

ADULT SOCIAL CARE CABINET COMMITTEE

Wednesday, 17th July, 2019

10.00 am

Council Chamber - Sessions House

AGENDA

ADULT SOCIAL CARE CABINET COMMITTEE

Wednesday, 17 July 2019 at 10.00 am
Council Chamber - Sessions House

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), Mr M J Angell, Mrs P M Beresford, Mrs S Chandler, Ms S Hamilton, Mrs L Hurst, Ms D Marsh, Mr D D Monk, Mr M J Northey and Vacancy x2

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

Labour (1) Mr J Burden

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 Membership

- To note that Mrs A Allen, Mrs C Bell and Dr L Sullivan are no longer Committee Members;
- Mr M Angell and Mr M Northey have filled the two Conservative vacancies that had been left by Mr P Homewood and Mr D Pascoe;
- Mr J Burden has filled the Labour vacancy that had been left by Dr L Sullivan; and
- There are two conservative vacancies which have been left by Mrs Bell and Mrs Allen.

- 3 Apologies and Substitutes
- 4 Election of Vice-Chairman
- 5 Declarations of Interest by Members in items on the agenda
- 6 Minutes of the meeting held on 17 May 2019 (Pages 5 - 10)
- 7 Verbal Updates by Cabinet Member and Corporate Director (Pages 11 - 12)
- 8 Performance Dashboard (Pages 13 - 36)
- 9 Update on Delayed Transfer of Care (DToC) (Pages 37 - 58)
- 10 Annual Equality and Diversity Report (Pages 59 - 80)
- 11 Accommodation Strategy (Pages 81 - 146)
- 12 Work Programme 2019/20 (Pages 147 - 152)

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)

Benjamin Watts
General Counsel
03000 416814

Tuesday, 9 July 2019

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

KENT COUNTY COUNCIL

ADULT SOCIAL CARE CABINET COMMITTEE

MINUTES of a meeting of the Adult Social Care Cabinet Committee held at Darent Room - Sessions House on Friday, 17th May, 2019.

PRESENT: Mrs P T Cole (Chairman), Mrs C Bell (Vice-Chairman), Mrs P M Beresford, Mrs S Chandler, Mrs T Dean, MBE (Substitute for Mr S J G Koowaree), Ms S Hamilton, Mrs L Hurst, Ida Linfield, Mr M J Northey (Substitute for Ms D Marsh), Mrs P A V Stockell (Substitute for Mrs A D Allen, MBE) and Dr L Sullivan

ALSO PRESENT: Graham Gibbens

IN ATTENDANCE: Julie Davidson (Head of Strategic Safeguarding, Practice and Quality Assurance), Clare Maynard (Head of Commissioning Portfolio - Outcome 2 and 3), Craig Merchant (Senior Commissioner), Richard Smith (Interim Portfolio Manager), Sholeh Soleimanifar (Project Lead - DOLS), Michael Thomas-Sam (Strategic Business Adviser, Social Care), Anne Tidmarsh (Director of Adult Social Care and Health Partnerships) and Emma West (Democratic Services Officer)

UNRESTRICTED ITEMS

150. Election of Vice-Chairman

(Item. 2)

1. Mrs Beresford proposed, and Mrs Chandler seconded that Mrs Bell be elected Vice-Chairman of the Committee.

Agreed without a formal vote

2. RESOLVED that Mrs Bell be elected Vice-Chairman of the Committee.

151. Membership

(Item. 3)

1. The Committee noted that Mr Homewood had resigned as a Committee Member.

152. Apologies and Substitutes

(Item. 4)

Apologies had been received from Mrs Allen, Mr Koowaree and Ms Marsh.

Mrs Stockell attended as a substitute for Mrs Allen, Mrs Dean attended as a substitute for Mr Koowaree, and Mr Northey attended as a substitute for Ms Marsh.

153. Declarations of Interest by Members in items on the agenda

(Item. 5)

No declarations of interest were received.

154. Minutes of the meeting held on 12 March 2019
(Item. 6)

RESOLVED that the minutes of the meeting of the Adult Social Care Cabinet Committee held on 12 March 2019 are correctly recorded and that they be signed by the Chairman.

155. Verbal Updates by Cabinet Member and Corporate Director
(Item. 7)

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

a) Diocese of Canterbury Safeguarding Meeting

The Diocese of Canterbury recently held a meeting at which they discussed the Diocesan's current focus on safeguarding issues relating to vulnerable adults and children.

b) ESTHER Inspiration Day

The ESTHER Inspiration Day took place on 21st March 2019 and was well attended. ESTHER was a Swedish person with long term health conditions who had to tell her story to professionals 23 times. Sweden developed a more person-centred approach that Kent would be adopting and was being developed across Kent. The Inspiration Day focused on looking at different ways in which support could be provided to individuals in a person-centred way and how an ESTHER approach and way of thinking could make a difference to service users.

c) Visit to Canterbury Oast Trust

Mr Gibbens, Mrs Southern and the Chairman of Kent County Council recently visited Canterbury Oast Trust, a charity supporting people with learning disabilities in Kent and East Sussex.

d) Community Hub Operating Centres (CHOCs) and Multi-Disciplinary Team (MDT) meetings

Mr Gibbens and the Leader of Kent County Council attended events relating to the development of Local Care facilities across Kent, plans to establish more MDT's in Kent in the future and how individuals could work together to ensure the best outcomes for Kent's residents.

e) Wayfarers Care Home, Sandwich

Mr Gibbens referred to the consultation which had been launched on 15th May 2019 by Kent County Council in relation to the future of Wayfarers Care Home in Sandwich and confirmed that the consultation would end on 24th July 2019. A progress report would be brought to the Adult Social Care Cabinet Committee meeting on 17th July 2019, and a further report would be brought to the Adult Social Care Cabinet Committee on 27th September 2019 detailing the proposal and consultation outcomes.

2. In response to a question, Mr Gibbens talked about the conversations that had taken place between Kent County Council and the Ministry of Justice over recent months in relation to ex-offenders and said that Kent County Council

were working closely with district councils in Kent to ensure that ex-offenders were well supported and had access to secure and stable accommodation.

3. Anne Tidmarsh (Director of Adult Social Care and Health – Partnerships), on behalf of the Corporate Director of Adult Social Care and Health, gave a verbal update on the following issues:

a) *Esther model of care*

Ms Tidmarsh reiterated Mr Gibbens' comments in relation to the ESTHER Inspiration Day and reminded Members that whilst the Swedish model of care, Esther, strived to improve patient care for the elderly, it was relevant to any individual with a long-term condition or complex need.

b) *Kent County Council's Adult Social Care and Health restructure*

The senior restructure within the Adult Social Care and Health directorate within Kent County Council which focused on business need had been completed.

c) *Kent Registered Managers Conference*

Mrs Southern opened the first Kent Care Sector Registered Managers conference of 2019 on 2nd April which was an event held for registered managers in the care sector. Two conferences took place in 2018, and Kent County Council would be hosting a second conference in Autumn 2019. Ms Tidmarsh said that the conference on 2nd April 2019 had been very successful and well attended and talked briefly about key focuses and emerging themes.

4. RESOLVED that the verbal updates be noted.

156. Adult Social Care and Health (including Lifespan Pathway) Safeguarding Arrangements
(Item. 8)

Mrs J Davidson (Head of Strategic Safeguarding, Practice and Quality Assurance) and Ms S Soleimanifar (Project Lead – DOLS) were in attendance for this item.

1. Mrs Davidson and Ms Soleimanifar introduced the report which provided an overview of how safeguarding activity was undertaken across the Adult Social Care and Health, including the Lifespan Pathway Service, Directorate.

Officers responded to comments and questions from Members, including the following: -

- a) Ms Soleimanifar talked about the way in which processes within the Deprivation of Liberty Safeguards (DoLS) team had been developed in an attempt to reduce the backlog of DoLS applications, reassign workloads to allow senior staff members to support more complex applications, and prevent applications and authorisations lapsing.
- b) Ms Soleimanifar said that the number of DoLS applications continued to increase and that approximately 450-500 applications were received per month, of which approximately 40% were prioritised.

- c) Mr Thomas-Sam talked about the significant increase nationally in demand for DoLS assessments since 2015 and referred to the much-awaited legislative changes that would be applied when the Mental Capacity (Amendment) Bill was implemented in Spring 2020.
- d) Ms Soleimanifar talked about the way in which the backlog of DoLS applications were managed and prioritised. Ms Tidmarsh reiterated Ms Soleimanifar's comments and emphasised the importance of identifying risks and taking immediate action if risks were identified.
- e) Ms Soleimanifar talked about the Deprivation of Liberty Backlog Project and the one-off funding secured by Kent County Council in February 2018 to fund the project. The aim of the project was to eliminate the backlog of current DoLS applications within scope, through access to increased resources.
- f) Mr Thomas-Sam confirmed that the DoL arrangements did not correlate directly with the quality of care being provided. He said that quality of care was a separate issue and was managed by the care provider.
- g) Ms Tidmarsh said that a system was in place to monitor the agencies that Kent County Council contracted with.
- h) Ms Soleimanifar confirmed that the timeframe for completing the original of DoLS applications was two years.
- i) Ms Soleimanifar said that due to the vast increase in demand for assessments under the Deprivation of Liberty Safeguards, ADASS developed a screening tool to assist councils to respond in a consistent and timely manner to those requests which had the highest priority. Kent County Council has adopted this tool, balanced against local knowledge, with each application judged on its own merit.
- j) Ms Soleimanifar said that the team that managed the DoLS applications backlog and the wider DoLS team worked very closely together.
- k) Ms Tidmarsh referred to the Deprivation of Liberty Backlog Project and the future legislative changes and said that concerns would be addressed, and decisions made accordingly.
- l) Mr Gibbens, Cabinet Member of Adult Social Care and Public Health, thanked Members of the Committee for their input in the subject and said that safeguarding would continue to be prioritised in Kent.

2. RESOLVED that the report be noted.

157. Older Person's Residential and Nursing Contract Update
(Item. 9)

Mr C Merchant (Senior Commissioner) was in attendance for this item.

1. Mr Merchant introduced the report which provided an update on the improvements that had been made to the management of the Older Persons Residential and Nursing Contract and options for its renewal.

Mr Merchant then responded to comments and questions from Members, including the following: -

- a) Mr Merchant referred to the blue sections within the Risk Quality Matrix, Appendix 2 to the report, and confirmed that it meant that analysis had not taken place as of yet.
 - b) Ms Maynard emphasised the importance of ensuring best value from use of collective resource and data within systems. Ms Tidmarsh reiterated Ms Maynard's comments and talked about the management of safeguarding issues and the processes that were in place to prevent risk.
2. RESOLVED that the report be noted.

158. Work Programme 2019-20
(Item. 10)

RESOLVED that the work programme for 2019-20 be noted, subject to the inclusion of:

- Deprivation of Liberty Safeguards (DOLS) Update

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From: Clair Bell, Cabinet Member for Adult Social Care and Public Health
Penny Southern, Corporate Director of Adult Social Care and Health

To: Adult Social Care Cabinet Committee – 17 July 2019

Subject: Verbal update by the Cabinet Member and Corporate Director

Classification: Unrestricted

Electoral Divisions: All

The Cabinet Member will verbally update Members of the Committee on: -

- 20 May 2019 - Officially took over the role from Mr G Gibbens as Cabinet Member for Adult Social Care and Public Health
- 20 June 2019 - Attended the Kent in Excellence Business Awards with Kent Supported Employment to support the “Valuing Disability in Business of the Year” award.
- 2-4 July 2019 - Attended the Local Government Association Conference in Bournemouth

The Corporate Director will verbally update Members of the Committee on: -

- Welcome the new Cabinet Member for Adult Social Care and Public Health
- Kent and Medway Integrated Care System Update
- Assessed and Supported Year in Employment (AYSE) Certificate Presentation
- Kent Integrated Care Alliance Conference
- Update on the Adult Social Care and Health Redesign

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From: Clair Bell, Cabinet Member for Adult Social Care and Public Health

Penny Southern, Corporate Director of Adult Social Care and Health

To: Adult Social Care Cabinet Committee – 17 July 2019

Subject: **ADULT SOCIAL CARE PERFORMANCE DASHBOARD**

Classification: Unrestricted

Previous Pathway of Paper: Adult Social Care and Health Directorate Management Team – 10 July 2019

Future Pathway of Paper: None

Electoral Division: All

Summary: The performance dashboard provides Members with progress against targets set for key performance and activity indicators for May 2019 for Adult Social Care.

Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the Adult Social Care Performance Dashboard.

1. Introduction

1.1 Appendix 2 Part 4 of the Kent County Council Constitution states that:
“Cabinet Committees shall review the performance of the functions of the Council that fall within the remit of the Cabinet Committee in relation to its policy objectives, performance targets and the customer experience.”

1.2 To this end, each Cabinet Committee is receiving a performance dashboard.

2. Performance Report

2.1 The main element of the Performance Report can be found at Appendix A, which is the Adult Social Care Performance Dashboard which includes a description of the indicator and the latest available results for the key performance and activity indicators

2.2 The Adult Social Care Performance Dashboard is a subset of the detailed monthly performance report that is used at team, Senior Management Team and Directorate management Team level. The indicators included are based on key priorities for the Directorate and include operational data that is regularly used within Directorate. The performance dashboard will evolve to support robust decision making within the Adult Social Care and Health Directorate as the new operating models are embedded.

- 2.3 The monthly performance monitoring is based on data that is derived from the client system (SWIFT/AIS). This system captures the assessment, needs, services, costs and review data from every service user that we support.
- 2.4 The operational teams have the responsibility for updating the system and have a wide range of reports available to them to be able to manage their own performance, including supervision with staff.
- 2.5 The latest report contains the most up to date indicators with targets, based on the delivery of statutory responsibilities and the new operating models. This includes ensuring that the interdependencies between services are understood and the targets reflect these. For example, a reduction in residential care may mean an increase in home care.
- 2.6 Cabinet Committees have a role to review the selection of indicators included in dashboards, improving the focus on strategic issues and qualitative outcomes, and this will be a key element for reviewing the Dashboard.
- 2.7 A subset of these indicators is also used within the quarterly performance report, which is submitted to Cabinet.
- 2.8 As an outcome of this report, members may make reports and recommendations to the Leader, Cabinet Members, the Cabinet or officers.
- 2.9 Performance results are assigned an alert on the following basis:
- | | |
|---------------|---|
| Green: | Current target achieved or exceeded |
| Amber: | Performance is below current target but above minimum standard. |
| Red: | Performance is below a pre-defined minimum standard |

3. Summary of Performance

- 3.1 There are currently 20 measures within the Adult Social Care Performance Dashboard and where appropriate a RAG (Red, Amber and Green) rating has been applied for 13 of these.
- 3.2 For May 2019, seven performance indicators are rated as Green, seven as Amber and one is Red.
- 3.3 National targets have been set which are linked to the Better Care Funding which require Social Care and Health to work together to reduce Delayed Transfers of Care (DToC) and deliver better outcomes for people.
- 3.4 The Kent target for April was **3,180 delayed days**, unfortunately this was not met, and Kent experienced 2,548 more bed days with a total of **5,728 DToC** bed days in April according to nationally reported official figures. This was 15.7 per 100,000 of the population against a challenging target of 8.7 per 100,000 of the population.
- 3.5 The number of admissions to permanent residential and nursing care was below the target in May 2019 and therefore rated as green. The overall number of people in these placements is slowly decreasing as KCC observed a 3.1%

decrease in the number of older people in permanent residential home care and 0.4% increase in the number of older people in permanent nursing home care. The reduction of admissions to permanent residential and nursing care continues to be a priority area.

- 3.6 In terms of home care, more people are being supported in their own home with the numbers of people receiving the service and the number of hours increasing. The impact of hospital discharges has resulted in an increase in the number of people with higher packages of home care. Again, this is an area of priority that we are focusing on.

4. Recommendations

4.1 Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the Adult Social Care Performance Dashboard.

5. Background Documents

None

6. Report Author

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Lead Director

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Adult Social Care Dashboard

May 2019



Key to RAG (Red/ Amber/ Green) ratings applied to KPIs	
GREEN	Target has been achieved or exceeded
AMBER	Performance is behind target but within acceptable limits
RED	Performance is significantly behind target and is below an acceptable pre-defined minimum *

* In future, when annual business plan targets are set, we will also publish the minimum acceptable level of performance for each indicator which will cause the KPI to be assessed as red when performance falls below this threshold

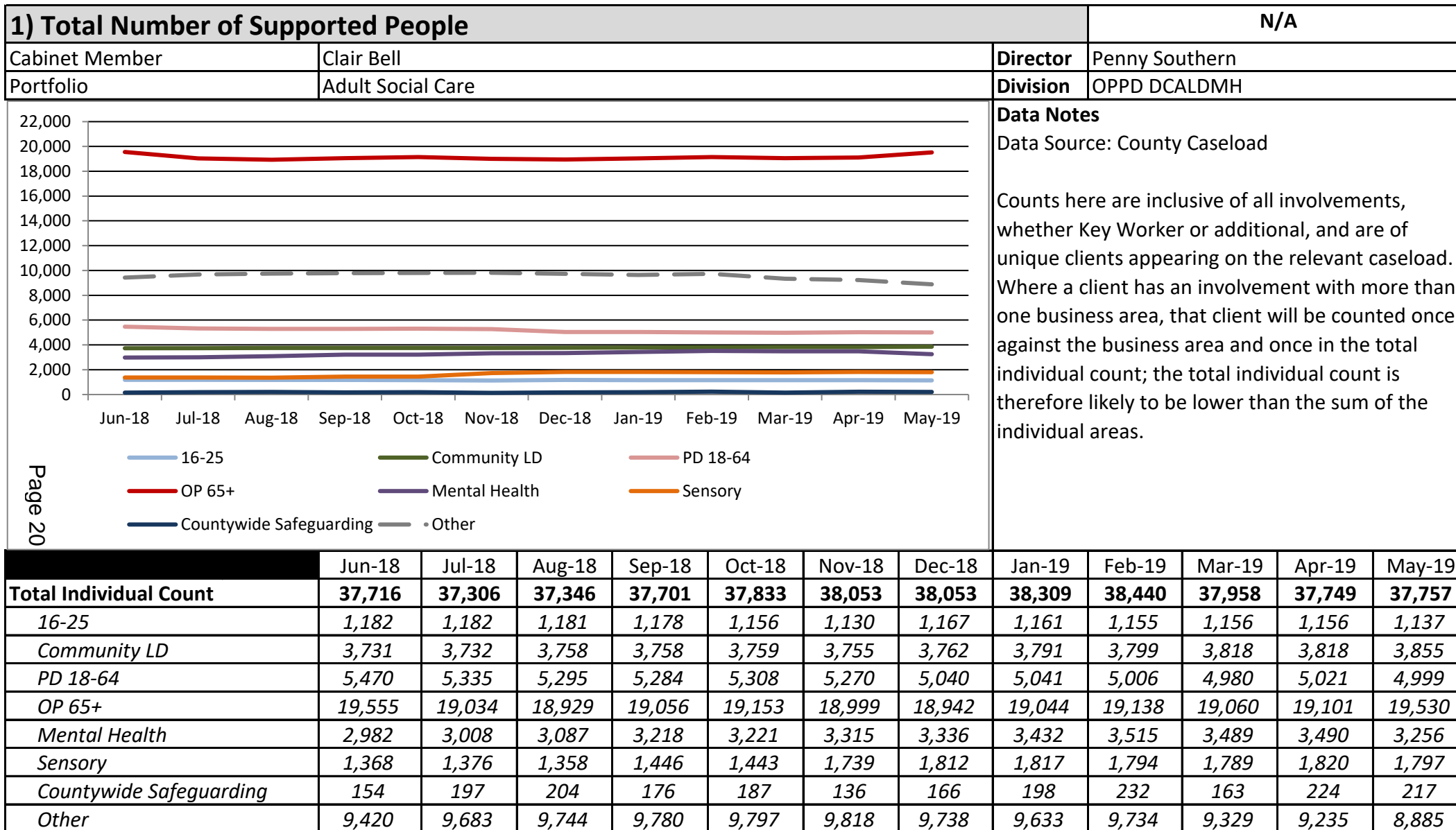
Adult Social Care Indicators

The key Adult Social Care indicators are listed in summary form below, with more detail in the following pages. A subset of these indicators feed into the Quarterly Monitoring Report, for Cabinet. This is clearly labelled on the summary and in the detail.

Some indicators are monthly indicators, some are annual, and this is clearly stated.

All information is as at the latest month wherever possible.

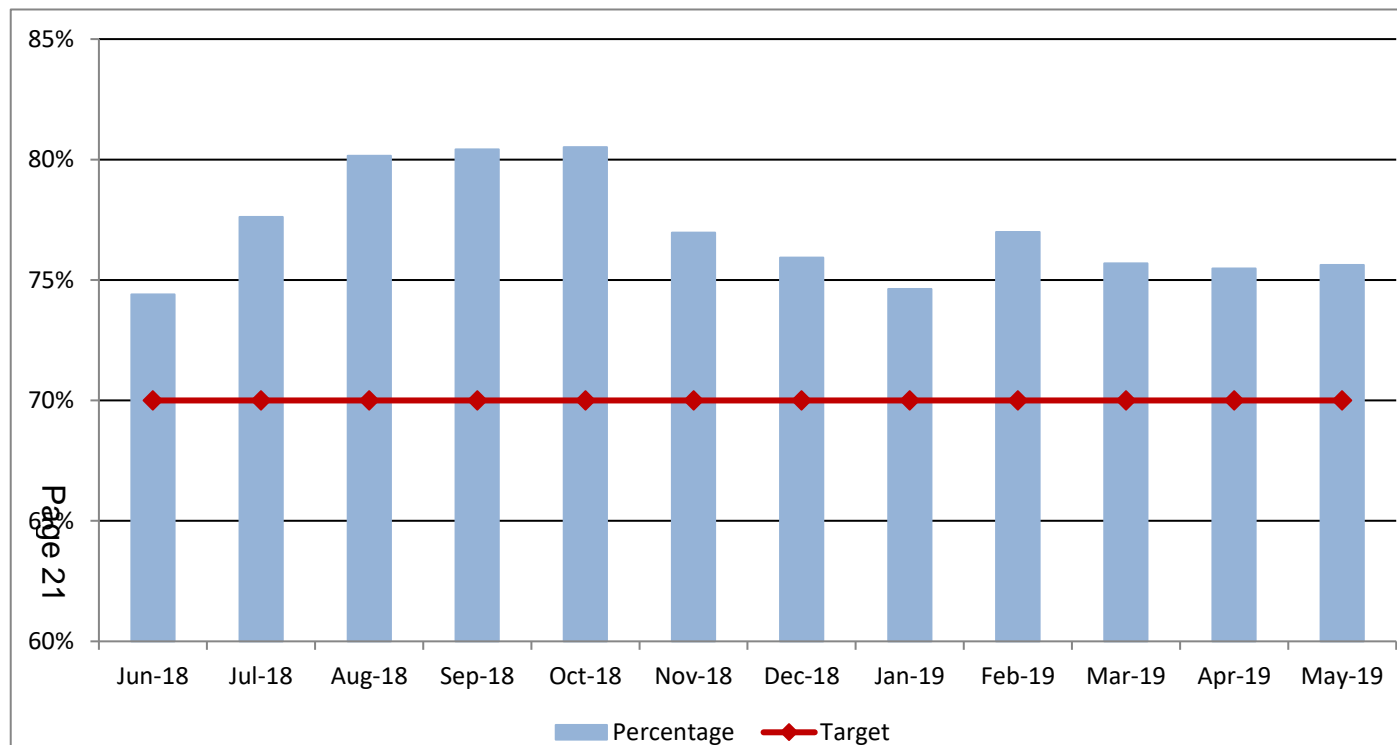
Indicator Description		DivMT Report	QPR	2017-18 Outturn	Current 2019-20 Target	Current Position	Data Period	RAG
1	Total number of people supported, by presenting need			37,958	N/A	37,749	Snapshot	N/A
2	Percentage of contacts resolved at source	Y	Y	75%	70%	76%	Month	GREEN
3	Referrals to Enablement	Y	Y	1,179	961	1,137	Month	GREEN
4	Clients still independent after enablement		Y	73%	60%	78%	Snapshot	GREEN
5	Delayed Transfers of Care - proportion that are social care		Y	19.8%	30%	27.7%	12M	GREEN
6	Total Delays per 100,000 population		Y		8.7	15.7	Month	RED
7	Admissions to permanent residential or nursing care for	Y	Y	152	150	139	Month	GREEN
8	Number of people aged 65+ in permanent residential care	Y	Y	2,129	2,003	2,158	Snapshot	AMBER
9	Number of people aged 65+ in permanent nursing care	Y	Y	1,095	1,075	1,117	Snapshot	AMBER
10	Number of people receiving homecare	Y	Y	4,219	4,290	4,300	Snapshot	AMBER
11	Number of people receiving direct payments	Y	Y	4,199	3,017	3,052	Snapshot	AMBER
12	Number of people with a learning disability in	Y	Y	1,069	1,056	1,065	Snapshot	AMBER
13	Number of people with a learning disability receiving a	Y	Y	3,105	N/A	3,110	Snapshot	AMBER
14	Number of people with Mental health needs in residential care	Y	Y	308	306	309	Snapshot	AMBER
15	Number of people with Mental health needs receiving a community service	Y	Y	523	N/A	513	Snapshot	GREEN
16.1	Number of Safeguarding concerns		Y	956	N/A	1,064	Month	N/A
16.2	Number of Safeguarding enquiries		Y	472	N/A	407		
16.3	Number of safeguarding consultations		Y	286	N/A	295		
16.4	Number of safeguarding closures		Y	642	N/A	505		
17	Number of DOLS applications		Y	468	472	464	Month	GREEN



Commentary

The *Other* business area includes Headquarters-aligned teams, such as Client Financial Affairs, Carer locality, etc. There is a large number of people who have an additional worker involvement recorded against an "Other" team but no Key Worker involvement - these are likely to result from clients having referrals closed incorrectly.

2) Percentage of Contacts resolved at source			GREEN
Cabinet Member	Clair Bell	Director	Janice Duff
Portfolio	Adult Social Care	Division	Older People and Physical Disability



Data Notes

Data Source: OPPD DivMT Report

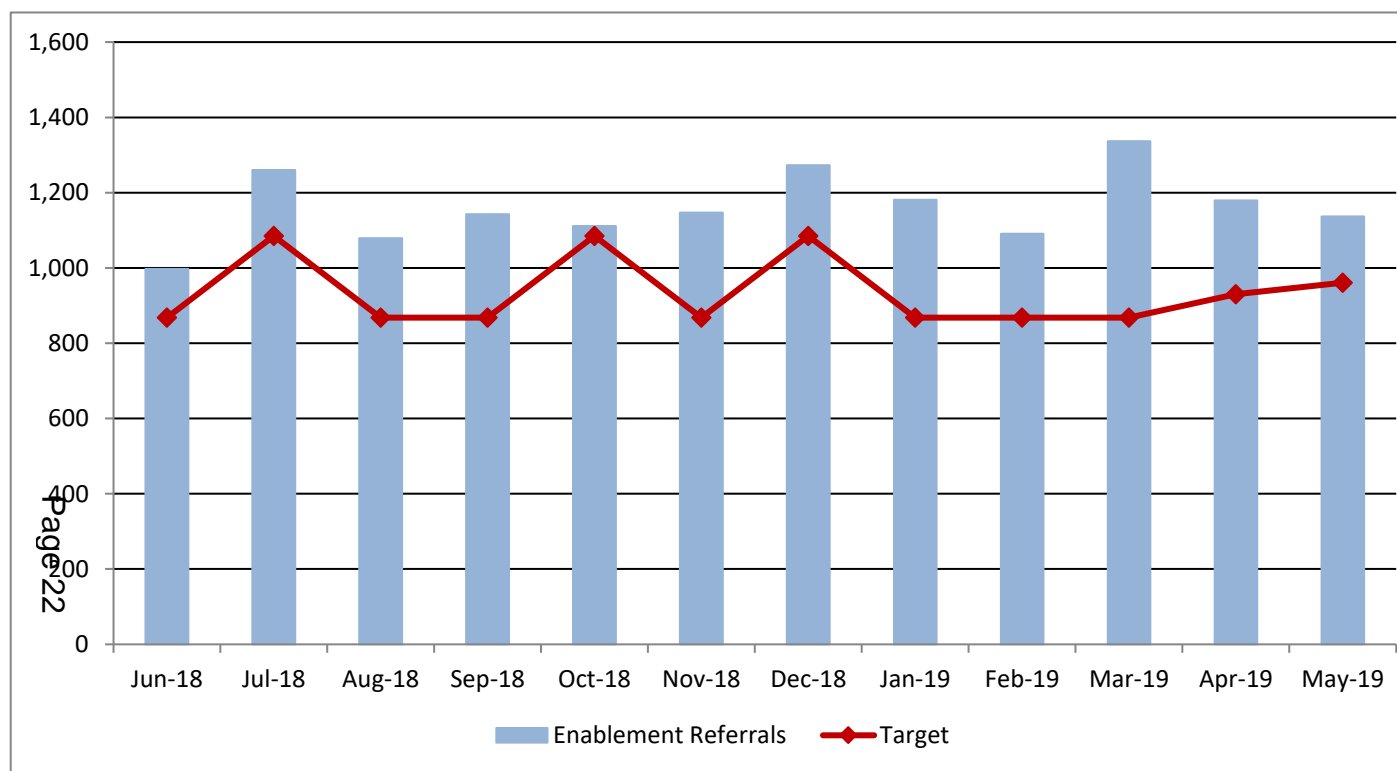
Quarterly Performance Report Indicator

	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Target	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%
Percentage	74%	78%	80%	80%	81%	77%	76%	75%	77%	76%	75%	76%
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary

This is the percentage of people who's needs are met at the point of contacting Social Care through information, advice, guidance or small pieces of equipment. A key priority for Adult Social Care is to respond to more people's needs at the point of contact, through better information, advice and guidance, or provision of equipment where appropriate.

3) Referrals to Enablement			GREEN
Cabinet Member	Clair Bell	Director	Janice Duff
Portfolio	Adult Social Care	Division	Older People and Physical Disability



Data Notes

Unit of Measure: Number of people who had a referral that led to an Enablement service

Data Source: Enablement Dashboard + Hilton

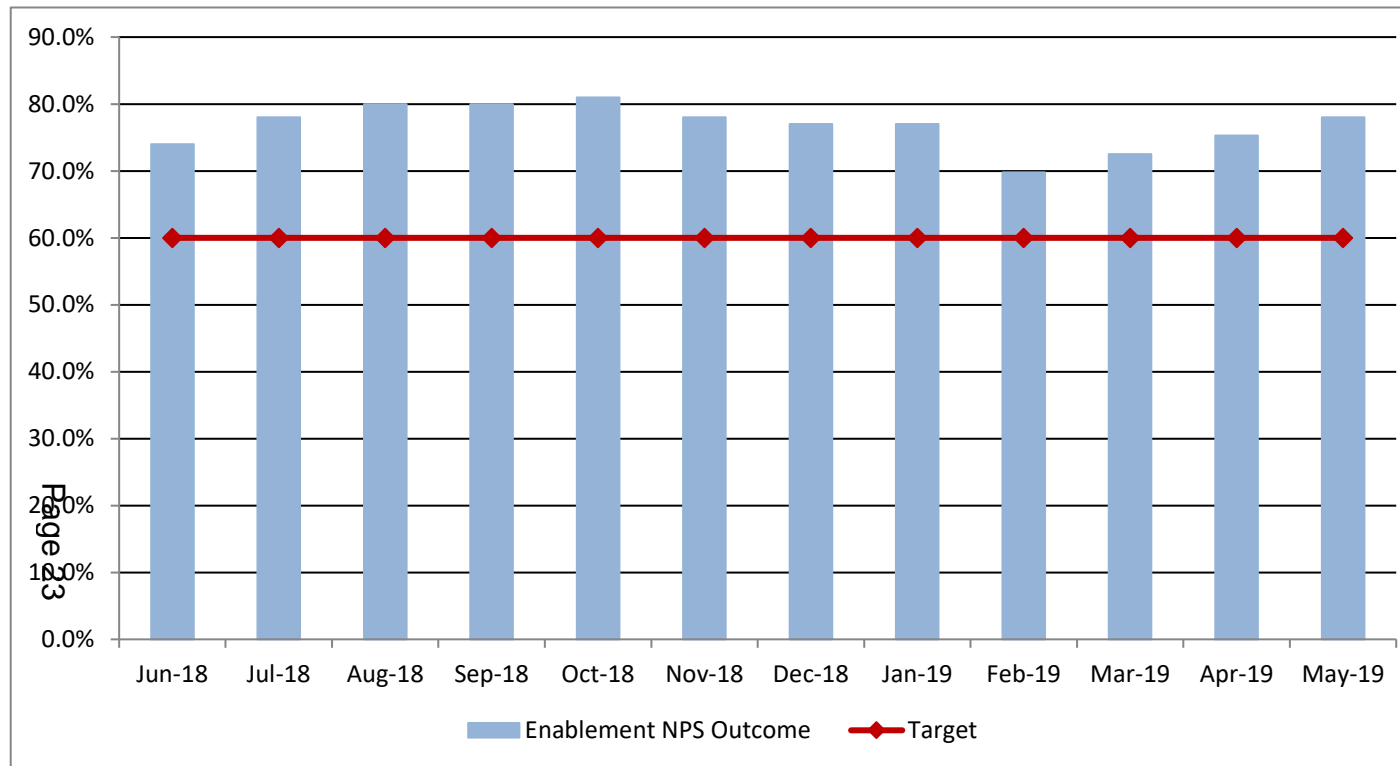
Quarterly Performance Report Indicator

	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Target	868	1,085	868	868	1,085	868	1,085	868	868	868	930	961
Enablement Referrals	997	1,260	1,079	1,143	1,111	1,147	1,273	1,181	1,091	1,337	1,179	1,137
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary

This the number of referrals to our enablement service which is a specialist service to enable people to live independently and undertake daily tasks without support and is inclusive of referrals to Hilton. The overall picture of people being supported in the full range of enabling services is much more positive. A number of other schemes commissioned by KCC, the NHS and CCGs such as Home First and Hilton's Discharge to Assess are delivering intermediate care which is enabling people that would have ordinarily have gone through our KEAH service prior to these schemes existence.

