

ADULT SOCIAL CARE CABINET COMMITTEE

Friday, 19th January, 2018

10.00 am

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



AGENDA

ADULT SOCIAL CARE CABINET COMMITTEE

Friday, 19 January 2018 at 10.00 am
Darent Room, Sessions House, County Hall,
Maidstone

Ask for: **Emma West**
Telephone: **03000 412421**

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, Ms S Hamilton, 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

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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 23 November 2017 (Pages 5 - 12)
To consider and approve the minutes as a correct record.

- 5 Verbal Updates by Cabinet Member and Corporate Director (Pages 13 - 14)
To receive verbal updates from the Cabinet Member for Adult Social Care and the Corporate Director of Adult Social Care and Health.
- 6 Safeguarding Adults Update (Pages 15 - 20)
To receive a report which provides Members with an update on Adult Safeguarding in Kent for the period April to September 2017.
- 7 Kent Advocacy Contract (Pages 21 - 38)
To receive a report which provides Members with an update on the commissioning and performance of the Kent Advocacy Contract.
- 8 End of Life Care in Kent (Pages 39 - 56)
To receive a report which shares the updated overview of End of Life Care in Kent and an action plan which sets out areas for improvement and gaps that have been identified and how they will be addressed.
- 9 Draft 2018-19 Budget and 2018-20 Medium Term Financial Plan (Pages 57 - 60)
To receive a report which sets out the draft 2018-19 Budget and the 2018-20 Medium Term Financial Plan.
- 10 Revenue and Capital Budget Monitoring - October 2017-18 (Pages 61 - 62)
To receive a report which provides Members with the latest revenue and capital budget monitoring position for the 2017-18 financial year.
- 11 Work Programme 2018/19 (Pages 63 - 66)
To receive a report from the General Counsel on the Adult Social Care Cabinet Committee's Work Programme for 2018/19.

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)

Ben Watts,
General Counsel
03000 416814

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, 23rd November, 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, Ms S Hamilton, Mr P J Homewood, Mr P W A Lake, Mr B H Lewis, Ida Linfield and Mr R A Pascoe

OTHER MEMBERS: Graham Gibbens

OFFICERS: Melanie Anthony (Commissioning and Development Manager), Michelle Goldsmith (Finance Business Partner), Emma Hanson (Policy Manager), Mark Hogan (Independent Living Support Services Manager), Christy Holden (Head of Strategic Commissioning - Accommodation Solutions), Sue McGibbon (Project Manager - West Kent), Anu Singh (Corporate Director, Adult Social Care and Health), Penny Southern (Director, Disabled Children, Learning Disability and Mental Health), Anne Tidmarsh (Director, Older People and Physical Disability), Tracy Veasey (Commissioning Officer) and Emma West (Democratic Services Officer)

UNRESTRICTED ITEMS**42. Membership**
(Item 2)

The Chairman stated that it was with regret that she had to inform Members of the death of Mr Gregory on 16 October 2017. Sarah Hamilton filled the vacancy following Mr Gregory's death.

Members of the Adult Social Care Committee noted the changes to the membership of the Committee.

43. Apologies and Substitutes
(Item 3)

Apologies for absence were received from Miss E Dawson, Mr G Koowaree, Ms D Marsh and Mr D Monk.

Mr R Bird attended as a substitute for Mr G Koowaree.

44. Declarations of Interest by Members in items on the agenda
(Item 4)

1. Mrs A D Allen declared an interest as a Trustee, in a personal capacity, of North West Kent Age UK and a Co-Chairman of a Partnership Group for Adults with Learning Disabilities.
2. Mr B H Lewis declared an interest as his wife was employed by Kent County Council.

45. Minutes of the meeting held on 29 September 2017
(Item 5)

1. RESOLVED that the minutes of the meeting held on 29 September 2017 be noted.

46. Verbal Updates by the Cabinet Member and Corporate Director
(Item 6)

1. Graham Gibbens (Cabinet Member for Adult Social Care) gave a verbal update on the following issues:

APPG for Housing and Older People – Rural Housing inquiry – the all-party parliamentary group for housing and care for older people took place in Westminster and investigated a range of issues specifically around the need to have appropriate housing in rural communities for older people, there were witnesses from a variety of sectors highlighting the issue and they said that many older people living in rural communities can feel isolated.

Place-based models of care – facilitated support module (LGA event) – the Health Improvement programme which focused on place-based models of care would be launched by LGA in the New Year.

Autism and Enablement – the Autism and Enablement update had taken place on 21 November 2017. Anne Tidmarsh (Director - Older People and Physical Disability) briefly discussed the successful publication of a book about an enablement pilot that had been carried out in the autism service and said that the pilot had been very successful.

World Mental Health day Event – the event was celebrated on 10 October 2017 and was held in County Hall, Sessions House. The event focused on how support could be provided to people suffering with Mental Health issues, the provision of Mental Health champions in offices and the importance in having these services available. He thanked Diane Marsh for organising the event.

LGA Annual Social Care conference – the event took place in Bournemouth in October 2017 and there had been a lot of focus on delayed transfers of care. There were a lot of authorities with concerns around the way in which the Government would address areas where delayed transfers of care were at an unacceptable level.

2. Anu Singh (Corporate Director of Adult Social Care and Health) gave a verbal update on the following issues:

Sustainability Transformation Plan update – The work had been completed for the Sustainability Transformation Plan and partner organisations had signed up. This meant that Kent would move on an international level as money would move from secondary and tertiary care into primary care. Very significant developments had been made and local care was moving rapidly. It was important to understand localities, geographies and communities and ensure that needs were being met at a local level to provide a sustainable care system financially.

Induction Visits – A lot of time had been spent with other teams across the county in different office/workbases to see how they work and how each team owned their local problems. Ms Singh said that all of the offices she had visited made her feel welcome and were friendly. She added that the culture in Kent was very 'can-do', all staff took ownership of issues and processes and were involved in leading transformation in Kent.

Esther Inspiration Day – The Esther model was a model that was introduced in Sweden and was used in Kent to ensure that staff have a better understanding of an individual's needs and also what matters to the staff as professionals. The Esther model was engaging for everybody and could be understood quickly and easily. It was important to reframe conversations with clients and communities and ensure that the public sector and the Health and Care sector were working together providing support to different service users. The Esther inspiration event was held on 7 November 2017; over 100 people attended the event to celebrate different ways of working to support others. Champions had been put in place and there were over 32 Esther coaches available and a further 16 in training. Anu Singh said that this was a social movement and would make a big difference to us as a county.

- a) In response a question, Anu Singh said that a Sustainability Transformation Plan (STP) meant that local organisations and communities had the opportunity to come together and discuss new ways of working, but the STP needed to be introduced to these organisations and communities in a way that was not perceived as damaging.
3. RESOLVED that the verbal updates by the Cabinet Member and Corporate Director, be noted.

47. Integrated Community Equipment Services Contracts
(Item 7)

1. Anne Tidmarsh introduced the report which set out information about the operation of the Integrated Community Equipment Services contract awarded to NRS Healthcare (Lot 1) and Technology Enabled Care Services contract awarded to Centra Pulse (Lot 2). She said that the contract was difficult to procure and there were a lot of difficulties, this was because there was not a lot of information readily available from the previous ways of delivering the equipment contract.
2. Mark Hogan (Independent Living Support Services Manager) and Tracy Veasey (Commissioning Officer) presented a set of slides to the Committee which highlighted the progress that had been made, achievements and challenges that would ensure continued service delivery, improved outcomes, savings and future developments.
 - a) In response to a question, Mark Hogan said that staff that had joined NRS from the NHS or KCC organisation had the option to stay in the NRS role or leave at any point. It had proved difficult to retain staff due to challenging driving jobs and competitive salaries elsewhere.
 - b) In response to a question, Mark Hogan said that although NRS relied on service users contacting them when they no longer need their equipment, service user reviews were carried out every 3 years; Prescribers would contact the service user to make sure they still needed the equipment provided.
 - c) In response to a question, Mark Hogan said that regular reviews were carried out for all equipment to ensure cost effectiveness whilst delivering good quality equipment to service users.

- d) In response to a question, Tracy Veasey said that the system was national and could be used by anyone. There were approximately 2,700 Prescribers using the system.
- e) In response to a question, Mark Hogan said that the system was data protected as unique pin numbers were provided to Prescribers which would give them access to their account information and transactions.

3. RESOLVED that the report be noted.

48. Adult Social Care Performance Dashboard
(Item 8)

- 1. Penny Southern introduced the performance dashboard which outlined the progress made against targets set for key performance and activity indicators for May 2017 for Adult Social Care.
 - a) In response to a question, Anne Tidmarsh said that the number of service users had been increasing steadily.
 - b) In response to a question, Anne Tidmarsh said that the enablement service was not mandatory and it was the choice of the individual as to whether they received care or not.
 - c) In response to a question, Anne Tidmarsh said that the targets in the report related to enablement services. She said that the main aim was to increase the number of individuals that could remain in their own home. Anu Singh said that the values in Kent were made up of personalisation, choice and control and said it was important to focus on all targets and bring them all together.
 - d) In response to a question, Anne Tidmarsh said that it was difficult to reach all older people in Kent and make them aware of the services that were available to them. She added that work was being done with Housing colleagues and the NHS to help individuals understand where they could go for help and support.

2. RESOLVED that the report be noted.

49. 17/00062 - Older People and People Living with Dementia Core Offer - Update
(Item 9)

- 1. Emma Hanson (Head of Strategic Commissioning – Community Services) introduced the report and provided an update regarding the proposal to end current funding arrangements and commission a new community based well-being service for Older People and People Living with Dementia.
 - a) In response to a question, Graham Gibbens (Cabinet Member for Adult Social Care) confirmed that the new monies for Adult Social Care announced in the March 2017 budget would be used for sustainability of the Social Care market, to impact upon delayed transfers of care and also for activities to do with general social care.

2. Anu Singh said that the Revenue Support Grant (RSG) had decreased over the years and Social Care needs had grown. She said that whilst Kent were focusing on providing good quality services and supporting outcomes, it was important to make sure that money was spent appropriately and efficiently.
3. Graham Gibbens (Cabinet Member for Adult Social Care) said that the demand for Adult Social Care had increased nationwide. He said it was important to be mindful of the allocated budget for Adult Social Care and to be as efficient and careful with the funding available as possible. He said that supporting Mental Health was very important and did not wish to cut voluntary contributions for Mental Health. He said that although Kent were facing challenging times, it was important to make sure that the funds available were used to the best of abilities.
 - b) In response to a question, Emma Hanson said that she had attended a Social Prescribing Network meeting and discovered that the number one contributor to Wellbeing was a person's connection to other people. She said that day services were a good way of tackling social isolation issues. Emma Hanson said that she had met with Age UK who had reached out to 700 older people that used their services to inform them of the day services that were available.
 - c) In response to a question, Emma Hanson said that social prescribing overall was successful but there was more that needed to be done with regards to getting practitioners on board.
 - d) In response to a question, Emma Hanson discussed communications with Age UK and said that communication was important in helping people learn about what the future held for them and what part they could play in shaping it.
 - e) In response to a question, Emma Hanson said that Dementia in social care was to be viewed as a long term issue. Anne Tidmarsh said that this was because circumstances could improve.
 - f) In response to a question, Emma Hanson welcomed advertising services on Kent Radio. Graham Gibbens said that he had advertised it on Kent Radio and also through the Kent Messenger group.
4. RESOLVED that the report be noted.

