health has identified the following actions as priorities for 2017:

- i. In-depth analysis of coroner verdicts
Public Health and the Kent Coroner Service have agreed to work together on a more in-depth analysis of coroner verdicts than not has previously been possible. The purpose will be to identify any common patterns or trends that are not possible to spot through analysis of top level statistics. This aspect of the strategy was tested in December 2016 when there was a suspected 'cluster' of suicides in Kent and the partnership was mobilised quickly and to good effect e.g intelligence was shared appropriately and judgement was used regarding mitigation, support and training provided to key stakeholders.
- ii. Release the Pressure – phase two
Another wave of publicity has been launched, starting in spring 2017 to reinforce the awareness created by the 2016 social marketing campaign. Training monies have also been secured via Health Education England to support the campaign and to work closely with the Kent and Medway Partnership Trust (KMPT).
- iii. Better support for bereaved families
This is currently a priority within Kent and Medway Suicide Prevention Strategy but it is an area that could be developed. Public Health will work with charities, CCGs and the Kent Coroner Service to strengthen the support available

3.0 **Wider Public Mental Health Programme in KCC to support the Reduction in Suicides and Promote Good Mental Wellbeing**

3.1 **Kent Public Health:**

- **High Quality Data and Needs Assessments** that serve the whole Kent health and social care system have been developed. These include recent needs assessments on children's mental health, perinatal mental health, personality disorder, eating disorders, self-harm and depression. All of these needs assessments have clear recommendations and data to assist local commissioners in service development and improvement.
- **Kent Data Integration and Linked Data:** This programme of work has been used to advance the provision of equitable bed use in Mental Health Acute Hospitals and in understanding and supporting the police and NHS in tackling those vulnerable people picked up on the police section 136 (Crisis Care Concordat).
- **Kent Wellbeing Index:** Kent public health have developed an innovative wellbeing index which can describe local strengths, assets and challenges for each ward in Kent and compare local wellbeing index with the Kent average. This assists in local community shaping and planning and can assist local partnership groups and voluntary sector groups.
- **Drugs and Alcohol Strategies and Commissioning:** Kent public health leads the commissioning of services for drugs and alcohol with a budget of approximately £13 million. Approximately 70 to 80% of sufferers of addictions to drugs and alcohol have co-current mental health and addiction problems. Ensuring that the services treat the most vulnerable and complex patients and link with NHS services is a vital aspect of

commissioning. At the same time taking a proactive and preventative approach in delivering messages, community action and campaigns is also embedded in the public health business plan.

- **Parity of Esteem:** People with mental health problems die – on average - 25 years earlier than those with good mental health. The deaths occur from COPD, cancer and other long-term physical health conditions. Therefore it is vital that all public health services are trained in delivering services to people with mental illness. The Kent public health “One You” service is equipped and targeted to deliver public health outcomes for people with mental health problems.
- **Headstart & Children’s Emotional Wellbeing and Starting Well:** Kent public health budget directly supports provision of school nurses, health visitors, children’s centres and the preventative programme Headstart.
- **Sexual Health:** There are many links between sex, relationships and good mental health. The public health budget supports ‘Positive Relationships’ – a service for young vulnerable women. The sexual health commissioners in public health are also ensuring high quality psychosexual counselling is available and supporting sexual assault and referral work commissioned by NHS England.
- **Domestic Violence:** The public health budget contributes to the provision of IDVA (Independent domestic violence advisors) and trained health visitors to provide support. The IDVA service is being redesigned to equip a variety of front line workers skills in tackling and signposting issues of domestic violence.
- **Health Inequalities:** The large gap in health and social outcomes between those who are wealthy and those who are the poorest in Kent is likely to lead to greater feelings of stress and shame in those who are struggling. Creating equity and equality and developing and empowering communities has a mitigating impact on consequences of poverty. The public health inequalities strategy contains practical steps for the most deprived communities in Kent. The principle of developing and empowering deprived communities and reducing the disparities in health outcomes as well as enhancing the local assets in communities where there are high levels of deprivation is called ‘Social Capital’. The Health Inequalities Strategy points to improvements in local social capital may have good impact on local well being and increase social cohesion which can lead to increased social and emotional wellbeing.
- **Mental Wellbeing Promotion/ Kent Sheds:** This is a programme of empowerment and support that vulnerable men provide for each other. The Kent Men’s Sheds are small scale community development projects running across the whole of Kent that provide safe spaces, opportunities for skills sharing, volunteering and returning to employment while providing mutual support and care. Kent has recently received a considerable research grant as contributor to a large scale International Men's Shed's programme which will start in 2018 and will enhance and strengthen the work for men's mental wellbeing in Kent.
- **Mental Wellbeing Promotion/ Mental Health Awareness Training:** Kent Public Health have received £150,000 from Health Education England to work alongside KMPT (mental health trust) to commission and provide mental health awareness/ suicide prevention training to key workforce groups in Kent.