4) Clients still independent after Enablement			GREEN
Cabinet Member	Clair Bell	Director	Janice Duff
Portfolio	Adult Social Care	Division	Older People and Physical Disability



Data Notes
Unit of Measure: Percentage of people who received an Enablement service who had no public support at the end of their enablement service.

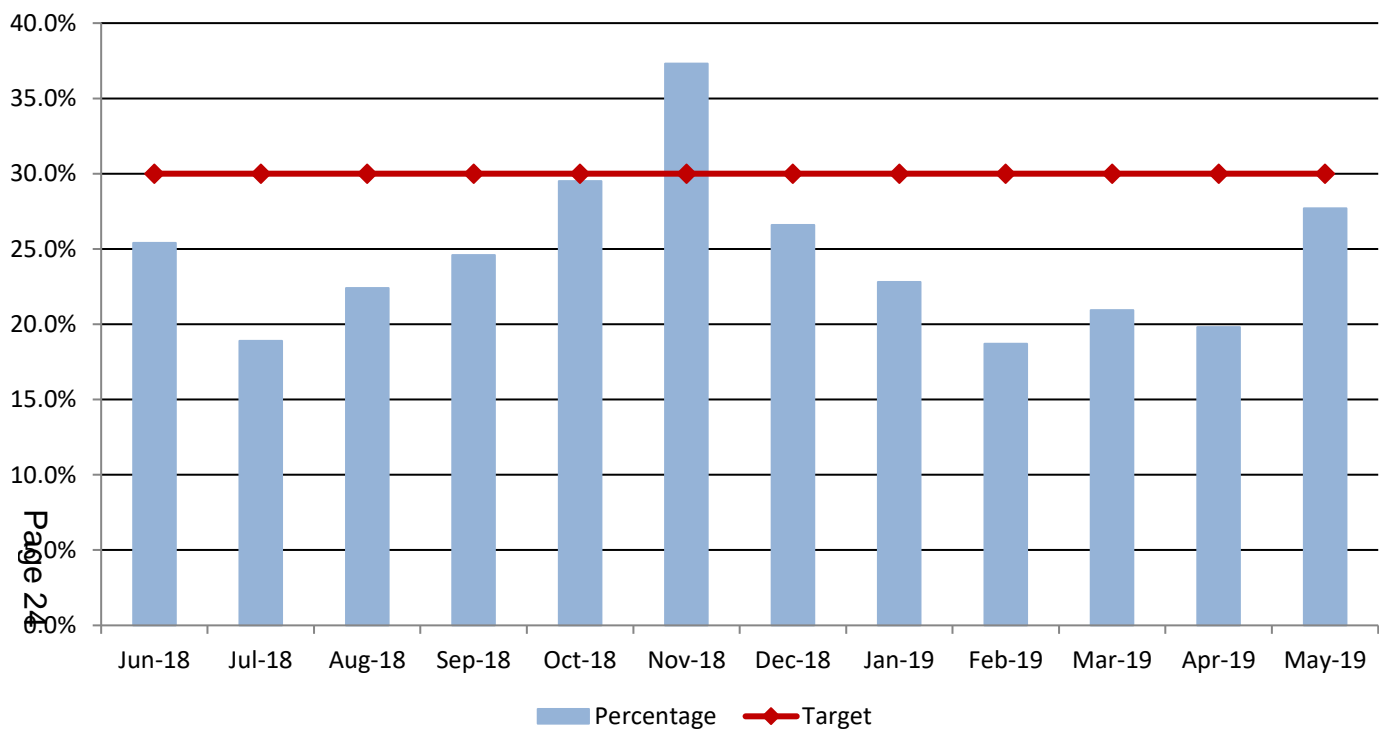
Data Source: Enablement Dashboard

Quarterly Performance Report Indicator

	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Target	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%
Enablement NPS Outcome	74.0%	78.0%	80.0%	80.0%	81.0%	78.0%	77.0%	77.0%	69.8%	72.5%	75.3%	78.0%
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary
Performance continues to be above target.

5) Delayed Transfers of Care - Social Care Responsibility			GREEN
Cabinet Member	Clair Bell	Director	Janice Duff
Portfolio	Adult Social Care	Division	Older People and Physical Disability



Data Notes

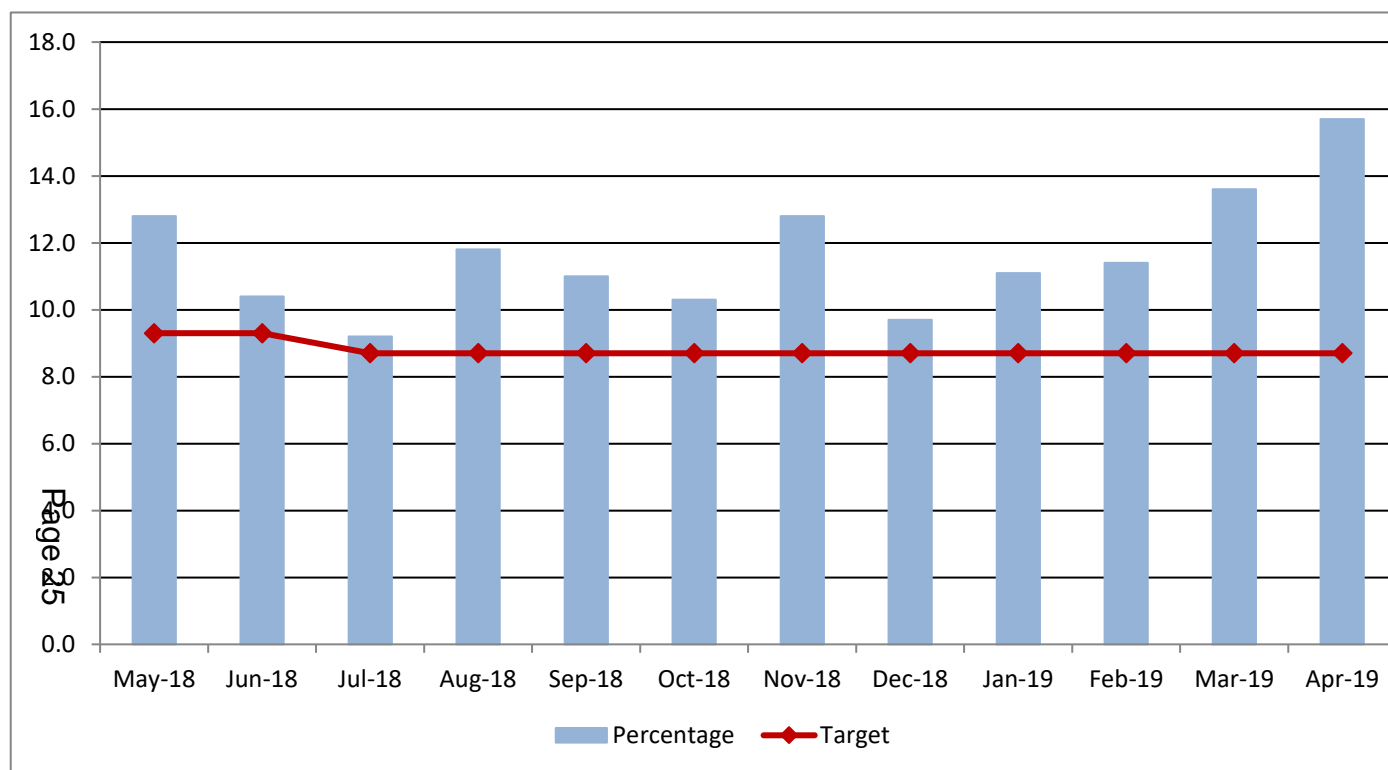
This indicator represents the percentage of all delays attributable to Adult Social Care or Jointly with the NHS.

	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Target	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%
Percentage	25.4%	18.9%	22.4%	24.6%	29.5%	37.3%	26.6%	22.8%	18.7%	20.9%	19.8%	27.7%
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

Commentary

This is the proportion of delays to discharge from hospital that are attributable to Adult Social Care or Jointly with the NHS. Delayed transfers can be affected by many factors, mainly client choice and health based reasons. Whilst there are ongoing pressures to find social care placements, these have been eased with support such as intermediate care and step down beds. Information relating to delayed transfers of care is collected from health on a monthly basis. As of May 2019, 27.7% of delays are attributable in whole or part to Adult Social Care. For Social Care delayed discharges, the three main reasons were: Awaiting Residential Home (422 bed days), Awaiting Domiciliary Care Package (225 bed days) and Awaiting Nursing Home (156 bed days).

6) Delayed Transfers of Care - Total Delays per 100,000 Population						RED
Cabinet Member	Clair Bell				Director	Janice Duff
Portfolio	Adult Social Care				Division	Older People and Physical Disability



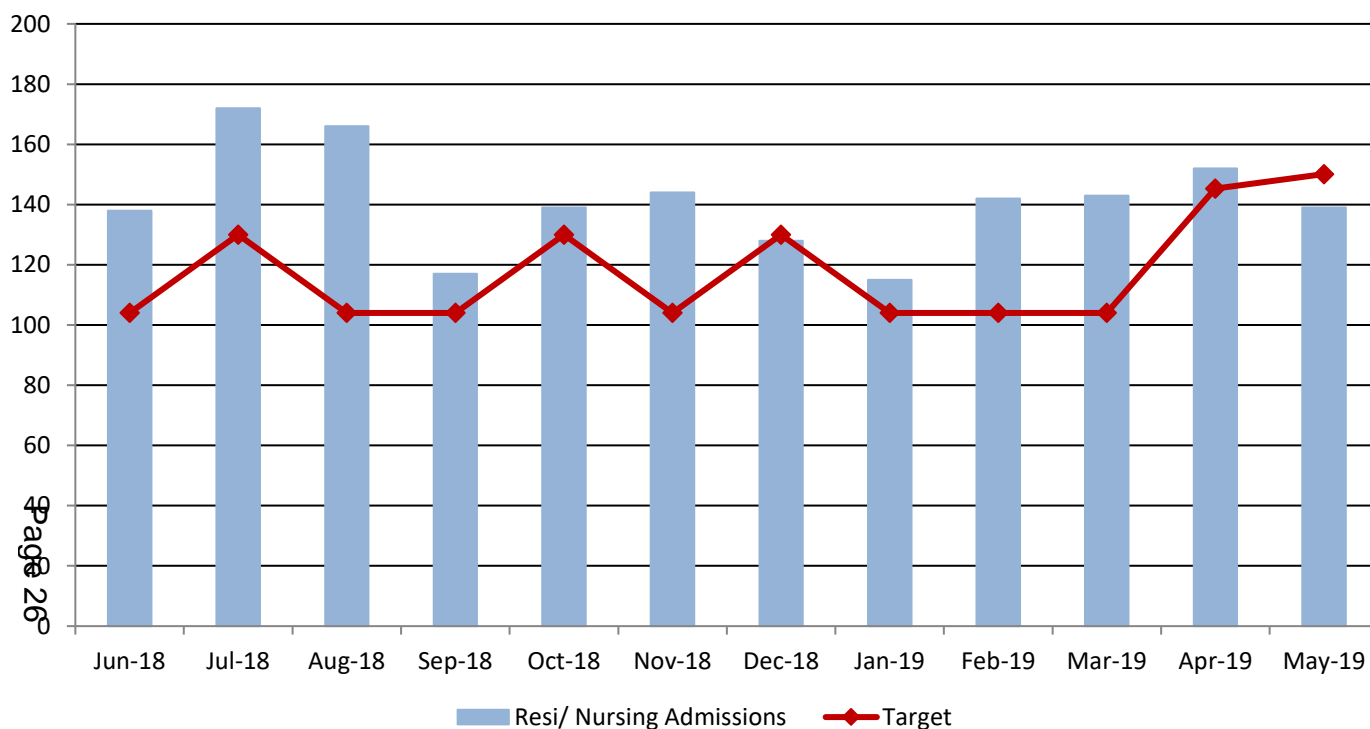
Data Notes
Based on locally collected discharge data. Figures for the latest month do not include Adult MH delays as this data is submitted after publication on the 21st working day of the month.

	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Target	9.3	9.3	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7	8.7
Percentage	12.8	10.4	9.2	11.8	11.0	10.3	12.8	9.7	11.1	11.4	13.6	15.7
RAG Rating	RED	RED	AMBER	RED	RED	RED	RED	RED	RED	RED	RED	RED

Commentary

The ratio of patients with a delayed discharge (including all responsibilities for the delay) has been consistently above the target of 8.7 delayed discharges per 100,000 of population. The key pressure areas for Social Care Delays are within KMPT [44.4% of all Kent delays], Maidstone and Tunbridge Wells [25% of all Kent delays], Medway Foundation Trust [11% of all Kent delays].

7) Admissions to permanent residential or nursing care for people aged 65+						GREEN	
Cabinet Member		Clair Bell			Director	Janice Duff	
Portfolio		Adult Social Care			Division	Older People and Physical Disability	



Data Notes

Unit of Measure: Older people placed into Permanent Residential and Nursing Care per month, provided a month in arrears to allow for late input.

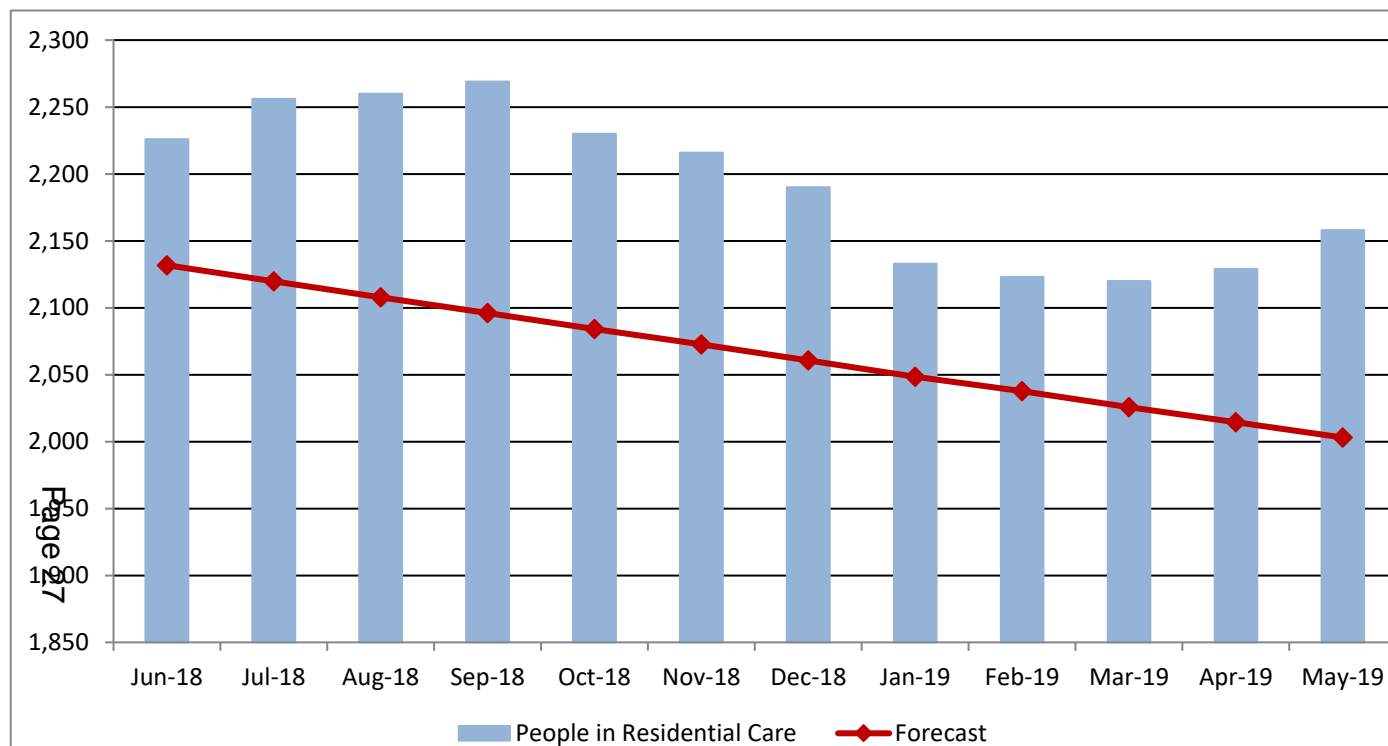
Data Source: OPPD SMT Report

	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Target	104	130	104	104	130	104	130	104	104	104	145	150
Resi/ Nursing Admissions	138	172	166	117	139	144	128	115	142	143	152	139
RAG Rating	RED	RED	RED	RED	AMBER	RED	GREEN	RED	RED	RED	AMBER	GREEN

Commentary

This is the number of older people newly placed in a permanent residential/ nursing care home. Please note that figures for the most recent months include provisional placements agreed at panel that have started in the month but not yet been recorded on SWIFT. Reducing admissions to permanent residential or nursing care is a clear objective for the Directorate. Many admissions are linked to hospital discharges, specific circumstances or health conditions, breakdown in carer support, falls, incontinence and dementia. Admissions are examined to understand exactly why they have happened on a monthly basis. The objectives of the modernisation programme will be to ensure that the right services are in place to ensure that people can self manage with these conditions, and ensure that a falls prevention strategy and support is in place to reduce the need for admission. In the meantime, there are clear targets set for the teams which are monitored on a bi-weekly basis.

8) Number of people aged 65+ in permanent residential care (AS01)			AMBER
Cabinet Member	Clair Bell	Director	Janice Duff
Portfolio	Adult Social Care	Division	Older People and Physical Disability



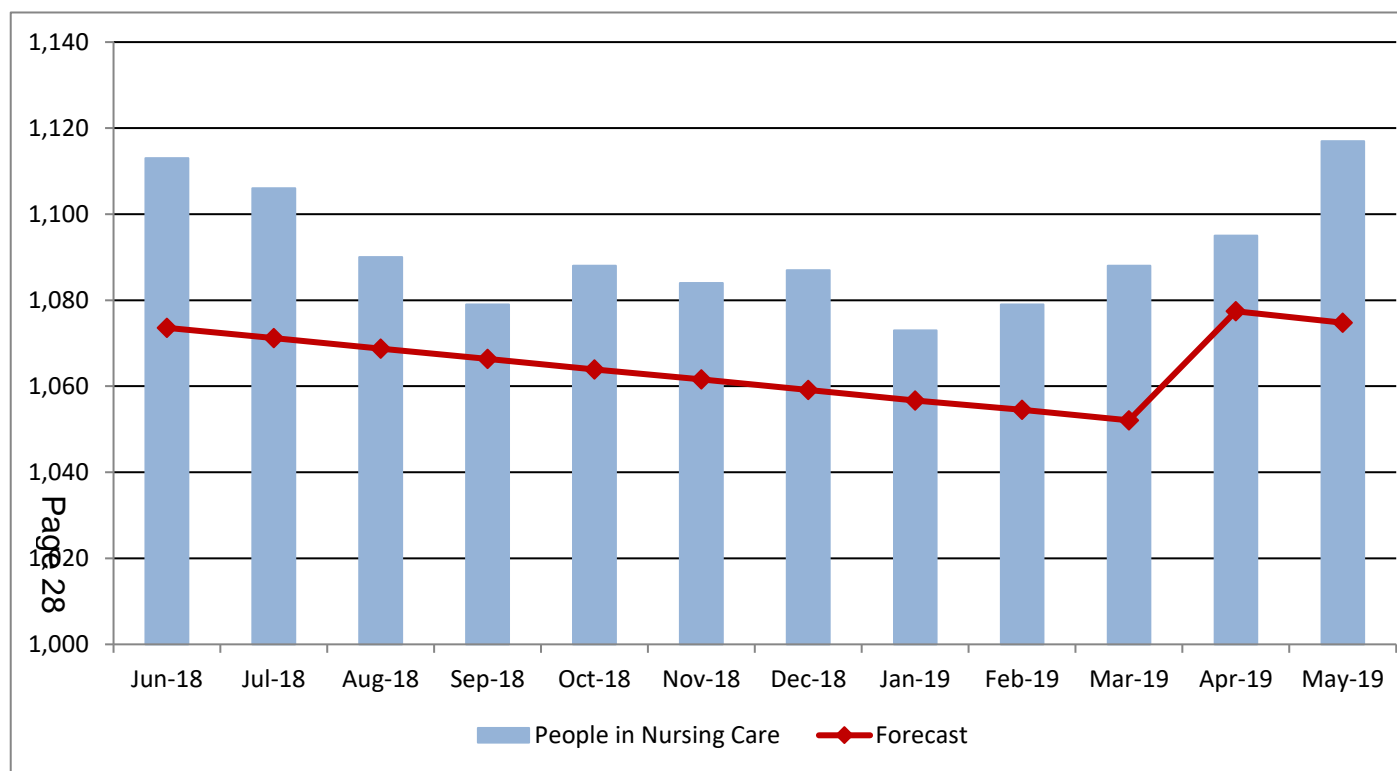
Data Notes
Unit of Measure: End of month snapshot of the number of people aged 65+ in permanent residential care
Data Source: OPPD SMT Report
Quarterly Performance Report Indicator

	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Forecast	2,132	2,120	2,108	2,096	2,084	2,073	2,061	2,049	2,038	2,026	2,015	2,003
People in Residential Care	2,226	2,256	2,260	2,269	2,230	2,216	2,190	2,133	2,123	2,120	2,129	2,158
RAG Rating	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER

Commentary

This is the number of people in permanent residential care at the end of the month. The number of people aged 65+ in permanent residential care has declined by 68 people in the past 12 months (3.1% decrease). Currently there are 155 more clients than the 2019 May target. There is an end of year target of 1,890 people or fewer to be in permanent residential care by 31st March 2020.

9) Number of people aged 65+ in permanent nursing care (AS02)						AMBER
Cabinet Member	Clair Bell				Director	Janice Duff
Portfolio	Adult Social Care				Division	Older People and Physical Disability



Data Notes
Unit of Measure: End of month snapshot of the number of people aged 65+ in permanent nursing care

Data Source: OPPD SMT Report

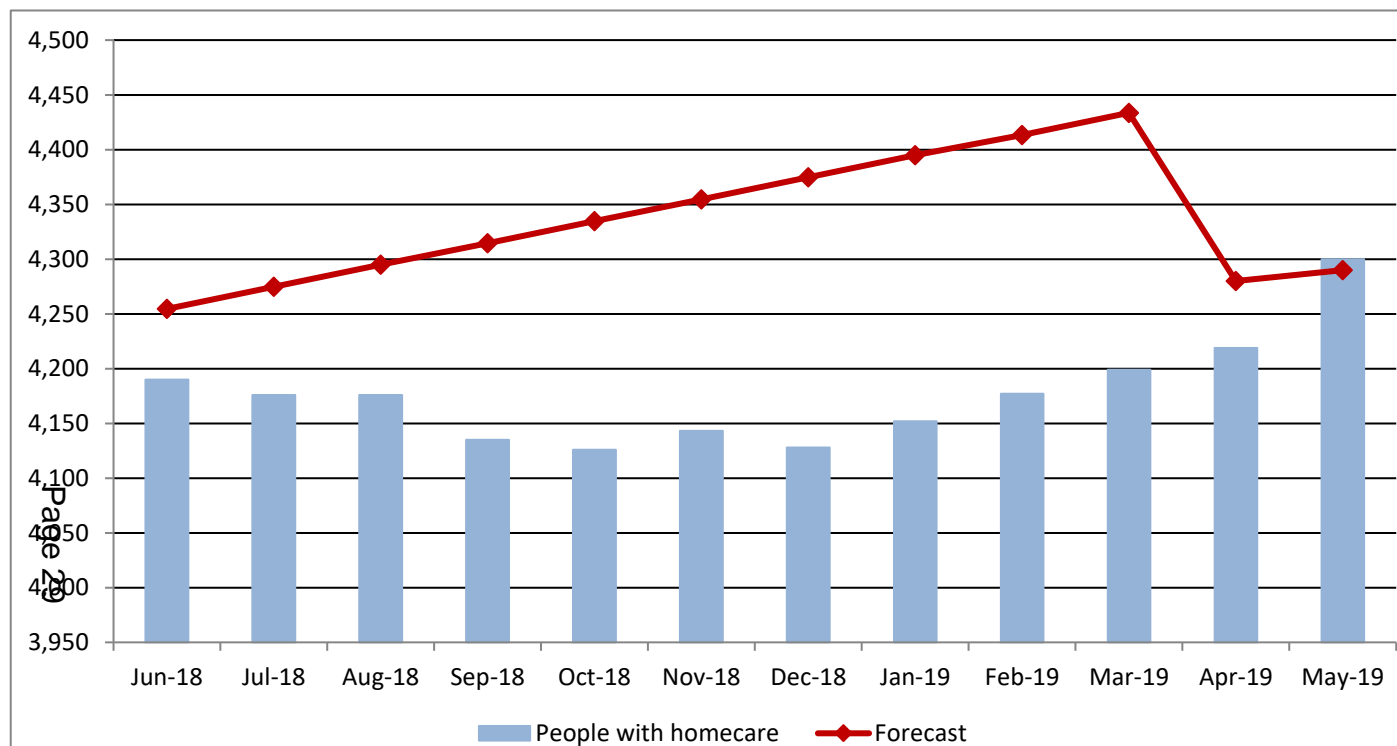
Quarterly Performance Report Indicator

	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Forecast	1,074	1,071	1,069	1,066	1,064	1,062	1,059	1,057	1,055	1,052	1,077	1,075
People in Nursing Care	1,113	1,106	1,090	1,079	1,088	1,084	1,087	1,073	1,079	1,088	1,095	1,117
RAG Rating	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER

Commentary

This is the number of people in permanent nursing care at the end of the month. The number of people aged 65+ in permanent Nursing Care has declined by 4 people in the past 12 months (0.4% decrease). Currently there are 42 more clients than the 2019 May target. There is a target of 1,049 people or fewer in Nursing care by 31 March 2020.

10) Number of people receiving homecare (AS03)							AMBER
Cabinet Member	Clair Bell					Director	Janice Duff
Portfolio	Adult Social Care					Division	Older People and Physical Disability



Data Notes
Unit of Measure: End of month snapshot of the number of people receiving homecare
Data Source: OPPD SMT Report
Quarterly Performance Report Indicator

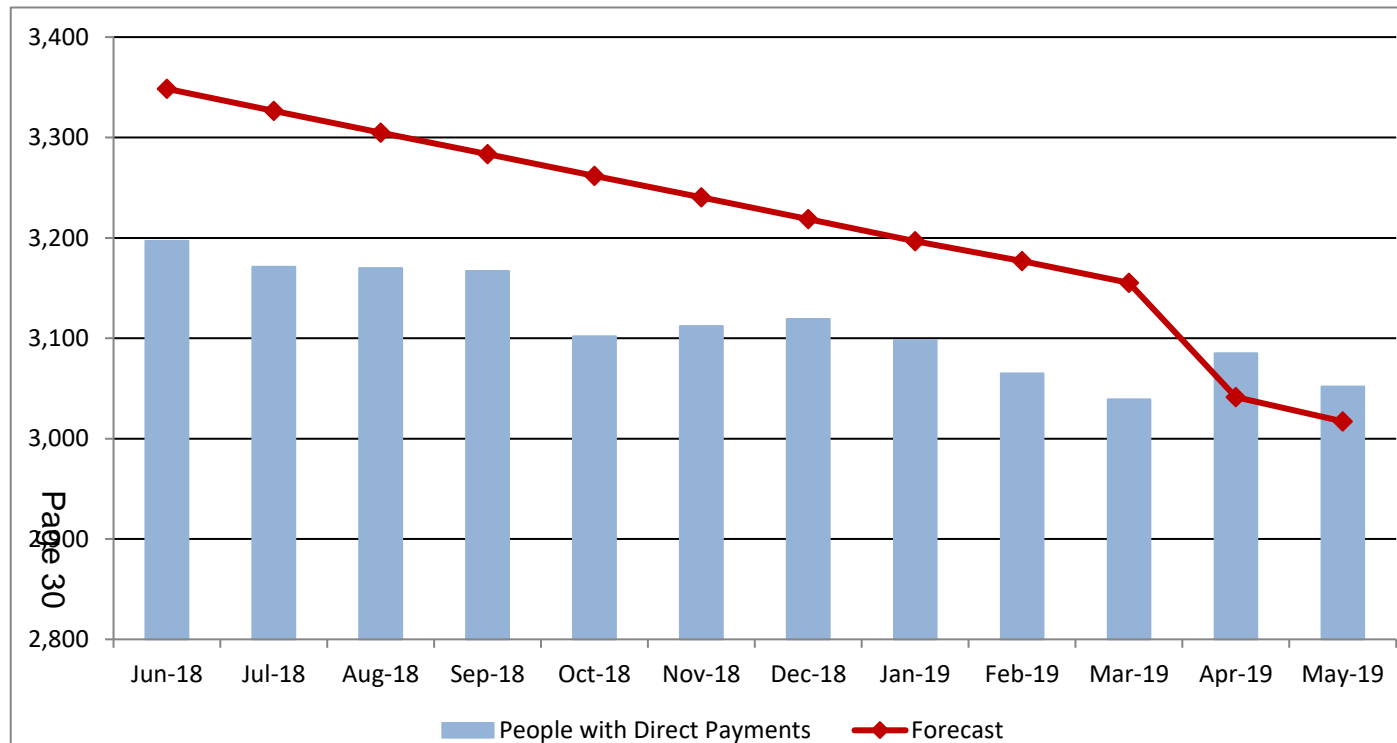
	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Forecast	4,255	4,275	4,295	4,315	4,335	4,354	4,375	4,395	4,413	4,434	4,280	4,290
People with homecare	4,190	4,176	4,176	4,135	4,126	4,143	4,128	4,152	4,177	4,199	4,219	4,300
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER

Commentary

This is the total number of people receiving homecare which has been increasing steadily over the last 12 months (2.6% increase), with an additional 110 people in receipt of Homecare. Homecare is largely delivered to people over the age of 65, with 3,305 people aged 65+ receiving services at the end of May and 995 people aged 18-64 in receipt of a homecare service.

The average hours per older person per week remains below the 2019-20 target of 10 hours or less per person at 9.9 average hours per person. The average hours per Physically Disabled adult aged 18-64 per week remains below the 2019-20 target of 11 hours or less per person at 10 average hours per person.

11) Number of people receiving direct payments							AMBER
Cabinet Member	Clair Bell				Director	Janice Duff/ Richard Smith	
Portfolio	Adult Social Care				Division	OPPD / DCLDMH	



Data Notes
Unit of Measure: End of month snapshot of the number of people receiving direct payments

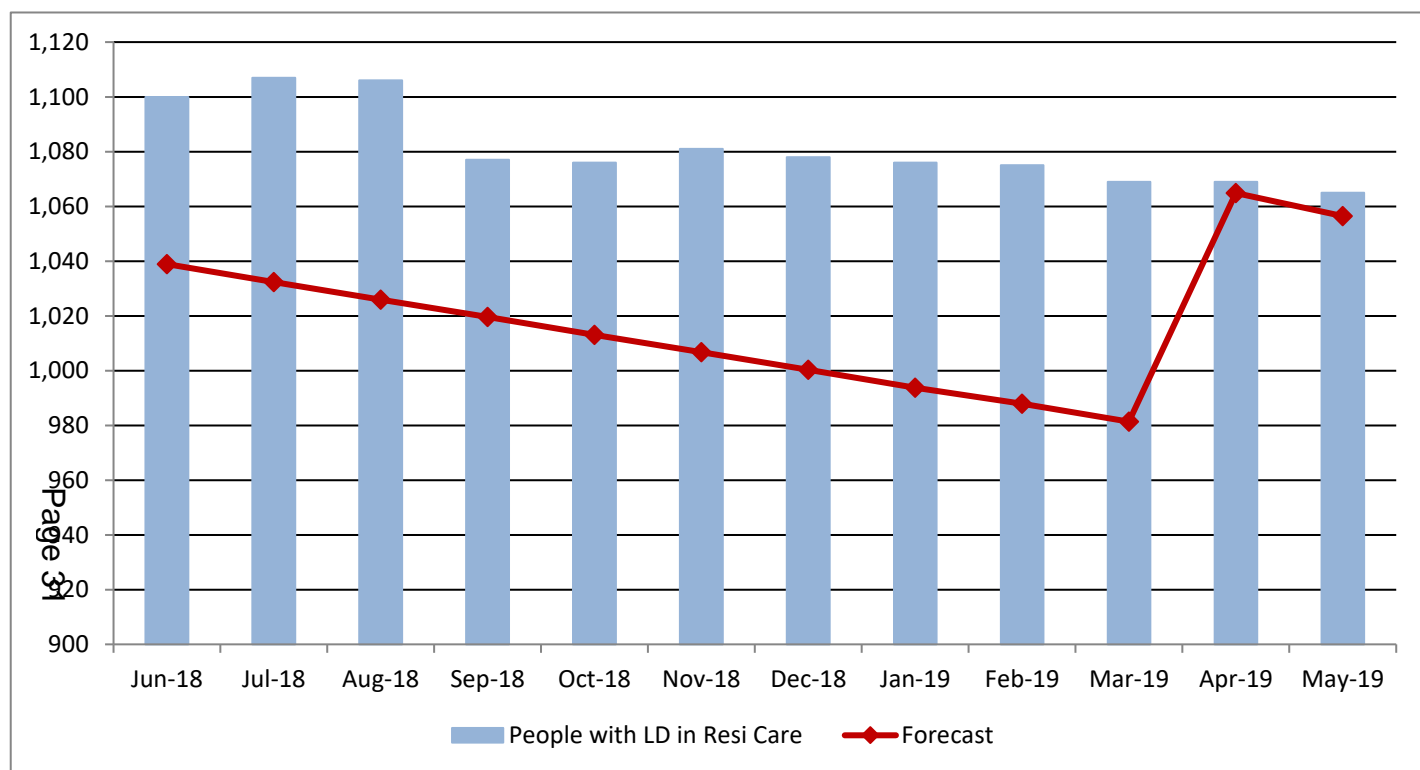
Data Source: OPPD/LDMH SMT Report

Quarterly Performance Report Indicator

	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Forecast	3,348	3,327	3,305	3,284	3,262	3,241	3,219	3,197	3,177	3,155	3,041	3,017
People with Direct Payments	3,197	3,171	3,170	3,167	3,102	3,112	3,119	3,098	3,065	3,039	3,085	3,052
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	AMBER

Commentary
This the total number of people who have a direct payment and purchase their own care.
Direct payments has been declining across all function throughout 2018-19. However, for April and May 2019 LD has seen an increase of 45 additional LD clients in receipt of a direct payment which has pushed this indicator into Amber.