50. 17/00074 - Vulnerable Homelessness Service Redesign
(Item 10)

1. Mel Anthony (Commissioning and Development Manager) introduced the report which set out the Adult Social Care contracts for Housing Related Support Services for vulnerable homeless adults which would expire in September 2018. Contracts for similar services for young people would expire in April 2018.
 - a) In response to a question, Mel Anthony confirmed that the service providers were based all over the county and ranged in various provider types.

2. A Member commented on the excellent Homelessness Workshops that were available and the intensive work that was taking place with vulnerable individuals to prepare them for taking up their own tenancy, getting a job, and managing on their own without that additional support.
 - a) In response to a question, Mel Anthony said that the services highlighted in the report were specifically housing-related supported services that were delivered to homeless people or people who were vulnerable to homelessness.
3. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care, to seek development of an all-age Vulnerable Homelessness Strategy and the commencement of an aligned commissioning process to develop reconfigured models of provision for vulnerable homeless young people and adults, to be operational from October 2018, be endorsed.

51. 17/00112 - Future Direction of the Independent Living Service
(Item 11)

1. Penny Southern introduced the easy-read report which set out the plans for the future direction of the Independent Living Service (ILS), the changes that had been made and how service users would be supported through these changes.
2. Graham Gibbens (Cabinet Member for Adult Social Care) promoted the easy-read report and said that it would help individuals with learning disabilities. He added that the easy-read reports would be a regular feature of Adult Social Care reporting.
 - a) In response to a question, Sue McGibbon (Change Implementation Officer) said that the Independent Living Service users were from all over Kent.
3. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care, to agree to re-provide the Independent Living Service through alternative services to meet the current assessed need for those individuals who currently access the service, be endorsed.

52. Kent's Social Care Accommodation Strategy - Better Homes: Greater Choice - Annual Update
(Item 12)

1. Christy Holden (Head of Strategic Commissioning – Accommodation Solutions) introduced the report and presented a set of slides to the Committee which set out an annual update of the ongoing development and implementation of Kent's Accommodation Strategy.
 - a) In response to a question, Christy Holden said that Kent would look at the most appropriate solution for an individual when providing Respite Care services. She said that short term care had been built into the forecast as well as the long term care for care home accommodation.
 - b) In response to a question, Christy Holden said that there were ongoing conversations with Sevenoaks District Council regarding accommodation

plans to ensure that Kent were clear about what needed to be delivered. She said that the future funding of supported housing consultation had been of significance because developers did not know where the future revenue funding would be coming from. She said that although the provision of extra care services was expensive, other solutions were being explored.

c) In response to a question, Christy Holden and Graham Gibbens (Cabinet Member for Adult Social Care) said that the team were working very hard with Canterbury to provide extra care services.

2. RESOLVED that the report be noted.

53. 17/00113 - Proposed Changes to Historic Mental Health Voluntary Sector Grants
(Item 13)

1. Emma Hanson introduced the report which set out the historic Mental Health Grants that the Council were required to end by 31 March 2018 under the Voluntary and Community Sector Policy and proposed a future plan for each grant.
2. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care, to incorporate the 24/7 Telephone Service, Homelessness Support Service, Service User Expenses, Supported Accommodation and Debt Counselling into the Live Well Kent Contract, incorporate the Service User Forum and Mental Health Action Groups into the Healthwatch Kent Contract; and delegate authority to the Corporate Director of Adult Social Care and Health, or other nominated officer, to undertake the actions necessary to implement the decision, be endorsed.

54. Revenue and Capital Budget Monitoring - August 2017-18
(Item 14)

1. Michelle Goldsmith (Finance Business Partner) introduced the report which set out the latest revenue and capital budget monitoring position for the 2017-18 financial year and answered a question from the Committee in relation to the Corporate adjustment and the forecasting system.
2. Penny Southern said that there had been ongoing work with colleagues in Procurement teams regarding Kent's providers and their rates to pay for sleep-in, she said that this was a national issue and was being dealt with on a provider-to-provider basis. She said that the corporate adjustments were made at the end of the process to ensure the forecast was not incorrect.
3. RESOLVED that the report be noted.

55. Work Programme
(Item 15)

1. RESOLVED that the Work Programme 2018/2019 be noted.

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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 – 19 January 2018

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

Classification: Unrestricted

The Committee is invited to note verbal updates from the Cabinet Member for Adult Social Care and the Corporate Director of Adult Social Care and Health.

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

To: Adult Social Care Cabinet Committee - 19 January 2018

Subject: **SAFEGUARDING ADULTS UPDATE**

Classification: Unrestricted

Previous Pathway of Paper: None

Future Pathway of Paper: None

Electoral Divisions: All

Summary: This report presents an update on Adult Safeguarding in Kent for the period April to September 2017.

Recommendations: The Adult Social Care Cabinet Committee is asked to **CONSIDER** the content of this report in addition to the statutory annual report, **COMMENT** on the activity provided in the update and **CONSIDER** and **SUPPORT** the proposal for the additional funding for safeguarding and Deprivation of Liberty Safeguards in 18/19.

1. Introduction

- 1.1 This report presents an update on Adult Safeguarding in Kent for the period April to September 2017. This is an interim report and the full information for 2017/18 will continue to be included in the Kent and Medway Safeguarding Adults Board Annual Report.
- 1.2 As an upper tier authority, Kent County Council has lead responsibility for safeguarding the welfare of vulnerable adults in Kent. This is ultimately the responsibility of the Corporate Director of Adult Social Care and Health, as the statutory Director of Adult Social Services (DASS), and the Cabinet Member for Adult Social Care. It is however the responsibility of the whole Council, both members and officers, to ensure that safeguarding remains its highest priority. The partnership work that is undertaken, under the oversight of the Kent and Medway Safeguarding Adults Board, is critical to achieving this and the Council continues to work closely with Kent Police, local NHS organisations, Kent Fire and Rescue and Medway Council, as well as non-statutory partners and health and social care providers.

2. Adult Safeguarding Activity

2.1 Following the implementation of the Care Act 2014, the following definitions have been in use in safeguarding:

- Concern – Suspected abuse or neglect that is reported to or identified by the Council
- Enquiry – Formal action taken by the Council in response to a concern.

2.1.1 Not all new concerns reported to the Council progress to an enquiry. Some concerns are already known about and are being addressed and some concerns the Central Referral Unit (CRU) or operational teams (if person is already open to Adult Social Care) assess as not being a safeguarding matter or as requiring no further action.

2.2 Highlights of activity during April to September 2017 are:

- The number of concerns reported continues to increase, with an average of 841 concerns/month compared to 816/month in the preceding six months. However the rate of increase seems to be levelling off
- The high rate of concerns received by the CRU may have levelled off, with 496 concerns/month compared to 569/month in the preceding six months
- In the latest reporting period, 35.3% of safeguarding concerns received by the CRU were already open to operational teams, 16.8% were assessed as not safeguarding or required no further action and 46.7% progressed to a safeguarding enquiry
- However, concerns raised by or received directly by the operational teams continue to increase with 345 concerns/month compared to 247/month in the preceding six months
- The proportion of all concerns which become new enquires has remained broadly stable at 56.3%, compared to 56.9% for the preceding six months
- The rate of new safeguarding enquiries started has risen slightly, with an average of 474 enquiries/month, compared to an average 464/month in the preceding six months
- Outcomes of concluded enquiries remain broadly similar, with *Confirmed* or *Partially Confirmed* being found in 39.2% of cases, compared to 40.1% previously.

2.3 In order to ensure the delivery of continuing improvement in safeguarding practice and management, and outcomes for people served by Adult Social Care and Health, the County Council’s draft budget shows the intention to invest a further £1.5m in 2018/19 towards meeting this objective. The Adult Social Care Cabinet Committee is asked to support this investment.

2.4 Overall Activity

Activity	Apr 2016 to Sep 2016	Oct 2016 to Mar 2017	Apr 2016 to Sep 2017
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Total Safeguarding Concerns received	4817	4897	5047
Of which concerns received by the CRU	3226	3413	2975
Safeguarding Enquiries	2978	2788	2843
Closed Enquiries	2173	2971	3272

2.5 Primary support need of person named in the concern

Primary Support Reason	Apr 2016 to Sep 2016	Oct 2016 to Mar 2017	Apr 2017 to Sep 2017
Older	2848	2874	2944
Learning Disability	446	450	459
Mental Health	530	556	627
Physical Disability	366	270	328
Substance Misuse	under 5	under 5	11
Other Vulnerable People	211	244	292
Not Recorded	414	500	386

2.6 Source of concerns

Source of Safeguarding Concern	Apr 2016 to Sep 2016	Oct 2016 to Mar 2017	Apr 2017 to Sep 2017
Social Care Staff (KCC and Independent)	36.3%	32.6%	34.6%
Health Staff	26.6%	28.4%	22.7%
Self-Referral	0.5%	0.5%	0.3%
Family member	2.4%	2.3%	1.7%
Friend/neighbour	0.6%	0.6%	0.3%
Other service user	0.0%	0.0%	0.0%
Care Quality Commission	4.3%	2.4%	2.9%
Housing	2.7%	3.5%	3.1%
Education/Training/Workplace Establishment	0.2%	0.4%	0.3%
Police	13.4%	17.9%	11.9%
Other	11.0%	9.0%	13.7%
Unknown	1.9%	2.4%	8.6%

2.7 The percentage of safeguarding concerns received from the Police and from Health has fluctuated more in the last six months than would previously have been expected. Work is being done with their representatives on the Kent and Medway Safeguarding Adults Board to identify the underlying reasons for this.

2.8 Location of alleged abuse, in cases where enquiries were undertaken

Location alleged abuse took place	Apr 2016 to Sep 2016	Oct 2016 to Mar 2017	Apr 2017 to Sep 2017
Own Home	38.8%	41%	42.7%
Care Home (Residential and Nursing)	36.4%	35%	33.3%
Alleged Perpetrators Home	16.5%	16.3%	14.7%
Mental Health Inpatient Setting	0.4%	0.7%	0.6%
Acute Hospital	8.3%	8.2%	9.3%
Community Hospital	10.9%	9.3%	8.4%
Other Health Setting	0.3%	0.5%	0.3%
Supported Accommodation	1%	0.7%	1.3%
Day Centre/Service	3%	3.2%	2.9%
Public Place	3%	5%	5.3%
Other	1.3%	0.7%	0.9%
Not Known	0.2%	0.3%	0.2%

2.8.1 These have remained broadly the same. The slight increase in cases in the person's own home and decrease in cases in care homes mirrors the general move to continue to support people in their own home for longer.