- **Making Every Contact Count (MECC):** The public health budget is enhanced via Health Education England to co-ordinate the key workforces across Kent to feel equipped to ask 'difficult' questions and provide basic health and support and signposting on a range of public health issues including issues about poor wellbeing.

3.2 Kent County Council – examples of delivery of Mental Wellbeing across KCC Directorates

- **Adult Social Care:** Works directly with domestic violence, LGBT mental health, offenders, learning disabilities and currently piloting social work in primary care.
- **Children/ Children in Care and leaving Care:** Links to Emotional Wellbeing Strategy for Kent.
- **Older People's Services:** tackling social isolation via commissioning of community and voluntary sector infrastructure, grants, dementia cafes, supported housing and workforce.
- **Adult Social Care and Public Health: Live Well Service:** Innovative commissioning alongside CCGs of community mental wellbeing wraparound services including Time to Change Campaign, employment, social prescribing, advice and signposting, befriending and community support via voluntary sector.
- **Growth, Environment and Transport:** Countryside Management Partnerships are part of the Live Well network with Porchlight and Shaw Trust, using parks and greenspaces to deliver mental health interventions.
- **Community Wardens** play an important role supporting vulnerable people and reducing social isolation.
- **The Heritage team** are working on strategies to use engagement with heritage projects to improve wellbeing of volunteers and participants.
- **Kent Libraries** have wellbeing hubs where wellbeing books are kept and people supported via 'Books on Prescription'.

3.3 The Strategic Transformation Plan (STP) for Mental Health in Kent.

Kent Public Health, alongside Kent Social Care, are actively involved in shaping the STP for Kent and Medway. This involves high quality data and modelling, taking a co-ordinated preventative approach that builds on Live Well Kent, working with other local care systems to integrate mental health and well being into the heart of local health care systems and integrating Drugs and Alcohol services into the core of mental health services. This work is ongoing and also involves building a resilient and sustainable workforce.

3.4 Within the PHE Guidance, there are three main areas of responsibility for local authorities:

- i. Building a partnership approach
KCC Public Health facilitate and chair the Kent and Medway Suicide Prevention Steering Group with extensive membership from statutory agencies, public sector partners, voluntary sector groups, mental health charities, academics and individuals. The Steering Group meets quarterly.

- ii. Making sense of national and local data
The Kent Public Health Observatory produces an annual audit of suicide statistics using data from the Primary Care Mortality Dataset. Local media monitoring is undertaken on an ongoing basis and all partners regularly share information between meetings if unusual suicide activity is identified.
- iii. Developing a suicide prevention strategy and action plan
With strong input from the Steering Group, KCC Members and the public, Public Health published the 2015-2020 Kent and Medway Suicide Prevention Strategy and Action Plan in Sept 2015. The Action Plan is monitored and updated at every quarterly Steering Group meeting. In addition the action plan covers wider public mental health prevention including the Live Well service and initiatives such as Kent Sheds, Six Ways to Wellbeing and workplace wellbeing.

4.0 Recommendation

Corporate Management Team is asked to note the contents of the report and make comments and suggestions on the progress update.