12) Number of people with a learning disability in residential/nursing care (AS04)			AMBER
Cabinet Member	Clair Bell	Director	Richard Smith
Portfolio	Adult Social Care	Division	Learning Disability



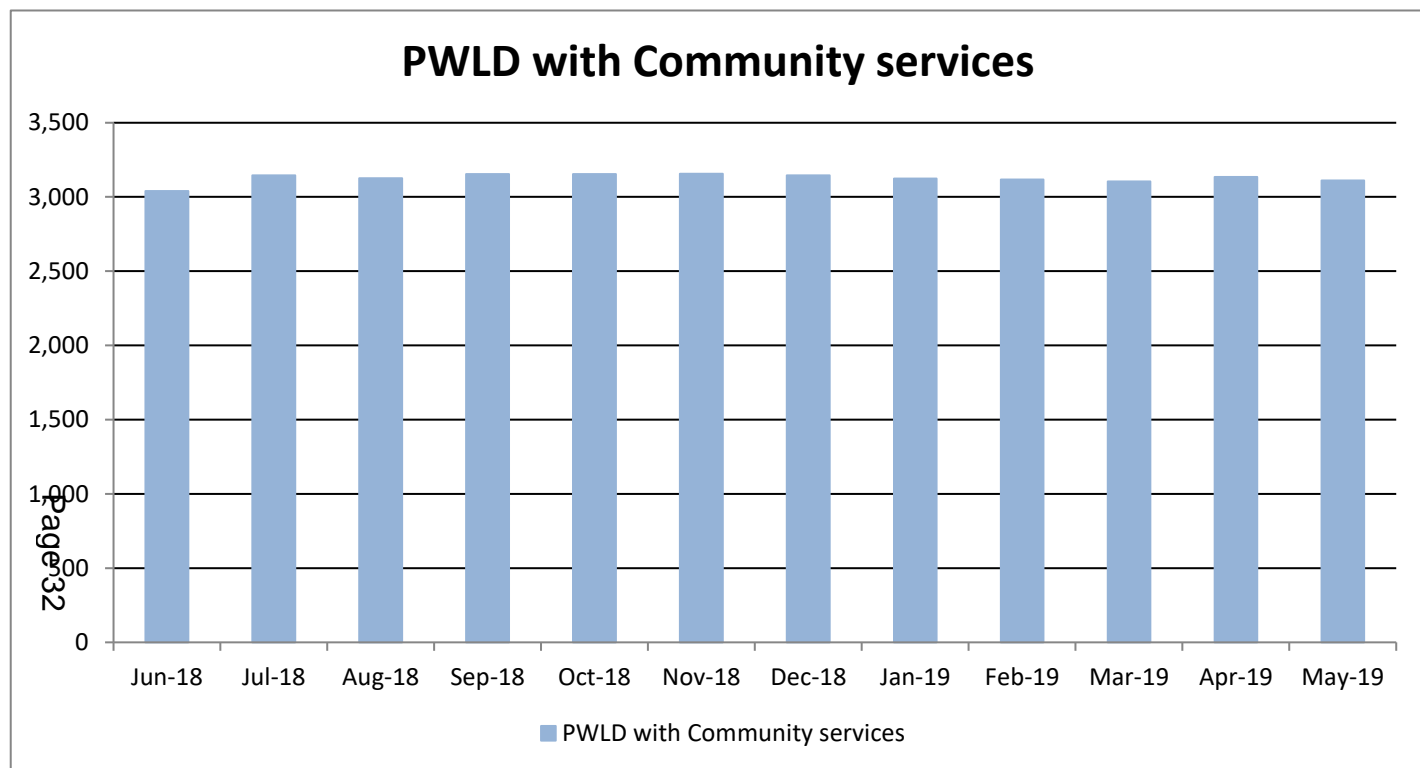
Data Notes
Unit of Measure: Number of people with a learning disability in permanent residential or nursing care as at month end.
Data Source: LD DivMT Report
Quarterly Performance Report Indicator

	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Forecast	1,039	1,032	1,026	1,020	1,013	1,007	1,000	994	988	981	1,065	1,056
People with LD in Resi Care	1,100	1,107	1,106	1,077	1,076	1,081	1,078	1,076	1,075	1,069	1,069	1,065
RAG Rating	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER

Commentary

This is the number of people with a learning disability in permanent residential or nursing care. It is a clear objective of the Directorate to ensure that as many people with a learning disability live as independently as possible. All residential placements have now been examined as a part of *Your Life, Your Home* to ensure that where possible, there will be a choice available for people to be supported through supported accommodation, shared lives and other innovative support packages which enable people to maintain their independence. These figures are amalgamated from both SWIFT (adult client system) and LPS (Lifespan Pathway Service system for 16-25 but only for those aged 18-25). Current performance is 0.8% above target and therefore rated as amber.

13) Number of people with a learning disability receiving a community service			AMBER
Cabinet Member	Clair Bell	Director	Richard Smith
Portfolio	Adult Social Care	Division	Learning Disability



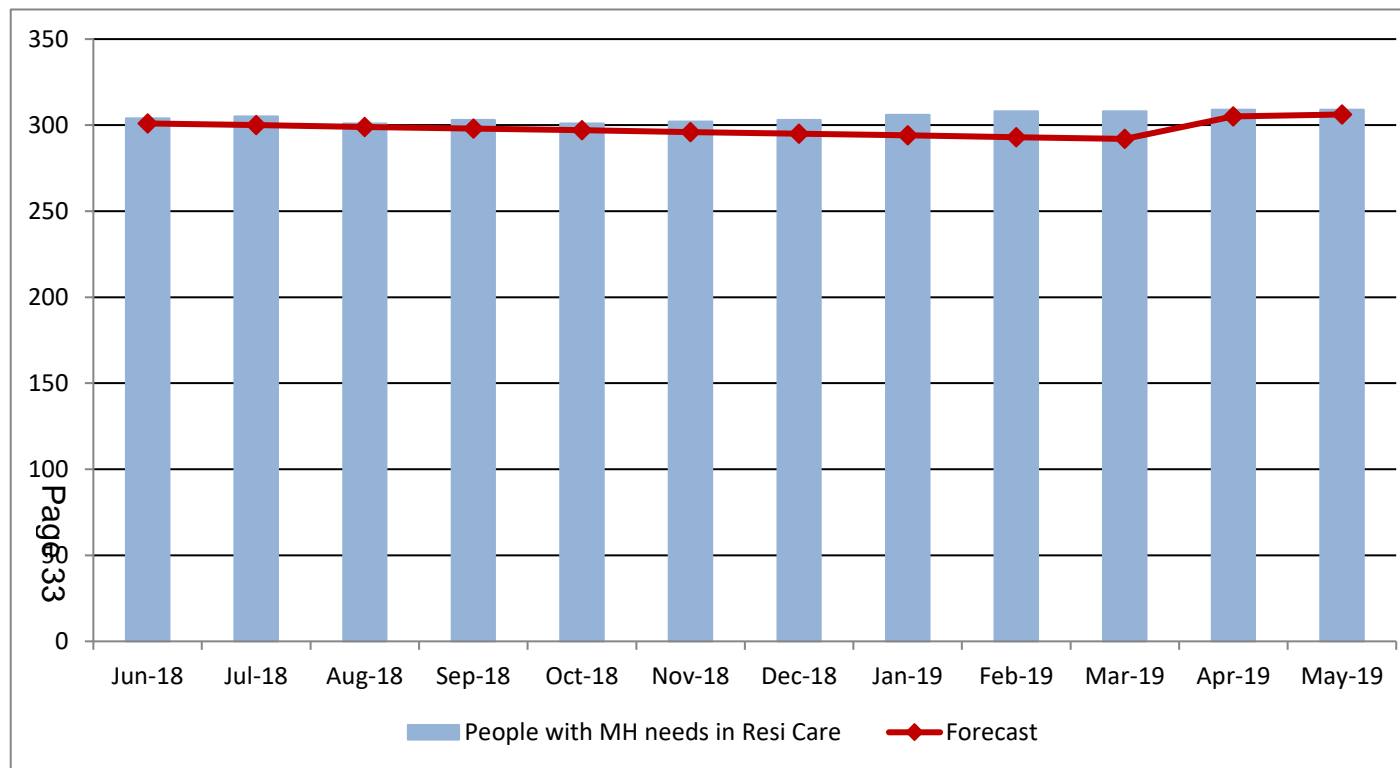
Data Notes
Unit of Measure: Number of people with a learning disability receiving a non-residential service
Data Source: LD DivMT Report

	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Forecast	3,027	3,033	3,039	3,045	3,051	3,057	3,063	3,069	3,075	3,081	3,087	3,093
PWLD with Community services	3,039	3,146	3,127	3,155	3,155	3,156	3,146	3,123	3,117	3,105	3,135	3,110
RAG Rating	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER

Commentary

This is the number of people with a learning disability that are supported in the community. The net number of people with a learning disability receiving a community service (i.e. any LD clients in receipt of a support package not including residential services) remains stable and is gradually increasing (2.3% over the last 12 months), with the success of Your Life Your Home contributing to this increase. These figures are amalgamated from both SWIFT (adult client system) and LPS (Lifespan Pathway Service system for 16-25 but only for those aged 18-25). Current performance is 0.5% above target and therefore rated as amber.

14) Number of people with mental health needs in residential/nursing care (AS04)						AMBER	
Cabinet Member		Clair Bell			Director	Richard Smith	
Portfolio		Adult Social Care			Division	Mental Health	

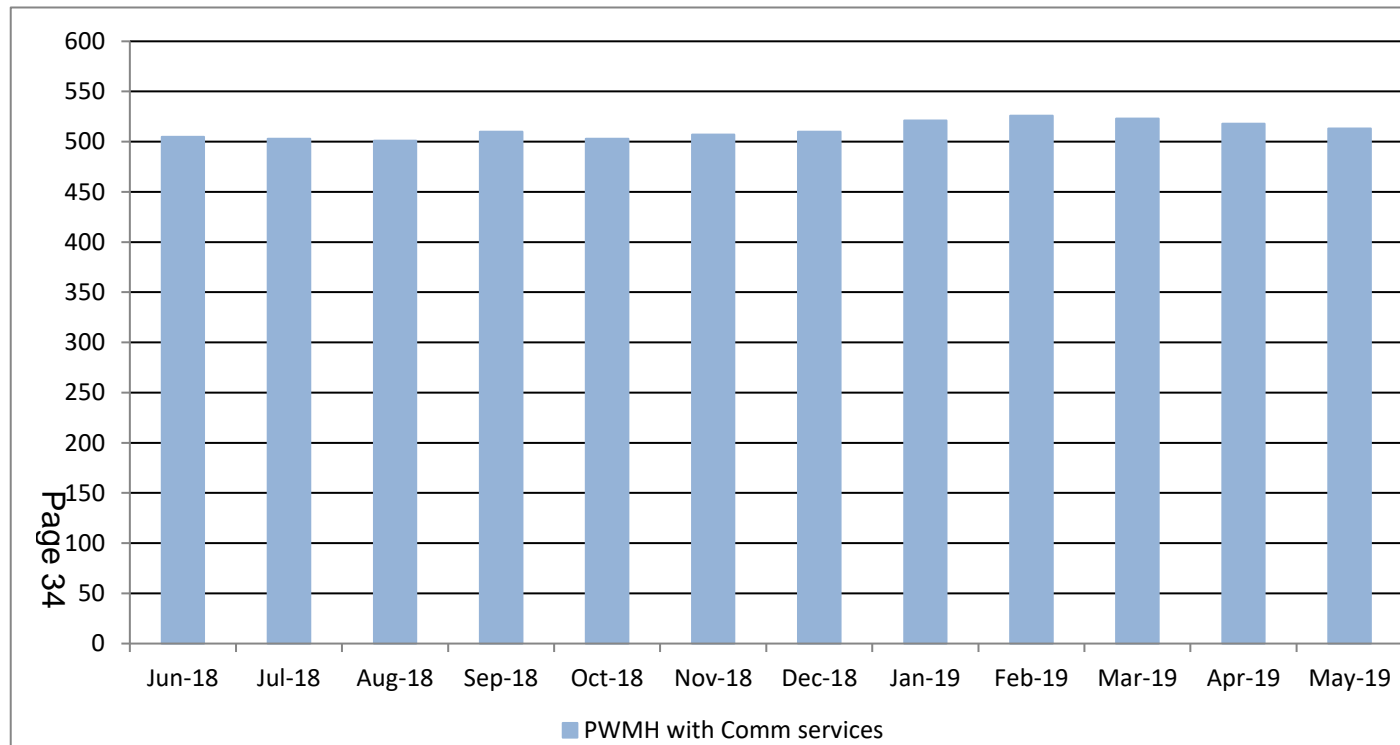


Data Notes
Unit of Measure: Number of people with mental health needs in permanent residential or nursing care as at month end.
Data Source: MH DivMT Report
Quarterly Performance Report Indicator

	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Forecast	301	300	299	298	297	296	295	294	293	292	305	306
People with MH needs in Resi	304	305	301	303	301	302	303	306	308	308	309	309
RAG Rating	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER	AMBER

Commentary
This is the number of people with mental health needs in permanent residential or nursing care. It is a clear objective of the Directorate to ensure that as many people with mental health needs live as independently as possible. Current performance is 0.9% above target and is therefore rated as amber.

15) Number of people with mental health needs receiving a community service			GREEN
Cabinet Member	Clair Bell	Director	Richard Smith
Portfolio	Adult Social Care	Division	Mental Health

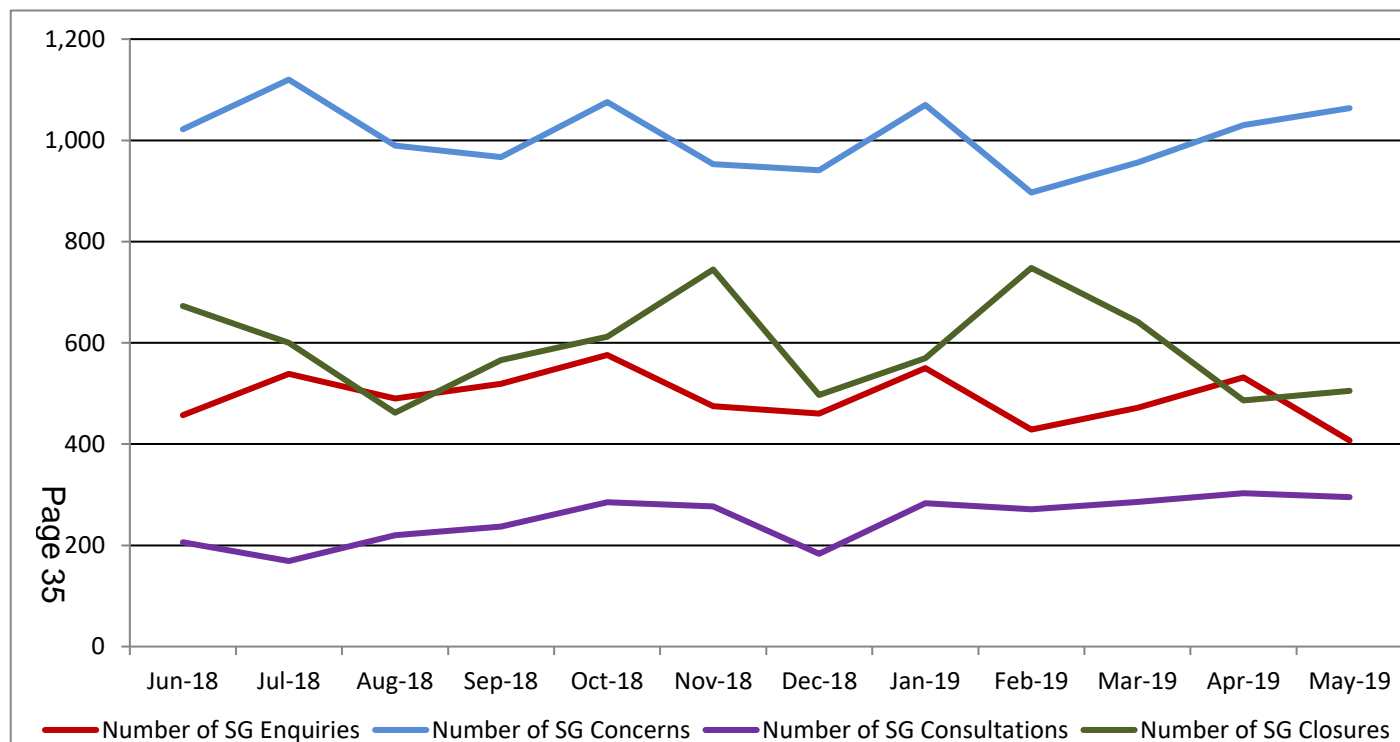


Data Notes
Unit of Measure: Number of people with mental health needs receiving a non-residential service
Data Source: MH DivMT Report

	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Forecast	494	497	500	503	506	509	512	515	518	521	524	527
PwMH with Comm services	505	503	501	510	503	507	510	521	526	523	518	513
RAG Rating	AMBER	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER	GREEN	GREEN

Commentary
This is the number of people with mental health needs that are supported in the community. The net number of people receiving a community service (i.e. any MH clients in receipt of a support package not including residential services) remains stable.

16) Safeguarding Indicators			N/A
Cabinet Member	Clair Bell	Director	Janice Duff/ Richard Smith
Portfolio	Adult Social Care	Division	OPPD DCALDMH



Data Notes
Unit of Measure: Number of Safeguarding Concerns, Enquiries, Consultations and closed cases in the calendar month.

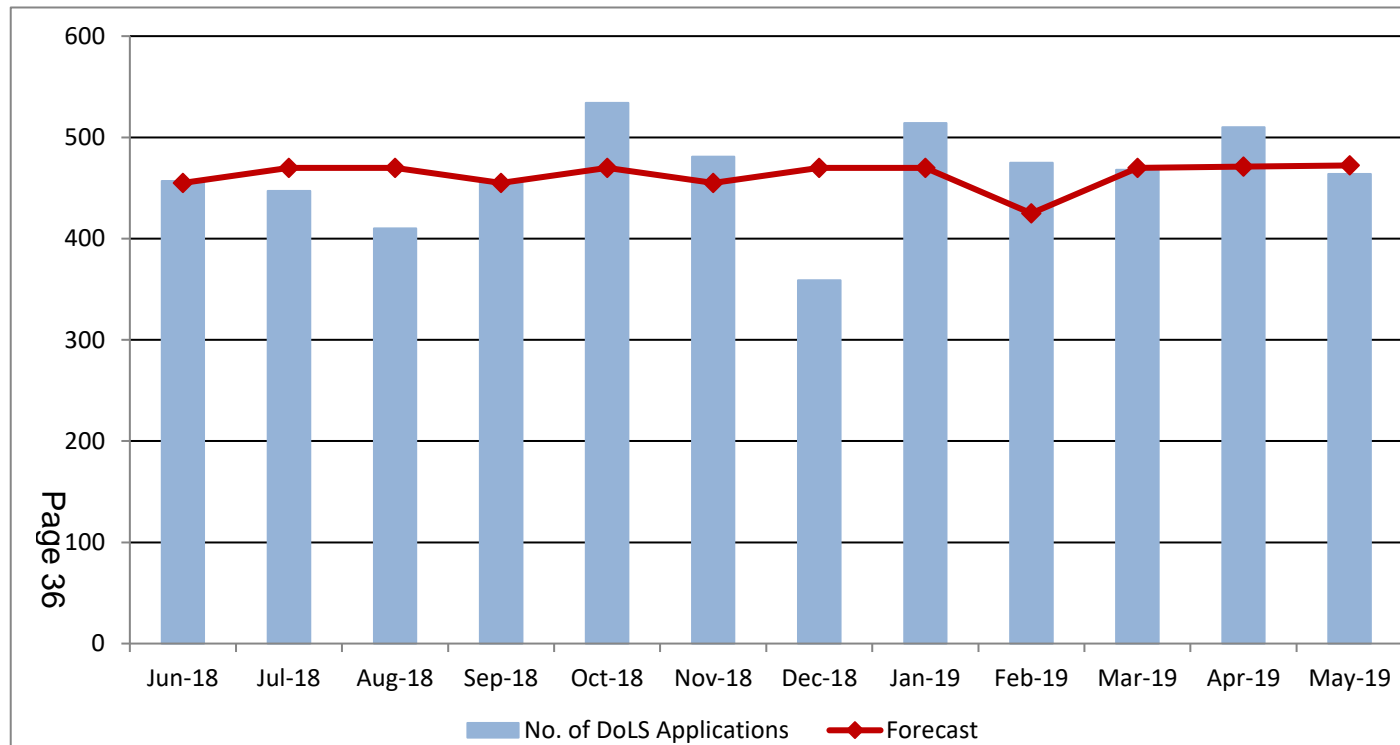
Data Source: Safeguarding Report

	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Number of SG Concerns	1,022	1,120	990	967	1,076	953	941	1,070	897	956	1,030	1,064
Number of SG Enquiries	457	539	490	519	576	475	460	550	429	472	532	407
Number of SG Consultations	206	169	220	237	285	277	183	283	271	286	303	295
Number of SG Closures	673	600	462	566	612	745	497	570	748	642	486	505

Commentary

The number of Safeguarding Concerns for the latest month is 5.6% above the average for the last 12 months. However, the number of Safeguarding Enquiries is 17.3% below the average for the last 12 months. Safeguarding Consultations is currently 17.4% above the average for the last 12 months. Safeguarding closures throughout the year have been boosted by dedicated efforts to resolve open cases prior to the new safeguarding operational model implemented in August 2018.

17) Number of DoLS applications			GREEN
Cabinet Member	Clair Bell	Director	Janice Duff/ Richard Smith
Portfolio	Adult Social Care	Division	OPPD DCALDMH



Data Notes

Number of Contacts received in the calendar month with a contact reason type of *DoLS - Assessment Request*

	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Forecast	455	470	470	455	470	455	470	470	425	470	471	472
No. of DoLS Applications	457	447	410	458	534	481	359	514	475	468	510	464
RAG Rating	AMBER	GREEN	GREEN	AMBER	RED	AMBER	GREEN	AMBER	RED	GREEN	AMBER	GREEN

Commentary

The number of requested DoLS applications has remained fairly stable, averaging 465 over the past 12 months.

From: Clair Bell, Cabinet Member for Adult Social Care and Public Health
Penny Southern, Corporate Director of Adult Social Care and Health

To: Adult Social Care Cabinet Committee – 17 July 2019

Subject: **UPDATE ON DELAYED TRANSFERS OF CARE**

Classification: Unrestricted

Previous Pathway of Paper: Cabinet – 25 March 2019
Adult Social Care and Health Directorate Management Team – 10 July 2019

Future Pathway of Paper: None

Electoral Divisions: All

Summary: This report is intended to provide a further update and assurance to the Adult Social Care Cabinet Committee as a follow up to the Cabinet report in March 2019, on the management of Delayed Transfers of Care and the impact of the commissioned schemes and services on the overall performance of Delayed Transfers of Care..

Recommendations: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the current position on Delayed Transfers of Care; the impact of the Additional Social Care Winter Monies Plan and on the development of the Integrated Local Care arrangements.

1. Introduction

- 1.1 When Cabinet considered the report on ‘Delayed Transfer of Care’ in March 2019, it was stated that a subsequent report will be presented to demonstrate how the health and care system coped with the winter pressures. This report gives an account of the difference that the combination of careful planning and judicious investment of the winter pressures monies have made.
- 1.2 The Government’s continued focus on Delayed Transfers of Care (DToC) was recently re-iterated in the NHS Long Term Plan published on 7 January 2019. The Long Term Plan states that *“The NHS and social care will continue to improve performance at getting people home without unnecessary delay when they are ready to leave hospital, reducing risk of harm to patients from physical and cognitive deconditioning complications. The goal over the next two years is to achieve and maintain an average Delayed Transfer of Care (DToC) figure of 4,000 or fewer delays, and over the next five years to reduce them further”*.
- 1.3 The purpose of this report is to update the Adult Social Care Cabinet Committee on the continued progress made in relation to DToC since the last report in

March 2019. This report also draws attention to the integrated local care arrangements; the impact of the Additional Social Care Winter Monies Plan 2018/19; the extensions of schemes to support the continued pressures over the Easter period; the active planning for the eventuality of an EU exit; and the impact that enablement has on outcomes for service users. Finally, the report provides the committee with the opportunity to consider the general direction of travel for health and social care integration.

2. DToC Position May 2019

- 2.1 The table below shows national and Kent data compared to previous quarters. All data used in this report is from the NHS England publication, the data collected by KCC is used in the table supporting 2.3 in order to ascertain a total from November 2018 to April 2019. The Local Government Association recently released its analysis of the local authority performance nationally, the main findings as reported in the statistical release can be found in Appendix A.

Indicator	Baseline Positions 2017/18 Q3		New 2018/19 BCF Target		Current Position - May 2019	
	National	Kent	National	Kent	England	Kent
Number of people delayed per 100,000 population	11.7	11.4	9.1	8.7	10.2	15.7
Number of people delayed per 100,000 population – Social care responsibility	4	2.9	2.7	2.6	3.0	3.1
Number of people delayed per 100,000 population – Health responsibility	6.8	8	5.5	5.6	6.3	12.1
Number of people delayed per 100,000 population – Joint responsibility	0.9	0.5	0.9	0.5	0.9	0.4

- 2.2 Kent currently continues to sit higher than national numbers across all categories according to NHS England data for Q4 2018/19. This can be attributed in part to a more robust data collection process being in place, however, performance on health delays has decreased in East Kent. Work is underway with the Kent and Medway Partnership Trust (KMPT) and KCC Mental Health teams to address the discrepancies occurring with recording, along with Darent Valley Hospital Acute trust (DVH)
- 2.3 KCC DToC leads recently participated in an Association of Directors of Adult Social Services (ADASS) and National Health Service England (NHSE) DToC Masterclass, to review the updated guidance and comment on its operational value. KCC took the opportunity to request NHSE consider improved timelines

on data reporting and shared the KCC recording system. As a result of this a workstream has been agreed to scope the Kent approach. At the time of reporting, systems await further guidance on coding for DToC in Mental Health providers as it is recognised that the current categories are not reflective of the delay reasons within mental health.

- 2.4 The NHSE data has shown the social care delayed days proportion increased over the 'winter months' but has since reduced with April 2019 being an improved position on April 2018. The chart below shows the breakdown of these social care delays by provider. Note that in April 2019 44% of the social care delays in Kent related to KMPT. As previously referenced, work continues with KMPT on DToC validation and more recently have commenced a KCC project on 'All age discharge services and pathways' to optimise the KCC resources across Older People and Physical Disability and Mental Health services to maximise outcomes for service users.

Chart showing total number of all social care delays and proportion attributed to each provider

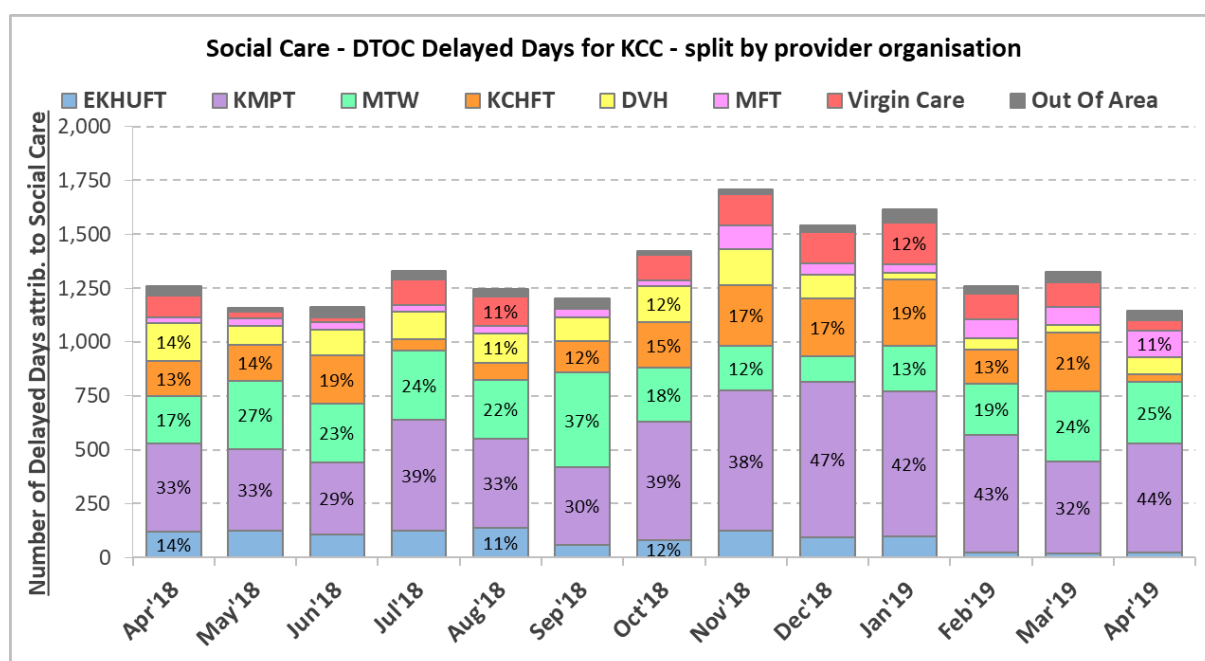


Table showing Social Care percentage against target for KCC

		Apr'18	May'18	Jun'18	Jul'18	Aug'18	Sep'18	Oct'18	Nov'18	Dec'18	Jan'19	Feb'19	Mar'19	Apr'19
Social Care % Target	Target	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%
	Percentage	24.9%	24.1%	25.6%	27.0%	25.5%	28.2%	29.2%	33.4%	32.5%	32.8%	28.0%	25.8%	20.0%
	RAG Rating	Green	Green	Green	Green	Green	Green	Green	Red	Amber	Amber	Green	Green	Green

- 2.5 As requested at Cabinet on 25 March 2019 charts showing the total number of delays for January to March 2019 in Kent – broken down by Delay Reason are attached as Appendix B.
- 2.6 The acute hospitals in Kent managed varying pressures across the winter months and continue to do so, a challenge in East Kent. Each economy had worked to develop and test whole system plans in readiness for winter which included investment in admission avoidance and discharge from hospital schemes. Demand was generally as expected and the health and social care system, including the South East Coast Ambulance Service worked well together. The whole system plans that were put in place appear to have yielded positive outcomes. The partnership engagement and dialogue that took place in key forums such as the Local A&E Delivery Board were recognised and reported to Cabinet in March 2019.
- 2.7 In order to ensure the whole system was prepared for any potential impact as a result of exiting the EU in April 2019, the Adult Social Care and Health Directorate worked across KCC as well as with the Local Health Resilience Partnership and the Kent Resilience Forum to develop a detailed understanding of the potential areas of impact across the Kent and Medway Health and Social Care System. Although paused, the detailed planning undertaken in areas such as the medicines and equipment supply chain; system readiness; and access to services across business operations have provided valuable resilience testing and preparedness for any future exit dates.
- 2.8 Ongoing dialogue with providers, to ensure their plans are tested as much as is practically possible, continues and will move into winter resilience preparedness across the summer. The trade association, Kent Integrated Care Alliance (KICA), has encouraged increased collaboration and communication across the alliance so that providers can be flexible with their workforce and clients to enable service provision to continue in the face of any disruption.

3. Impact of Commissioned Services and Schemes

- 3.1 Several commissioned services and in-house schemes informed by the High Impact Change (HIC) were in place, these were designed to help improve the council's position on DToC. The investment in schemes such as Home First Pathways and Discharge to Assess resulted in supporting people to live at home with the appropriate wraparound care. Working with our health colleagues strengthened the existing pathways in readiness for winter and overall capacity was increased and by working with our providers to increase capacity or to flex existing contracts, the system was able to cope even in the face of severe pressure across the county. The attached presentation provides additional information which demonstrates where the money was invested. (See Appendix C)
- 3.2 The Adult Social Care and Health Directorate increased the Kent Enablement at Home (KEAH) capacity by providing additional supervisors and enablement support worker hours to help deal with additional demand. This combined with increased capacity in the Mental Health Early Discharge Team, together with

enhancements to countywide capacity in the Kent Enablement and Recovery Service, have facilitated the ability to undertake assessments within two hours of referral along with rapid on the day access to care and support.

- 3.3 The operating model for OPPD, introduced in August 2018, completed the embedding of Occupational Therapists (OTs) into the KEAH Service. As a result, the OTs have used their expertise in functional assessments to support individuals who are in receipt of an enablement service, either to maintain or improve their level of independence with support of equipment and adaptations. In Kent, 49% (approx. 270 people) of KEAH capacity is utilised each week to support hospital discharges. With the wrap around support of enablement workers, OTs and Registered Practitioners the service consistently achieves good outcomes, with 65% of service users ending enablement without a need for ongoing homecare services from KCC.
- 3.4 For service users discharged from hospital requiring intensive packages of support, OTs are using their specialist knowledge, in moving and handling, to identify the appropriate level of support that is required to meet the person's needs. This reduces dependency and allows service users and families increased choice and control over their lives. This approach has reduced DToC and freed up capacity within KEAH and the Home Care Provider market. In Dartford, Gravesham and Swanley, an OT was identified to work over the winter period with service users on a Home First Pathway with high levels of care needs. This was highly successful in maximising independence and on average saved £214 per week, per service user, in ongoing care costs. As a result, this is now the default pathway for clients with these needs, within this area and it has been extended to East Kent.
- 3.5 The HIC Framework has been centrally reviewed and included with the ADASS NHSE DToC Masterclass. Going forward, it is intended to present the revised HIC Framework to the Local A&E Boards with a recommendation to conduct a self-assessment against the seven domains to assist in informing preparation for the forthcoming winter months. The adult social care operational lead, Head of Project Management Office and strategic commissioning lead for ASCH have met to review contracts and scope proposals for winter 2019, with a shift in focus to admission avoidance in order to align more with Local Care, frailty pathways and primary care integrated urgent care centres.
- 3.6 The adult social care operational lead for Urgent Care has revisited the Local Authority (LA) position in relation to NHS Continuing Healthcare against the National Framework and as a result of this has made changes to the engagement with health, to strengthen the LA position.