2.9 Type of alleged abuse, in cases where enquiries were undertaken

Type of Risk	Apr 2016 to Sep 2016	Oct 2016 to Mar 2017	Apr 2017 to Sep 2017
Discriminatory	0.8%	1.2%	1.2%
Domestic Abuse	3.6%	2.2%	2.8%
Emotional/Psychological	18.9%	18.7%	19.2%
Female Genital Mutilation	0%	0%	0%
Financial or Material	14.6%	15.4%	14.3%
Modern Slavery	0.1%	0.1%	0.3%
Neglect and Omission	27.5%	26.4%	24.8%
Organisational	2.9%	2%	2.1%
Physical	38.3%	36%	38.4%
Self-Neglect	8.1%	9.8%	9.5%
Sexual	6.4%	4.7%	5%
Sexual Exploitation	1%	0.8%	1%

3. Mental Capacity Act and Deprivation of Liberty Safeguards

3.1 In the six months from April to September 2017, the Kent Mental Capacity Act Deprivation of Liberty Safeguards (MCA DOLS) Service received 2,741 applications for a DOLS authorisation. The service continues to screen

promptly all applications received and approximately 35% of referrals are prioritised using the Association of Directors of Adult Social Services (ADASS) screening tool. The waiting time for assessment for a prioritised application has been reduced to between four to six weeks which compares very favourably with other authorities. This has been achieved through the increased use of independent Best Interest Assessors (BIAs) and additional work is being undertaken to streamline further the processes of re-authorisation.

- 3.2 However, as with very many other authorities, following the very substantial national increase in applications in 2015 after the Cheshire West judgement extended the scope of the DOLS, there continue to be a growing number of non-prioritised applications. As at end of September 2017 this stood at over 4450. Regular work is undertaken to check and re-screen these non-priority referrals in order to review what, if any, risk there is to the individual. On average, this has led to 45% of these cases subsequently being closed, 49% remaining in non-priority and around 5% being re-prioritised following contact.
- 3.3 Given the pressure the Cheshire West judgement has caused to all Local Authorities, the Law Commission was tasked to look at the Mental Capacity Act and the Deprivation of Liberty Safeguards. The Government is now consulting with a range of stakeholders on how the Law Commission's recommendations could be implemented. The Government's final response to the recommendations will not be published until some point in 2018 and any subsequent legislative change will be some time after that, probably not coming into effect until 2020 or later.
- 3.4 As referenced in KCC's Autumn Budget Statement on 19 October 2017, preliminary scoping work is now being undertaken to explore options to address the non-priority cases.

4. Internal Audit – Reviews of Safeguarding and of DOLS

- 4.1 During this period, Internal Audit has revisited their previous audits on the Adult Safeguarding Quality Assurance Framework and on the DOLS Service. As is required, these findings were reported to the Governance and Audit Committee at its meeting on 1 November 2017.
- 4.2 The assessment of the Safeguarding Framework has now been raised to "Substantial" with prospects for improvements now being assessed as "Good". The assessment for DOLS is now "Adequate" with prospects for improvement being assessed as "Adequate". Although most of the issues identified in the first DOLS audit have been addressed, the ongoing pressure described in 3.3 and 3.4 above continue to affect the service.

5. Recommendations

<p>5.1 Recommendation: The Adult Social Care Cabinet Committee is asked to CONSIDER the content of this report in addition to the statutory annual report, COMMENT on the activity provided in the update and CONSIDER and SUPPORT</p>
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the proposal for the additional funding for safeguarding and Deprivation of Liberty Safeguards in 18/19.

6. Background Documents

None

7. Lead Officers

Annie Ho
Acting Head of Adult Safeguarding
03000 415355
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Steph Smith
Head of Performance and Information Management
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Daniel Waller
Directorate Manager of Governance and Member Support,
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Lead Director

Michael Thomas-Sam
Head of Strategy and Business Support
03000 417238
Michael.thomas-sam@kent.gov.uk

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 – 19 January 2018

Subject: **KENT ADVOCACY CONTRACT**

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary: This paper provides Cabinet Committee with an update on the commissioning and performance of the Kent Advocacy Contract.

Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on content of this report.

1. Introduction

1.1 This paper provides an update on the commissioning and performance management of the Kent Advocacy Contract.

1.2 The Kent Advocacy Contract is a countywide independent advocacy service which provides all of the Council's statutory and non statutory advocacy for vulnerable people aged 16 years and over.

1.3 What is advocacy?

1.3.1 Advocacy in all its forms seeks to ensure that people, particularly those who are most vulnerable in society, are able to:

- Have their voice heard on issues that are important to them
- Defend and safeguard their rights
- Have their views and wishes genuinely considered when decisions are being made about their lives.

1.3.2 Advocacy is a process of supporting and enabling people to:

- Express their views and concerns
- Access information and services
- Defend and promote their rights and responsibilities
- Explore choices and options.

1.3.3 An advocate is someone who provides advocacy support when needed. An advocate might help people access information they need or accompany them to meetings or interviews, in a supportive role. An advocate can also write letters on behalf of, or speak for someone in situations where they don't feel able to speak for themselves. Attached as Appendix 1 are some advocacy case studies that evidence positive the impact advocacy can have in people's lives.

2. Policy Framework

2.1 Local Authorities have a number of statutory duties, established in legislation to ensure people can access advocacy:

- **The Mental Capacity Act 2005** introduced the right to an **Independent Mental Capacity Advocate (IMCA)**, which gives some people who lack capacity a right to receive support to make specific decisions
- **The Mental Health Act 2007** introduced the **Independent Mental Health Advocacy (IMHA)** service to safeguard the rights of people detained under the Act and those on community treatment orders and to enable qualifying users to understand the legal provisions to which they are subject and to exercise their rights to participate in decisions about their care and treatment
- **The Health and Social Care Act 2012** introduced the **Health Complaints Advocacy Service**. Responsibility for commissioning the Health complaints advocacy service transferred from Department of Health (DoH) to local authorities, from 1 April 2013. The aim of this service is to support people who want to make a complaint about a health service, delivered through the NHS or privately sourced
- **The Care Act 2014** introduced a new statutory duty, from April 2015, in provision of **Independent Advocacy** to strengthen the voice of people and their carers going through assessment, care and/or support planning and care review processes, as well as those people who are being supported through the adult safeguarding process.

2.2 Community Advocacy exists to ensure vulnerable adults are supported to understand and explore choices and make their views known when dealing with issues relating to housing, employment and welfare benefits.

2.3 Advocacy promotes equality, social justice, social inclusion and human rights therefore supporting the outcome outlined in; ***Increasing opportunities, Improving outcomes*** which states that we want older and vulnerable residents to be safe and supported with choices to live independently.

3. Report

3.1 Prior to the commissioning of the Kent Advocacy Contract, the Council commissioned advocacy through a series of both contracts and grants which were:

- Delivered via 17 different arrangements
- Not strategically aligned

- Lacking a consistent outcome focussed performance framework
 - Underrepresented for some client groups, such as those with autism and physical disabilities
- 3.2 The Care Act placed new advocacy duties on the Local Authority and the natural ending of some of the current advocacy contracts in March 2016 provided an opportunity to transform the advocacy offer and ensure compliance with the new legislation.
- 3.3 The Council used a co-production approach to commissioning the Kent Advocacy Contract. A range of people, including those who use advocacy services, carers and service providers have been involved to help define what advocacy means to people and how it should be delivered. The approach was highlighted on the Think Local Act Personal (TLAP) website as a practical example of how co-production can lead to better commissioning and improved outcomes. The Council was also nominated for a National Advocacy Award for co-production.
- 3.4 Through the co-production work, a Prime Contractor model was developed with a range of sub-contracted partners to deliver a variety of advocacy services across Kent. This meant that small, medium enterprises and the voluntary sector organisations that have built up great skill and experience in this field and are embedded in their local communities could continue to deliver their valuable services.
- 3.5 An open procedure was used and a robust procurement process was conducted assessing suppliers on their financial stability, suitability and experience.
- 3.6 The contract was awarded to seAp (Support, Empower, Advocate and Promote). seAp work collaboratively with a network of delivery partners (Appendix 2) to deliver Kent Advocacy.
- 3.7 The contract commenced on 1 April 2016 for an initial three year period with the option to extend for two one year periods.
- 3.8 When the Kent Advocacy Contract was commissioned community advocacy for people with a learning disability was kept out of scope as its current contract had a year left to run and arrangements were working well. When that contract came to an end the Community Advocacy for People with Learning Disabilities was incorporated into the Kent Advocacy Contract. Advocacy for All who had previously held the contract are part of the Kent Advocacy delivery network so they have continued to provide Community Advocacy for People with Learning Disabilities. This change came into effect on 1 April 2017.
- 3.9 There is now one website and contact number for all advocacy services for adults within Kent with one referral form which makes referring to advocacy very simple.

4. Financial Implications

- 4.1 Bringing together the historic spend on advocacy across grants and contracts the budget was set for £1.49 million. The bid submitted by seAp came in below the available budget at £1.34 million.
- 4.2 Spend for the first year of the contract was £1.04 million.
- 4.3 The budget increased to £1.63 million when the Learning Disability Community Advocacy was incorporated within the contract.
- 4.4 As part of the voluntary and community sector savings requirements, papers were presented to Strategic Commissioning Board in November and December 2017 where £100k savings were committed from the Advocacy budget for 2018/2019 making the budget £1.53 million. The Commissioning Officer is working with the provider to make the necessary contractual changes around this reduction in budget and ensuring there are actions being put in place to mitigate the impact.
- 4.5 There was a significant underspend in the first year of the contract and there is a predicted smaller underspend for year two, with the necessary saving target there will be pressures on the budget for year three. The Commissioning Officer is working closely with Adult Social Care Directors to understand and manage these risks. There is the capacity for local teams to spot purchase statutory advocacy when the spending limit of the Kent Advocacy budget has been reached, but this can only be agreed in exceptional circumstances since there are also pressures on the operational budgets.
- 4.6 The Council is keen to protect community advocacy as although it is non statutory it is preventative and avoids people from reaching crisis point and relieves pressure on statutory advocacy.

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. Performance

- 7.1 seAp are managing the contract well, the provider and Commissioning Officer are in regularly contact and have built a strong contractual relationship enabling any issues to be discussed and resolved in a partnership manner.
- 7.2 Quarterly statistics are provided and quarterly performance meetings are being held. Data is analysed regularly to understand Advocacy demand and performance (Appendix 3). Operational staff attend these meetings to discuss best practice and improve joint working.