5.0 Attached documents

Letter from the Secretary of State for Health Nov 2016



Sec of State Letter
Suicide Prevention Pl

6.0 Contact details

Report Author

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Relevant Director

- Andrew Scott-Clark, Director of Public Health
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Appendix 1

Mental Well Being Index Tool

<http://www.kpho.org.uk/health-intelligence/disease-groups/mental-health/kent-mental-health-and-wellbeing-index>

KENT PUBLIC HEALTH
OBSERVATORY

New to the tool?
Launch our short
helpguide

Kent Mental Health & Wellbeing Index Local Wellbeing Tool

The Kent Mental Health & Wellbeing Index is constructed from 70 measures of a wide range of individual, household and area aspects of wellbeing. It has been constructed at a ward-level, and provides an assessment of the relative assets and vulnerabilities of an area in respect of the mental health and wellbeing of the population within it.

Select district and ward:

1. District

Canterbury

Dartford

2. Ward

Eleve

Elkendon

Reset Filter

Assets and Vulnerabilities: Benchmarked against Kent - Aylesford Green

Legend: Aylesford Green (teal), Ashford District (orange), Kent (purple)

Overall Wellbeing Index: Aylesford Green

Ranked 262nd Overall

Assets and Vulnerabilities: Summary - Aylesford Green

Self	<ul style="list-style-type: none"> Education Material Wellbeing Health Life Self Satisfaction
Supports	<ul style="list-style-type: none"> Strong & Stable Families Facial Capital
Systems & Structures	<ul style="list-style-type: none"> Enabling Infrastructure Local Economy Effective Public Services Crime

Asset (within upper quartile in Kent)
 Vulnerability (within lower quartile in Kent)
 Average (within interquartile range in Kent)

Useful links

Data Sources

- [KPHO Health & Social Care Data](#)
- [KCC Business Intelligence Area Profile](#)
- [Public Health Evidence Local Health](#)
- [Health & Social Care Action Plan for Kent - Analytical Review](#)

Other Links

- [Kent MHI](#)

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let's end mental health discrimination

The Time to Change Organisational Pledge . . . the next steps

About the Time to Change Pledge

To drive long term change, Time to Change are working with organisations to deliver campaign activity in our networks and communities. KCC Graham Gibbens signed the Time to Change pledge on the 10th October 2013 with Kent and Medway NHS and Social Care Partnership Trust. (KMPT). Both organisations need to participate in a major national movement for change. Pledging to support Time to Change is a display of our drive to be active in tackling mental health stigma and discrimination in our workplace. Importantly, it shows that this commitment has support from the top - helping to inspire the culture of our organisations.

Kent County Councils Pledge action plan

The Pledge is purely an aspiration. It is a statement of our intent to work towards improvement, what we are aiming to do to, to support these aspirations. The Pledge action plan will also help us to transform our aspirations into tangible activity, helping to make them a reality.

KCC is serious about being active in the campaign to ensure the Time to Change Organisational Pledge maintains its value.

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**Diane Marsh Member
Mental Health Champion**

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Pledge Action Plan 2017

Activity description	Internal lead (include contact details)	Timescale
Public Health Cabinet Committee to comment and consider the Action Plan	Diane Marsh Diane.marsh@kent.gov.uk	22 nd September 2017
Adult Social Care Cabinet Committee to comment and consider the Action Plan	Jessica Mookherjee Jessica.Mookherjee@kent.gov.uk Sue Scamell Sue.scamell@kent.gov.uk	29 th September 2017
Identify Mental Health Champions in each Directorate, and KCC workplaces	Diane Marsh	Ongoing