4. Conclusion

- 4.1 Adult Social Care continues to work with Health to strengthen integrated local care development, with a focus on the social care offer in line with the Care Act. The synergy between local care models and adult social care operating models, identify complex cases that will benefit from multidisciplinary professional

discussion and referral routes to maintain equitable access to social care and avoid duplication.

- 4.2 The continuing attention paid to DToC was brought into a sharp focus by NHSE, when it set the policy goal of 4,000 or fewer over the next two years with the expectation, in the NHS Long Term Plan, of further reduction over the next five years. Moreover, the fact that the Secretary of State for Health and Social Care has directed the Care Quality Commission to carry out additional local system reviews means that the spotlight on DToC may intensify during 2019/20. In readiness for a potential 'whole system review' the Corporate Director of Adult Social Care and Health, has initiated a workstream reporting to the ASCH Directorate Management Team to scope and prepare KCC.
- 4.3 This report has focused on how the Kent and Medway Health and Social Care system has managed DToC since December 2018 up to the time of writing this report. The objective of the Kent and Medway Sustainability and Transformation Partnership (STP) is that with the planned increase in investment in community services, more people will be supported in the community with the appropriate level of wrap around support.

5. Recommendations

5.1 Recommendations: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the current position on Delayed Transfers of Care; the impact of the Additional Social Care Winter Monies Plan and on the development of the Integrated Local Care arrangements.

6. Background Documents

Delayed Transfers of Care – Report to Cabinet on 25 March 2019
<https://democracy.kent.gov.uk/documents/s89625/Item%206%20DTCOC%20report%20Cabinet%2025%20March%202019.pdf>

7. Report Author

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Appendix – A – Main Findings of LGA Statistical Release

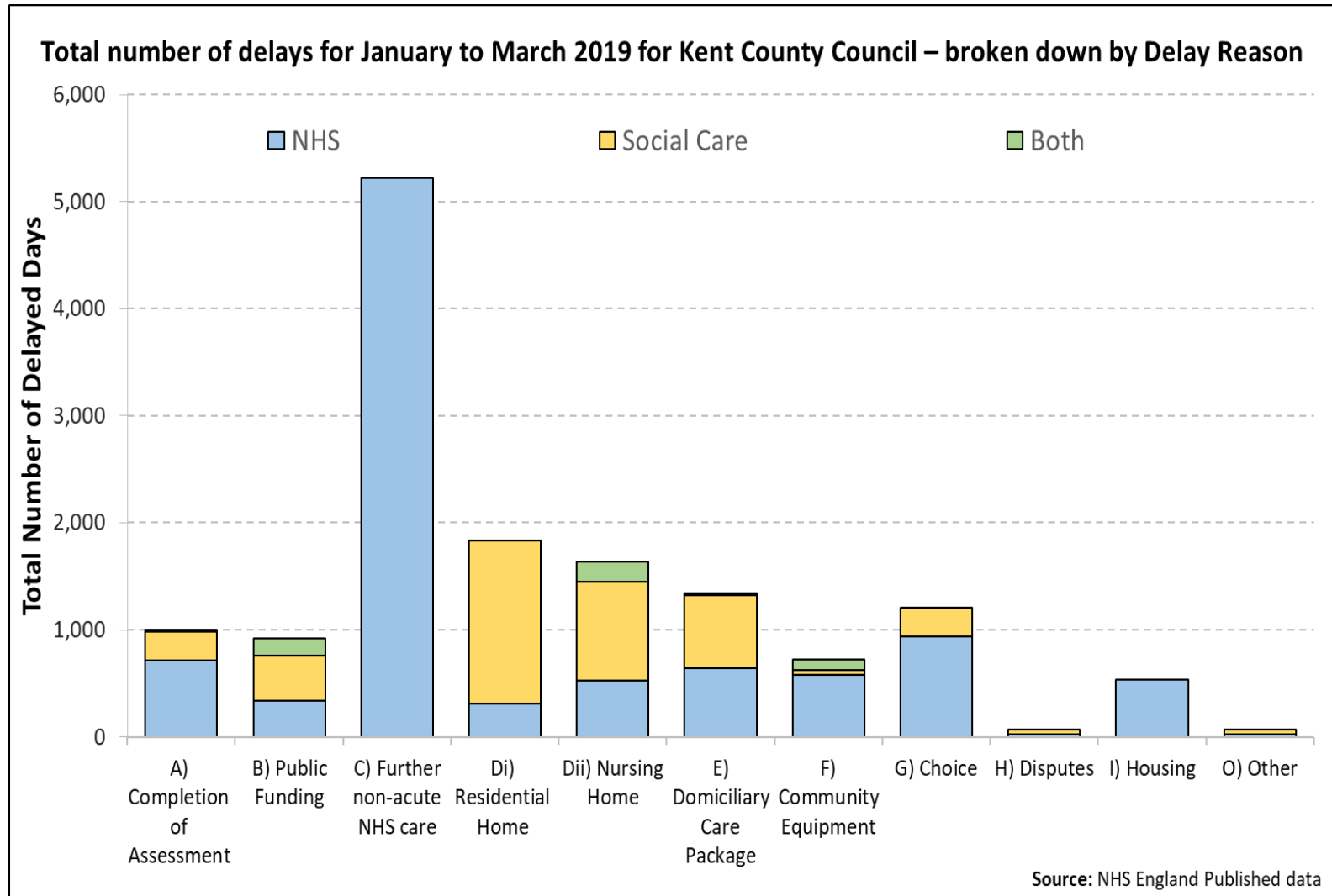
The main findings as reported in the [statistical release](#) are as follows:

- There were 135,700 total delayed days in January 2019, of which 86,800 were in acute care. This is a decrease from January 2018, where there were 151,400 total delayed days, of which 99,000 were in acute care.
- The 135,700 total delayed days in January 2019 is equivalent to 4,377 daily DTOC beds. This compares to 4,883 in January 2018 and 4,173 in December 2018. Both the NHS and Social Care sectors have seen reductions in the volume of delayed transfers of care in the last year.
- 61.3% of all delays in January 2019 were attributable to the NHS, 30.5% were attributable to Social Care and the remaining 8.1% were attributable to both NHS and Social Care. The proportion of delays attributable to Social Care have decreased over the last year to 30.5%.
- The main reason for NHS delays in January 2019 was “Patients Awaiting further Non-Acute NHS Care”. This accounted for 24,500 delayed days (29.4% of all NHS delays). The number of delays attributable to this reason showed an increase between August 2015 and January 2017. Since March 2018, the number has been generally decreasing, although the delayed days in January 2019 is an increase on the previous month (21,400 in December 2018).
- The main reason for Social Care delays in January 2019 was “Patients Awaiting Care Package in their Own Home”. This accounted for 13,900 delayed days (33.6% of all Social Care delays). The number of delays attributable to this reason had been increasing steadily since April 2014 and reached a peak in December 2016. Delays attributable to this reason have been gradually decreasing since March 2018.
- Delays can occur in either an acute or non-acute care setting. The proportion of delays occurring in acute care in January 2019 was 63.9% compared to 65.4% in January 2018.

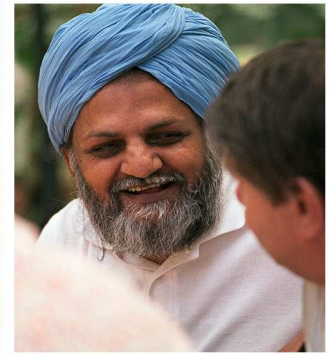
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Total number of delays January to March 2019 broken down by delay reason

Delay Reason	Total Delayed Days				Percentage of All Delays			
	NHS	Social Care	Both	Total	NHS	Social Care	Both	Total
A) Completion of Assessment	718	264	16	998	4.9%	1.8%	0.1%	6.9%
B) Public Funding	335	421	163	919	2.3%	2.9%	1.1%	6.3%
C) Further non-acute NHS care	5,221	0	0	5,221	35.9%	0.0%	0.0%	35.9%
Di) Residential Home	315	1,519	0	1,834	2.2%	10.4%	0.0%	12.6%
Dii) Nursing Home	526	925	183	1,634	3.6%	6.4%	1.3%	11.2%
E) Domiciliary Care Package	642	677	21	1,340	4.4%	4.7%	0.1%	9.2%
F) Community Equipment	584	40	102	726	4.0%	0.3%	0.7%	5.0%
G) Choice	935	270	0	1,205	6.4%	1.9%	0.0%	8.3%
H) Disputes	27	39	0	66	0.2%	0.3%	0.0%	0.5%
I) Housing	533	0	0	533	3.7%	0.0%	0.0%	3.7%
O) Other	25	43	0	68	0.2%	0.3%	0.0%	0.5%
Grand Total	9,861	4,198	485	14,544	67.8%	28.9%	3.3%	100.0%



Integrated Local Care - Additional Social Care Winter Monies Plan - 2018/19



Adult Social Care and Health Kent County Council



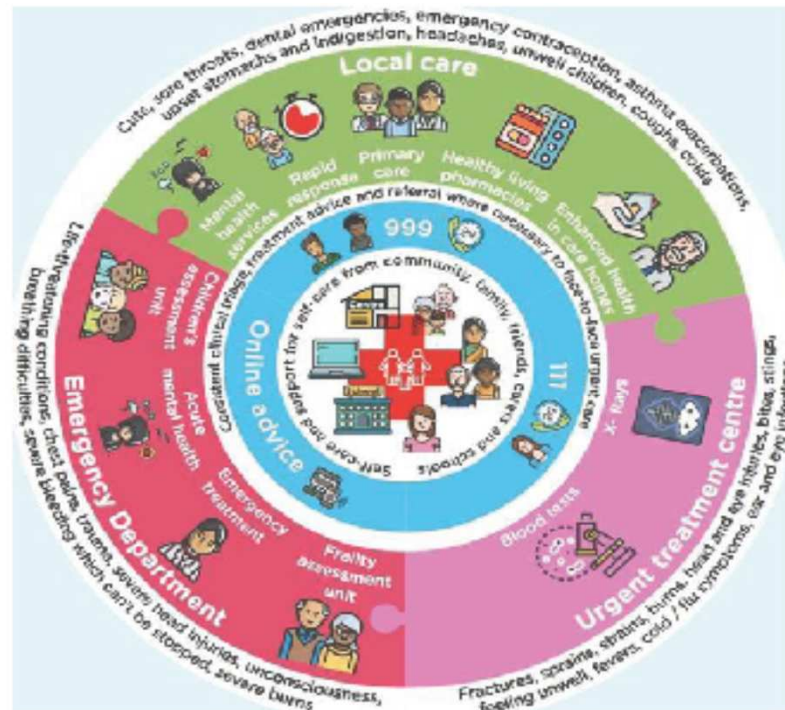
Your life, your well-being

STP - Programme Board Presentation – 8/11/2018

2

Strategy

- The STP Clinical and Professional Board agreed the Urgent and Emergency Care model which the system will continue to develop and will be implemented over the next 18 month.



Systems are determining which elements of the strategy can be delivered at pace for winter. The new services put in place will be publicised across Kent and Medway to the general public, with the aim to shift activity from the Emergency Department to the other two settings for urgent care.

The second challenge will be when systems are struggling during peaks in demand or capacity constraints how the whole health and social care system in K&M is co-ordinated and collectively responds and works together to resolve issues



Governance – A&E Boards and KCC

There is an Accident and Emergency (A&E) Delivery Board in each of the following areas - North Kent & Swale, Medway, West Kent and East Kent which focus on driving performance.

The A&E Delivery Boards are assisted by operational groups tasked to deliver whole system plans and escalate issues that require decisions to be made at a higher-level.

During times of pressure multi-agency teleconferences are instigated to support 'on the ground' issues providing a whole system approach to finding quick solutions to maximise flow and challenge services where necessary.

Kent County Council approved the recommendation to delegate authorisation to the Corporate Director of Adult Social Care and Health to spend against the agreed plan of winter funding at its Cabinet Meeting on 3 December. Cabinet also requested an update be provided to its March meeting.

Additional Winter Pressures Funding - Grant Determination

DHSC confirmed there will be additional £240m winter pressures funding for local government in 2018-19. Kent County Council received a grant allocation of £6.1m

Each council will make its own decision about the most effective way to spend the money to achieve the purposes of the grant, including tackling delayed discharges of care, based on the situation they are facing in their local health and care system, including local market conditions.

DHSC expect the funding to be used in addition to planned spending on adult social care services in 2018-19 and it should be directed towards reducing the identified challenges the NHS faces this winter, including to meet or exceed the expectations set for delayed transfers of care.

In recognition of the need to provide continuity / sustainability of funding into 2019-20, you will note that Budget 2018 also confirmed a further £240m for 2019-20 to be spent on the same purposes. Government expects that this will enable local authorities to achieve more advantageous rate for packages than if the funding were non-recurrent.

Additional Winter Pressures Funding - Grant Determination

Kent Adult Social Care and Health with health partners has developed a plan for the funding

The DHSC expect councils will want to ensure any plan meets the needs of their local health and social care system and therefore anticipate KCC will hold discussions with your local health partners. Councils are asked to confirm that you have discussed this with local NHS partners, including local acute hospital trusts.

The principle in setting out this plan, is to ensure people return home with the appropriate levels of support with the emphasis on enablement and not for people to remain in long term placements.

Information to be returned to the Department of Health and Social Care

The template received from the DHSC must be signed off by the DASS. The information requested on the template:

- **Confirms that you have discussed your plan with local NHS partners, including local acute hospital trusts;**
- **Provides an indication as to how the money will be spent**

The first return is due by 14 December 2018, with an update in January and a final report by 30 April 2019, detailing how the funding has been spent.

Overview of Spend

We are working with our health partners to build on some of our existing HIC projects which will see the additional Winter Pressures funding supplement and increase capacity in these schemes and working with our providers to increase capacity or flex existing contracts or through new commissioning activity.

Your Life, Your Wellbeing is the Adult Social Care Vision and Strategy for 2018 -2021. The three key themes are Promoting Wellbeing, Promoting Independence and Supporting Independence to help people to improve or maintain their well-being and to live as independently as possible.

Below is the total overview spend against the 3 themes

Promoting Wellbeing	Promoting Independence	Supporting Independence
£0.445m	£2.222m	£3.498m

Promoting Wellbeing

Schemes	Area	Funding Allocated
Home to Settle Scheme	East Kent	£0.030m
Care Navigators to support hospital discharges	County	£0.050m
Mental Health vol org support with AIG	County	£0.015m
Extra support for supporting carers in their own homes	County	£0.030m
Short term hot meals delivery	County	£0.270m
Vol Org Support	County	£0.050m
Total		£0.445m

Promoting Independence

Schemes	Area	Funding Allocated
Increased capacity in KEaH, KERS and KPS	County	£0.095m
Discharge to Assess – Domiciliary including EK Bridging	County	£0.500m
Continuing Healthcare Pathway	East and West Kent	£0.105m
Home First - Integrated Triage	North and West Kent	£0.043m
Purchasing Team - Additional capacity over bank holidays etc.	County	£0.003m
Home to Decide Scheme	County	£0.500m
Additional Weekend Cover - Hospitals	County	£0.019m
Mental Health - Early Discharge	County	£0.028m
Move on Short Bed Capacity and Beds all services including out of county DToC	County	£0.450m
OT Pilot to support Care Homes and OT support to KEaH	County	£0.119m
In house integrated care beds- support efficiency	County	£0.030m
In-House reablement pathway	County	£0.330m
Total		£2.222m

Adult Social Care and Health

Supporting Independence

Scheme	Area	Funding Allocated
Sensory & Autism Additional Case Mgt. to support complex discharges for known patients	County	£0.028m
Increased Care Packages – Residential/Nursing across OPPD, MH and LD	County	£1.850m
Increased Care Packages – Homecare and Supported Living in the community all services	County	£0.872m
Increased enablement costs	County	£0.665m
Mental Health Support to Care Homes	County	£0.038m
Dementia Beds	Swale	£0.045m
Total		£3.498m

Adult Social Care and Health

Monitoring and measuring impact

Promoting Wellbeing	Promoting Independence	Supporting Independence
£0.445m	£2.222m	£3.498m
Grant or contract management for commissioned services to report on KPIs	Grant or Contract management- for commissioned services to report on KPIs	Number of Increased Homecare, residential or nursing placement made in the time period
Number of people supported to be discharged from hospital	Number of people supported to be discharged from hospital	
Number of people supported in the community	Number of people supported in the community	

Overall measure will be a reduction in Delayed Transfers of Care - current target is 2.6 days per 100,000 population per day.

Risks

Issue	Description	Mitigation
Workforce availability in the Homecare market	Recruitment and retention of staff	Continued commissioning work with providers looking at alternatives/ options. Operational focus on improved outcomes to reduce dependency levels . This includes work with district councils re DFG's
Workforce within statutory services – health and social care	High levels of vacancies in professional roles across health and social care	Continued progression with integration , trusted assessor to reduce duplication. Joint recruitment Focus on what professional roles are really required for and the value of 'generic support'
Commissioning issues	Provider engagement and capacity to increase volumes Increase in homecare handbacks , particularly in East Kent One major provider failure in East Kent All organisations 'fishing' in the same workforce pool and contracting	Market management and ongoing negotiations. New contract Integrated commissioning
Quality in care	Expectations of CQC in relation to care & support plans Care home closures	Continued market shaping Support to the market e.g OT support to care home project

Thank you

Any questions?

From: Clair Bell, Cabinet Member for Adult Social Care and Public Health
Penny Southern, Corporate Director of Adult Social Care and Health

To: Adult Social Care Cabinet Committee - 17 July 2019

Subject: **ANNUAL EQUALITY AND DIVERSITY REPORT**

Classification: Unrestricted

Past Pathway of Paper: Adult Social Care and Health Directorate Management Team – 10 July 2019

Future Pathway of Paper: None

Electoral Division All

Summary: This report sets out the position statement for Adult Social Care and Health regarding equality and diversity work and progress on equality objectives for 2018/19. The report is to provide assurance to Cabinet Committee members that the directorate is compliant with the Public Sector Equality Duty and provides accessible and appropriate services.

Recommendation: The Adult Social Care Cabinet Committee is asked to:

- a) **CONSIDER** and **COMMENT** on the current performance;
- b) **RECEIVE** this report annually in order to comply with the Public Sector Equality Duty; and
- c) **NOTE** that the directorate report be submitted as part of the Annual Equality and Diversity report for Kent County Council.

1. Introduction

1.1 Publication of equality and diversity information is compulsory in England for all public authorities, as stipulated in the Public Sector Equality Duty (PSED) 2010. Proactive publication of equality and diversity information ensures not only compliance with the legal requirements but also transparency for the public in how the Adult Social Care and Health (ASCH) Directorate ensures equality and diversity considerations throughout its work.

1.2 The Equality Act 2010 states that people should not be treated differently or unfairly because of:

- age
- disability
- sex changes
- marriage
- having a baby
- race

- religion
- being a man or a woman
- being lesbian, gay or bisexual

1.3 The principal responsibilities of the directorate include undertaking individual and population needs assessment, care and support planning, informing commissioning, arranging services to meet the eligible needs of people and safeguarding vulnerable children and adults. Adult Social Care and Health demonstrates its commitment by embedding equality throughout the organisation to ensure that the needs of all communities, including people with the protected characteristics, listed in Section 1.2 of the report, are considered in the commissioning and delivery of services.

2. Financial Implications

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

3. Policy Context

3.1 In 2016, Kent County Council published its Equality, Diversity and Human Rights Policy and Objectives 2016 to 2020. The objectives have been set against six domains recognised by the Equality and Human Rights Commission (EHRC) as having a significant impact on the quality of life of individuals. The domains are:

- Education
- Work
- Living standards
- Health
- Justice and Personal Security
- Participation

3.2 The Policy Statement stipulates that Kent County Council (KCC) believe:

- people should be treated well
- people should be helped to be safe
- people should be able to have control of their lives

3.3 KCC must look at the need to:

- stop unlawful discrimination
- improve equal opportunities
- encourage good relationships

3.4 KCC Equality and Human Rights Objectives 2016-2020 are summarised as follows:

- All Members and Officers will be responsible for ensuring that the PSED is met in their day to day work and when making decisions
- Equality analysis will be used when procuring and commissioning

- Knowledge and information will be gathered and analysed, to get a clear understanding of the protected characteristics of service users
- KCC will continue to be an inclusive employer
- KCC will listen to and engage with employees, communities and partners to inform the way services are planned, designed and commissioned. Communities will have their say through consultations and engagement
- KCC will put residents and service users at the heart of all its work by embedding the PSED into everything we do so that we can continue to build strong and inclusive communities.

3.5 During 2018/19 the ASCH Directorate continued its work to deliver services in line with the KCC Equality, Diversity and Human Rights Policy and Objectives 2016 to 2020. In addition, there was an equality and diversity focus on specific areas of ASCH work, applying a strength-based person-centred practice approach, tailored to the characteristics of individuals, to achieve positive and sustainable outcomes across the following three areas of ASCH work:

- Safeguard vulnerable adults from harm
- Improve life chances and outcomes of vulnerable adults through service developments and modernisation
- Ensure the quality and range of services are improved through increasing engagement with service users and carers.

3.6 Full details of the relevant objectives and what was delivered against the three areas of ASCH work are contained within the divisional Operating Plans 2018/19. A summary of examples is contained in Appendix 1.

4. How we are working to meet Public Sector Equality Duty (PSED)

4.1 The table below sets out the evidence which demonstrates how the Directorate is meeting the requirements of the KCC's Equality and Human Rights policy and objectives and meeting the Public Sector Equality Duty.	
KCC Equality Human Rights Objectives	Evidence
All Members and Officers will be responsible for ensuring that the Public Sector Equality Duty is met in their day to day work and when making decisions	<p>Equality Impact Assessments (EqIA) are carried out for all service developments, projects and decisions relating to services and staff, to demonstrate that we understand our communities and ensure all activity is inclusive and responsive to customer needs. During 2018/19 12 Key Decisions were made, all of which were supported by an EqIA.</p> <p>The ASCH Equality and Human Rights Steering Group set up in 2017 continued to operate during 2018/19, to promote and monitor that staff and the people we support to have fairer outcomes. The group ensured that equality objectives were integral to annual service operating plans and outcomes. Group members supported their division with equality related information gathering and analysis eg reasonable adjustments for staff. The group has managed and delivered equality and human rights learning events for staff, to improve practice and decision-making in service delivery.</p>
We will use equality analysis when procuring and commissioning	<p>During 2018/19 assessment, analysis was undertaken as part of modernising and transforming services and designing new operating models. A business case and project plan was completed for each aspect of service transformation, including an EqIA in all cases.</p> <p>EqIAs were also integral for services procured and commissioned on behalf of ASCH. An example is the commissioning of Community Navigation services. The EqIA screening process resulted in an adverse equality impact rating of 'Medium'. A clear action plan was produced to address this rating, reflected in the contract and contract monitoring process, with specific objectives relating to people over age 55, people over age 55 with a disability and with regard to religion, on the impact of the contract on social and familial support systems. An extract from the EqIA for the Community Navigation service is attached as Appendix 2.</p>
We will gather and analyse knowledge and information to get a clear understanding of the	<p>The collection of 'About You' information is built into all assessment and data gathering processes in ASCH and the resulting information is routinely used to inform business planning, commissioning processes and the production of EqIAs. The client data for 2018/19 indicates no significant change in the profile for age, gender and ethnicity. Religion and sexual orientation remain underreported and information gathering from clients for these</p>

protected characteristics of our service users	<p>protected characteristics still requires improvement. An overview of ASCH client data for 2018/19 is attached as Appendix 3.</p> <p>An example of utilising data to ensure the needs of people with protected characteristics are met is in Mental Health services where service gaps first identified in 2017/18 have been developed during 2018/19. Using alternative buildings to meet authority services, such as the police, continues. Support plans are tailored around gender considerations such as using Mankind for men experiencing domestic abuse. This practice continues in the safeguarding enquiries context in accordance with the Care Act 2014. A Transgender support group set up in 2017/18 is now active as a social media group. The practice of having dedicated police officers within acute psychiatric settings continues, to oversee referrals made to the police, where alleged abuse occurs in a psychiatric inpatient setting.</p>
We will continue to be an inclusive employer	<p>As per the annual workforce data reported to Personnel Committee on 5.6.19, there are no significant changes in the ASCH workforce profile, with an exception regarding younger workers. During 2018/19 there was an objective in ASCH to address the low percentage of staff aged 25 and under and increase the number of staff in this age group. The number of staff aged 25 and under increased from 153 at 31.3.18 to 165 at 31.3.19. Work continues to maintain this momentum, retain younger staff and develop their skills and careers. The ASCH workforce profile is available in The Personnel Committee report via this link: https://democracy.kent.gov.uk/documents/s90575/Workforce%20Profile%20-%2004.06.19.pdf</p> <p>ASCH monitors fair employment practices on a regular basis at the Directorate Management Team (DMT) and the next level down Divisional Management Team meetings (DivMT), to ensure managers are engaged in and accountable for their responsibilities. ASCH has a Workforce and Organisational Development Group, operating as a subgroup of DMT, to oversee the strategy for inclusive employment eg allocation of learning and development funding and access to professional qualifications. Action Plans are in place including at the individual level and link with the overall Organisation Development Plan, to ensure that trends are reviewed and addressed. An annual review is carried out on the reasonable adjustments put in place to support staff. In 2018/19 reasonable adjustments were reported for 601 members of staff. Examples include specialist office equipment, flexible working patterns and leave to address mental health issues.</p> <p>While ASCH was modernising and transforming services during 2018/19, an inclusive approach was taken to realigning the workforce and transferring staff on to new structures. For example the EqlA for realignment of staff in Older People and Physical Disability service indicates 'low or no' adverse impact on staff, except in relation to age, which was rated 'medium' adverse impact. The EqlA confirms there is a high proportion of staff are in</p>

	<p>the 50-59 age bracket (14.8% age 50-54, 13.4% age 55-59). While there were no redundancies proposed, it was recognised that the change may encourage staff to retire early and therefore there would be a loss of skills and experience. The action plan to address this was to review succession plans and the approach to talent management to develop skills and experience across the service. As management roles became vacant due to retirement and turnover, it was possible to recruit managers with the appropriate skills and capabilities.</p>
<p>We will listen to and engage with employees, communities and partners to inform the way we plan, design, commission and deliver services. Communities can have their say through consultations and engagement</p>	<p>The annual Employment Value Proposition (EVP) survey took place September to October 2018. The full results for ASCH were presented to DMT for consideration in February 2019. The analysis of the key characteristics has revealed some interesting patterns emerging from this initial review of the data particularly for observed differences in attitudes relating to grade, age and length of service but also concerns by some groups such as disabled staff, part-time staff and carers. To preserve anonymity, the protected characteristics will not be analysed below directorate level. The following action was taken by ASCH:</p> <ul style="list-style-type: none"> • Extended Management Team reviewed feedback. • Action plans built into service plans. • Ongoing programme of staff engagement with change. <p>During 2018/19 all ASCH managers KR13 and above took part in a 360 feedback process to measure performance aligned to the KCC Leadership Capabilities. The results have been factored into ASCH redesign and senior leadership development planning and personal action plans for 19/20, to ensure leadership capability is positively impacting on how services are delivered and staff are managed eg creating a culture which encourages high quality customer service. The process will be repeated during 2019/20 for comparison and follow up at an individual level, to ensure leadership capability and development is on track.</p> <p>During 2018/19 work commenced in ASCH to embrace the digital revolution, as part of modernising services and exploring new, effective ways to provide customer access to information, services and support for self-management. The Being Digital Strategy was produced following engagement with the public to understand needs, requirements and potential blocks and barriers. The Equality Impact Assessment for the Being Digital Strategy addresses how access will be provided to all and the measures in place to ensure the needs of people with protected characteristics are met. The strategy can be accessed via this link: https://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/being-digital-strategy</p> <p>The strategy states that digital solutions will not be a replacement for care and support, instead people will have more choice about how they access services and information. Older people for</p>

	<p>example accessing adult social care services will still be able to access services and information through telephone or in person. Whereas some of the younger adult social care service users might prefer to use the internet. An Easy read version is published on the KCC web site, alongside the full Strategy and the EqIA.</p>
<p>We will put residents and service users at the heart of all our work by embedding the Public Sector Equality Duty into everything we do so that we can continue to build strong and inclusive communities.</p>	<p>There are examples contained above regarding residents and service users being at the heart of our work and embedding the PSED in everything we do. An additional example to demonstrate how we support strong, resilient and inclusive communities is the engagement and work that commenced in 2018/19 on the Carer's App. This is a new initiative hosted at the Design and Learning Centre www.designandlearningcentre.com on behalf of the Kent and Medway Sustainability and Transformation Partnership. The Carer's App is a digital tool for carers providing essential help, support and information. It is for both carers in a paid carers role and those who are not paid but care for a family member, friend or neighbour. The App builds on the success of the 'Look, Stop, Care' publication and enhances what is available to carers, recognising that:</p> <ul style="list-style-type: none"> • In Kent there are around 47,000 new carers every year • One in nine adults in Kent are Carers • Three in five people in Kent will become a Carer at some point in their lives • There are also over 10,000 Young Carers in Kent • There could be another 30,000 hidden Young Carers <p>Development work continues on the Carer's App for launch during 2019/20, to provide quick, easy and consistent access to the things that carers have identified as important to them.</p>

5. Key Challenges

- 5.1 Demographic changes and resource pressures continue to provide the biggest challenge for Adult Social Care. The people supported have increasingly diverse and complex needs. The population is living longer with complex needs putting further demand on social care, and people want better quality and choice in the services they use. Developing person centred, strengths-based approaches, utilising community assets, supporting people to be resilient and self-manage is key to addressing the challenge. Technological change and digital applications can support this if managed and developed in the right way.
- 5.2 Information gathering relating to religion and sexual orientation at the individual client level has improved but is still not being captured sufficiently and therefore remains under reported. The small improvement is due to work undertaken with staff, ensuring they understand the importance of accurate data collection. The importance of this information in relation to delivery of the ASCH strategy and providing responsive services through effective commissioning is understood at a strategic level. At an operational level there is a need for ongoing training,

and this will continue to be a feature of the Equality and Human Rights learning events for ASCH staff during 2019/20. The introduction of the Principal Social Worker role during 2018/19 will also help to address this, as part of the drive to develop a culture of good social work and social care practice in service delivery and employment.

6. Governance

- 6.1 The governance arrangements set in 2012 remain in place, when processes were agreed to ensure compliance with the PSED following an internal audit. The governance is based on decisions having an EqlA at both Departmental Management Team and Member levels. This is to avoid that decisions are taken without full equality analysis, leaving the authority open to potential Judicial Review.

7. Legal Implications and Risk Management

- 7.1 The Public Sector Equality Duty (Section 149 of the Equality Act 2010) requires the Council to publish its Equality Annual Report each year.
- 7.2 The configuration for the new Adult Social Care Management Information System (MOSAIC) has resulted in new operating models and realignment of the workforce. The design of new services and staffing structure was underpinned by Equality Impact Assessments, helping to ensure that we continue to not only meet the requirements of the equality and human rights legislation but also ensure that KCC is an inclusive place to work.

8. Equality Impact Assessment

- 8.1 There is no requirement to undertake an Equality Impact Assessment for this report as it contains performance monitoring on the previous year's work and internal governance arrangements.

9. Conclusion

- 9.1 The strategy for adult social care 2018-2021 'Your life, your well-being', sets out a clear vision for how we will help people improve or maintain their well-being and to live as independently as possible, putting the person at the centre of everything we do. While identifying and understanding individual needs and characteristics, we will continue to promote people's ability to improve and maintain their health and well-being and live independently, with personalised care and support, to achieve the outcomes that matter to them. We will work with our partners and make the best use of resources to deliver more person-centred care and support, keep people safe and help them have reasonable choice and control.
- 9.2 The Equality Act 2010 serves as a reminder and helps us to ensure we are inclusive in how we deliver our services, continue to apply change and modernisation to our services and that we do not overlook the needs of individuals, communities or staff.

10. Recommendation

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

- a) **CONSIDER** and **COMMENT** on the current performance;
- b) **RECEIVE** this report annually in order to comply with the Public Sector Equality Duty; and
- c) **NOTE** that the directorate report be submitted as part of the Annual Equality and Diversity report for Kent County Council.

11. Background Documents

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

12. Report Author

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Appendix 1 - The table below sets out examples of how ASCH met the Public Sector Equality Duty requirements through service delivery during 2018/19.

Objective: Safeguard vulnerable adults from harm

Examples of Evidence:

- In Older People and Physical Disability (OPPD) division a new Safeguarding operating model was implemented on 6.8.18, designed to be a more responsive and effective service. As a result, there was an improvement in Safeguarding Enquiries that are completed in under 90 days. In 2018/19 this was 1,749 closures, an average 145.8 per month. This contrasts with 1,018 90-day closures a year earlier, an average 84.8 per month. Due to the increase in timely closures individual Safeguarding needs across all protected characteristics are responded to more quickly. Timescales for case closures has also improved and is now taking place within 24-48 hours of enquiries concluding. This means that any outstanding actions or recommendations are addressed sooner. Another impact of the new Safeguarding operating model is an increase in the application of Making Safeguarding Personal principles and how individual's wishes inform the enquiry process.
- In March 2019 the Disabled Children and Young People's Service (DCYPS) applied to Court for a Forced Marriage Protection Order under the Forced Marriage (Civil Protection Act 2007). This was a complex piece of work as the Social Worker had to balance the families culture, ethnicity and wishes and feelings with the need to protect a Young Person, who lacks capacity, being married to a someone he had never met and was not able to give informed consent to marry. DCYPS are sharing the learning and expertise gained from this work by contributing to the planning and delivery of a 'Beyond the Margins' conference in June 2019. DCYPS staff now facilitate workshops on managing a Forced Marriage situation, where a Young Person lacks capacity to consent to marriage because of their Learning Disability.
- In Mental Health services the Kent Enablement Recovery Service (KERS) has continued to develop solutions to support vulnerable adults and safeguard them from harm. An example that illustrates this in practice is a 67-year old woman with a diagnosis of Bi-Polar Disorder who had fled her home due to domestic abuse from her husband of 30 years but continued to go back due to social isolation, risking further abuse. By applying the principles of Making Safeguarding Personal within the Safety Plan the reasons for the social isolation were addressed, resulting in a referral via KERS to a local church and local activities. Together with support to gain accommodation and further support in the community from the organisation Swale Action To End Domestic Abuse the woman was enabled to rebuild her life and has chosen not to return to her previous home.
- In Learning Disability services staff have been working on safeguarding people who have targeted by sexual offenders. An example is a woman who became drawn into a domestically abusive relationship. Social Workers, Police and Learning Disability Nurses supported her to understand what a good relationship is. By working with her she has built greater self-esteem and social networks and the confidence to pursue positive relationships and is starting to enjoy life again. Another example is a man with a learning disability

and dementia who had been living with his elderly mother for several decades. However, he had to go into 24-hour supported living following her becoming very unwell with the prognosis that she would die. However, she recovered and the Multi-Disciplinary Team worked to support him to go home, but the risks were too high and the environment was no longer able to meet his long-term needs. A best interest decision was made for him to move to a residential service which could meet both their needs and once again restore the relationship which was so important to them both and central to their welling. They are both doing well.