- 7.3 There have been changes within the partner organisations. Concerns were raised about the performance of the IMHA and Mental Health Community Advocacy provider in the East of Kent. When these issues were raised with the provider they didn't feel they were able to deliver the service so withdrew on 15th June 2017. Issues were not to do with staff capability this meant that the advocates TUPEd to seAp who took over delivery of the advocacy.
- 7.4 Support 4 Sight who were brought into the partnership for specialist sensory support have withdrawn as of November 2017. The provider was based outside of Kent and the very few referrals received made delivery difficult. Another of the partner organisations, Advocacy for All have staff trained in sensory needs and will take over delivery of specialist sensory advocacy where required.
- 7.5 The smaller organisations who were historically grant funded have found the transition from grant to contract difficult in terms of being paid after service delivery rather than before.
- 7.6 Community Advocacy is being accessed regularly by people for a range of issues but the top five issues are:
- Housing
 - Benefits
 - Access to Services
 - Social Care Needs
 - Child Protection Issues
- 7.7 Ensuring everyone who is eligible for Care Act Advocacy is offered support is an on-going challenge, the provider has been working hard on raising awareness of advocacy and the number of people receiving Care Act Advocacy is increasing.
- 7.8 Demand for Independent Mental Health Advocacy has been much higher than anticipated so we have increased budget provision for this and will work closely with Adult Social Care Directors to manage the risks of exceeding the budget.
- 7.9 seAp use an impact scale to measure the impact Advocacy is having on people's lives. The results show that in the majority of cases people are feeling more able to speak up, listened to and in control of their issue (Appendix 4).

8. Future Developments

- 8.1 The understanding of and therefore use of advocacy continues to grow. The current economic climate and changes particularly in the benefit system mean that advocacy is being utilised more than ever.
- 8.2 The Commissioning Officer is working with the provider to investigate whether the use of volunteers in advocacy could improve efficiency and impact of the current budget.

8.3 A change in the law means that local authorities may need to apply to the Court of Protection on behalf on an adult who lives in a community setting, whose care package is deemed to be a deprivation of liberty and who lacks the capacity to consent to these care and support arrangements. Within the application, the local authority will identify a close friend or relative to be involved in the Court process as a Rule 3A Representative. When the person has no one suitable that could do this, the local authority will need to instruct a paid Rule 3A Representative. We are working with operational colleagues and the advocacy provider to develop this support and to look at how this can be incorporated into the Kent Advocacy Contract once there is enough information around demand, budget and specification.

9. Recommendations

9.1 Recommendations: The Adult Social Care Cabinet Committee is asked to: **CONSIDER** and **COMMENT** on the content of this report.

10. Background Documents

Commissioning of Advocacy Services for Vulnerable Adults -
<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=816>

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CASE STUDY 1

Community Mental Health Advocacy delivered by seAp

BACKGROUND HISTORY

(client category, nature of referral, other useful information to inform the reader of the needs of the client)

A approached Kent Advocacy asking for support regarding an ESA Appeal Tribunal which was only three weeks away.

The advocate made contact with A and they arranged to meet to discuss the situation, at a mutually convenient location.

The advocate met A and had a long discussion regarding her case. Both ESA and PIP had been stopped about two months previously but the upcoming Tribunal was not a Tribunal at all but an assessment for Universal Credit, which is being trialled in A's part of Kent.

An appeal had been submitted already regarding the ESA and it was unclear at this point if that would need to go ahead or not, as the UC Assessment may supersede it.

CLIENT ISSUES & DESIRED OUTCOMES:

(what were the issues for the client and what did they want to achieve?)

A wanted her money to be re-instated as she was struggling to manage with no income. She desperately wanted to work, but due to a catalogue of incidents and health issues, was unable to do so. Her health issues included PTSD (from a number of violent assaults, one of which had caused a brain injury), paranoia, claustrophobia, hypothyroidism and 6% disability due to an industrial injury, which meant that she could no longer pursue the career for which she had trained. A was also terrified of meeting strangers.

Her main issue in dealing with all the above in the Tribunal/Assessment setting was communication – how to explain everything to strangers in a way that made sense to them and how to deal with her own fear and perceived loss of dignity in needing to do so.

CHALLENGES

(what were the challenges to dealing with the issue, supporting the client, or for you as the advocate?)

The advocate found that the main challenges were in preparing herself and A for the UC Assessment and gathering the evidence that would support A's case. This involved a lot of liaison with A's GP and other professionals known to her. A knew what was needed but needed the advocate to articulate to the professionals and explain the urgency. The advocate was then able to support A at the assessment.

Shortly afterwards it became clear that the DWP were insisting that A attend an Appeal Tribunal for the ESA to cover the time from when it had finished until the date from which UC was being considered. This was a period of three months.

A heard about the (positive) outcome of the UC assessment and was very optimistic about the upcoming Tribunal - she did not fully understand that she would still need to put a good case forward at the Tribunal. The Advocate gleaned enough information to ascertain which descriptors were going to be relevant at this Tribunal and concentrated on getting to know A and her complex issues.

On the day of the Tribunal, minutes before the hearing was due to start the Clerk to the Tribunal announced to A, the advocate and B (a friend) that the DWP had sent a presenting officer for this case and that she had brought three trainee colleagues with her, to observe how a Tribunal works. This seemed totally inappropriate, given A's mental health issues, fear of strangers and claustrophobia. The advocate and B both protested politely as A became upset.

The Chair of the Tribunal sent word that she wished to see the Advocate supporting A and the DWP Presenting Officer alone just before the hearing. With A's permission the advocate went in to meet the panel and the DWP person and was able to explain how inappropriate an audience would be in this particular case. The Chair had clearly read the paperwork, because she completely agreed and advised the DWP person that she was using her powers as Chair of the Tribunal to insist that the observers be excluded. The DWP person accepted this without arguing and we proceeded to the Tribunal.

WHAT DID THE ADVOCATE DO AND HOW?

(What support was given to the client? Highlight examples of good practice or innovation that can inform the work of your peers. Please give details of any specialist communication techniques used or methods used for improving accessibility)

The advocate's role in the Tribunal was a supportive one, mostly reminding A of the particular examples of her needs and issues that she had wanted to highlight, but struggled to remember with clarity. An example of this was when she was describing her 6% disablement from the industrial injury and how this had impacted on her ability to work. A explained that it was her thumb that was affected, but that she had completely forgotten to tell the Industrial Injuries assessors about the loss of hearing that occurred. If she had remembered this then she would have got more than 6%. She had not thought about this until later, and was frightened of doing the same here.

The advocate encouraged A to keep talking and mentioned a couple of examples that she had noticed during her short acquaintance with A – particularly of her paranoia, fear and lack of insight into how her behaviour or speech impacted others. A, B and the advocate had all discussed this beforehand and A was prepared to hear both B and the advocate say a couple of things that she perhaps would not normally want to hear (who likes being described as paranoid!). The earlier discussion had resulted in A trusting her advocate to elaborate on this important issue to the Tribunal panel, as it was one of the very significant reasons that she was unfit for work.

WHAT WENT WELL

The UC assessment and the ESA Tribunal both went well, due in large part to the supportive role of the advocates and the trust they had been able to build with A. Having them "watching her back" gave her

more courage to speak more candidly than she might otherwise have done. This was what she needed to do in order to “pass” these two “tests”, although it involved divulging deeply personal information.

The DWP Presenting Officer not only withdrew her challenge to the appeal but advised that she would mark A’s case as one to which Rule 35 applied. This meant that she would not be automatically recalled for a yearly reassessment for the UC, but would be left in peace to continue her slow recovery from a number of traumas. She suggested this herself and did not need to be pushed to it by the panel who were in full agreement once she mentioned it.

WHAT WAS THE OUTCOME OF ADVOCACY SUPPORT?

(what did you support the client to achieve, did it meet the client’s expectations – if not why?, how did they feel about it?)

A very vulnerable client was able to get her benefits reinstated and the DWP admitted that this was a case to which a special rule applied.

A was pleased and very relieved. By the time HT had returned to her desk that day A had called the Contact Centre to express her appreciation for the support of both advocates in achieving her goal.



CASE STUDY 2

Independent Mental Health Advocacy delivered by seAp

BACKGROUND HISTORY

(client category, nature of referral, other useful information to inform the reader of the needs of the client)

I was approached by G while undertaking the weekly IMHA drop-in at Thanet Mental Health Units / QEQM Hospital Margate.

G recognised me from years before when I supported her in the community with other Advocacy issues. She had attended hospital on a voluntary basis due to concerns about her mental health, but, when she had tried to discharge herself from the ward, had been sectioned by the psychiatrist (section 2)

G has mental health difficulties as well as physical mobility problems and learning difficulties. She is in her early 60s.

CLIENT ISSUES & DESIRED OUTCOMES:

(What were the issues for the client and what did they want to achieve?)

G was very distressed and angry because she did not want to be in hospital, could not understand why she was not allowed to leave or go home, and blamed her family as they had asked her to go into hospital because of her behaviour.

G wanted to know what a section 2 was, why she could not go home, and to have information about why she was being held in hospital. She said that the ward staff had not spoken to her about why she could not leave and that the psychiatrist talked in a way that she did not understand and she felt stupid because of this.

CHALLENGES

(What were the challenges to dealing with the issue, supporting the client, or for you as the advocate?)

G was in a very manic state, one minute she would be crying hysterically then the next minute screaming and shouting. In between the high and low moods she kept repeating that there was nothing wrong and she should not be in hospital.

The challenge was trying to explain the information regarding section 2 and the restrictions to the client (mainly due to capacity issues around clients learning difficulties and her emotional state).

The information / literature that I had on me, was very in depth and not very easy to read or understand so I needed to find another way of explaining to the client why she was in hospital and what a section 2 was.

WHAT DID THE ADVOCATE DO AND HOW?

(What support was given to the client? Highlight examples of good practice or innovation that can inform the work of your peers. Please give details of any specialist communication techniques used or methods used for improving accessibility)

I supported the client to speak to her consultant psychiatrist and named nurse during ward round and explained to her what the doctor was telling her in relation to her restrictions / rights / treatment etc. This meant that I kept asking the doctor to change or think about what he was saying to the client, because the client kept saying she did not understand.

The doctor found this rather difficult to do, so we agreed that he would say what he needed to say first, and then I would simplify what he had said - this would hopefully help the client understand.

I also provided the patients section 2 information, in a way that the client could hopefully understand a little better, sitting with the client, going through the information, simplifying words and constantly checking with the client that she understood what I was saying and, if not, rewording what I had said.

WHAT WENT WELL

(And why do you think so?)

I think that challenging the psychiatrist in relation to the way he relayed information to the client worked well as he did try to put the information in a way that the client could understand, although I still had to change / simplify certain phrases etc. so that the client could understand what was being said to her by the doctor.

Checking with the client constantly that she understood what was being said.

WHAT WAS THE OUTCOME OF ADVOCACY SUPPORT?

(What did you support the client to achieve, did it meet the client's expectations – if not why? how did they feel about it?)

I supported and helped the client to understand her rights / restrictions better, while she was being detained in hospital and provided vital information in relation to appealing against her section, which G told me she did not understand when the ward staff had spoken to her on admission to the ward.