<p><i>Live It Library</i> - The Live It Library is an online resource of, and for, people who have experienced or are experiencing mental health issues so they can tell their stories. This can be the individual themselves, carers, friends and relatives and even mental health professionals. The aim of the library is to share stories, challenge stigma, promote understanding, to offer hope and to enable people to speak honestly about their experiences and their recovery stories. http: https://www.kmpt.nhs.uk/live-it-library/live-it-library.htm Run by a multi-agency group and carers</p>	<p>Pam.Wooding@kmpt.nhs.uk</p>	<p>¼ ly events to be held across Kent and Medway</p> <p>Positive employment stories to be used as part of the anti-stigma campaign.</p>
<p>Release the Pressure Campaign to run again during world MH week</p>	<p>Tim.woodhouse@kent.gov.uk</p>	<p>October 8th – 14th 2017</p>
<p>Live Well Kent – promoting the Six Ways To Wellbeing, linking in with internal health promotion to promote website and Ways to Wellbeing across organisations, Lead Porchlight and Shaw Trust (Strategic Partners)</p> <p>Delivery Partners to sign the Time to Change Pledge</p>	<p>ChrisCoffey@porchlight.org.uk Liz.Bailey@shaw-trust.org.uk</p>	<p>October 10th 2017</p>
<p>Social Media Event to celebrate World Mental Health Day 10th October 2017. Themes: 1 in 4 of us will have a MH issue Tackling stigma in the workplace</p> <p>In conjunction with KMPT, Porchlight, Shaw Trust, Health Watch, CCG's</p>	<p>Internal and External Communication Teams</p>	<p>September 2017- 10th October 2017</p>

<p>Outstanding CCG's to sign the Time to Change pledge, Personal stories to be shared from September, Short films, statements picture campaigns</p> <p>Districts and Boroughs to sign Time to Pledge at Sessions House on World Mental Health Day 2017 Stone Hall Event</p>	<p>Diane Marsh</p>	<p>October 10th 2017 September 2017- 10th October 2017</p>
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From: Graham Gibbens, Cabinet Member for Adult Social Care
Anu Singh, Corporate Director of Adult Social Care and Health

To: Adult Social Care Cabinet Committee – 29 September 2017

Subject: **END OF LIFE CARE STRATEGY**

Classification: Unrestricted

Previous Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary: This reports sets out how Adult Social Care is working with a range of partners to implement End of Life Care against the Ambitions for the Palliative and End of Life Care: A national framework for local action 2015-2020.

Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the End of Life Care Strategy (attached as Appendix 1) and **AGREE** for an annual progress report to be presented to the Committee.

1. Introduction

- 1.1 End of Life Care is central to the wider reform and transformation being delivered under the NHS Five Year Forward View published in October 2014, to ensure that increasingly care is provided in community settings and available much closer to people's homes.
- 1.2 Adult Social Care plays a key role in delivery of the End of Life Care for people and carers. The aim is to work with partners in the assessment, support and planning of care for people, which delivers choice, control and the care they need to manage End of Life Care as they want. Adult Social Care considers the support to carers as a critical element of this process. Adult Social Care is committed to working jointly with all other services in providing help and support in order to ensure that all care is fully integrated.
- 1.3 In order to achieve a whole system change and shared vision, the following strategies are currently being developed in Kent:
- East Kent Clinical Commissioning Group - End of Life Care Strategy: Promoting high quality care for all adults at the End of Life - 2016 – 2018

- West Kent Clinical Commissioning Group - End of Life Care Strategy 2016-2019
- Medway and Swale Clinical Commissioning Group - End of Life Care Strategy

2. Kent End of Life Care Strategy

- 2.1 To support the development of the above strategies and for Adult Social Care to understand how it is working to implement End of Life Care, an assessment of current activity against the national framework was undertaken. Outcomes from the assessment resulted in the End of Life Care in Kent Strategy which is designed to keep people informed of our current activities and sign post for further information. By measuring current activity against the national framework this has allowed us to identify gaps and develop an operational action plan.
- 2.2 Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020 was published in 2015. It reframes the government's 2008 National End of Life Care Strategy placing person-centred care at the forefront and presents six ambitions, based on collective experience and analysis of the many reviews and reports in to this area of care, along with what is needed to realise these ambitions. The ambitions are the driving force for current innovation and initiatives in End of Life Care, they are:
- Each person is seen as individual
 - Each person gets fair access to care
 - Maximising comfort and wellbeing
 - Care is coordinated
 - All staff are prepared to care
 - Each community is prepared to help