Objective: Improve life chances and outcomes of vulnerable adults through service developments and modernisation

Examamples of Evidence:

- Based on analysis carried out during 2017/18 a new service providing assessment and care and support planning for people with eligible needs in prison was developed during 2018/19. Memoranda of Understanding were produced across the Isle of Sheppey and East Sutton prisons reflecting commissioned services and commitments from KCC, NHS and Prison Governors to vulnerable prisoners. A clinic approach has been developed across the Isle of Sheppey prisons, providing access to Occupational Therapy and Social Work services. The self assessment form has been revised and simplified and is available within prison libraries and on-site GP services for improved access. Examples of care and support that have been arranged include help with washing and dressing and equipment for showering. Monthly Multi-Disciplinary Team meetings were introduced for release planning and housing-needs assessment, to reduce the risk of homelessness and plan for any on-going care and support needs. There were 11 prison assessments resulting in a service provision during 2017/18 and five in 2018/19, plus a range of advice and guidance from the team providing this service.
- The needs of ex-service personnel continued to be addressed during 2018/19. An example included a man admitted to a ward with severe depression after a suicide attempt. He had lost his job as special security and had run up rent debts of around £10,000. He was going to lose his family home and the thought of his family being made homeless had become too much. Through KERS he received support with benefits, housing and legal rights, plus a referral to Soldiers' and Sailors' Families Association (SAFFA) to explore additional support. The family were supported in securing a new home and linked to support networks in the community and SAFFA to help prevent a similar situation recurring.
- Parents with a learning disability are often discriminated against on the basis of their disability, as there is a societal bias that they would not make good parents. Learning Disability practitioners worked with a couple both with a learning disability who were expecting a baby. By working closely with the Children and Families team and Occupational Therapy, support was provided for the couple to learn the skills needed during pregnancy and after the birth. Six months after the birth the family were doing well and growing in confidence and skills, demonstrating positive outcomes when services work together.

- Roll out of the ESTHER programme was enhanced during 2018/19, increasing the number of ambassadors from 400 to over 1000 and coaches from 54 to 70. The ESTHER approach is person centred focussing on what is important to the individual, with the professionals working as one to address the issues facing the individual. The Kent ESTHER care philosophy was acknowledged by the Care Quality Commission in September 2018 as an indicator of quality in service delivery and was used by Strategic Commissioning as a criterion in procurement and contract re-letting activity during 2018. An e-learning module on the ESTHER care philosophy was made available at nil cost to care providers in March 2019, to increase access and awareness, as part of the programme to upskill care workers in application of this person-centred care philosophy.
- Following the success of the Equality and Human Rights development day in 2017, a similar event was provided for 150 staff on 31.10.18. Workshops were available for staff to develop their practice in a diverse range of subjects including detention of black males, modern slavery in practice, making transition work for young disabled people and the values underpinning our work with partner agencies. Central to the theme for the day and the workshops was promoting understanding of a person-centred approach tailored to the individual, so they can achieve the things that matter most to them. The event and workshops were very well received by staff. The evaluation exercise resulted in an overall satisfaction of 4.42 out of 5.

Objective: Ensure the quality and range of services are improved through increasing engagement with service users and carers

Examples of Evidence:

- Following the review of the Older Person's Core Offer during 2017, the Care Navigation service was developed during 2018/19, to improve access across all client groups and protected characteristics. The service was renamed Community Navigation, in response to feedback through the engagement activity with members of the public. Work was also undertaken with providers to define the role of a Community Navigator, understand how the service would work and determine beneficiaries. Engagement with the Patient and Public Advisory Group resulted in the language used being clarified and processes made simpler to help people find the support they need. The service specification was developed to reflect feedback including not making everything about care ie that community assets and networks are important to how people want to lead their lives.
- During Dementia Action Week 21st to 27th May 2018, KCC worked with the Kent Dementia Action Alliance (DAA) to highlight the condition through activities including information events, fun days and sports taster sessions. As a result there was excellent awareness raising about dementia, 200 new dementia friends were created and membership of the Dementia Friendly Communities increased by 10. Some of these were chain shops and restaurants such as The Co-op and Bills, potentially extending the reach even further and increasing the possibilities for new sponsors for the Kent DAA Awards ceremony on 11th October 2019.

- During Safeguarding Awareness Week 8th to 12th October 2018 the KCC Adult Safeguarding Unit (ASU) worked with the Kent and Medway Safeguarding Adults Board (KMSAB) and across multi-agencies to develop and deliver a range of inclusive activities to address 'Connection not Isolation'. KCC staff and members of the public were invited to make a pledge to connect with someone who may be isolated in their community. The events involved working alongside colleagues from the Community Safety Unit, Sensory Services and Unison. ASU joined colleagues from Maidstone Borough Council in the Mall, Maidstone High Street, to raise awareness of Adult Safeguarding with local residents. The pledge campaign generated 200 pledges and continues to be publicised. As part of the awareness raising activities the Central Referral Unit (CRU) raised and donated £300.00 to the charity Silverline and have received a thank you letter for their support in tackling social isolation and loneliness amongst older people.
- During September 2018 stakeholder events were held within in-house services for people with a learning disability, to engage with clients and carers to help shape future services. This was the first event like this, enabling team members, families, carers, and people we support (who also have their own forums) to influence and shape the future of Inspiring Lives Services. The responses were collated into key themes and actions and a "you said we did" document is in progress to reflect and account for the resulting changes. Based on the positive feedback received on this approach, this activity will take place on an annual basis across all client groups for in-house services from 2019.

Extract from Equality Impact Assessment : Community Navigation

Engagement as part of the Core Offer

Extensive engagement was undertaken with a range of stakeholders in relation to this project. A new model of care navigation (the wellbeing coordination service) was initially designed in 2017 as part of the Older People and People Living with Dementia Core offer. That proposal was subject to engagement both with those accessing the services and their carers, market engagement and public consultation and findings have been integrated into the design of Community Navigation model.

Pre-engagement with over 200 older people, people living with dementia and their carers identified the accessibility of good quality information and advice as vital in supporting people to live independently.

How people get their information



Key feedback

- Majority of people did not have access to computers.
- Even people with a computer did not necessarily trust the information provided and used the computer to identify someone to talk to.
- Most people sought information and advice from family and friends, local GP's, faith groups and local charities.

Quotes included:

"Everything is on the 'internet' some of us don't have a computer or want one."

"I can look things up on google but if it's something important I would want to talk to a person, you can't always trust what you find out on google."

"We have a noticeboard here but there is very little on it and it's not in a good place, by the bus stop would be good!"

"I hear most things by word of mouth and I like it that way."

Based on this engagement a number of personal outcomes related to information and advice were included in the proposal for a new contract. This was subject to a public consultation that ran from 12th June to 23rd July 2017.

The outcomes identified were:

- I know where to find information and advice and I am confident that this is accurate and easily understood

- I have knowledge of which benefits are available and where to source financial advice
- I know what is available in my community

The question relating to outcomes received 204 responses, with a slight majority of people either agreeing or strongly agreeing with the outcomes identified. Less than a third of respondents actively disagreed with the proposed outcomes.

109 of the people asked also identified other outcomes that they thought should be considered including:

- Information and advice for carers
- Information and advice for self-funders
- Information and advice that is easy to understand and not full of jargon
- Information and advice that is accessible
- The need to differentiate between information and advice and signposting
- The importance of a multi-media approach i.e. leaflets, website and someone to speak to
- The importance of impartial advice
- Information needs to be timely, appropriate and proportionate
- Clear information about the financial aspects of paying for care
- Issues with information becoming out of date
- Need for GP surgeries to do more signposting
- People who are housebound are safely supported to discuss confidential issues such as abusive partner, debt worries
- Challenges in accessing information for people who are not on the internet
- Suggestions of ways that people can receive information related to their care when they receive other information e.g. regarding power of attorney, GP's
- People value someone to talk to

"People only seem to look into these things when these services are needed, and it can be quite confusing especially for anyone without IT facilities."

"Without internet access my mother finds it very hard to access services. She has no idea what is available or how to access it. As a result she is reliant on me. It is essential that all services are easily accessible with a 'one stop' contact number that is widely known."

"Whilst empowerment is a worthy aspiration, many elderly persons will value help

Recent engagement

Subsequent engagement has been undertaken with a range of stakeholders as part of this Community Navigation design project. With this, there has been a focus on

defining the outcomes of the service, clarifying terms, defining the role, agreeing scope and timelines for support and discussing what a future contract might look like.

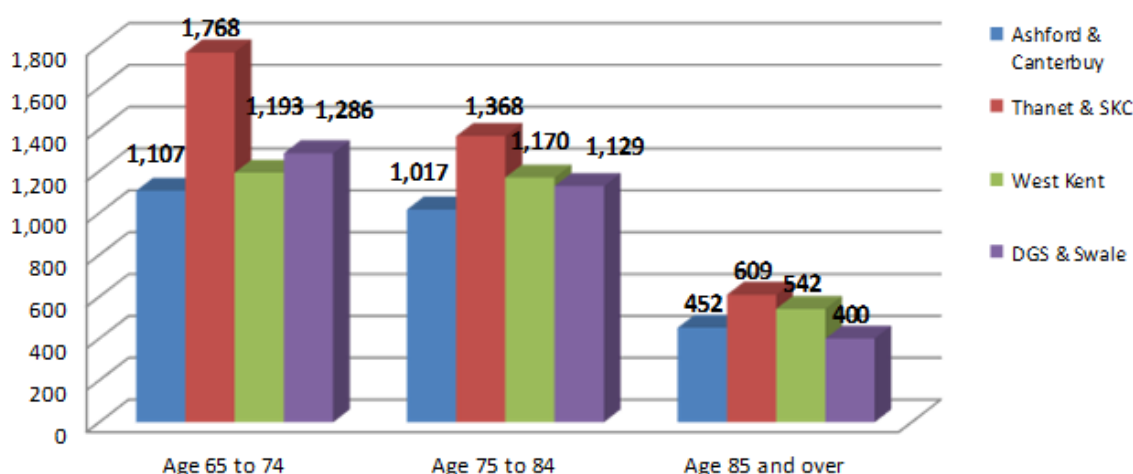
Engagement has included two workshops and ongoing dialogue with representatives from Kent CCG's (commissioners and local care leads), attendance at Patient and Public Advisory Group (PPAG), district councils and market engagement events.

Feedback from PPAG included:

- Social prescribing and care navigation should be one role to avoid duplication / confusion
- The role should be signposting people only
- People who need ongoing support should be referred to 'buddies' or services
- Prevention aspect of the role is key
- They need to be available to people where they are, so could be virtual in terms of location and need to be visible around hubs
- There should be a set intervention period, but this needs to be flexible

People Aged 65+ with a Long-term Health Problem or Disability whose Day to Day Activities are Limited a Lot or whose Health is Bad or Very Bad

N.B. This information is limited to those aged 65+, rather than 55+
(Source: 2011 Census - Table DC3203EW)



Ethnicity 55+, by CCG/CCG cluster

(Source: 2011 Census - Table DC2101EW)

Ethnicity	Ashford & Canterbury	DGS & Swale	South Kent Coast & Thanet	West Kent
White	79,475	87,646	119,553	147,836
Mixed/Multiple Ethnic Group	308	361	476	537
Asian/Asian British	788	2,844	858	1,538
Black/African/Caribbean/ Black British	203	469	212	298
Other Ethnic Group	110	354	179	234

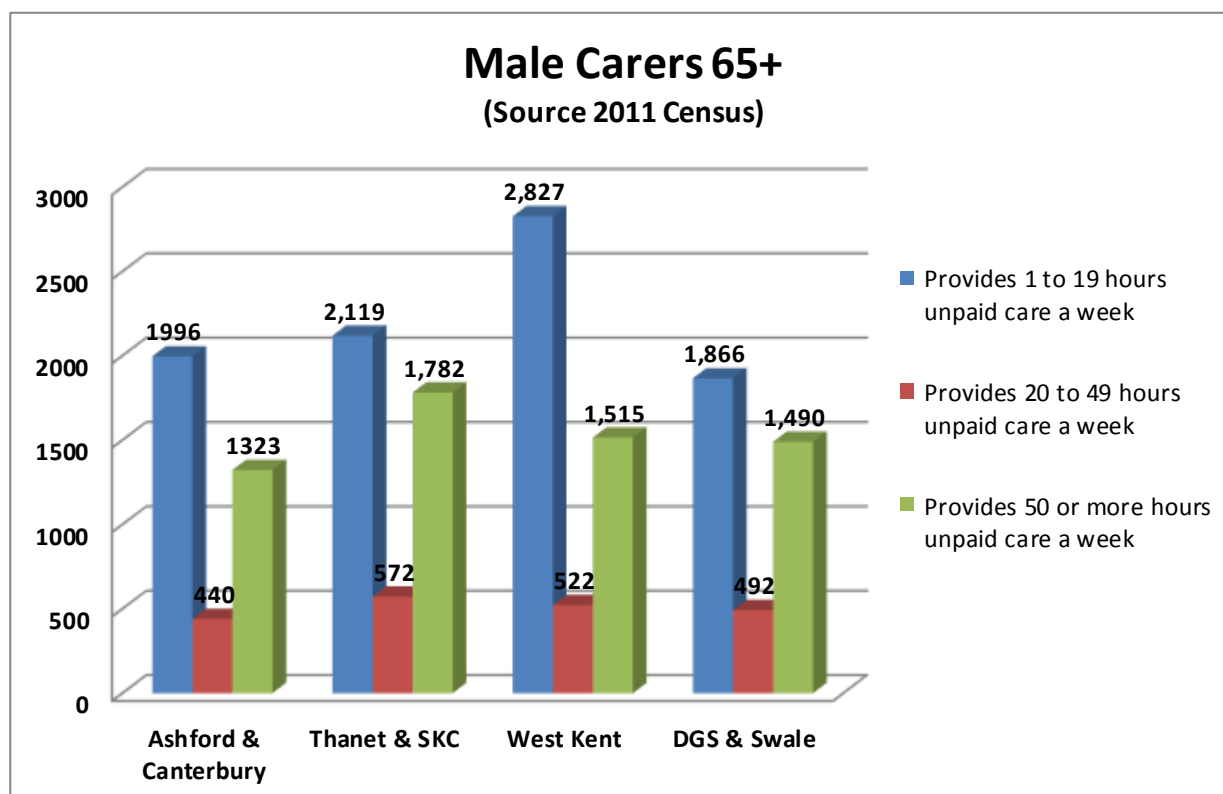
Religion 55+, by CCG/CCG Cluster

(Source: 2011 Census - Table DC2107EW)

Religion	Ashford & Canterbury	DGS & Swale	South Kent Coast & Thanet	West Kent
Christian	62,634	71,783	94,528	117,666
Buddhist	223	210	326	378
Hindu	214	478	239	417
Jewish	130	101	234	245
Muslim	179	279	219	340
Sikh	46	1,731	27	98
Other religion	296	323	444	409

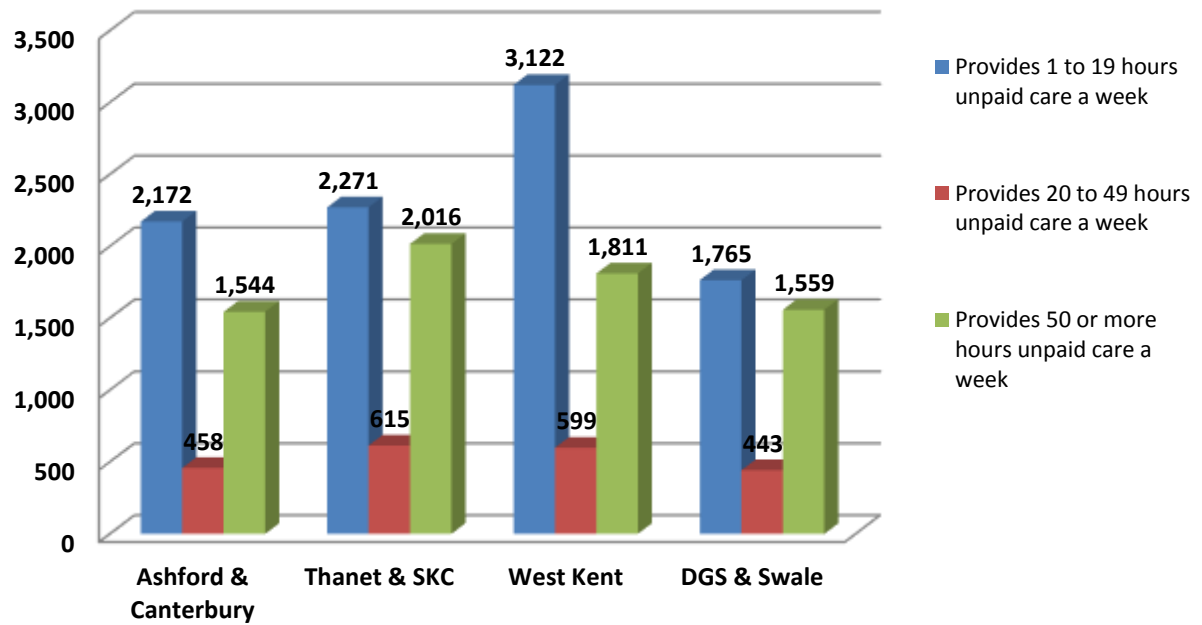
Numbers of Carers 65+ by sex and CCG/CCG Cluster

N.B. This information is limited to those aged 65+, rather than 55+



Female Carers 65+

(Source 2011 Census)



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Age	OPPD	LDMH
<18	0.0%	0.2%
18-24	2.2%	16.2%
25-34	2.6%	20.4%
35-44	3.3%	17.2%
45-54	6.9%	20.9%
55-64	9.3%	15.1%
65-74	15.1%	7.7%
75-84	26.7%	1.9%
85+	33.4%	0.2%
Age Not Provided / Not Recorded	0.5%	0.1%

Gender	OPPD	LDMH
Female	62.7%	46.1%
Male	37.2%	53.8%
Neutral Gender	0.0%	0.0%
Not Known / Not Recorded	0.0%	0.0%

Ethnicity	OPPD	LDMH
Asian / Asian British	1.5%	1.7%
Black / African / Caribbean / Black British	0.5%	0.8%
Mixed / Multiple	0.4%	1.7%
Other Ethnic Group	0.5%	0.9%
Unknown / Refused / Not Yet Obtained	12.7%	7.7%
White	84.4%	87.0%
Lacks Capacity - Ethnicity	0.0%	0.1%

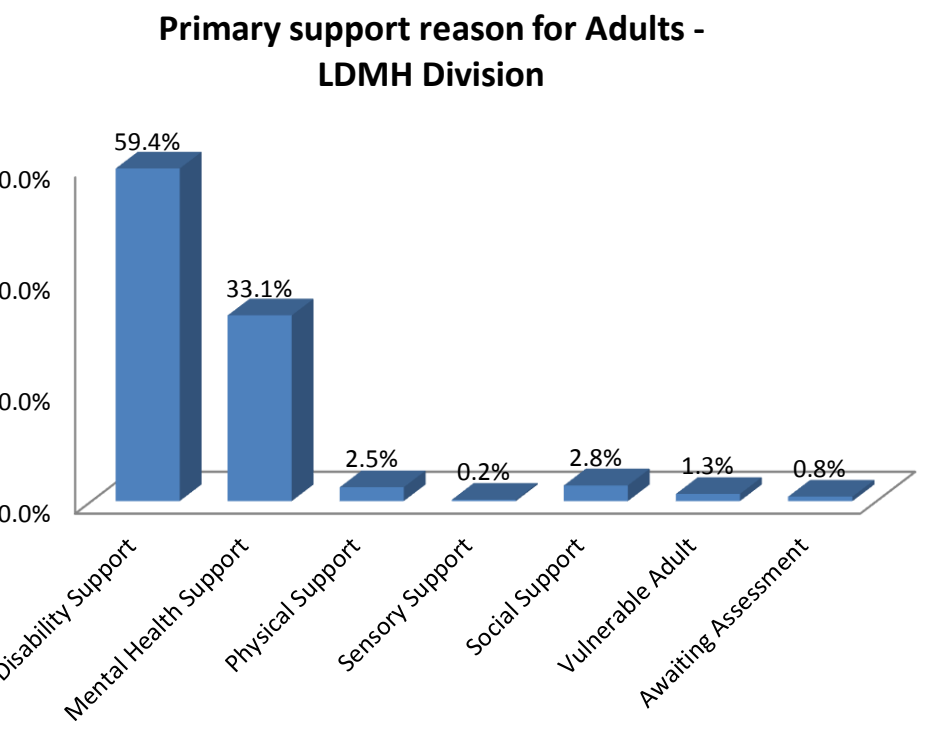
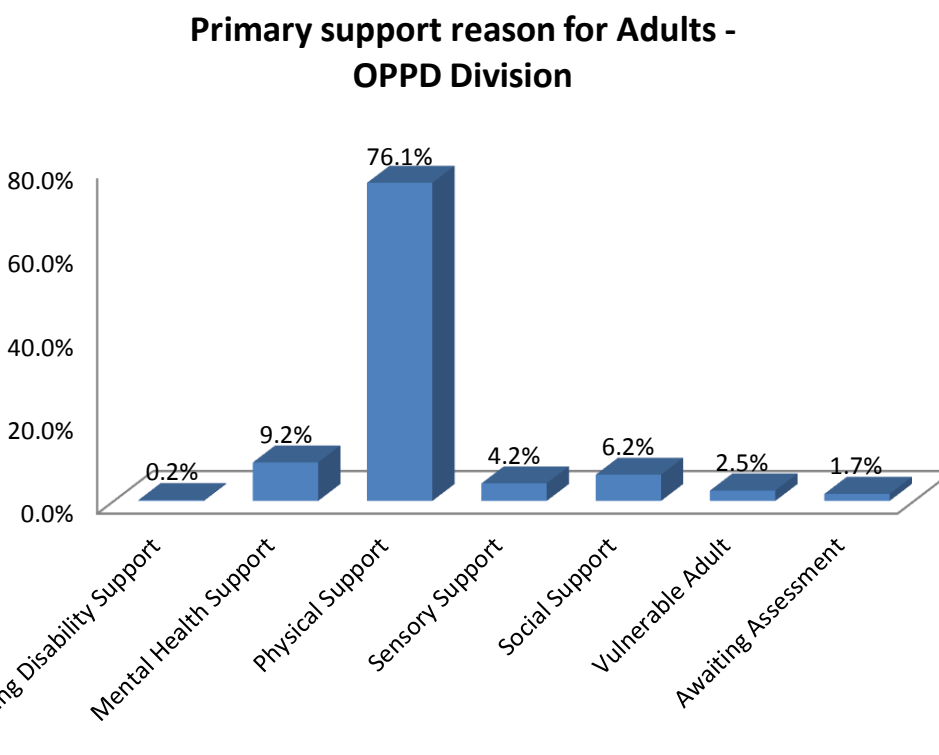
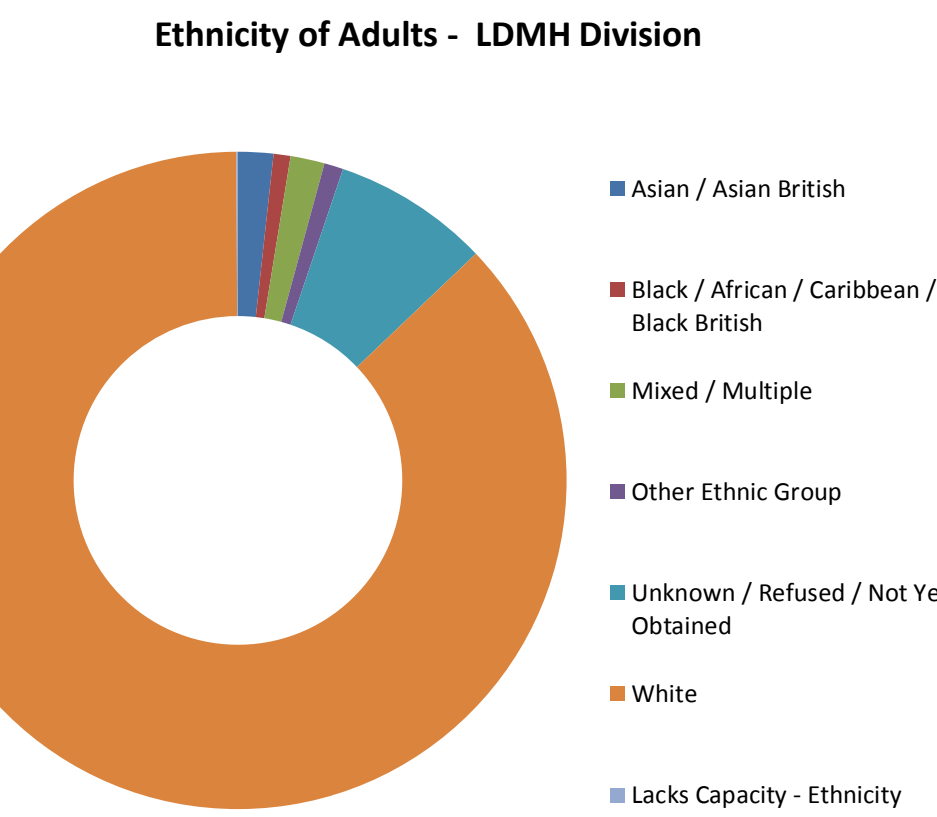
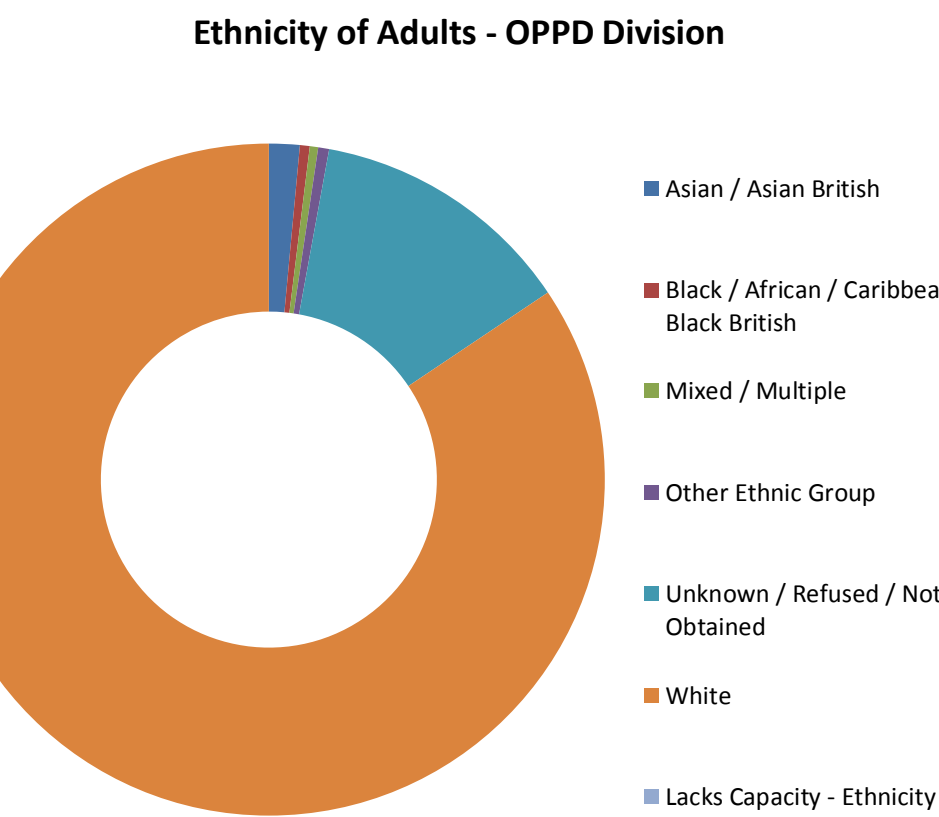
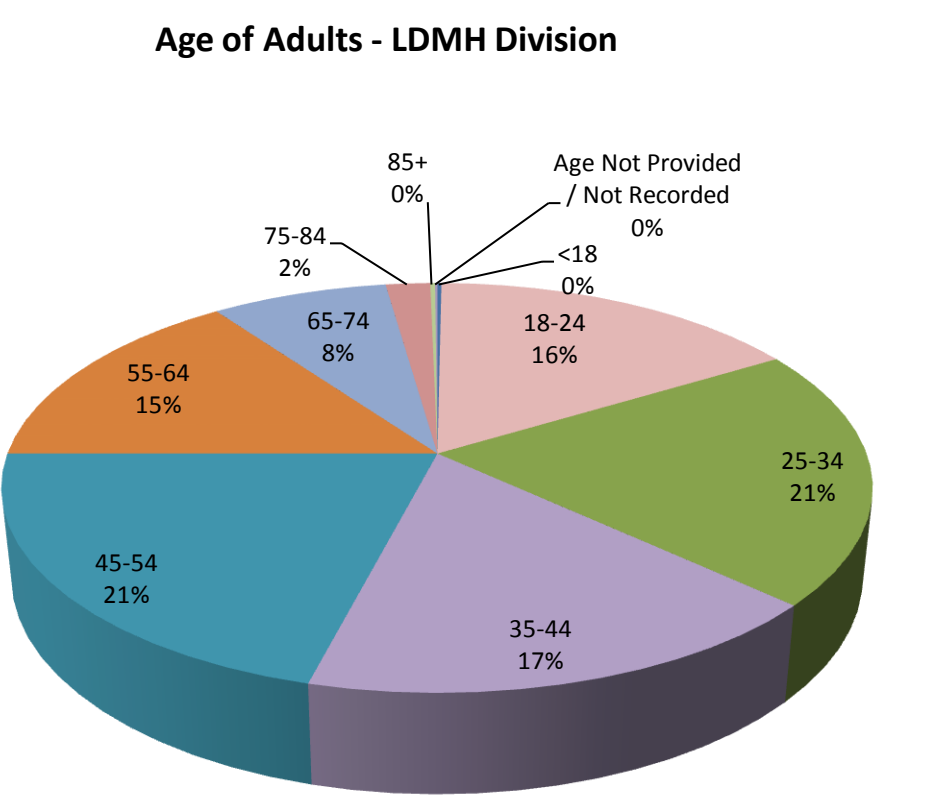
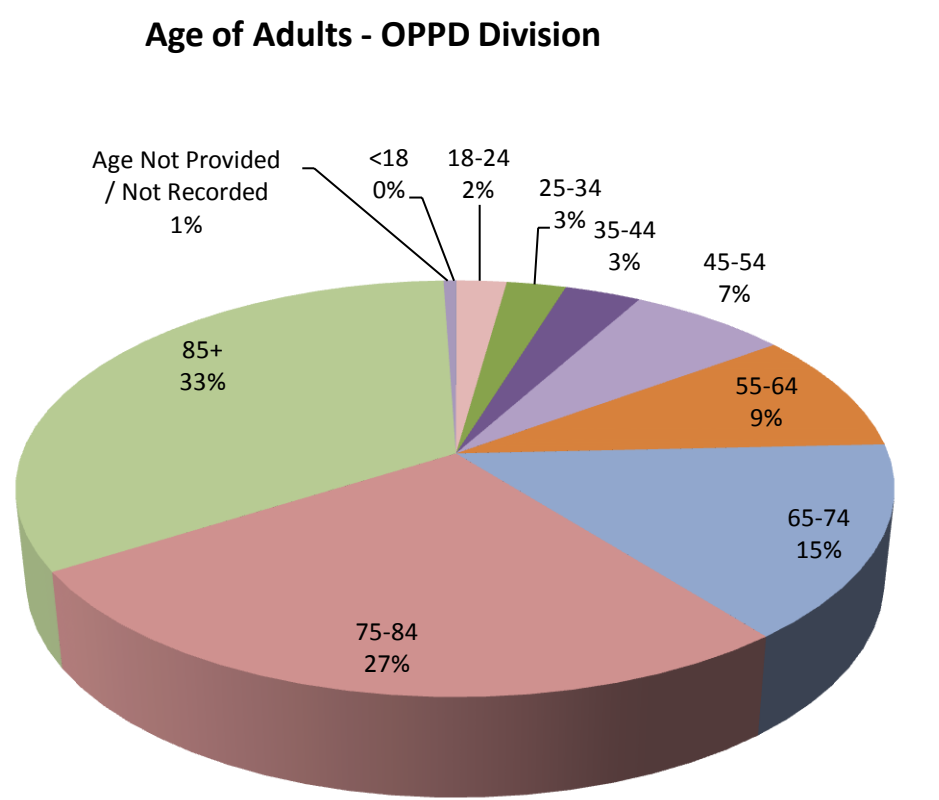
Primary Support Reason	OPPD	LDMH
Learning Disability Support	0.2%	59.4%
Mental Health Support	9.2%	33.1%
Physical Support	76.1%	2.5%
Sensory Support	4.2%	0.2%
Social Support	6.2%	2.8%
Vulnerable Adult	2.5%	1.3%
Awaiting Assessment	1.7%	0.8%

Religion	OPPD	LDMH
Buddhist	0.1%	0.2%
Christian	22.7%	28.0%
Hindu	0.1%	0.2%
Jewish	0.1%	0.1%
Muslim	0.2%	0.5%
No religion	29.5%	33.6%
Other	4.2%	2.7%
Sikh	0.4%	0.3%
Lacks Capacity - Religion	0.0%	1.8%
Unknown / Refused / Not Yet Obtained	42.7%	32.5%

Sexual Orientation	OPPD	LDMH
Bisexual	0.0%	0.1%
Gay Man	0.1%	0.1%
Gay Woman/Lesbian	0.1%	0.1%
Heterosexual	32.3%	12.4%
Other	0.4%	4.1%
Lacks Capacity - Sexual Orientation	0.0%	1.3%
Unknown / Not Recorded	67.1%	81.9%

Health as Primary Support Reason	OPPD	LDMH
Asian / Asian British	21	42
Black / African / Caribbean / Black British	13	32
Mixed / Multiple	20	46
Other ethnic group	13	37
Total	67	157

BME Ethnicity with Mental Health as Primary Support Reason [Ratio]	OPPD	LDMH
Asian / Asian British	31%	27%
Black / African / Caribbean / Black British	19%	20%
Mixed / Multiple	30%	29%
Other ethnic group	19%	24%
Total	100%	100%



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From: Clair Bell, Cabinet Member for Adult Social Care and Public Health
Penny Southern, Corporate Director of Adult Social Care and Health

To: Adult Social Care Cabinet Committee – 17 July 2019

Subject: **ADULT SOCIAL CARE ACCOMMODATION STRATEGY 2019 REVISION**

Classification: Unrestricted

Past Pathway of Paper: Adult Social Care and Health Directorate Management Team Meeting - 10 April 2019, 12 June 2019 and 10 July 2019

Future Pathway of Paper: None

Electoral Division: All

Summary: To update on the ongoing project to revise the Kent Adult Social Care Accommodation Strategy. The original strategy was launched in 2014, with some minor updates and adaptations in the five years since. However, with some significant changes in the last five years a more detailed revision is required.