Although G had a better understanding in relation to her rights and restrictions while she was detained in hospital, she still refused to appeal against her section and would constantly demand to leave the ward.

G has now been discharged from hospital but did say to me before she left, that she would contact the advocacy service again if she needed support.

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Kent Advocacy Service Delivery Model and Subcontracting Arrangements



0300 343 5714

www.kentadvocacy.org.uk

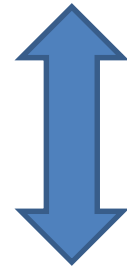
kent@seap.org.uk



Text 'SEAP'
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PO Box 375
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IMHA and Community Mental Health Advocacy Peer Advocacy

NHS Complaints Advocacy IMCA, DoLS, DoLS RPR and Care Act Advocacy Autistic Spectrum Disorder specialist advocacy IMHA Community Metal Health Advocacy

IMCA, DoLS, DoLS RPR and Care Act Advocacy Community Advocacy

Advocacy for People with Physical Disabilities

Advocacy for Older People, Volunteer Community and Peer Advocacy

Advocacy for People Living with Dementia

Advocacy for the Sight Impaired

Advocacy for the Deaf, Deafblind and BSL user Community

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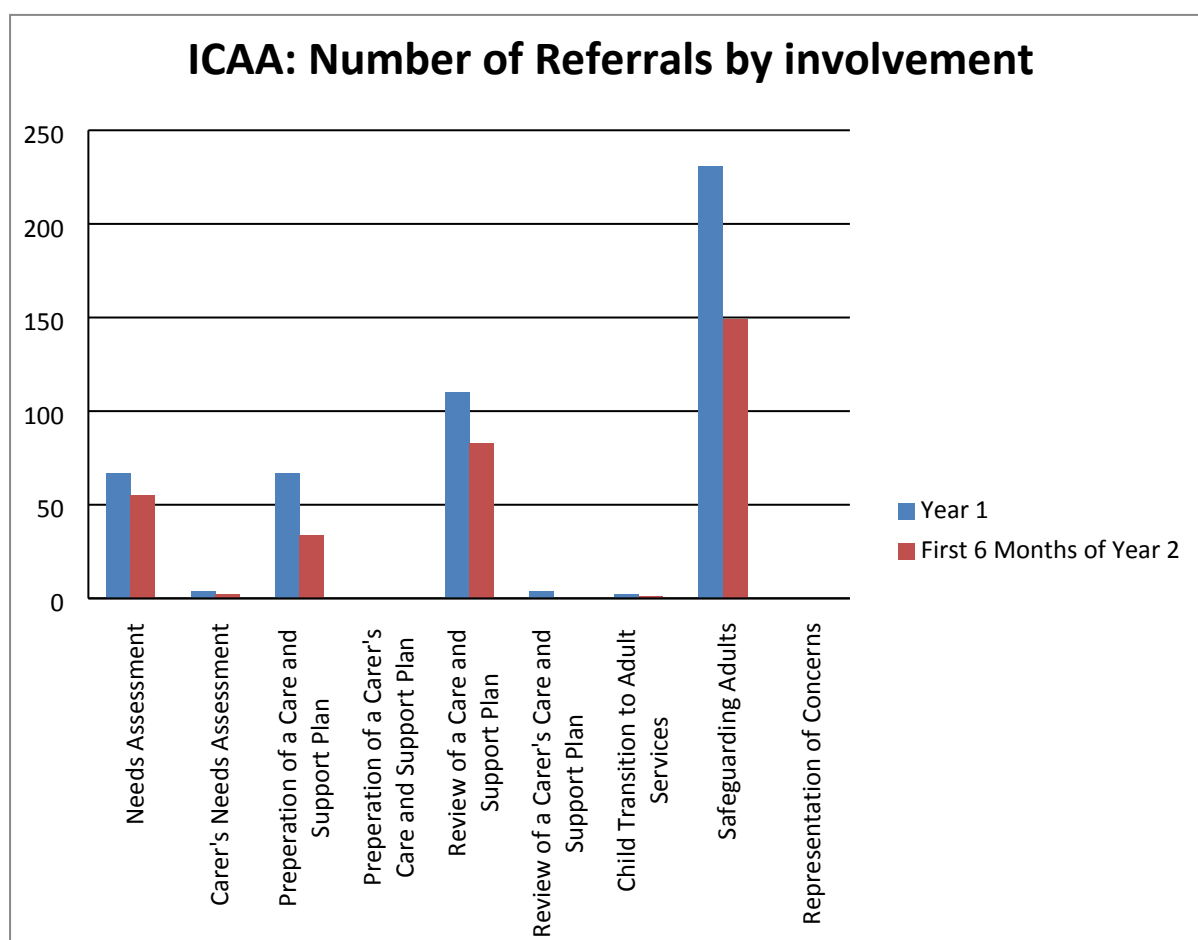
Number of Cases for Kent Advocacy

Number of Advocacy cases delivered by Kent Advocacy broken down by Advocacy type.

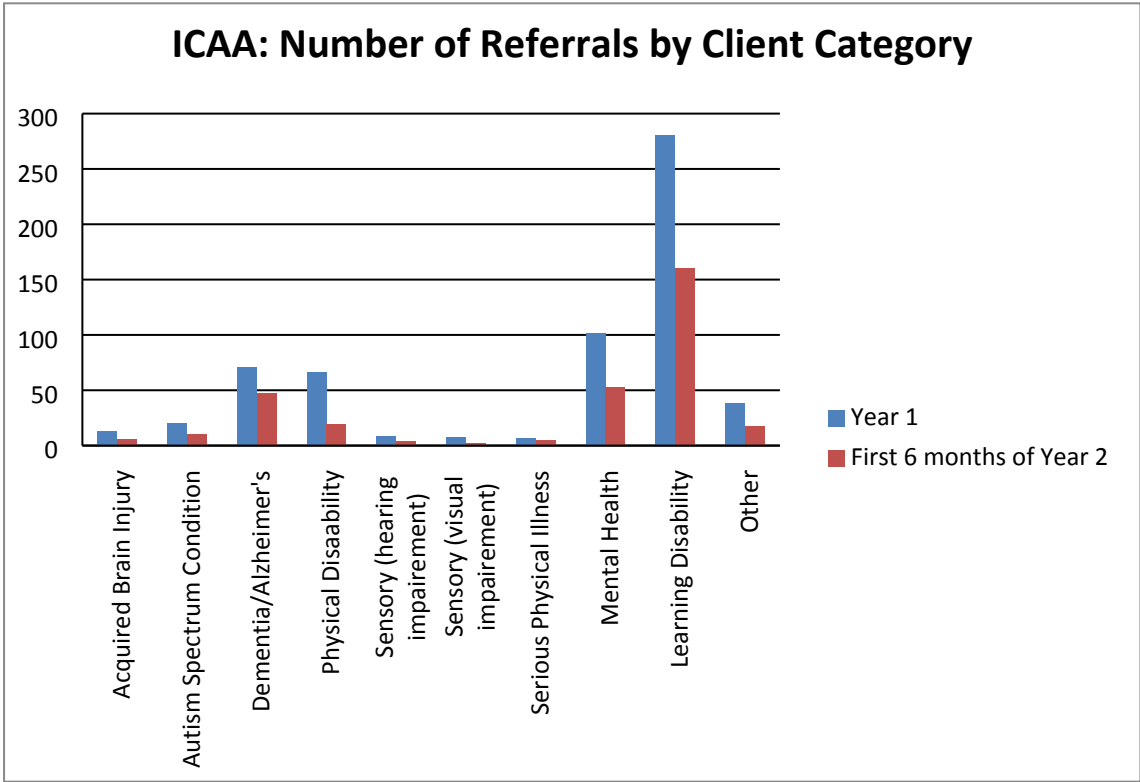
	Number of cases for year 1	Number of cases for first 6 months of year 2	Estimated number of cases for Year 2
Independent Care Act Advocacy	516	324	648
Independent Health Complaints Advocacy	119	98	196
Independent Mental Capacity Advocacy	785	290	580
Relevant Persons Representative	226	181	362
Independent Mental Health Advocacy	1424	749	1498

Independent Care Act Advocacy

Number of referrals by involvement.

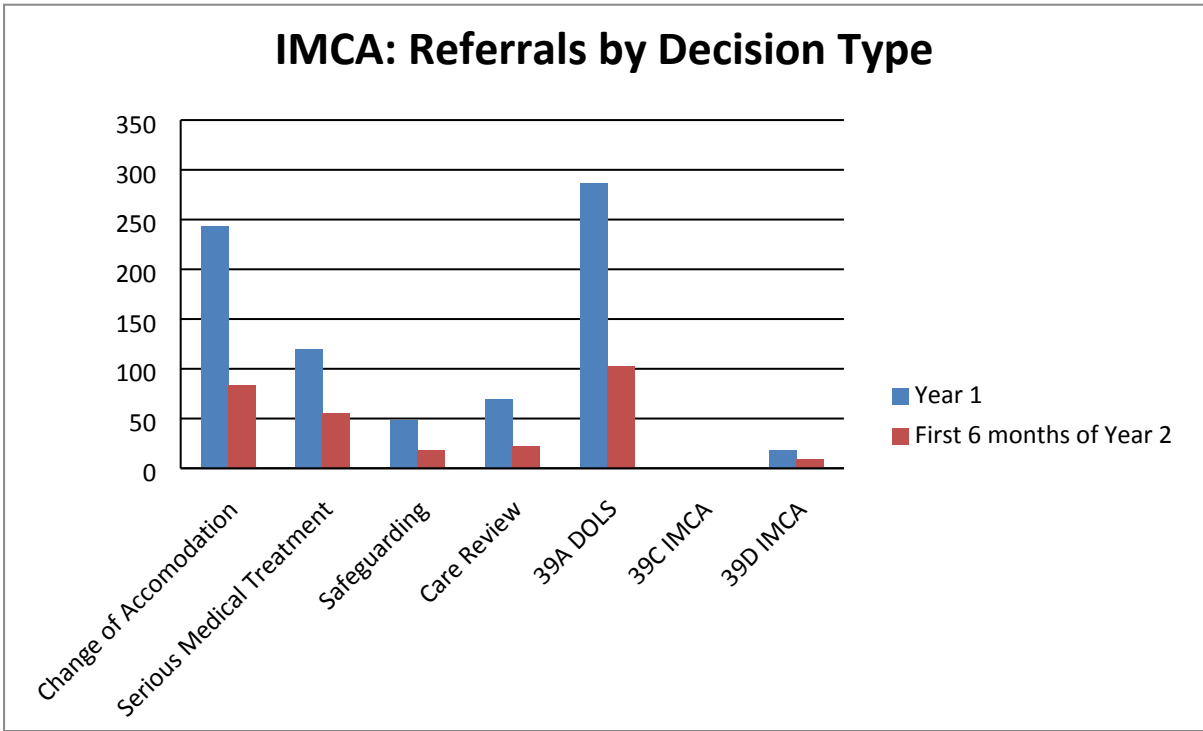


Number of referrals by client category.