3. Governance

- 3.1 Adult Social Care is a member of the Kent, Surrey and Sussex, Academic Health Science network End of Life Care Advisory Group, which consists of a range of partners working across the region to improve End of Life Care.
- 3.2 It is proposed that the Adult Social Care End of Life Care Strategy and action plan is overseen by health and social care in Kent. A yearly Innovation Workshop organised through the Design and Learning Centre for Clinical and Social Innovation will review the plan and set new targets for the year ahead.

4. Conclusion

- 4.1 The End of Life Care Strategy has allowed Adult Social Care to benchmark against the national framework. The Strategy provides information on the current offer and where gaps have been identified. An operational action plan has been developed to identify ways to improve the experience of End of Life Care which will also be achieved through effective and robust partnership working across health and social care and the voluntary and private sector.

5. Recommendation(s)

5.1 Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the End of Life Care Strategy (attached as Appendix 1) and **AGREE** for an annual progress report to be presented to the Committee.

6. Background Documents

Ambitions for Palliative and End of life Care <http://endoflifecareambitions.org.uk/>

7. Report Author

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Relevant Director

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Kent County Council Social Care, Health and Wellbeing
Adult Social Care

End of Life Care in Kent

Our progress on implementing End of Life Care against the national framework,
identifying gaps and taking action.

End of Life Care in Kent

This document sets out how Adult Social Care is working to implement End of Life Care against the Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020 published September 2015. The framework sets out an agenda for improving the quality and effectiveness of services. KCC plays a key role in delivery of the End of Life Care strategy for clients and carers. This is designed to keep staff informed of our current activities and sign post for further information. By measuring our current activity against the national framework has allowed us to identify where there are gaps and develop a high level action plan.

It is essential that we work with partners in the assessment, support and planning of care for the clients, which delivers choice, control and the care they need to manage End of Life Care as they want.

Anne Tidmarsh, Director of Older People and Physical Disability

Penny Southern, Director of Disabled Children, Adult Learning Disability and Mental Health

Six ambitions to bring the vision about:

- 01 Each person is seen as an individual
- 02 Each person gets fair access to care
- 03 Maximising comfort and wellbeing
- 04 Care is coordinated
- 05 All staff are prepared to care
- 06 Each community is prepared to help

"I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me and the people who are important to me, including my carer(s)"



Ambition 1:

Each person is seen as an individual

Building blocks for achieving this ambition:

- Honest conversations
- Clear expectations
- Systems for person centred care
- Integrated Care
- Helping people take control
- Access to social care.

Activity in Kent

- Assessment and eligibility criteria (policies in place)
- Assessment process (policies in place)
- Personalised Care and Support Plans (policies in place)
- Anticipatory Care Plans across Kent
- Helping people take control through Personal Budgets, Personal Health Budgets for Continuing Health Care and Integrated Budgets in South Kent Coast Clinical Commissioning Group
- Exploring and implementing new models of integrated care through the Integration Pioneer Programme
- KCC Continuing Health Care team work jointly with health colleagues and ensure that the individual is at the centre of any assessments completed
- Older Persons Dynamic Purchasing System contract (April 16): providers encouraged to use Share My Care and Electronic Palliative Care Co-ordination System (EPACCs)
- Equipment is prioritised for people at End of Life Care
- Ensuring that the right support is in place for the carer (carer's policy), this policy is currently being revised and End of Life Care will be included
- At Westbrook House Integrated Care Centre, the nursing beds use the Kent and Medway Community Health Trust (KCHFT) End of Life Care pathway policy/procedures are used. On the non-nursing units the care planning process is supported via health care professionals.

Ambition 2:

Each person gets fair access to care

Building blocks for achieving this ambition:

- Using existing data
- Creating new data
- Community partnership
- Person centred outcome measurement.