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

1. Introduction

- 1.1 Kent County Council (KCC), the Clinical Commissioning Groups (CCG) and District/Borough Councils launched an integrated social care accommodation strategy in 2014.
- 1.2 The strategy has been well received across the county and provides good strategic direction for local decision makers and markets in the development of various care services.

2. Strategic Statement and Policy Framework

- 2.1 This paper and the related strategy links with KCC's Strategic Statement, specifically the following strategic outcomes:
 - Kent communities feel the benefits of economic growth by being in work, healthy and enjoying a good quality of life
 - Older and vulnerable residents are safe and supported with choices to live independently.

2.2 The renewed Adult Social Care Accommodation Strategy (attached as Appendix 1) and supporting Market Position Statement will set the future vision and direction for accommodation to support vulnerable Kent residents alongside the Vision for Adult Social Care – Your Life, Your Wellbeing.

2.3 This paper does not relate to a strategy in the Council's Policy Framework.

3. The Report

3.1 The strategy which was launched in 2014 has had several updates, particularly with respect to data and analytics and the inclusion of some relevant projects in the last five years. However there have been some significant changes across both national and local strategies and policy which mean the strategy is due for a more detailed and robust revision.

3.2 The project scope is as follows:

- To update analytics within the strategy and to show any trends in performance since the strategy launch
- To update and include a wider scope of client groups and accommodation and support provision
- To ensure the strategy is fit for purpose and aligned with all other KCC and District/Borough Council strategies
- To develop and publish a Market Position Statement aligned to the outcomes and strategic priorities for the current and potential market providers in Kent.

3.3 The project timeline is as follows

Action	Complete by
Data collation and analysis	31/03/2019
Project plan governance – Adult Social Care and Health, Directorate Management Team	04/2019
Project plan governance, Accommodation – Adult Social Care Cabinet Committee	05/2019
Stakeholder engagement	30/04/2019
Resident engagement (in collaboration with Healthwatch Kent)	30/04/2019
Provider engagement	30/04/2019
Document revision and writing	15/05/2019
Draft Strategy – Adult Social Care and Health Directorate Management Team	31/05/2019
Draft Accommodation Strategy – Adult Social Care Cabinet Committee	17/07/2019
Final Accommodation Strategy and Market Position Statement – Adult Social Care and Health Directorate Management Team	14/09/2019
Final Accommodation Strategy and Market Position Statement – Adult Social Care Cabinet Committee	27/09/2019
External Communications plan commences	01/10/2019

3.4 The Head of Commissioning Portfolio, Outcomes 2 and 3, is the Senior Responsible Officer for the project.

3.5 The engagement plan for this project identifies stakeholders in three main categories:

- Residents (including Kent's 'future older people')
- KCC, District/ Borough Councils and Kent CCGs
- Market providers and Housing Developers

3.6 Work is underway with Healthwatch Kent and local voluntary sector support organisations to engage with Kent residents and identify where possible those people who will be Kent's 'future older people'.

3.7 Work is underway with Kent Housing Group to engage with relevant stakeholders within district and borough councils.

3.8 It is proposed to work with the Kent Sustainability and Transformation Partnership (STP) programme to engage with Kent CCGs and further work is outlined in order to ensure health engagement and inclusion in the strategy. Adult social care operational teams have been engaged.

3.9 It is proposed to run a number of market/provider engagement workshops to ensure the thoughts and views of the market are understood in the development of the Market Position Statement.

4. Financial Implications

4.1 No financial implications

5. Legal Implications

5.1 No legal implications

6. Equality Implications

6.1 An updated equalities impact assessment will be completed.

7. Data Protection Impact Assessment Implications

7.1 No data protection implications

8. Conclusions

8.1 The revised and updated Adult Social Care Accommodation Strategy will shape the council direction for the next five to ten years. The accompanying Market Position Statement will be a useful tool to engage and work with suppliers.

9. Recommendation

<p>9.1 Recommendation(s): The Adult Social Care Cabinet Committee is asked to CONSIDER and COMMENT on the content of the report.</p>

10. Background Documents

10.1 Kent Social Care Accommodation Strategy (2014):

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

11. Contact details

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Kent Adult Social Care Accommodation Strategy:

Right Homes. Right Place. Right Support



Acknowledgements

to be confirmed

DRAFT

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	Glossary	

Foreword

TO BE ADDED

A handwritten signature in black ink, appearing to read 'Paul Carter', with a horizontal line underneath.

Paul Carter
Leader of Kent County Council



INTRODUCTION

The Adult Social Care Accommodation Strategy (originally launched in 2014) is unique in the respect that it sets out a Kent wide position, bringing together the aims of Districts, Boroughs, the County Council and other key stakeholders, to maximise opportunities for integrated approaches, identifying collective demand and projects and wherever possible aim to pool resources and work together to improve the outcomes and life chances for Kent's residents. The strategy will highlight the progress achieved since 2014, examine the local strategies, policies, projects, current market provision, demand for services and future population growth projections that impact on the future priorities.

This updated strategy provides the strategic direction for, and will help to enable the delivery of, suitable housing and care home provision for all Kent County Council Adult Social Care client groups. The Strategy will be supported by Market Position Statements outlining strategic commissioning intentions for the future.

Since the launch of the Strategy in 2014 the Care Act (2014) has been passed into Legislation, which aims to improve people's quality of life, delay and reduce the need for care, ensure positive care experiences and safeguard adults from harm. This legislation along with many other strategies, policies and research have been considered when writing this strategy and formulating Strategic Priorities for the future. All relevant documents are referenced in the bibliography in the Appendix.

Progress and Achievements (Summary)

In summary the performance against the Strategic Priorities between 2014 and the end of 2018 are highlighted below:

Right beds in the right place

- A number of varying factors across the County by District and Care Group
- Number of Care Homes in areas of largest population growth projects would not at this time appear to be in line with the growth projected.

Increase in extra care housing

- Since 2014 almost 1000 Extra Care homes have been completed
- Extra Care Housing development has been taken up in limited areas, leading to a concentration in some areas.

Increase in dementia specific care homes

- More care homes supporting those with Dementia – though not specifically an increase in care homes for those with complex Dementia.

Increase in nursing homes

- As CQC data shows the total number of Nursing beds available has increased.

Increase in supported accommodation

- There has been an increase in use of Supported Accommodation across all care groups

Less reliance on care homes

- KCC data shows there has been a steady decline in the number of people placed in residential or nursing care homes.

The following table shows several measures used to be able to account whether the above have been achieved.

Goal	Measure	2014	2015	2016	2017	2018	Direction of travel
Increase in housing completions	Energy Certificates issued for new build housing	869	1133	1532	1636	1705	↑
increase housing development of previously used land	Percentage of completions on previously developed land	75.1	74.2	75.1	68	65.6	↓
increase number of extra care housing units		429	553	898	898		↑
increase proportion of adult (aged 18 to 64) social care clients with community services	Adults receiving long term adult social care community services per 10,000 population aged 18 to 64		50.9	54.1	54.2	56.4	↑
reduce residential and nursing care admissions (aged 18 to 64)	Supported admissions to permanent residential and nursing care per 10,000 population aged 18 to 64	1.6	1.6	1.7	0.5	1.8	↔
increase proportion of older people (aged 65+) social care clients with community services	Older people receiving long term adult social care community services per 1,000 population aged 65 or over		15.8	18.2	16.6	16.5	↔
reduce residential and nursing care admissions (aged 65+)	Supported admissions to permanent residential and nursing care per 1,000 population aged 65 and over	6.7	6	5.9	5.7	5.6	↓
Average size of Care Home in Kent		35				40	↑

The Local Picture

The following section sets out relevant local strategies, policy and projects, and the current demand and population forecasts for Kent.

Local Strategy and Policy

The Kent and Medway Housing Strategy (2012-2015) identified and delivered key objectives regarding older people, including the development of an Older Persons Accommodation Protocol, Better Homes: Housing for the Third Age. The focus of this protocol was to set out a framework to ensure a consistent and positive approach to the delivery of older persons accommodation across Kent and Medway, responding to the existing and growing needs of the aging population across the County. The review and development of a new Kent and Medway Housing Strategy 'A Place People want to call home' (2019-2023) has identified the importance and commitment to meet the accommodation needs of older people, across all tenure types. The emerging strategy builds upon the successful commitment and outcome of relevant partners from the previous edition of the Kent and Medway Housing Strategy, with new consideration of a more flexible approach to the delivery of accommodation for older people, including how the type, tenure, place and designation of accommodation, including access to support and care services, can ensure that older people maintain independent living for as long as appropriate.

Kent County Council launched its Strategic Statement: ***Increasing Opportunities, Improving Outcomes (2015-2020)*** in 2015, setting out a vision to *"focus... on improving lives by ensuring that every pound spent in Kent is delivering better outcomes for Kent's residents, communities and business"*. The statement articulates the vision and priorities of the council into three outcomes to guide the work of the council in a time of increasing complexity and financial challenge. The three strategic outcomes are:

1. Children and young people in Kent get the best start in life
2. Kent communities feel the benefits of economic growth by being in-work, healthy and enjoying a good quality of life
3. Older and vulnerable residents are safe and supported with choices to live independently

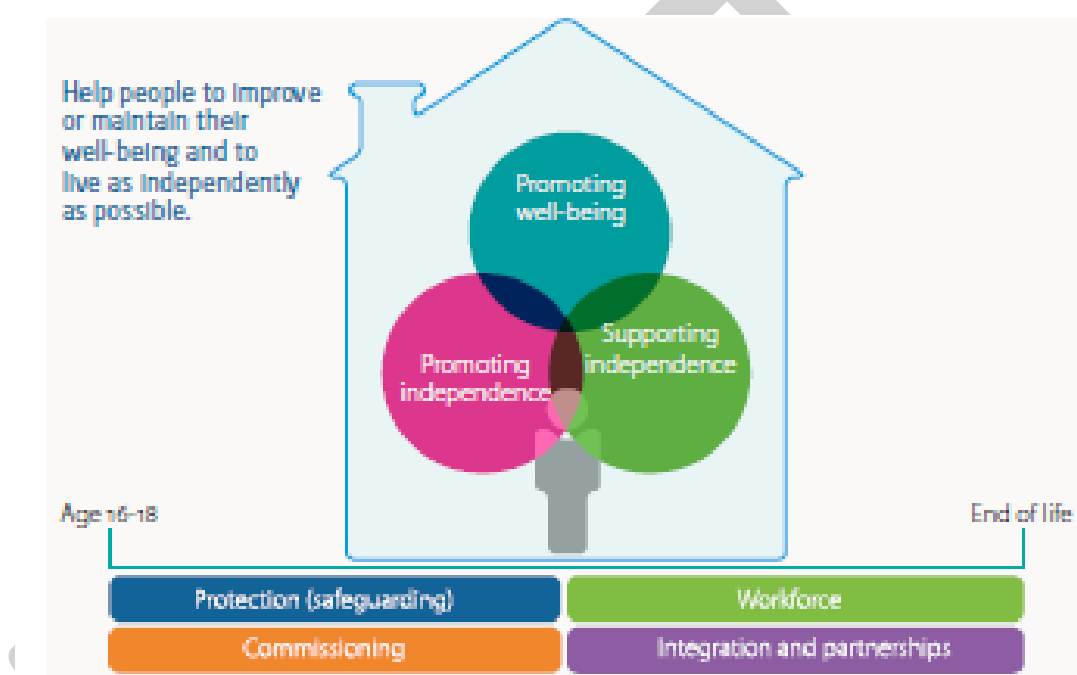
Outcomes 2 and 3 are relevant to this strategy. The strategic statement sets out a mandate for both commissioners and providers across the public, private and voluntary sectors to innovate and redesign services to meet those outcomes. Work has started to refresh the Strategic Statement for 2020 onwards.

'**Your life, your well-being**' is Kent County Council's vision and strategy for the future of Adult Social Care (2018-2021). The vision aims to help people to improve or maintain their wellbeing and to live as independently as possible. The demand for Adult Social Care is increasing, expectations are changing and Council finances are under pressure.

The Adult Social Care vision highlights three themes that cover the whole range of services provided for people with social care and support needs and their carers:

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

To achieve this vision, in place must be effective protection (safeguarding), a flexible workforce, smarter commissioning and improved partnership working (see graphic below).



Kent County Council has a statutory duty to provide support to identified vulnerable adults who meet the eligibility criteria for care and support. Statutory responsibility for housing sits with the twelve Kent District and Borough Councils.

The ***Being Digital Strategy (2019-2021)*** for Kent County Council Adult Social Care and Health sets out the strategic direction for, and help to enable the delivery of, digital innovation and technology to transform and support the new operating models in Adult Social Care. The vision is to help people achieve the best possible health and well-being outcomes, living independent and fulfilling lives in their own homes and communities by using digital innovation and technology. The strategy seeks to achieve three high-level aims:

- **Enabled People:** Embedding intelligent information and new technologies that promote individual health and wellbeing to empower people to self-manage and allow them to effectively access services

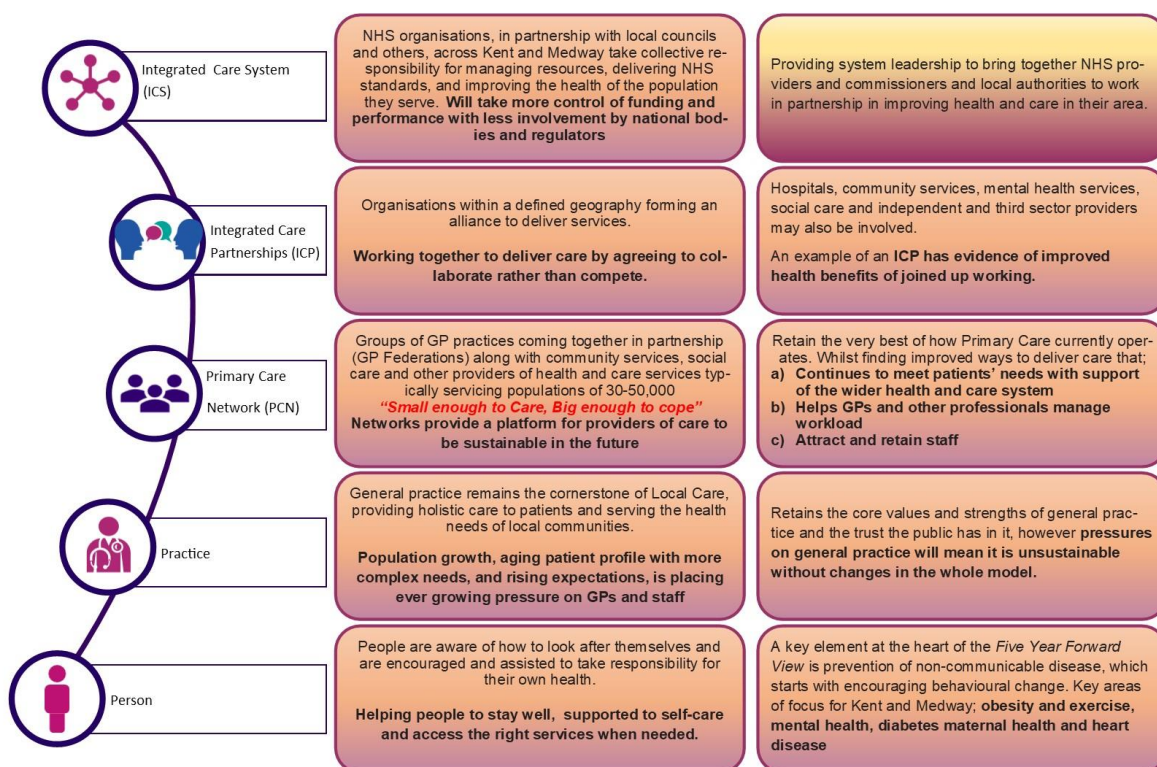
- **Empowered Workforce:** Developing a more productive, competent and confident workforce in KCC and in the Care Sector to use the tools and information they need to provide high quality care and support
- **Improved Partnerships:** Working closely with key partners across Kent to ensure we seek opportunities to collaborate, innovate and share information to deliver better outcomes for people

Kent and Medway Transforming Care Partnership (TCP) Housing Strategy launched in 2017 aims to manage and progress the development of accommodation and support needs for the specific cohort of people with complex needs and or significant behaviour that challenges.

The ***Kent Sufficiency Strategy (2019-22)*** dovetails with Adult Social Care in the period when a child moves from Children's to Adult's services. There is an approach of working with children from 0 to 25 years across social care, health and education. The accommodation needs of this group of young people need to be enshrined within this.

System Transformation

Kent (and Medway), like other parts of England, have the challenge of balancing significantly increasing demand, the need to improve quality of care and improve access all within the financial constraints of taxpayer affordability over the next five years. Health and social care, with partners, have come together to develop the ***Sustainability and Transformation Plan (STP)***. The partners have a track record of working together and, increasingly, of integrating our approach to benefit our population by achieving more seamless care, and workforce and financial efficiencies. The emerging integrated health and care model across Kent and Medway is illustrated in the following graphic.



The main priority is to transform Local Care through the integration of primary, community, mental health and social care and re-orientate some elements of traditional acute hospital care into the community, this allows residents to get joined-up care that considers the individual holistically. This transformation aims to:

- meet rising demand, including providing better care for the frail elderly, end of life care, and other people with complex needs;
- deliver prevention interventions at scale, improve the health of our population, and reduce reliance on institutional care.

With the progression towards further integration, and integrated commissioning, the strategy would benefit from further engagement and input from Health partners to ensure a full picture of needs across all health and social care accommodation and support.

Local Projects

In 2015 the '**Your Life, Your Home**' project was launched, focussing on the accommodation needs for people with a learning disability, with objectives that;

- reduce the number of Learning Disability residential placements and the development of supported living options;
- design future cost effective service models to support both existing and future service users to live in the way they want, through a range of housing options.

In 2017 the project principles were extended across services for people with mental health needs with objectives to;

- create suitable supported living options to increase flow through services from acute to complex and forensic care home provision, through fewer placements in standard mental health residential provision;
- design future cost effective service models to support both existing and future service users to live in the way they want through a range of housing options.

The ***Kent Integrated Homelessness Support Service*** (commissioned by Kent County Council) is comprised of a range of Supported Housing, Floating Support and Rough Sleeper outreach services that enable Adult Social Care and Health to support vulnerable people that are homeless in each District. The service supports vulnerable adults with support needs who are homeless to learn the skills necessary to recover from homelessness (and circumstances that lead to it) and establish or regain their independence.

Current Provision and Demand

There has been some significant change in the Care Home market and the pattern of placements through Social Care teams, since the launch of the strategy.

The chart below shows the distribution of Care Home (all types) beds across Kent.

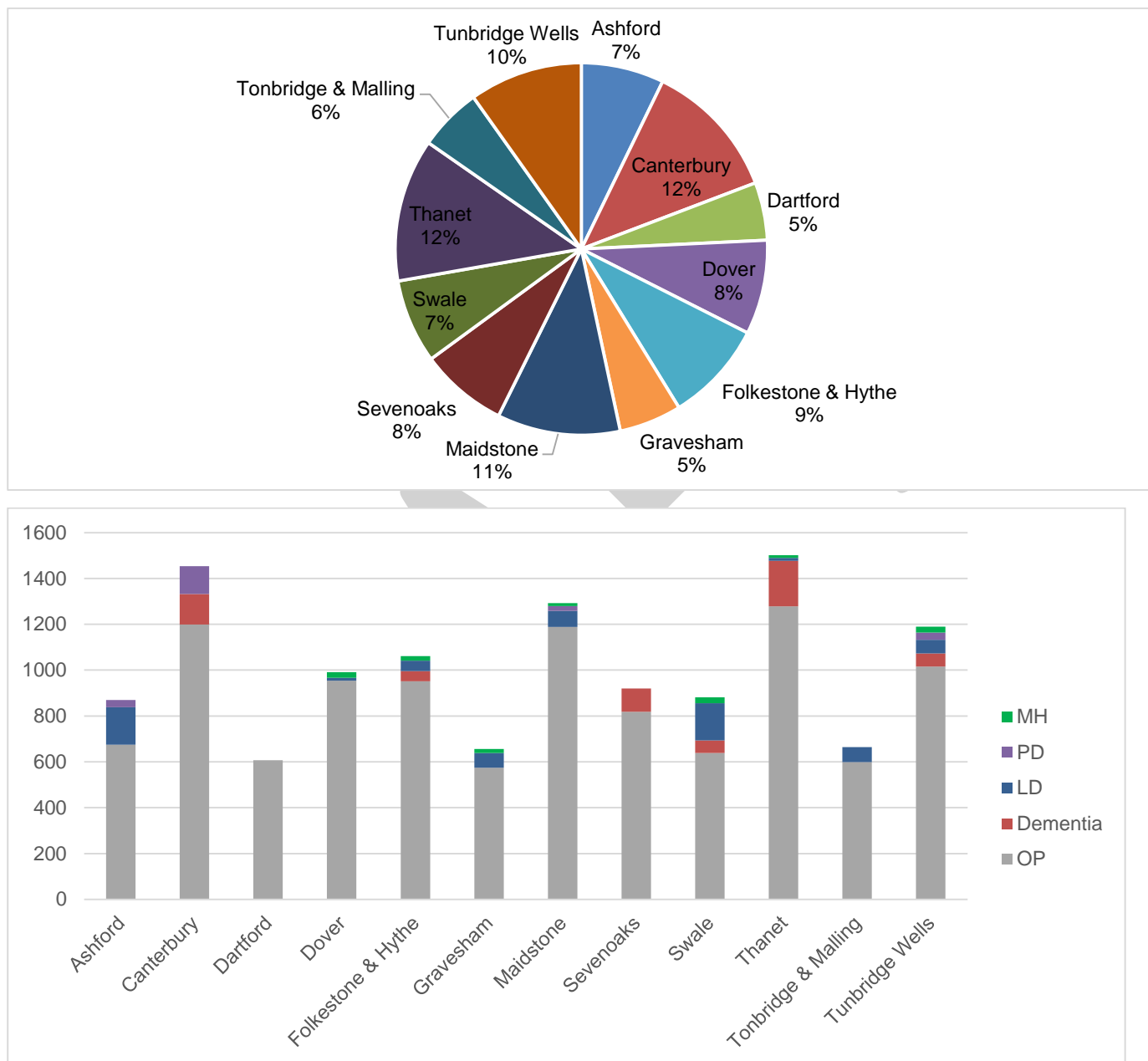
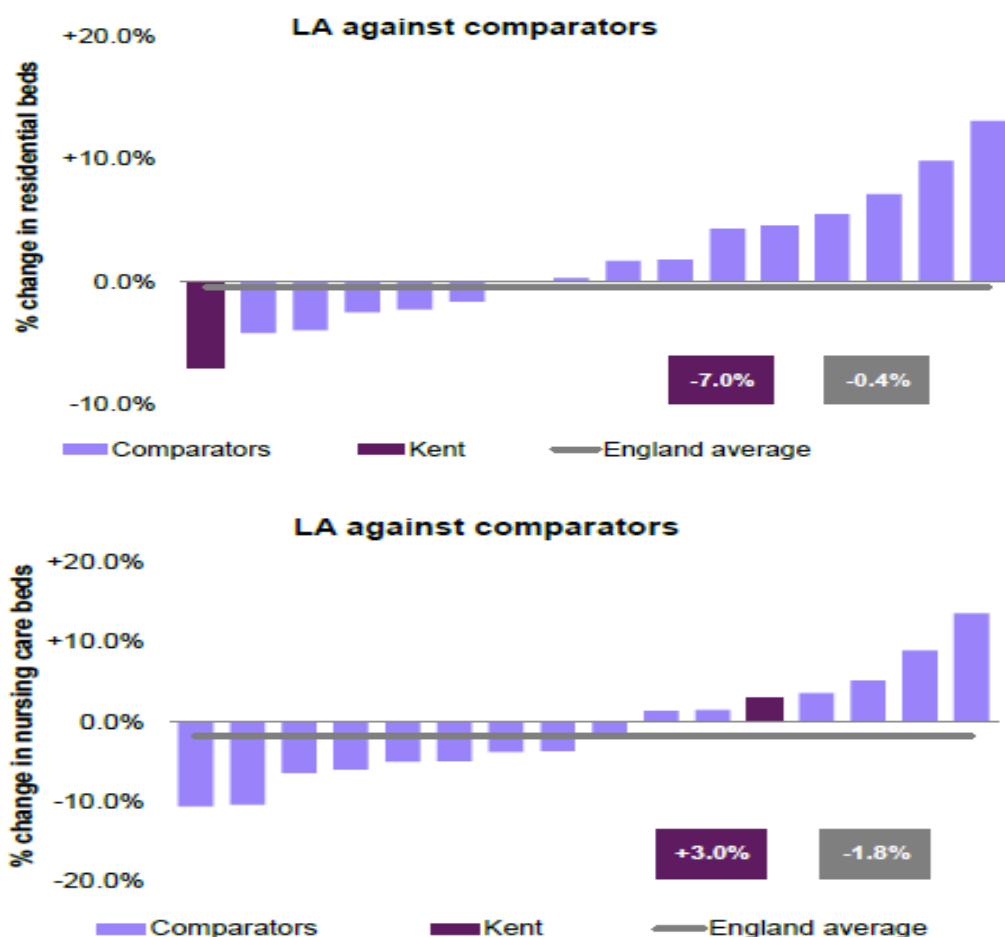


Chart above: Care home (CQC registered) places by District and Care group 'specialism'.

NB: Some homes specialise in more than one area – where this is stated the predominant group was used.

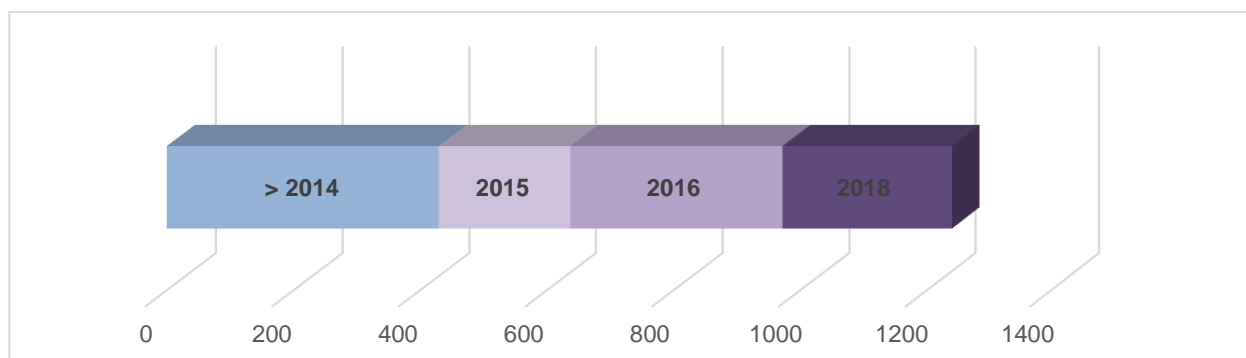
The chart shows that places for Older People is by far the dominant area, with Learning Disabilities and Dementia the next biggest areas. Three Districts dominate provision; Thanet, Canterbury and Maidstone.

The Care Quality Commission reports Kent has seen a decline in the number of Residential Care beds available (7%) and an increase in the number of Nursing Care beds (3%) since 2015 (see graphs below) for Older People. This can be explained in part by Care Home closures (intervention due to poor quality and standards or the market being less stable so providers withdrawing and closing Residential homes) and new developments (Nursing Homes) across the County.



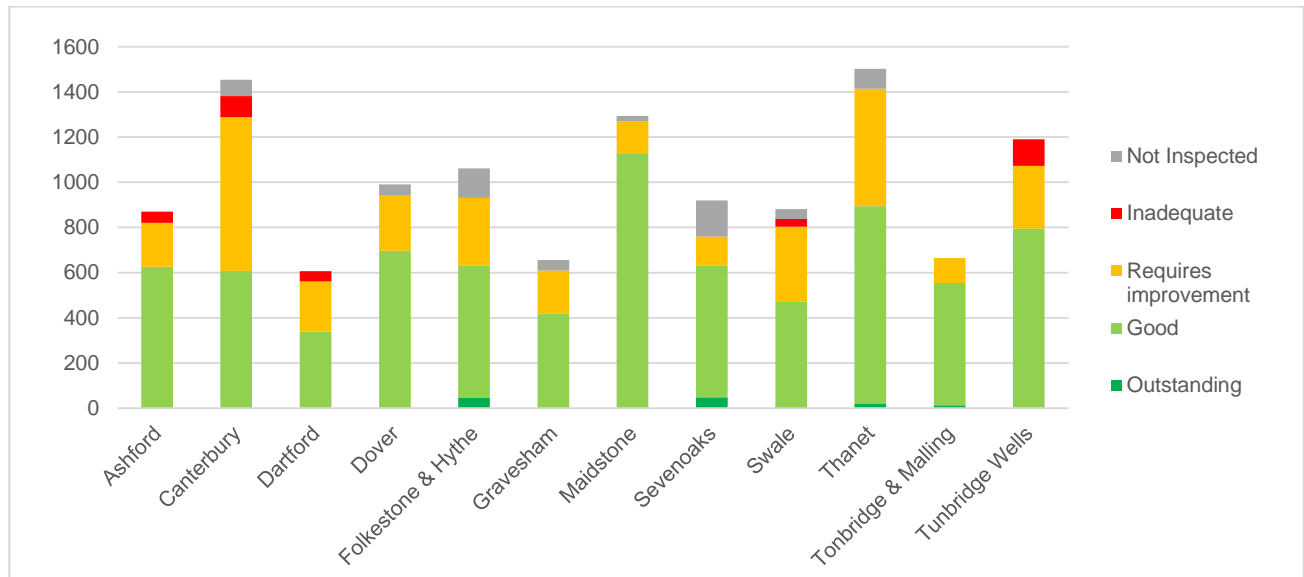
Source: CQC Local System Data Summary: Older people's pathway (2018)

In the same time period Kent has seen a significant increase (almost 200%) in the number of Extra Care Housing units completed and available (see below). The development of these Extra Care homes has not been uniform across the county, with a particular density of development in Ashford.