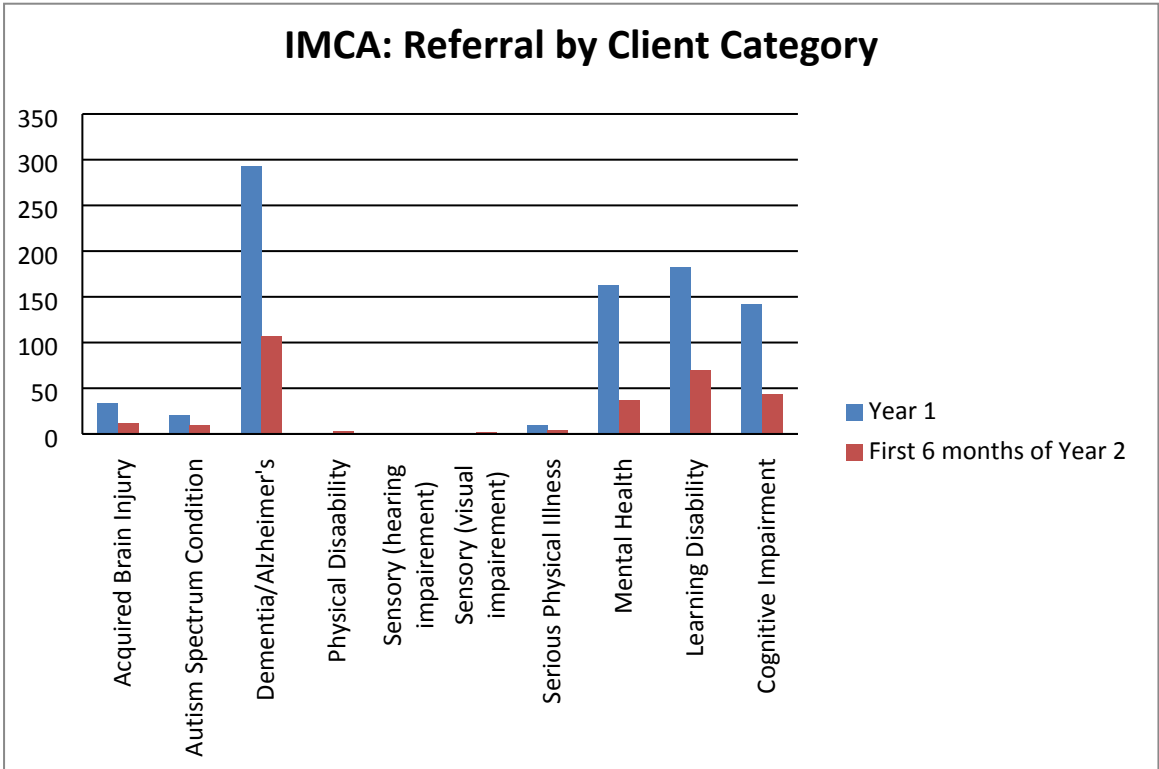


Independent Mental Capacity Advocacy

Number of referrals made by decision type.

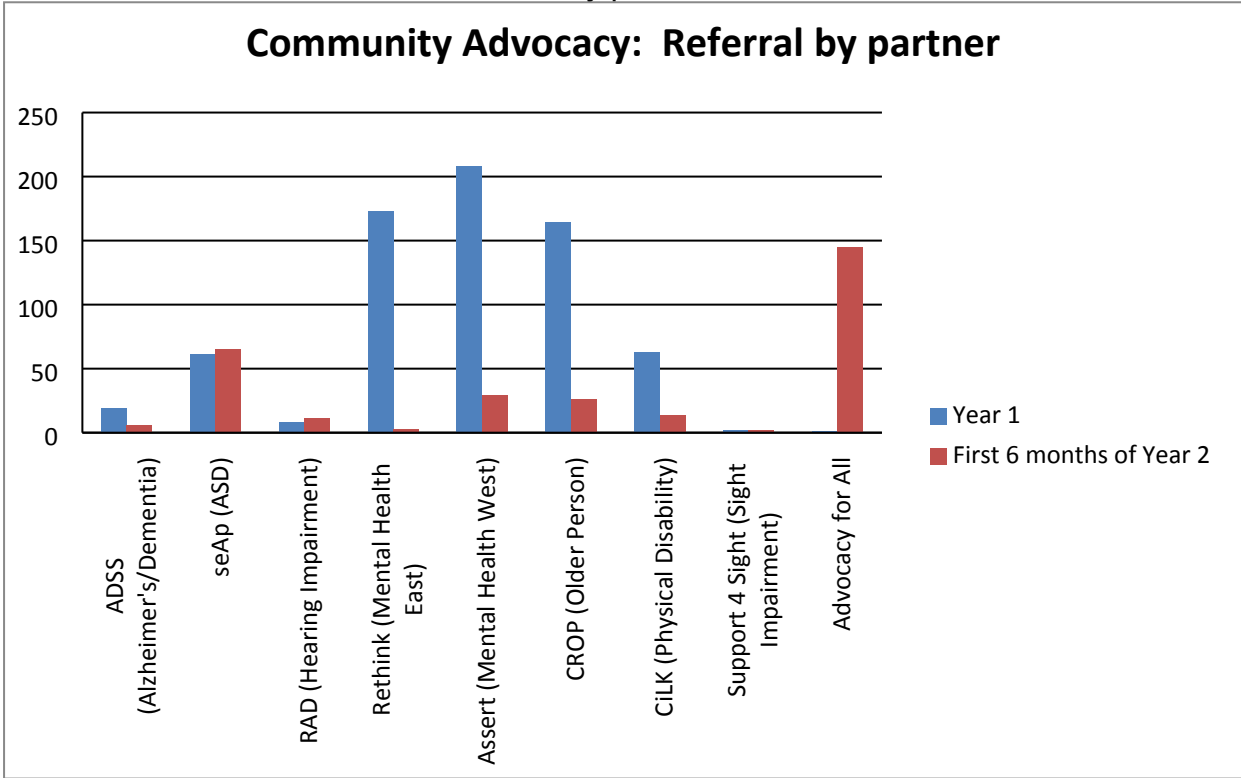


Number of referrals made by client category.

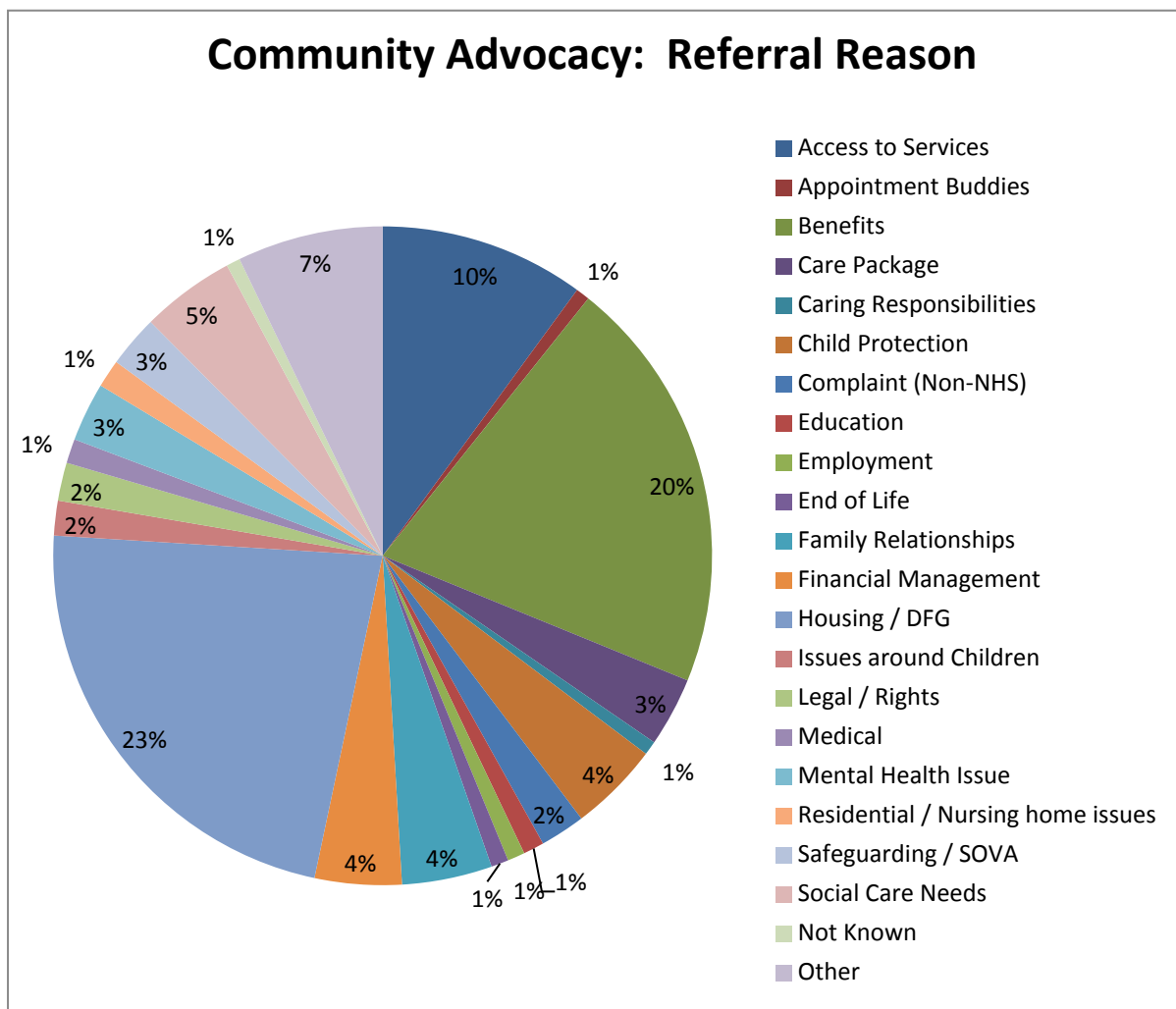


Community Advocacy

Number of referrals made to each delivery partner.



Referrals by reason for Year 2, Quarter 2 (August – October 2017)



Other Reasons include: Care Agency, Court of Protection, CHC funding, Criminal Justice, Disability, Equipment, NHS Care, Solicitor, Transport

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 - 19 January 2018

Subject: **END OF LIFE CARE IN KENT**

Classification: Unrestricted

Previous Pathway of Paper: None

Future Pathway of Paper: None

Electoral Divisions: All

Summary: This report shares the updated overview of End of Life Care in Kent and an action plan which sets out areas for improvement and gaps that have been identified and how they will be addressed.

Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the updated overview of End of Life Care in Kent and the End of Life Care Action Plan.