Activity in Kent

- Contract monitoring on the Older Persons Dynamic Purchasing System contract (April 16) will look for evidence around End of Life Care provision, sensitive conversations, training for staff, good communication practices
- Data is collated on equipment orders for End of Life Care which can be used to inform strategies
- Staff treat all clients equally, therefore following the same process and policies for all clients
- Clear process for End of Life Care referrals.

Ambition 3:

Maximising comfort and wellbeing

Building blocks for achieving this ambition:

- Building Blocks for achieving this ambition:
- Skilled assessment and symptom management
- Priorities for care of the dying person
- Rehabilitative palliative care.

Activity in Kent

- Assessment and Care and Support planning is to ensure that are maximising the person's independence and social participation to the extent that they wish
- Developing new ways of integrating care through the Design and Learning Centre for Clinical and Social Innovation
- In - House services - relatives/friends are able to visit 24 hours a day and are offered meals, offered to stay overnight if appropriate. The centres facilitate access to health care professionals such as hospice team and GP.
- East Kent pharmacists have developed 'just in case' boxes which are to ensure the person's pain management and dignity.

Ambition 4:

Care is coordinated

Building blocks for achieving this ambition:

- Shared records
- Everyone matters
- A system wide approach
- Clear roles and responsibilities
- Continuity in partnership.

Activity in Kent

- Older Person's Dynamic Purchasing System contract (April 16): providers encouraged to use Share My Care and Electronic Palliative Care Co-ordination System (EPACCs)
- Integrated care centres - Due to the nature of the unit, records are both health and social care and the working arrangements and agreement is such that information from both organisations supports shared care
- Shared records where a person has given their consent
- East Kent Patient and Carers information pack (KCC, Health and other organisations)
- East Kent End of Life Care Strategy (KCC, Health and other organisations)
- East Kent End of Life Care pathway redesign group (KCC, Health and other organisations) to ensure joined up care
- End of Life Care work-stream in Medway and Swale to ensure national and local targets are met in relation to End of Life Care and development and delivery of the national and local End of Life Strategy (KCC, Health and other agencies)
- Regular Continuing Health Care meetings between KCC and Health
- KCC Continuing Health Care team is currently working on Nursing Home project in the Thanet area to share information to ensure they understand when a client may need to be referred to Continuing Health Care or when to consider a Fast Track. To ensure they identify clients earlier who may be eligible for NHS Continuing Health Care or Fast Track if evidence suggests end of life palliative care
- Collaborative working and information sharing is all within policies to support staff. Secure accounts for staff to use to share information with Health
- Commissioning is working towards full integration including pooled budgets and above services will be included. This will be part of the next stage of KCC's Transformation work and Clinical Commissioning Group's Strategic and Transformation Planning which includes Vanguard, Integrated Care Organisations and other New Models of Care
- Ellenor Palliative and End of Life Care Pilot : The Care Home Support Team at Ellenor Hospice is being expanded in order to provide palliative and End of Life Care support to all nursing home residents in the Dartford, Gravesham and Swanley area. The team will manage the palliative needs of all residents and produce detailed care plans in liaison with the resident's GP, social care providers and the staff within an individual's own home
- Shared Care Planning – Care Planning Management System –West Kent has started with the End of Life Care pathway
- Clinical Commissioning Groups and KCC have developed plans to integrate which will improve communication
- Community Learning Disability Teams are integrated with health.
- The KCC Commissioning Team is exploring whether ongoing services could be jointly commissioned with the NHS. Urgent Care Boards are made aware of this lack of provision
- The Community Learning Disability Teams have two dedicated staff for End of Life Care who are a contact point for local hospices.

Ambition 5:

All Staff are prepared to care

Building blocks for achieving this ambition:

- Awareness of legislation
- Professional ethos
- Knowledge based judgement
- Using new technology
- Support and resilience
- Executive governance.

Activity in Kent

- Staff utilise technology - telecare
- Director lead for End of Life Care
- KCC End of Life Care steering group set up, which meets on an annual basis
- Access to national information and forums.