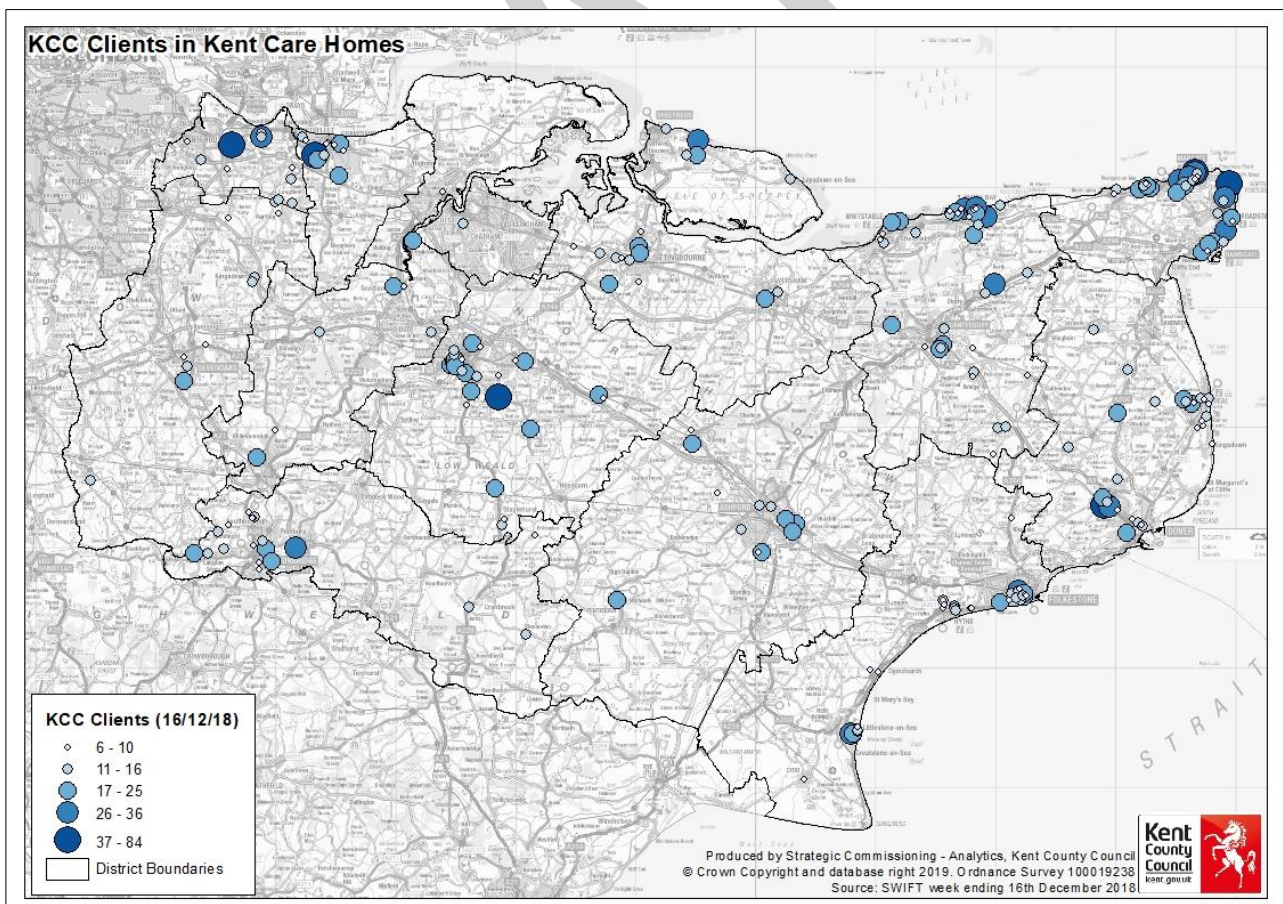


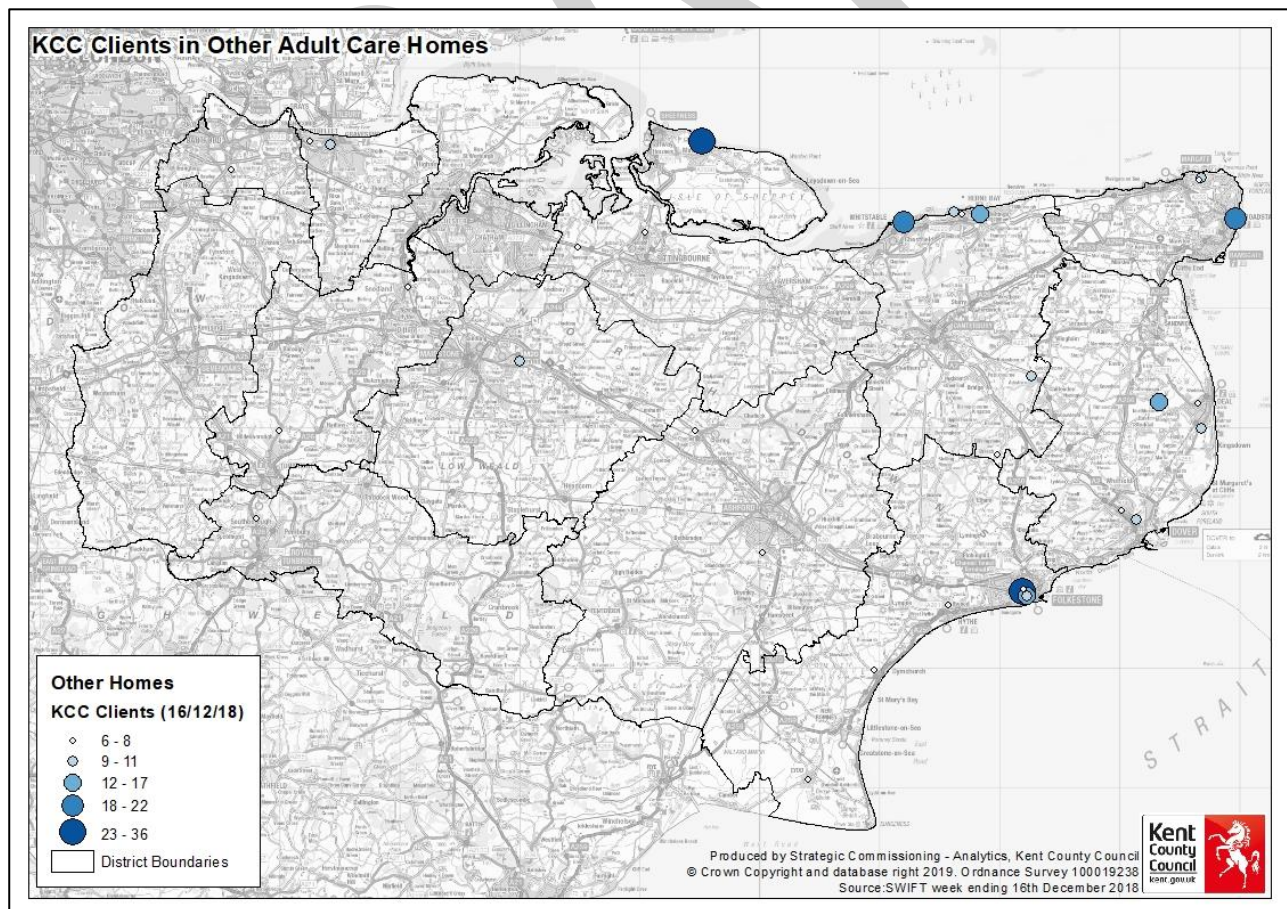
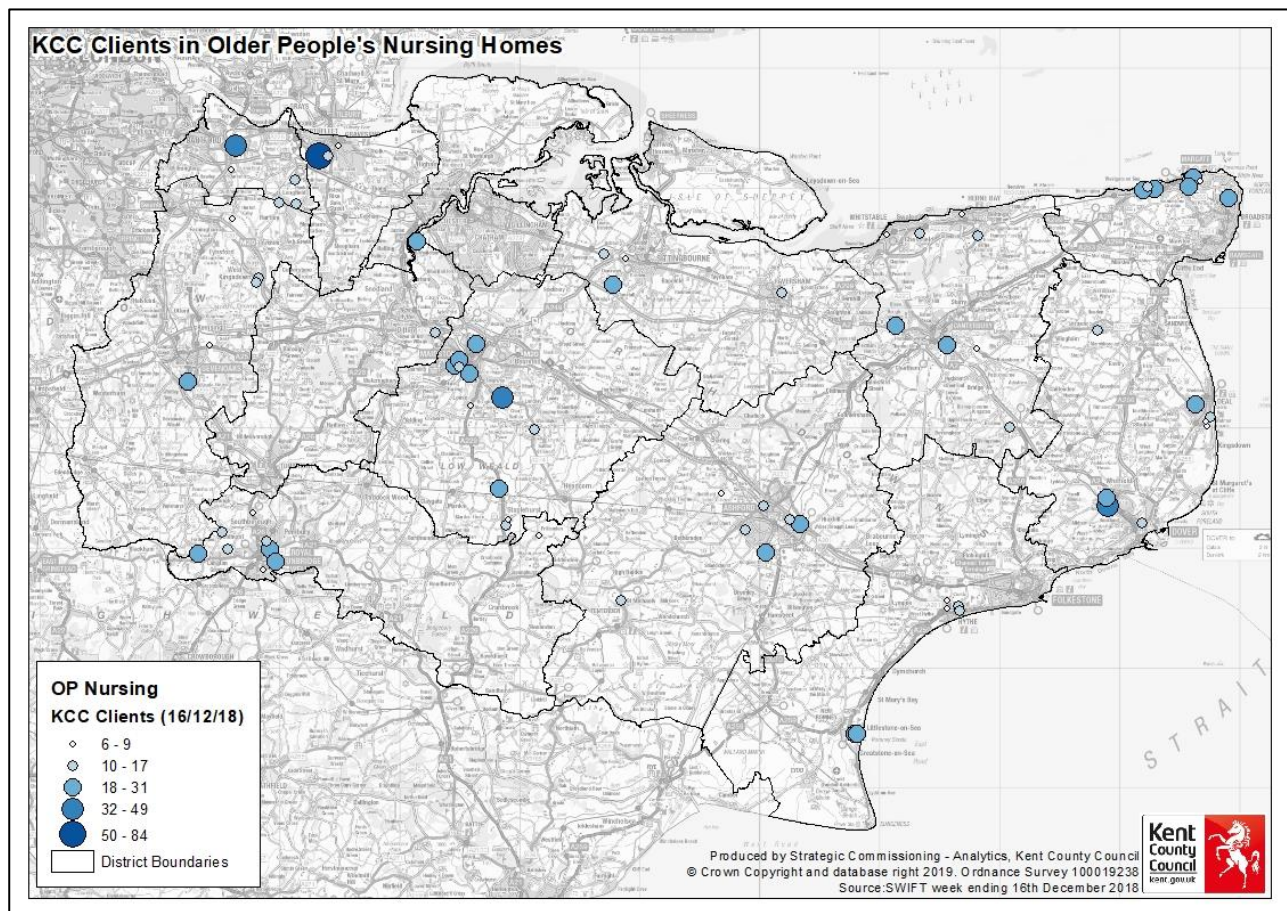
Care home Placements

Across all the homes within Kent, there are just over 12,000 available beds, with KCC placing in just over a quarter of those (27%).



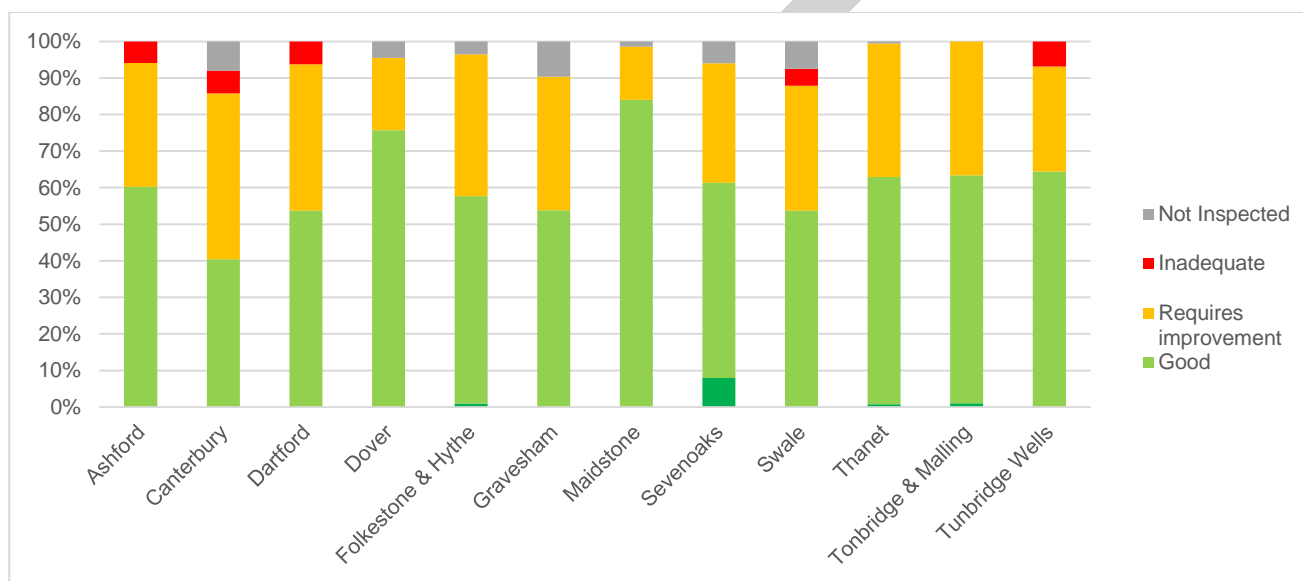
Graph above shows the number of available placements across Kent against care home rating in each District. The following maps show placements by care group.





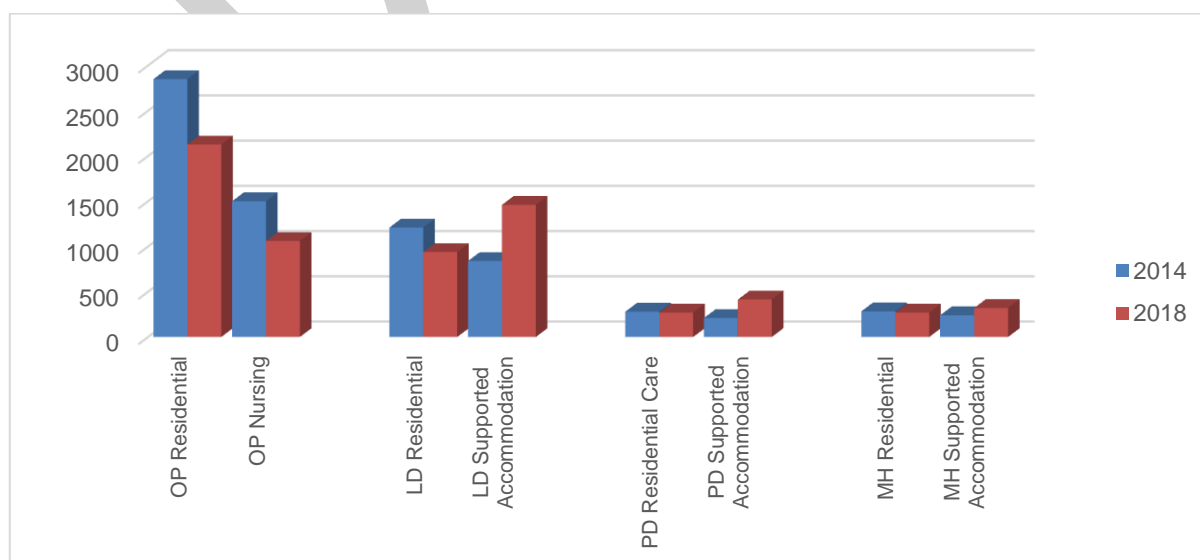
The graph below shows the proportion of KCC placements by care home rating in each District. When looking at number of placements within these homes (in county just over 3200), just under a third of all placements (31%) are currently in homes with 'requires improvement' or 'inadequate' CQC ratings. This proportion differs significantly when looking within each District as a proportion of beds within the District; Canterbury (53%), Dartford (44%), Swale (41%), Thanet (35%) and Tunbridge Wells (33%).

It should be noted ratings can fluctuate, and residents may have been placed in a home when a rating was either 'outstanding' or 'good', and the quality of service has deteriorated while resident in that home. There is also an element of personal choice when it comes to homes also, and residents may well choose to reside in a home that is geographically closer to their family and social networks, regardless of the CQC rating of a home.



There should not be an assumption that clients who are resident in a care home setting or sheltered housing scheme are in the right type of accommodation. This will have an impact upon ensuring there is the right type and amount of accommodation across Kent.

Looking at the number of placements by KCC in accommodation settings across all care groups the following graph (with figures shown in the following table) shows the trends.



Older People:	2014	2018	Travel
Residential Care	2850	2127	↓
Supported accommodation/extra care	260	785	↑
Community Service	6870	8970	↑
Nursing	1500	1061	↓
Learning Disability:			
Residential Care	1210	938	↓
Supported accommodation	840	1460	↑
Community Service	1720	2720	↑
Adult Placement	110	184	↑
Physical Disability:			
Residential Care	280	270	↔
Supported accommodation	210	414	↑
Community Service	1300	2510	↑
Shared Lives		18	↑
Mental Health:			
Residential Care	283	270	↔
Supported accommodation	240	320	↑
Community Service	130	510	↑
Shared Lives		8	

Older People – reductions in number of residents within both Residential (25%) and Nursing (29%) Care homes can be seen. A significant increase (over 30%) has been seen in those supported with Community Services.

Learning Disability – reduced number of residents in Residential homes (22%) and a significant increase in those in Supported Accommodation (74%).

Physical Disability – a small reduction in those in Residential Care (4%), with a significant increase in those living in Supported Accommodation (97%).

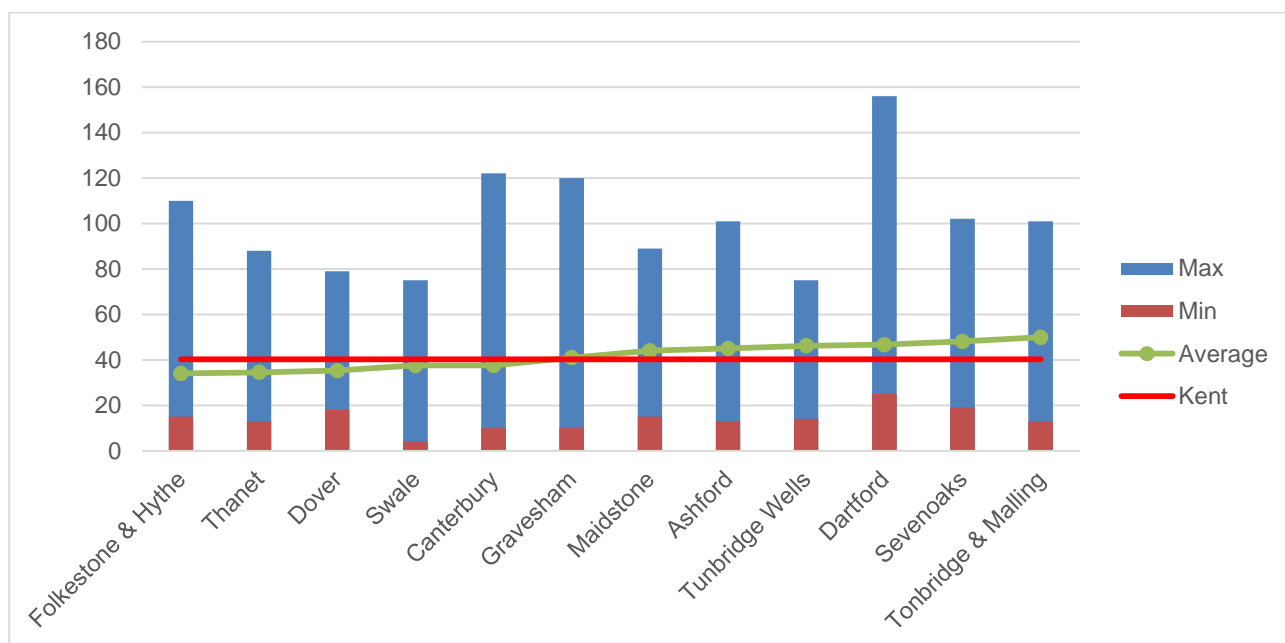
Mental Health – has remained static, with a small decrease in those in Residential Care (5%) and a moderate increase in those in Supported Accommodation (33%).

It should be noted that across all care groups the number of residents supported through Adult Social Care has increased in this time period.

Care Home Size and Sustainability

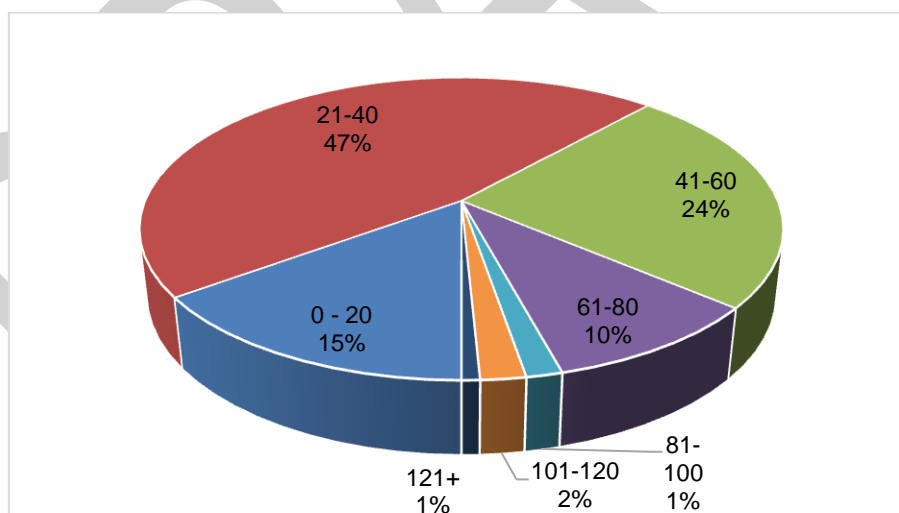
The following section only deals with Care Homes for Older people (due to the generally smaller size of homes for other specialities). The largest care home (for Older People) has 156 places (Dartford) with the smallest coming in at 4 (Swale). Swale and Tunbridge Wells have the smallest of the larger care homes across all the Districts, for older people with 75 places.

The chart below shows the highest and lowest sizes of CQC registered care homes for older people by District, with a line to show the average size, graph is aligned with the District with the smallest average for care homes on the left working to the right as the average increases, with a trendline showing the Kent average.



The average size of a care home (for Older People) in Kent now appears to be aligned with the England average of 40, this has increased over the last 5 years. However, there are still significant numbers of homes of a smaller size, which as demonstrated in the graph above are concentrated in all the Districts in Kent that have a coastal border.

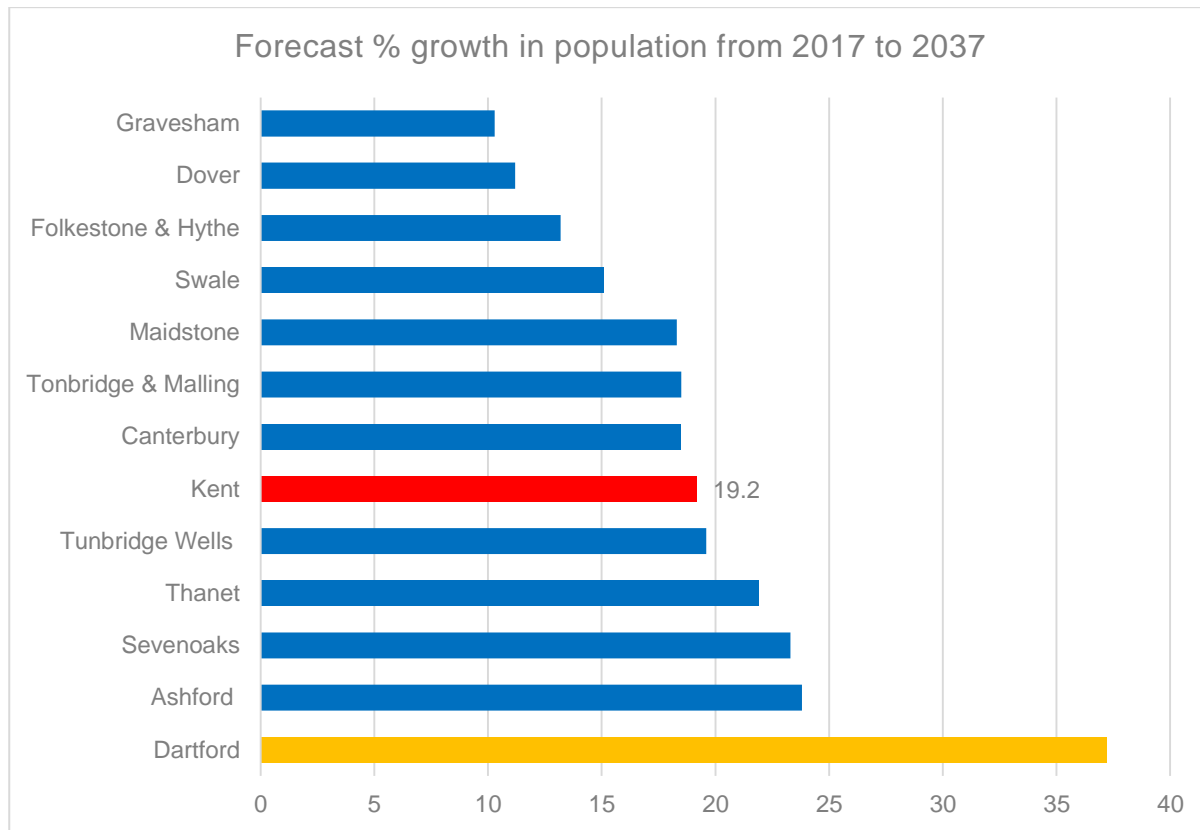
Taking the accepted model of care homes (for older people) with over 60 places being more sustainable and operationally effective, the graph below shows that 86% of all care homes in Kent are below the sustainability threshold.



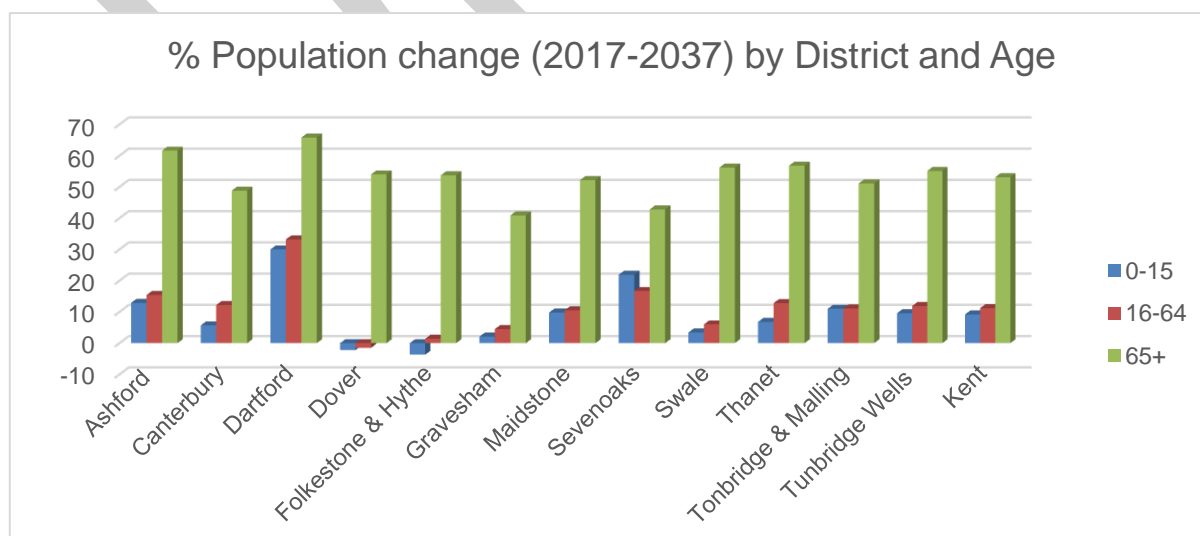
Care homes for people with learning disabilities, physical disabilities and or mental health conditions have not been included in this analysis as generally those homes are of a smaller size (which the data and analysis of Kent's Care Homes supports (87% of all Care Homes for people with Learning Disability are no larger than 20 places).

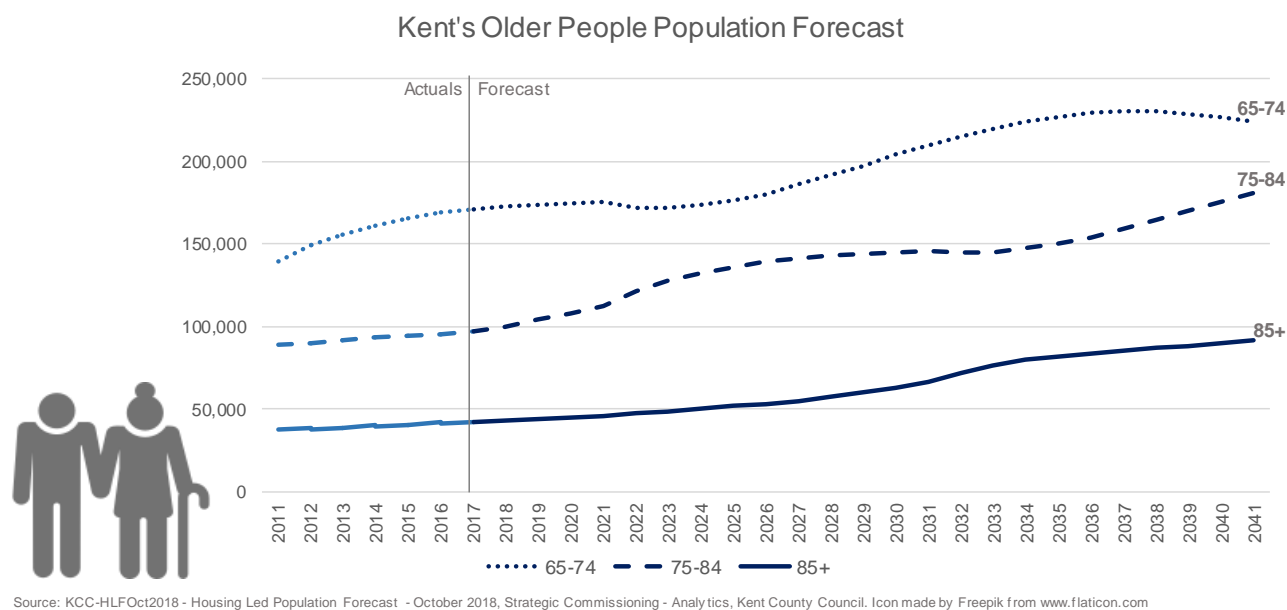
Future Demand forecasting

The population of Kent is forecast to grow significantly over the next 20 years (see graph below). There are variations by District – with Dartford's (highlighted in yellow) forecast to grow much quicker than any other area or District in the County (due to the extensive development in the Ebsfleet area).

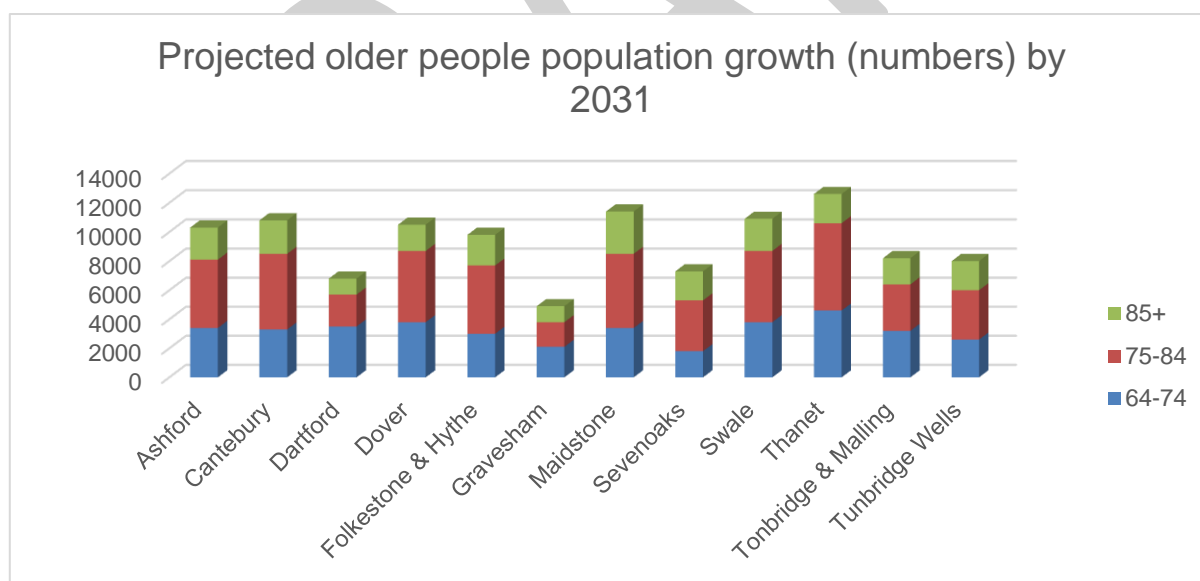


Kent's population, similar to England, is an aging population. The graphs below show the proportional forecast growth for all age groups and then specifically for older people.

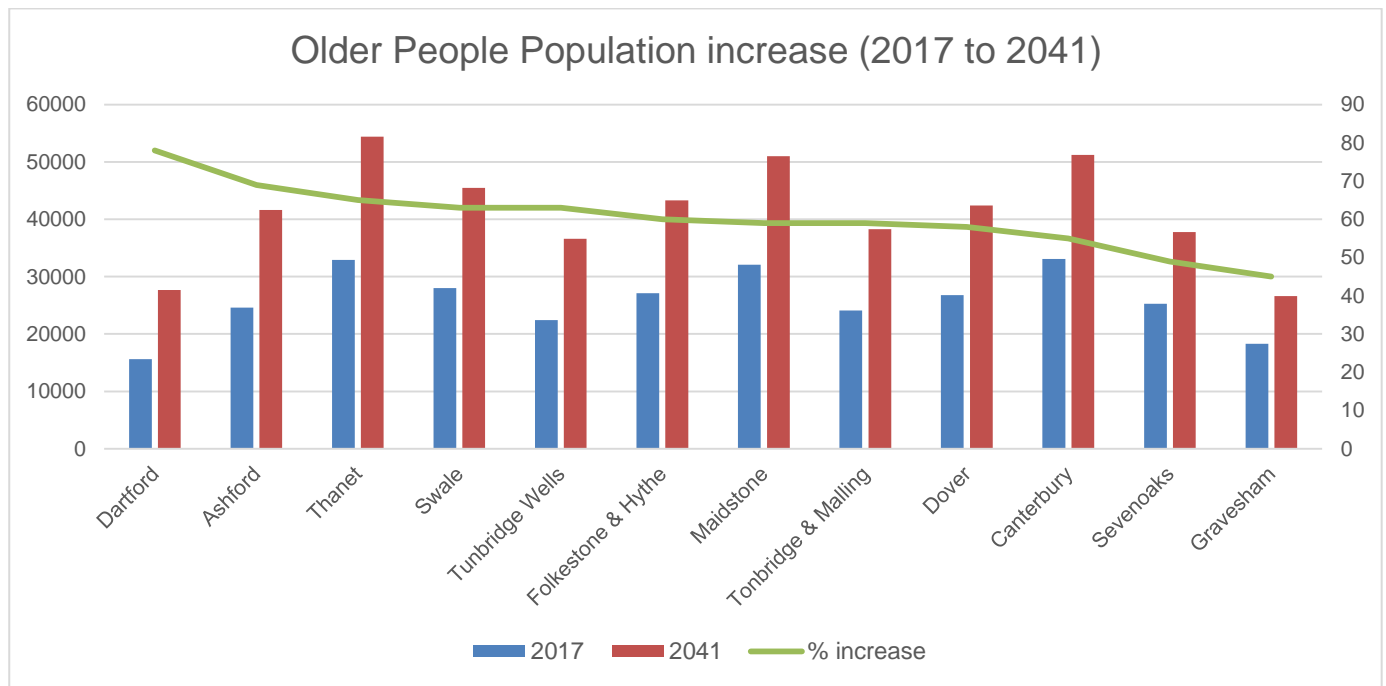




Across all Districts there is forecast to be growth in percentage terms of approximately 40% (Gravesham) and close to 70% (Dartford) in the over 65's. This could have significant implications for Adult Social Care, as the general population is aging and potentially requiring support. The following chart shows the population growth forecast of the older population by District. Thanet shows the largest forecast growth in Kent for people aged 65 and over (by 12,600 people). However, Maidstone shows the largest growth (in numbers) for those aged 85 and over (2,900).