1. Introduction

- 1.1 The overview of End of Life Care in Kent was shared with the Adult Social Care Cabinet Committee in September 2017. The document set 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.
- 1.2 The document sets out the current offer, identifies areas for improvement and gaps which are to be addressed through an End of Life Care Action Plan. The End of Life Care Action Plan is attached as Appendix 2.
- 1.3 The overview of End of Life Care in Kent has also been updated following a review in October and the latest version is attached in Appendix 1.
- 1.4 Through the Design and Learning Centre for Clinical and Social Innovation there will be an End of Life Care Innovation workshop on 20 February. The workshop is for Health, Social Care and the Voluntary and Private Sector to come together to share good practice, identify gaps and challenges. The event will provide an opportunity to ensure that through effective and robust partnership working the experience of End of Life Care can be improved.

2. Conclusion

- 2.1 The overview End of Life Care in Kent has allowed Adult Social Care to benchmark against the national framework and also provides information on the current offer. The Action Plan identifies ways to address areas for improvement.
- 2.2 It is proposed that an update on progress for areas of improvement, identified in the End of Life Care Action Plan, will be presented to the Adult Social Care Cabinet Committee in January 2019

3. Recommendation

3.1 Recommendations: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the updated overview of End of Life Care in Kent and the End of Life Care Action Plan.

4. Background Documents

Ambitions for Palliative and End of life Care <http://endoflifecareambitions.org.uk/>

5. Report Author

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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 people 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

- There is an Assessment and Eligibility criteria which ensures a person centred approach.
- People take control through Personalised Care and Support Plans.
- We help people take control through Personal Budgets, Personal Health Budgets for Continuing Health Care.
- Currently exploring and implementing new models of integrated care through the Design and Learning Centre for Clinical and Social Innovation.
- KCC Continuing Health Care team work jointly with health and ensure that the individual is at the center of the assessments process.
- The Older Persons Care Home Contract encourages to providers to use Share My Care and Electronic Palliative Care Co-ordination System.
- Equipment is prioritised for people at End of Life Care.
- Ensuring that the right support is in place for the carer through the carers policy, assessment process and services through carer organisations.
- Across Kent there are Integrated Care Centers.
- The Design and Learning Centre is embedding the [ESTHER model](#) across Kent, which aims to: Improve patient experience and quality of care by ensuring their needs are discussed openly with the person, that we create smoother, safer and integrated pathways for ESTHER and that ESTHER, their family and networks are seen as equal partners in their care.

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 of the Older Persons Care Home contract looks 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 is monitored to ensure the provider is delivering within the agreed timescales and that orders for End of Life Care are a priority.
- All Continuing Health Care data is recorded and used to monitor activity across Kent.
- Adult Social Care is currently implementing a new Technology Enabled Programme which will deliver technology and digital transformation. When the programme is complete in 2019, KCC staff, clients, carers, providers and partner organisations will have appropriate, secure and timely access to accurate adult social care information from any location whenever they need it.
- In East Kent, there is an End of Life Care evaluation framework which is designed to support the auditing and monitoring of the end of life care pathway. The framework was developed by East Kent Clinical Commissioning Groups in partnership with providers, KCC and the University of Kent. The framework allows organisations to monitor how effective they are in working together to ensure better coordination of the patient journey.
- KCC in partnership with Health is currently developing a prisons integrated support service and the specification sets out how people in prison are to be supported at End of Life.
- Staff are able to support people at End of Life from different diverse groups as well as sensory losses, which has recently been explored through an Equality and Human rights development day.

Ambition 3:

Maximising comfort and wellbeing

Building blocks for achieving this ambition:

- Skilled assessment and symptom management
- Priorities for care of the dying person and family
- Rehabilitative palliative care

Activity in Kent

- There is an Assessment and Care and Support planning process to ensure that the individual and family are involved throughout the process.
- Embedding the ESTHER model across Kent, which aims to improve patient experience and quality of care by ensuring their needs are discussed openly with the person and family.
- Extra Care housing schemes provide a guest room and facilities for family to use 24 hours a day.
- In House services allow relatives/friends to visit 24 hours a day and provide meals and opportunity for overnight stays if appropriate. The centers facilitate access to health care professionals such as hospice team and GP.
- Carer organisations are commissioned to play a role in supporting carers with life after caring.
- KCC County Occupational Therapy Manager to continue to develop partnership working with local councils in regards to tenure blind and non means tested Disabled Facilities Grants to supply urgent provision of adaptations to support end of life care.
- The Design and Learning Centre is leading on medication in the community project, to ensure that people and family have the right support and that all organisations are clear on roles and responsibilities.

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

- Across Kent there are Integrated Care Centres and due to the nature of the units, records are both health and social care and the working arrangements and agreement is such that information from both organisations supports shared care planning.
- Embedding the ESTHER model across Kent, which creates a smoother, safer and integrated pathways.
- In East Kent there is a Patient and Carers information pack which was developed by KCC, Health and other organisations.
- In East Kent there is an End of Life Care Strategy which was developed by KCC, Health and other organisations. This was developed by a pathway redesign group to ensure joined up care.
- An End of Life Care strategy is currently being developed for Medway and Swale CCGs in partnership with KCC.
- We have mapped all integrated staff meetings across Kent, which shows where all Multidisciplinary Team Meetings, Continuing Health Care DST meetings take place to ensure that we continue to work in partnership.
- New models of care are being tested by the Design and Learning Centre, which includes the Buurtzorg model which is where self-managing integrated community teams are wrapped around the person.
- 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.
- Community Learning Disability Teams are integrated with health.
- The Community Learning Disability Teams have two dedicated staff for End of Life Care who are a contact point for local hospices.
- As part of Local Care and Transformation plans, integrated generic worker roles are being explored.

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

- There is a Director lead for End of Life Care.
- The Social Care Director lead for End of Life Care is part the Sustainability Transformation Programme (STP) Clinical Board, where End of Life is a priority.
- Adult Social Care has an End of Life Care steering group, which meets on an annual basis. And once a year there is a forum with Health and providers to review progress and identify and address gaps.
- There are leads/champions for End of Life across Adult Social Care.
- KCC has access to national information and networks and is part of the Kent, Surrey and Sussex Academic Health Science Network End of Life group.
- The KCC Continuing Health Care Team has a rolling programme of webinars and workshops for staff. 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
- Adult Social Care staff are signposted to the national resources and training and that are available.
- Adult Social Care staff are supported on how to have difficult conversations through Key Concepts training programme. Future training will support staff with building resilience.
- 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.
- Adult Social Care has two Care Sector Project Officers to work with care providers (homecare, residential and nursing) to improve on skills and development of the care sector workforce.
- Staff within Adult Social Care fully utilise telecare and equipment.
- Through digital STP and the Design and Learning Centre, technology is being explored which includes more robust approach to shared care plans and development of phone apps.

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 has started 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.
- There are a range of community projects, which consists of several Age UK integrated projects, community warden schemes and communities delivering differently in neighbourhoods (Wye and Newington wellbeing networks) where neighbourhoods take the responsibility for sharing information and connecting people.
- Information on the Kent Adult Social Care offer including End of Life care is available on Kent.gov.
- In some areas of Kent there has been development of Menu of Services which signposts people to local services.

Supporting Documents and Resources

East Kent End of Life information

<https://www.kentcht.nhs.uk/wp-content/uploads/2017/09/EOL-patient-pack.pdf>

<https://www.kentcht.nhs.uk/wp-content/uploads/2017/09/EOL-carer-pack.pdf>

Training and support tools

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

Find out more about ESTHER and the Design and Learning Centre:

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

More information

For more information please contact:

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End of Life Care in Kent

Adult Social Care

High Level Action Plan

December 2017

This high level action plan identifies ways to improve the experience of End of Life Care and has been informed through an exercise where Adult Social Care benchmarked current activity against a national framework.

Action	Lead	Timescales
Improve the outcomes and experience for people through embedding the ESTHER model in Health, Social Care and the Sector across Kent.	Design and Learning Centre	December 2018
Continue to improve the coordination and shared records to better facilitate an efficient flow of people through the system and improve the communication between all organisations by embedding the ESTHER model and adoption of technology through the Sustainability and Transformation Plan (STP) Digital Strategy and Adult Social Care Technology Enabled Programme.	Design and Learning Centre, Alan Day and Linda Harris	March 2019
There are a lot of examples of good practice across Kent from an End of Life Care (EoLC) perspective that could support wider outcomes and improvements at system and provider level. These need to be collated and shared in one place which will be done through an End of Life Care Innovation event in February 2018.	Design and Learning Centre – Georgina	February 2018

	Walton	
Further develop a well-integrated system through a new operating model (aligning all change work – transformation, Local Care). Which will include the development of generic roles, outcomes based care.	Anne Tidmarsh and Penny Southern	March 2019
Work towards improving the use of local data on EoLC to undertake quantitative and qualitative analysis on care provided. This will be achieved through collating case studies, effectively using the Kent Integrated Dataset (KID) and the EoLC East Kent evaluation framework.	Anne Tidmarsh and Penny Southern	December 2018
Services across the health, social care and voluntary sectors work together to meet local needs efficiently and effectively. An EoLC Innovation event in February will bring together Health, Social Care and Providers to share good practice, identify gaps and agree an approach for Kent.	Anne Tidmarsh	February 2018
Ensure that people and staff are supported through training through ensuring effective signposting to what is on offer nationally and locally. Ensure that staff within Adult Social Care are aware of the EoLC overview document and the training that is available and are able to demonstrate this Care Quality Commission (CQC). Work with the Care Sector to ensure that care workers are also able to access relevant training and support.	Anne Tidmarsh and Penny Southern	December 2018
Further test models of integrated community based teams such as Buurtzorg to support and provide care for people at end of life. Part of the Transforming Integrated Care in the Community (TICC) project, Medway Community Healthcare will run a pilot of the Buurtzorg model with a cohort of patients at EoL, as a partnership will support and learning from this project will help inform the design of future services.	Design and Learning Centre – Georgina Walton	September 2019

Improve how medication is managed within the community and have clearly defined roles and responsibilities across Health, Social Care and Care Sector. To be achieved through a medication in the community project.	Design and Learning Centre	December 2018
Continue to share learning locally and nationally through STP Clinical Board (where EoLC is a priority) other forums and the Academic Health Science Network.	Anne Tidmarsh and Georgina Walton	Ongoing
Reduce health inequalities by ensuring staff are able to effectively support people at EoLC from protected characteristics through training and development. Ensure that the EoLC is part of the Prison support service and that data is collated to support monitoring.	Anne Tidmarsh and Penny Southern	Ongoing

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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 – 19 January 2018

Subject: **DRAFT 2018-19 BUDGET AND 2018-20 MEDIUM TERM FINANCIAL PLAN**

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: None

Electoral Divisions: All

Summary: County Council debated the authority's Autumn Budget Statement on the 19 October 2017. The Autumn Budget Statement report set out an update to the Medium Term Financial Plan for 2018-19 and 2019-20 including progress on proposals to close the unidentified budget gap in the original plan. County Council reaffirmed the role of Cabinet Committees in scrutinising the budget. This report is designed to accompany the final draft 2018-19 Budget and 2018-20 Medium Term Financial Plan published on 12 January 2018.

Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** the draft budget and Medium Term Financial Plan and is invited to make suggestions to the Cabinet Member for Finance and Cabinet Member for Adult Social Care on any other issues which should be reflected in the draft budget and Medium Term Financial Plan prior to Cabinet on 5 February 2018 and County Council on 20 February 2018.

1. Introduction

- 1.1 The draft Budget and Medium Term Financial Plan (MTFP) publication, which we intend to publish on 12 January, sets out the overall national and local fiscal context, KCC's revenue and capital budget strategies, and KCC's treasury management and risk strategies. It also includes a number of appendices which set out the high level revenue budget plan, a more detailed one year plan by directorate, prudential and fiscal indicators, and an assessment of KCC's reserves. The financial plans in this publication take into account all of the significant changes from the current year including additional spending demands, changes to funding, and the consequential savings needed to balance the budget to the available funding.

2. Fiscal Environment and KCC Financial Strategy

- 2.1 Cabinet Committees need to have regard to the overall fiscal environment in which the Council has to operate, and the Council's overall budget strategy, when considering individual Directorate proposals. The revenue budget and MTFP and the capital investment programme have been proposed based on the spending plans set out from central government in the 2015 Spending Review (SR2015) and subsequent annual Budget Statements and Local Government Finance Settlements. SR2015 represented an extension of the period of austerity on public spending from 2010 in response to the need reduce the national budget deficit and control the total public sector borrowing. SR2015 allowed individual authorities to agree to a four year budget plan setting out intended medium term efficiencies in return for greater certainty of government grant allocations.
- 2.2 SR2015 represented a flat cash settlement for local government for the period 2016-17 to 2019-20. Effectively this means that the whole sector could expect to have the same amount in total to spend on local services in 2019-20 as it had in 2015-16, in cash terms. This flat cash settlement included phased reduction in the main Revenue Support Grant (RSG) and transitional grants to mitigate the impact in 2016-17 and 2017-18; the phased introduction of Improved Better Care Fund (iBCF) from 2017-18 onwards; and annual council tax increases to cover inflation/referendum limit, estimated increases in the tax base, and the introduction of an 8% social care precept over the four year period (2% per annum). In reality flat cash represents a significant reduction in real terms as it provides no additional funding to cover rising costs and demand for local government services, and requires all councils to find substantial spending reductions/income generation in order to set balanced budgets (a statutory requirement). The only viable alternative to budget savings/income generation is to seek agreement to higher council tax increases under the referendum arrangements introduced under the Localism Act 2011.
- 2.3 The settlement for 2017-18 was improved for social care allowing greater flexibility over the social care council tax precept (enabling up to 3% to be levied in any one year but no more than 6% over the period 2017-18 to 2019-20) and the introduction of a one-off social care support grant in 2017-18. These changes allowed councils to support additional spending in the short term but had no impact on the medium term flat cash settlement. The March 2017 Budget included additional monies in the iBCF in 2017-18 (with lesser increases for 2018-19 and 2019-20). This announcement enabled the council to address urgent issues around delayed transfers of care and market sustainability and marginally improved the flat cash equation over the four year settlement.
- 2.4 The provisional local government settlement 2018-19 did not include any substantial changes to the grant settlements from previous announcements i.e. substantial reductions in RSG, removal of transitional grants in 2018-19, and phased introduction of iBCF over three years. This when combined with council tax increases (base, referendum limit and social care precept) maintained the flat cash equation. The settlement allowed for an increase of 1% on the council tax referendum limit (3% for 2018-19 and 2019-20) and the announcement of

10 additional areas to pilot 100% business rate retention as a one-off for 2018-19.

3. Specific Issues for the Adult Social Care Cabinet Committee

- 3.1 Normally we would provide details in this section of the material unavoidable spending pressures and savings. However as the publication of the draft 2018-19 Budget Book and 2018-20 Medium Term Financial Plan is after the publication of this paper we are therefore unable to provide any information within this report. Full details of the Directorate's budget proposals will be included with the draft 2018-19 Budget Book and 2018-20 Medium Term Financial Plan which we intend to publish on the 12 January 2018. This document will set out the whole council budget and MTFP. Individual committees will need to refer to the individual directorate tables in the capital programme (section 3), revenue budget (sections 4/5), and appendix A(ii) to the MTFP.

4. Recommendations

4.1 Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** the draft budget and Medium Term Financial Plan and is invited to make suggestions to the Cabinet Member for Finance and Cabinet Member for Adult Social Care on any other issues which should be reflected in the draft budget and Medium Term Financial Plan prior to Cabinet on 5 February 2018 and County Council on 20 February 2018.

5. Background documents

Consultation materials published on KCC website and the outcome report.
Budget Consultation Materials - <http://www.kent.gov.uk/about-the-council/have-your-say/our-budget>

The Chancellor of the Exchequer's Spending Review and Autumn Statement on 22 November 2017 and OBR report on the financial and economic climate.
Autumn Budget Statement - <https://www.gov.uk/government/publications/autumn-budget-2017-documents/autumn-budget-2017>

OBR Forecasts <http://budgetresponsibility.org.uk/download/economic-and-fiscal-outlook-november-2017/>

The provisional Local Government Finance Settlement 2018-19 announced on 19 December 2017 - <https://www.gov.uk/government/speeches/provisional-local-government-finance-settlement-2018-to-2019-statement>

The 2018-19 Dedicated Schools Grant settlement – <https://www.gov.uk/government/publications/dedicated-schools-grant-dsg-2018-to-2019>

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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 – 19 January 2018

Subject: **REVENUE AND CAPITAL BUDGET MONITORING – OCTOBER 2017-18**

Previous Pathway of Paper: None

Future Pathway of Paper: None

Classification: Unrestricted

Electoral Division: All

Summary: To provide the Adult Social Care Cabinet Committee with the latest revenue and capital budget monitoring position for the 2017-18 financial year.

Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** the revenue and capital forecast variances for the 2017-18 budget that are within the remit of this Cabinet Committee, based on the October monitoring position presented to Cabinet on 15 January 2018.

1. Introduction

1.1 This report provides the latest forecast outturn position for the budgets under the remit of this Cabinet Committee.

2. Background

2.1 A high level financial monitoring report is regularly presented to Cabinet, usually on a monthly basis, outlining the revenue and capital forecast outturn position for each directorate together with key activity indicators. This information is being reported to Cabinet Committees following consideration by Cabinet. A link to the latest report based on the position as at 31 October, which was presented to Cabinet on 15 January, has been provided below.

2.2 Although a link to the full report is provided, this Cabinet Committee only needs to consider the items that are within its remit. These are contained within the following sections of the Cabinet report:

- a) Paragraphs **3.3.4** and **3.3.6** provide the movement in the Revenue budget monitoring position from the previous report.

- b) Paragraphs **3.4.4** and **3.4.6** provide the headline reasons for the Revenue budget forecast outturn variance position.
- c) Paragraph **5.3** provides the headline reasons for the Capital budget monitoring position.
- d) Appendix 1 provides a more detailed breakdown of the revenue budget forecast variances.
- e) Appendix 2 provides both financial and activity information on our more complex demand driven budgets. Graphs **2.1** to **2.16** are within the remit of this Cabinet Committee.

3. Recommendation

3.1 Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** the revenue and capital forecast variances for the 2017-18 budget that are in the remit of this Cabinet Committee, based on the October monitoring position presented to Cabinet on 15 January 2018.

4. Background documents

October budget monitoring report presented to Cabinet on 15 January 2018
<https://democracy.kent.gov.uk/documents/s82090/Item%206%20-%20CAB%2015%20Jan%202018%20October%20Monitoring.pdf>

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From: Ben Watts, General Counsel
 To: Adult Social Care Cabinet Committee – 19 January 2018
 Subject: **Work Programme 2018/19**

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 2018/19.

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 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 2018/19.

6. Background Documents

None.

7. Contact details

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**Adult Social Care Cabinet Committee
Work Programme 2018-2019**

ASC Cabinet Committee meeting dates	Key Decisions	Commissioning Items/Contract Monitoring	Developing Issues	Members' interests/suggestions	Standing Items
19-Jan-18	•	<ul style="list-style-type: none"> Update on Adult Safeguarding Responsibilities End of Life Care Action Plan 2018/19 Budget and Medium Term Financial Plan Budget Monitoring Advocacy Services for Vulnerable Adults(15/00063) 	•	•	<ul style="list-style-type: none"> Verbal Updates by Cabinet Member and Corporate Director Work Programme
09-Mar-18	<ul style="list-style-type: none"> Adults Rates and Charges 	<ul style="list-style-type: none"> Commissioned Services for Adult Carers of Vulnerable Adults Draft Directorate Business Plans Budget Monitoring Performance Dashboard Risk Management Update on progress against British Deaf Association of British Sign Language Pledges 	<ul style="list-style-type: none"> Transformation Update 	<ul style="list-style-type: none"> Social Isolation and Loneliness 	<ul style="list-style-type: none"> Verbal Updates by Cabinet Member and Corporate Director Work Programme
18-May-18	•	<ul style="list-style-type: none"> Recommissioning of Infrastructure Support to the Voluntary and Community Sector (16/00051) Budget Monitoring 	•	•	<ul style="list-style-type: none"> Verbal Updates by Cabinet Member and Corporate Director Work Programme
04-Jul-18	•	<ul style="list-style-type: none"> Integrated Learning Disability Commissioning (15/00101) Performance Dashboard Budget Monitoring Annual Equality and Diversity Report 	•	•	<ul style="list-style-type: none"> Verbal Updates by Cabinet Member and Corporate Director Work Programme

18-Sep-18	•	<ul style="list-style-type: none"> • Kent Community Hot Meals Delivery Service (15/00045) • Budget Monitoring • Annual Complaints Report 	<ul style="list-style-type: none"> • Adult Social Care Green Paper 	•	<ul style="list-style-type: none"> • Verbal Updates by Cabinet Member and Corporate Director • Work Programme
30-Nov-18	•	<ul style="list-style-type: none"> • Commissioning of Integrated Domestic Abuse Services(16/00014) • Performance Dashboard • Budget Monitoring 	•	•	<ul style="list-style-type: none"> • Verbal Updates by Cabinet Member and Corporate Director • Work Programme
22-Jan-19	•	<ul style="list-style-type: none"> • Community Day Services for People with a Learning Disability and/or Physical Disability (16/00089) • Budget Monitoring 	•	•	<ul style="list-style-type: none"> • Verbal Updates by Cabinet Member and Corporate Director • Work Programme
12-Mar-19	<ul style="list-style-type: none"> • Adults Rates and Charges 	<ul style="list-style-type: none"> • Budget Monitoring • Performance Dashboard 	•	•	<ul style="list-style-type: none"> • Verbal Updates by Cabinet Member and Corporate Director • Work Programme