Training:

- Integrated Care Centres – Kent and Medway Community Health Trust staff based on site access internal training via their organisation. Kent and Medway Partnership Trust staff based on site access training via the hospice
- The KCC Continuing Health Care Team is currently rolling out webinars and workshops. Plans to upskill KCC staff on Continuing Health Care to ensure they understand when someone may be eligible for Continuing Health Care or Fast Track for those entering a terminal phase
- KCC is supporting the Federate Scheme, developed by the Hospice in the Weald (HitW), to provide Level 3 NCFE (Northern College of Further Education) certified qualification for Care Homes and Home Care agencies in West Kent Clinical Commissioning Group area at zero cost to the provider. Sharing information on End of Life Care events and training resources with Care Homes, Supported Living for Adults and Homecare providers as it arises. Contract monitoring by KCC will look for evidence of staff receiving training in communication and End of Life Care practices.
- Pilot underway in Dover and Thanet called 'Time to Talk', which is facilitated by members of the Community Learning Disability Team. It is dedicated time for members of the integrated team to discuss End of Life Care and go through any cases they may have. .

Ambition 6:

Each Community is prepared to help

Building Blocks for achieving this ambition:

- Volunteers
- Practical support
- Public awareness
- Compassionate and resilient communities.

Activity in Kent

- Health Watch End of Life project: The initial phase of the project has been completed and Healthwatch is about to start the second phase gathering patient, family and carer views of End of Life Care services
- Care Navigators across Kent, in some areas working in GP surgeries
- National Picture
- The Chief Social Worker for Adults is committed to raising the profile of social workers and social care Within End of Life Care provision and leading on improving the delivery of End of Life Care and Bereavement Care within social care
- The Association of Palliative Care Social Workers and the British Association of Social Workers have recently published best practice guidance for social workers in palliative, End of Life Care and Bereavement Care to support raising the standards of practice in social work
- Follow NHS England End of Life Care Programme.

Supporting Documents

- Medway / Swale End of Life Care Programme Board
- East Kent End of Life Care Policy
- East Kent End of Life Care Strategy
- East Kent Patient Pack
- East Kent Carers Pack
- Ambitions for End of Life Care – National Framework
- Ellenor End of Life Care Pilot

NHS Choices - End of Life Care

Link to a short video produced collaboratively between NHS England and the National Council for Palliative Care, The video aims to help patients feel more empowered to make informed choices by encouraging them to maximise the benefits of their consultations with clinicians as well as dispelling myths about palliative and end of life care. The video is also a helpful tool for staff to help them to work with patients in an effective manner so that they feel reassured and confident about navigating a complicated healthcare system.

<http://www.nhs.uk/Planners/end-of-life-care/Pages/what-it-involves-and-when-it-starts.aspx>

Access – OpenAthens

OpenAthens is a service that allows people to access a series of online resources free of charge with just a single OpenAthens account.

Health Education England e-Learning for Healthcare (HEE e-LfH) is adding the e-LfH Hub and its thousands of e-learning sessions to the list of OpenAthens resources to make it easier for certain groups of the health and social care workforce to access e-LfH's e-learning. The OpenAthens eligibility criteria, which are managed by NICE, cover anyone working directly with NHS patients. Anyone working directly on the development and/or delivery of training materials for either NHS staff or NHS patients within an organisation that provides NHS-commissioned care or commissions care for NHS patients in England is also covered.

For more detailed information on the eligibility criteria, and to register, please visit: www.nice.org.uk/about/what-we-do/evidence-services/journals-and-databases/openathens/openathens-eligibility

More information

For more information please contact:

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From: John Lynch, Head of Democratic Services
 To: Adult Social Care Cabinet Committee – 29 September 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 note 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. Terms of Reference

2.1 At its meeting held on 27 March 2014, the County Council agreed the following terms of reference for the Adult Social Care and Health Cabinet Committee:-
‘To be responsible for those functions that sit within the Social Care, Health and Wellbeing Directorate and which relate to Adults’.

2.2 Further terms of reference can be found in the Constitution at Appendix 2, Part 4, paragraphs 21 to 23, and these should also inform the suggestions made by Members for appropriate matters for consideration.

3. Work Programme 2017/18

3.1 An agenda setting meeting was held on 20 July 2017, at which items for this meeting were agreed and future agenda items planned. The Cabinet Committee is requested to consider and note the items within the proposed Work Programme, set out in the appendix to this report, and to suggest any additional topics that they wish to be considered for inclusion to the agenda of future meetings.

3.2 The schedule of commissioning activity which falls within the remit of this Cabinet Committee will be included in the Work Programme and considered at future agenda setting meetings. This will support more effective forward agenda

planning and allow Members to have oversight of significant service delivery decisions in advance.

- 3.3 When selecting future items, the Cabinet Committee should give consideration to the contents of performance monitoring reports. Any 'for information' or briefing items will be sent to Members of the Cabinet Committee separately to the agenda, or separate Member briefings will be arranged, where appropriate.

4. Conclusion

- 4.1 It is vital for the Cabinet Committee process that the Committee takes ownership of its work programme, to help the Cabinet Member to deliver informed and considered decisions. A regular report will be submitted to each meeting of the Cabinet Committee to give updates of requested topics and to seek suggestions of future items to be considered. This does not preclude Members making requests to the Chairman or the Democratic Services Officer between meetings, for consideration.

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

6. Background Documents

None.

7. Contact details

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ADULT SOCIAL CARE CABINET COMMITTEE – WORK PROGRAMME 2017/18
Items to every meeting are in italics

Pattern of items appearing annually or six monthly	
Meeting	Item
23 NOVEMBER 2017 – 10.00 am	<ul style="list-style-type: none"> • Adult Social Care Performance Dashboards to alternate meetings • Adult Safeguarding – as a separate item or as part of a transformation update? (GG and MTS to discuss) • Social Impact Bonds (added by LS, email 6 7 17) • Personal Health Budget s.75 Agreement • Accommodation Strategy update (last reported December 2016) • Autumn Budget Statement • Adult Social Care – Government green paper (moved from September agenda) • 17/00062 – Older People and People Living with Dementia core offer (moved from September agenda) • 17/00074 – Homelessness Service (moved from September agenda) • Future Direction of Independent Living Service • Verbal updates by the Cabinet Member and Corporate Director • Budget Monitoring report (added by Leader’s Group 12 6 17 as regular item) • Contract Monitoring (new regular item, requested by Leader) • Work Programme 2018
19 JANUARY 2018 – 10.00 am	<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) • Social isolation and loneliness (requested by David Monk, 20 7 17) • Respite Care Service (requested by Barry Lewis, 20 7 17) • 2018/19 Budget and Medium Term Financial Plan • Verbal updates by the Cabinet Member and Corporate Director • Budget Monitoring report (added by Leader’s Group 12 6 17 as regular item) • Contract Monitoring (new regular item, requested by Leader) • Work Programme 2018
9 MARCH 2018 – 10.00 am	<ul style="list-style-type: none"> • Draft Directorate Business Plan • Risk Management report (with RAG ratings) • Transformation Update (six-monthly) • Verbal updates by the Cabinet Member and Corporate Director • Budget Monitoring report (added by Leader’s Group 12 6 17 as regular item) • Contract Monitoring (new regular item, requested by Leader) in MARCH, Domestic Abuse Service and CVS Infrastructure and Support • Work Programme 2018

Pattern of items appearing annually or six monthly	
Meeting	Item
January	Budget and Medium Term Financial Plan
March	Draft Directorate Business Plan Risk Management report (with RAG ratings) Transformation Update (six-monthly) Adult Social Care Performance Dashboards to alternate meetings
June / July	Annual Equality and Diversity Report

Last updated on: 21 September 2017

September	Annual Complaints Report Transformation Update (six-monthly) Adult Social Care Performance Dashboards to alternate meetings
November / December	