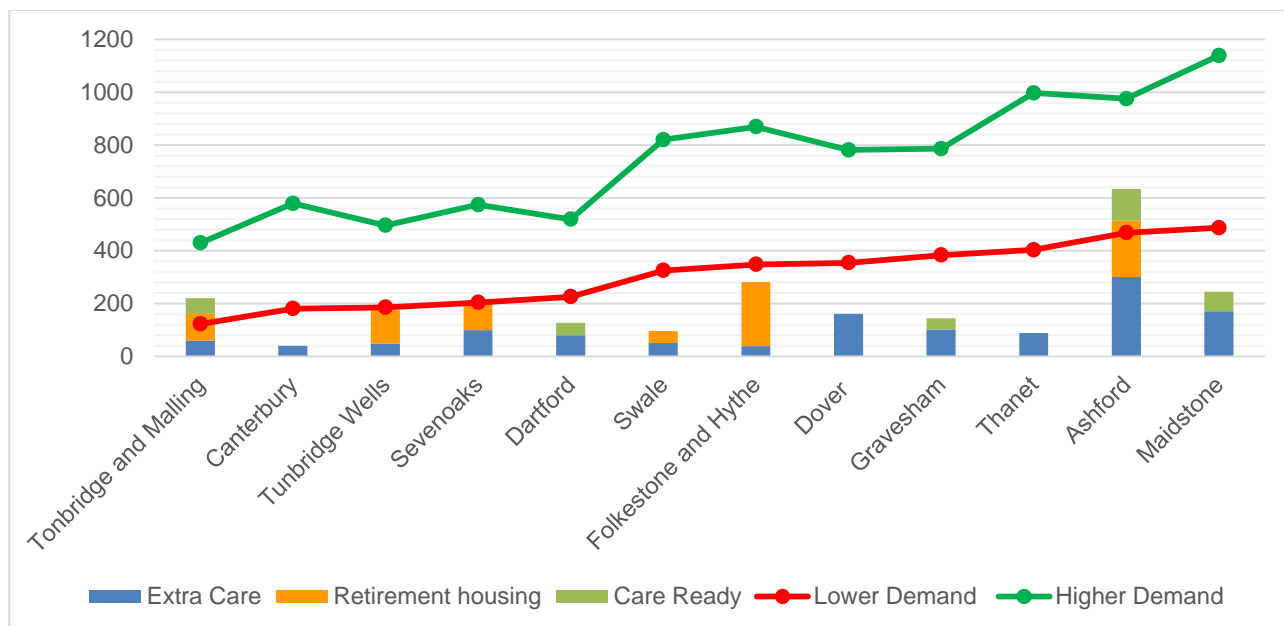


Dartford is forecast to have the largest proportional increase in over 65's by 2041 (a 78% increase), which considering Dartford is forecast to have the largest overall growth in general population is not surprising. However, in terms of actual numbers Dartford's older population is smaller in comparison to areas such as Thanet, Maidstone and Canterbury.





Demand forecasting for the potential need for Extra Care housing can be seen in the chart below. Two models have been used to forecast, given current Social Care demand and population growth. The chart below shows what these two models indicate (a lower and higher potential need), current 'housing with care' type homes in existence have been included to show what further progress could be required.

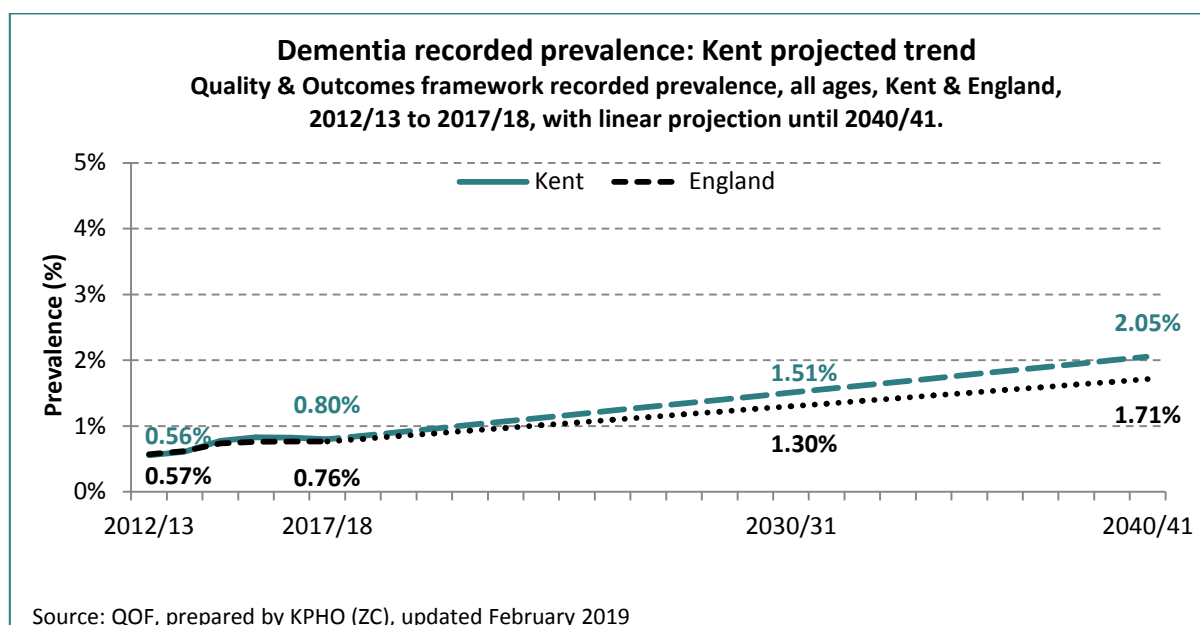


As shown in the chart above, Ashford Borough Council have successfully increased provision of extra care and other housing with care provision supply to be over their potential lower demand forecast. Only Tonbridge & Malling Borough Council, when combining all Housing with Care options, is also within the lower and higher demand thresholds. Tunbridge Wells, Sevenoaks and Folkestone & Hythe District Councils appear close to achieving the lower estimate.

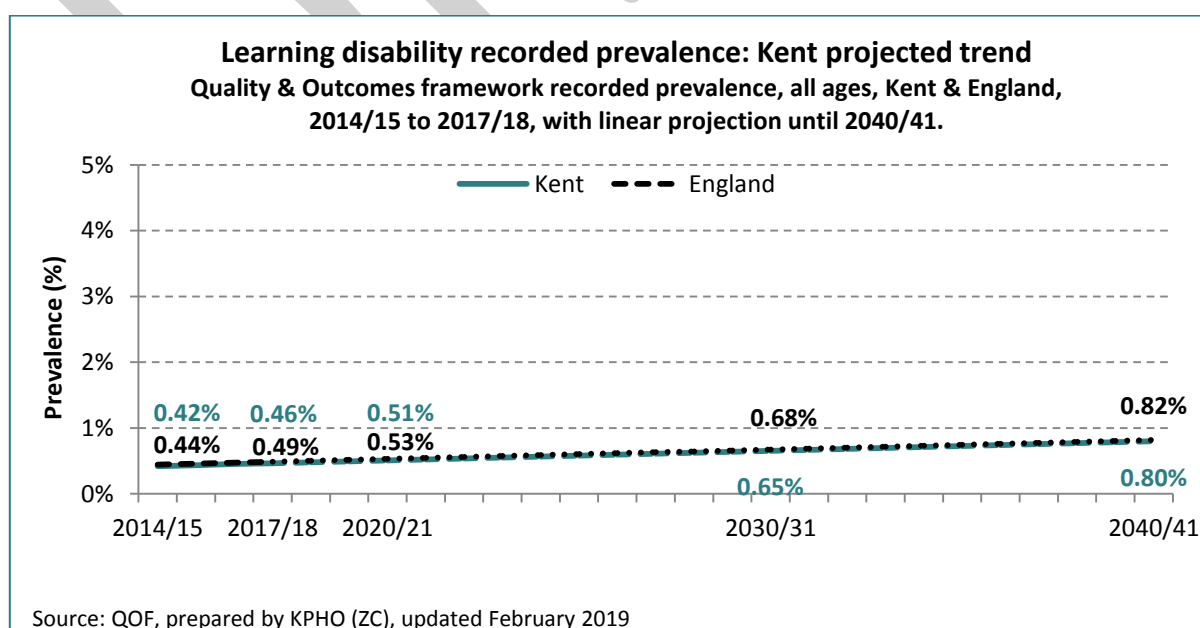
Both approaches suggest that there is a need to expand Housing with Care supply, especially with Social Care placing less within a Residential or Nursing Care home setting and preferring a more independent living style approach to care and support. It is recommended that the lower estimate is used as the target figure and the higher estimate is used as the upper threshold. To keep up with population growth, 2,500 units (4,000 upper threshold) are required by 2031.

In determining the need to meet demand it is important to consider the proportion of self-funders. Analysis of large amounts of complex data would be required to determine this, which is not currently available. In the absence of this data the 2015 IMD - Income Deprivation Affecting Older People was used to understand the 65+ population in deprivation and infer the likelihood of people eligible for Social Care support. It is noted that there are districts that show a high level of demand with a lower level of deprivation e.g. Maidstone. These areas would appear to be the priority districts to target Housing with Care to generate an income or for ownership. There are also districts with a high level of demand and a higher level of deprivation e.g. Thanet. These areas would be priority districts to target Housing with Care to meet the need of KCC's funded residents. Therefore, Districts may be prioritised differently to generate an income, ownership or to meet the need of KCC's Social Care eligible residents.

As people are living longer, Dementia is becoming more prevalent. Dementia is not necessarily linked to old age and younger people are being diagnosed with Dementia. The chart below shows the projected (linear) trend for Dementia prevalence in Kent, which is expected to increase from 0.56% to just over 2% by 2041 (a larger increase than that seen across all of England). This is likely to have a significant impact on the lives of residents, their families and Adult Social Care and Health service provision.



The trend is also for numbers of people with a Learning Disability to increase in the coming years. This can be down to a number of factors, including people with Learning Disability live longer now, than any time in the past. The chart below shows a similar forecast increase to that of the England trend, increasing in prevalence from 0.76% to 1.17%. The impact of this on services is likely to be significant, especially taking into consideration the National Strategy 'Building the Right Support', supporting people with a Learning Disability to remain in local communities and not reside within hospital type settings or institutions.



Financial considerations and opportunities

In a financial climate where sources of funding have and continue to reduce, the challenge is for Kent County Council and its partners to deliver the objectives of this Strategy. This document should be considered as the over-arching housing strategy for people who use Social Care services. Specific strategies or commissioning intentions for particular care groups will provide the specific detail. Therefore, when Councils are undertaking housing needs assessments to inform their Local Plans, they and their consultants should have regard to the specialist housing needs identified in this strategy and other supporting documents.

Kent County Council commissioners and providers will have to consider the impact of the personalisation agenda upon their business models with increased choice and control over purchasing by individuals. This means that people will be able to choose who delivers their services and whether, particularly for extra care housing and supported accommodation, they will buy in to the services offered on site.

Value for Money and efficiency will be a focus of any review of service and as the journey of integration is progressed, how the services can be commissioned to realise efficiencies and make the best use of available resources.

Using extra care housing as an example, research and evaluation undertaken across the country demonstrates that this model benefits many. There are revenue financial benefits, additional provision of accessible housing for older people supporting housing strategies and reducing the need for Disabled Facilities Grants and better health and social care outcomes for individuals.

Homes England Shared Ownership Affordable Homes Programme 2016-21 (launched in 2016) aims to increase new shared ownership and affordable homes. The programme welcomes a mix of tenures including Affordable Home Ownership, Affordable Rent and Rent to Buy. The rules have been reformed to make these homes available to the widest possible range of buyers and to make capital grant open to the widest possible range of developers and housing providers.

In 2018, Homes England announced the extension of Phase Two of Department of Health and Social Care's 'Care and Support Specialised Housing' (CaSSH) Fund programme for supported and specialist housing for older and vulnerable people. Details of the programme, and the accompanying prospectus, can be found at: <https://www.gov.uk/government/publications/care-and-support-specialised-housing-fund-phase-2-prospectus>

The review of the Future Funding for Supported Housing saw developments stall in and new developments in this area have slowed. The plans to introduce a "Sheltered Rent", announced through the consultation, provides some reassurance for future funding and it is hoped developments will soon commence accordingly.

Districts in Kent are in varying stages of adopting the Community Infrastructure Levy (CIL). Dartford Borough Council, Folkestone & Hythe District Council, Maidstone Borough Council and Sevenoaks District Council have adopted CIL.

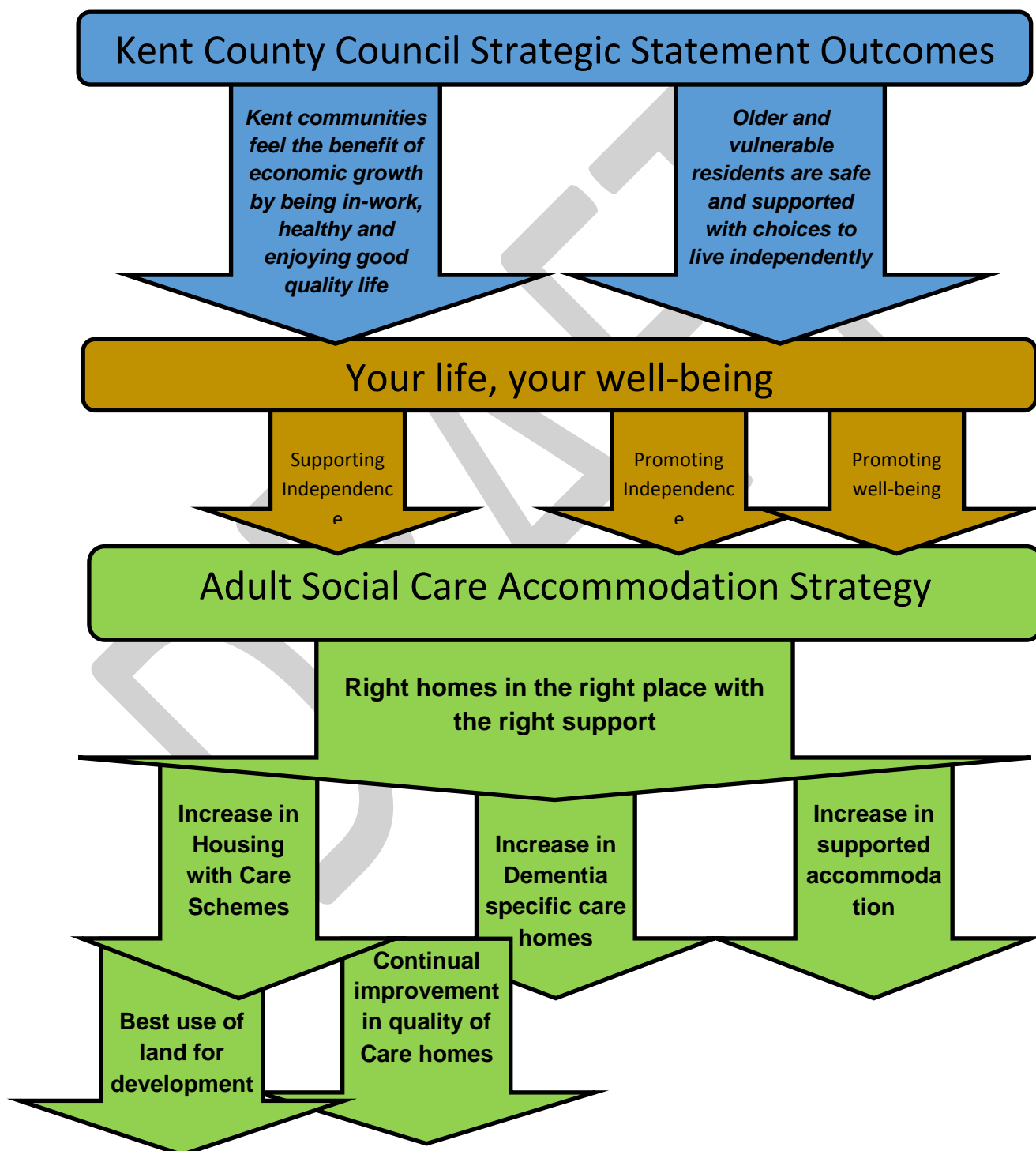
The CIL is a tool for local authorities to help deliver infrastructure to support the development of the area. The levy is charged on new developments. The money raised through levying a CIL can be used to fund a wide range of infrastructure that is needed as a result of development. This includes transport schemes, flood defences, schools, hospitals and other health and social care facilities. Kent County Council's priorities for CIL are schools, transport and the needs of older people. The levy is intended to focus on the provision of new infrastructure and cannot be used to remedy pre-existing deficiencies in infrastructure provision unless those deficiencies will be made more severe by new development. Also charging authorities cannot use the levy to fund affordable housing.

The introduction of 'self-financing' for Local Authorities with a Housing Revenue Account (HRA) and housing stock allowed the retention and reinvestment of income generated locally where appropriate. Local Authorities in Kent have used this change in subsidy as an opportunity to review business plans and promote investment and development with use of their own assets. Kent Local Authorities, through the Kent Housing Group are continuing to challenge and lobby the Ministry of Housing, Communities and Local Government (MHCLG), asking them to work with Local Authorities that have reached capacity with regards to their HRA debt cap and agree the opportunities to work with them individually to further increase the debt cap limit and therefore deliver more affordable housing.

The Council operates a Deferred Payment scheme in accordance with the provisions of the Care Act 2014. An existing resident privately funded may apply and become eligible for Deferred Payments. In the case where the Council has a legal charge or operates a Deferred Payment on a resident's property and is funding the resident until the property is sold and the resident becomes self-funding the price payable in respect of the individual will automatically revert to the Providers Indicative Price for the relevant category Level of Need. For new placements, where the Individual Placement Process has been followed and an individual is eligible for Deferred Payments, the price agreed is the price determined through the Individual Placement Process.

Strategic Priorities

This chapter outlines how the data presented in this strategy formulates revised Strategic Priorities, encapsulating the aspiration of Adult Social Care's goal of maintaining people's independence living in their own homes and raising their horizons and how the strategy supports the priorities in the Adults Social Care and Health Strategy 'Your Life, your well-being' and Kent County Council's Strategic Statement. The diagram illustrates how the priorities all relate and support Kent County Council's overall direction.



It is widely acknowledged, and shown by the data, that in the next 20 years, the population will grow and with that numbers of older people, aged 65 years or over will increase and so will those with complex care needs. There will be more individuals over 85 years of age with higher levels of dependency or dementia, and more working age adults with complex needs and behaviours that challenge, that Health and Social Care services must adapt to meet. While the Strategic Priorities in the 2014 strategy remain the general direction of travel, five years on the Strategic Priorities are now set to give a broader more encompassing perspective and fit with the Adult Social Care Strategy '***Your life, your well-being***'. While these strategic priorities are set for a county-wide perspective. there are geographical differences within Kent. To understand these differences and therefore the priorities on a smaller geographical footprint see the Market Position Statements that support this strategy.

The strategic priorities (and detailed outcomes) are as follows:

<p>Strategic Priority 1: Right homes in the right place with the right support</p> <ul style="list-style-type: none"> • Investment in Community Services, both health and social care, to support independent living • Greater use of digital technologies across all provision – including development of smart homes • Digital connectivity – rollout of Gov Roam to Care Homes • Continue detailed review of the needs of individuals with a Learning Disability to determine whether they are in the best place for them • Continue detailed commercial understanding of sector • Develop more supported accommodation with specialist design and tailored care and support services for those with ASD • Through developer contributions, increase the supply of wheelchair accessible housing
<p>Strategic Priority 2: Increase in housing with care schemes</p> <ul style="list-style-type: none"> • Increase provision of extra care housing and other similar models • Provision of more specialist residential provision targeted to move people into independent living
<p>Strategic Priority 3: Increase in dementia specific care homes</p> <ul style="list-style-type: none"> • Increase provision of nursing and dementia care homes that can support those with complex needs and behaviours that challenge due to Dementia
<p>Strategic Priority 4: Increase in supported accommodation</p> <ul style="list-style-type: none"> • Develop and increase housing capacity (Supported Accommodation, shared houses, Shared Lives and independent flats) • Greater use of digital technologies – including development of smart homes
<p>Strategic Priority 5: Work with the market to foster continual improvement in the quality of nursing and residential care homes</p> <ul style="list-style-type: none"> • Increase fit for purpose modern care homes and as a result reduce older converted care home provision • Reduce reliance on in-patient facilities • Support the market to work, innovate and provide services using digital technologies • Availability of Learning and Development Opportunities through KCC to ensure standards and economies of scale. • KCC systems available for providers to access to enable sharing of information • Assistive and smart technology available in resident's and care homes.
<p>Strategic Priority 6: Make best use of land availability for developments of housing that meet the strategic priorities of this strategy</p> <ul style="list-style-type: none"> • KCC work in partnership with District and Borough Councils and NHS Estates to identify land for development opportunities that make best use of opportunities and work toward meeting the



- strategic priorities of this strategy
- Collegiate working across KCC and the NHS to support the Planning Process for Developers working towards meeting the priorities of this strategy

The following tables illustrate the above priorities and outcomes in an action plan / timetable format.

Right Homes: Right Place: Right Support Action Plan

	Right Homes	Right Place	Right Support
SHORT TERM	Provision of more specialist residential provision targeted to move people into independent living	Continue detailed review of the needs of individuals with a Learning Disability to determine whether they are in the best place for them	Investment in Community Services, both health and social care, to prevent reliance on long term residential services
	Reduce reliance on in-patient facilities	Continue detailed commercial understanding of sector	Greater use of digital technologies across all provision
	Develop and increase housing capacity (Supported Accommodation, shared houses and independent flats)	Collegiate working across KCC and the NHS to support the Planning Process for Developers working towards meeting the priorities of this strategy	Support the market to work, innovate and provide services using digital technologies
		KCC work in partnership with District and Borough Councils and NHS Estates to identify land for development opportunities that make best use of opportunities and work toward meeting the strategic priorities of this strategy	
MEDIUM TERM	Develop more supported accommodation with specialist design and tailored care and support services for those with ASD	Increase provision of extra care housing and other models	
	Increase provision of nursing and dementia care homes that can support those with complex needs and behaviours that challenge due to Dementia		
LONG TERM	Through developer contributions, increase the supply of wheelchair accessible housing		
	Increase fit for purpose modern care homes and as a result reduce older converted care home provision		

Right Homes: Right Place: Right Support Action Plan

Short Term (1-2 years)	Medium term (3-5 years)	Long Term (5+ years)
Right homes in the right place with the right support		
Investment in Community Services, both health and social care, to prevent reliance on long term residential services	Develop more supported accommodation with specialist design and tailored care and support services for those with ASD	
Greater use of digital technologies across all provision		
Continue detailed review of the needs of individuals with a Learning Disability to determine whether they are in the best place for them		
Continue detailed commercial understanding of sector		
Through developer contributions, increase the supply of wheelchair accessible housing 		
Increase in housing with care schemes		
Increase provision of extra care housing and other models 		
Provision of more specialist residential provision targeted to move people into independent living		
Increase in dementia specific care homes		
	Increase provision of nursing and dementia care homes that can support those with complex needs and behaviours that challenge due to Dementia	
Increase in supported accommodation		
Develop and increase housing capacity (Supported Accommodation, shared houses and independent flats)		
Work with the market to improve the quality of nursing and residential care homes		
Support the market to work, innovate and provide services using digital technologies		Increase fit for purpose modern care homes and as a result reduce older converted care home provision
Reduce reliance on in-patient facilities		
Make best use of land availability for developments of housing that meet the strategic priorities of this strategy		
KCC work in partnership with District and Borough Councils and NHS Estates to identify land for development opportunities that make best use of opportunities and work toward meeting the strategic priorities of this strategy		
Collegiate working across KCC and the NHS to support the Planning Process for Developers working towards meeting the priorities of this strategy		

Implementation and Measuring impact

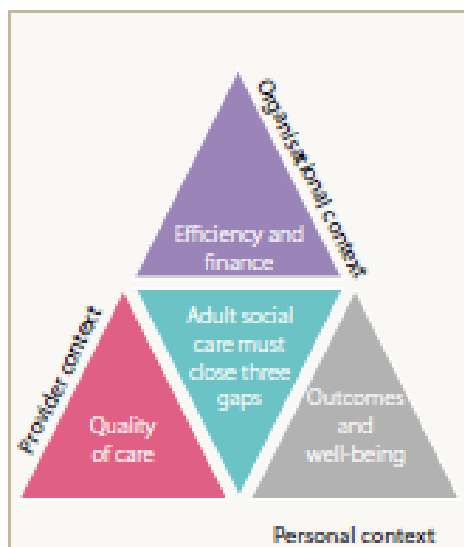
The Accommodation Strategy is an evolving dynamic document. The strategy has been developed in partnership and collaboration with a number of key stakeholders. Engagement with those key stakeholders highlighted a lack of reporting on achievements and accountability for partners and stakeholders in delivering against the strategic priorities. Therefore the following mechanisms will be built into the implementation and measuring impact of this strategy.

Delivery of the Accommodation Strategy will be monitored and governed by Kent County Council Strategic Commissioning team, with a communication strategy developed to report progress to Cabinet Members of Kent County Council (through the Social Care Cabinet Committee) and the Health and Wellbeing Board on an annual basis), and through Kent Housing Group on a more regular quarterly update basis.

Kent County Council and all relevant partners will come together to consider potential opportunities. These are going to be areas where there is potential to use the evidence base to reduce/increase or remodel existing provision, including working across local boundaries where appropriate. This may also include the identification of where services or accommodation solutions can be 'clustered', ensuring the provision of more services across more than one location and a more efficient commissioning process, or where there are potential opportunities in the availability of land for development that could help meet the strategic priorities of this strategy and the Council and key partners.

It may well be necessary to create project or task and finish groups from time to time in order to facilitate projects or work to progress against the strategic priorities of this strategy.

How will we know we are delivering the strategy?



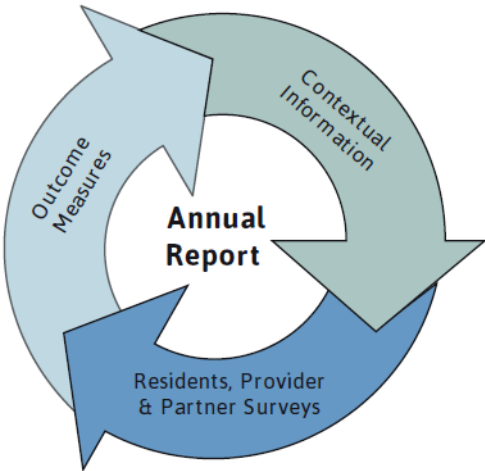
The Adult Social Care Strategy sets out a monitoring model that should be replicated within this strategy (see graphic to the left).

Three areas need to be monitored in relation to achievements against the strategic priorities:

1. Efficiency and Finance
2. Quality of Care
3. Outcomes and Well-being

Focussing on progress against the strategic priorities in this context will also ensure

translation across to the Adult Social Care Strategy and achievements toward the priorities there.



Collecting information in the following ways (also identified within the Adult Social Care Strategy) will again ensure data collection is happening in a co-ordinated way and able to be shared and jointly managed. The three domains for collecting information are set out in the following graphics and should feed into regular highlight reports and an annual progress update.

Outcomes Measures	We will base our identified in this financial measur that information
Contextual Information	We will draw on surveys by other evaluations of our progress in t
Residents, Provider & Partner Surveys	We will regularly partners across t understand wha do better

Appendices

Progress and Achievements

The following section details what progress has been achieved against the Strategy's goals and aspirations.

To review the progress of this strategy several engagement events were held including a variety of key stakeholders. A summary of the comments and achievements are included in the tables below.

Generic Adult Social Care	Progress Made (2018)
Responsible, flexible and integrated commissioning of services to respond to current and future need	An aspiration made in the original strategy. Commissioning has come together across Kent County Council and now housed within Strategic Commissioning, bringing together Public Health, Adults and Children's Commissioning. There is also an Integrated Commissioning Team working across Health and Social Care.
More people residing in accommodation that meets their individual accommodation and care and support needs, evidenced by cross agency needs assessments	<p>No evidence has been submitted or found that enables this to be answered. However, as Health and Social Care further integrates, this is an area that could be implemented and monitored more robustly.</p> <p>It was suggested that Housing with Care was currently being used to support a housing need as opposed to a social care need</p> <p>However, housing provision with care and care homes attract people with eligible needs and where a model of care provided is not in line with Kent County Council strategic direction, the consequences for Kent include increased numbers of empty units, out of County placements and increased resource pressure on all statutory services.</p>
More extra care housing, exploring the opportunities to develop mixed tenure models of extra care housing	<p>Extra Care Housing schemes of various mixes of tenures have been developed since 2014. The number of units available now is almost three times as many as when the strategy was launched. The development of these schemes does vary by District.</p> <p>The immediate requirement for Housing with Care varied from district to district i.e. there were long waiting lists in some areas and none in others. It was felt that this was related to differing operational practice, eligibility criteria and differences in understanding in relation to the purpose of this type of provision. GPs stated that they could readily identify candidates for Housing with Care.</p> <p>In phase one of the Care and Support Specialised Housing Fund (CaSSH) Kent was awarded £5,922,000, delivering 119 units across three schemes. Phase two funding delivered 34 units across one scheme. The</p>

	allocation of this funding was critical to meeting the objectives of this Accommodation Strategy, providing a long-term solution to housing and care needs, avoiding where possible unnecessary placements into residential care.
A greater focus on preventative services designed to keep people at home longer	<p>The numbers of residents supported through Community Services has significantly increased across all care groups since 2014 (OP = 30% / LD = 58% / PD = 93% / MH = 192%) though not all groups are showing as significant a decrease in care home placements (OP = 25% / LD = 12% / PD = 4% / MH = 5%)</p> <p>Need to consider and include isolation and loneliness and the benefits that Extra Care can bring to reduce this, affordability to the resident and the presence of care needs.</p>
Regular review of placements into care homes when this is the immediate appropriate accommodation solution	No evidence has been submitted or found that enables this to be answered. However, as Health and Social Care further integrates, this is an area that could be implemented and monitored more robustly.
Flexible business models in both care homes and housing to adapt to the need for short- and long-term re-enablement needs	
<div data-bbox="91 730 129 869" data-label="Page-Footer">Page 119</div> A range of housing options available for all the Adult Social Care client groups	<p>A range of housing options remains available for all Adult Social Care client groups</p> <p>Difficulties in introducing the right cohort to Housing with Care. Attendees noted that it is imperative to ensure schemes are attractive to the resident and that they can have the opportunity to own the property given the right means.</p>
A commitment to avoid isolation and ensure integration within a community	<p>Feedback from engagement with stakeholders would seem to indicate that this aspiration is not being met. Many developments are cited as being too remote from local amenities with little or poor transport links into main towns or services. This has led to an increased isolation of residents that are less mobile and unable to make journeys of too long a distance from where they live. Further consideration needs to be given for applications for developments and where they are located and what local amenities are nearby and or transport links.</p>
A commitment to review existing provision across all accommodation types, to re-model/develop to more specialised provision where required, undertaking cross agency needs assessments	<p>There have been reviews and recommissioning of Nursing and Residential Care for Older People, with the implementation of a new Dynamic Purchasing System.</p> <p>There has been a review and recommissioning of Housing Related Support Services.</p> <p>There is a current review of the future needs and aspirations for Extra Care Housing for Older People.</p> <p>There are reviews underway for the provision and commissioning of accommodation for residents with a Learning Disability, Mental Health issue or a Physical Disability.</p>

Innovative design and technology ready accommodation	Adult Social Care, before the Accommodation Strategy, was selective on the new care homes it supported based on alternative provision in the market at the cost of new developments with modern design standards. ASC will be actively encouraging new care homes for older people in an attempt to redress the balance of ageing provision.
Partnership working and delivery of accommodation solutions across District and Borough Council boundaries and Clinical Commissioning Groups	<p>Examples of delivery through partnership working can be found in some Districts (Ashford, Gravesham, Ebbsfleet).</p> <p>It is recognised that Housing with Care can play a pivotal role in reducing health costs through creating a community that has access to health services in one place. Health colleagues have highlighted difficulties in accessing capital funding, citing that it is easier to access revenue funding.</p>

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Older People (including Dementia)	Progress Made (2018)
Over-provision of residential care for general frailty	There has been an overall decrease in numbers of beds in Residential Care provision. The majority of provision is still focussed on general frailty.
Average size of a care home in Kent is 39 beds	Average size of care home (Nursing and Residential) in Kent is:
Under-provision of dementia nursing care	
Under-provision of extra care housing	<p>There has been a significant increase in Extra Care Housing. Given the population growth forecast, particularly in the over 65 age range, there is forecast to be need and demand. However, the picture differs across the Districts. Provision in Ashford is already over the forecast demand for 2037. All other Districts could benefit from development of Extra Care, Housing with Care or Care Ready housing.</p> <p>It was felt that Housing with Care should be aimed at 75+ (with exceptions allowed).</p>
Evidenced efficiencies through extra care housing	
Community hospital provision older and smaller not getting best value	
Inefficient rehabilitation and enablement model for intermediate care	

Learning Disability	Progress Made (2018)
Greater understanding of the care home market, although some homes are still not supported strategically by KCC	There has been considerable work undertaken to get a better understanding of the local care home market. The has been no change in the position regarding strategic support of care homes. However, a significant procurement exercise is due to be undertaken in the near future.
Other local authorities placing people in Kent providing issues for ordinary residence	The Care Act (2014) has resolved this issue in general – placing Local Authorities remain responsible for the individual wherever they are placed. However, this does impact on the Local Authority in terms of Safeguarding as it would fall on the responsibility of the Authority where the individual is living to deal with any safeguarding issues. This also impacts on health services and budgets, as the individual would most likely register with a local GP and therefore become the responsibility of the local CCG and not the CCG from where they came from.
Varying availability of supported accommodation	This position has not changed.
Need further progress in delivering more choice and availability of alternative provision to residential care	This position has not changed. Figures would suggest that there is less reliance now on residential care, and more people supported to live independently.
Needs of more complex individuals not clearly understood	There is some significant partnership working between Strategic Commissioning and Social Care Operational staff to fully understand the complexity and spectrum of needs, demands and behaviours in order to ensure a robust and successful procurement exercise in the near future.
Needs of people in residential care currently range from very low to very high	This position has changed through the Your Life, Your Home project. The current position is there are fewer in residential care with low needs. There remains a mix of low and high needs in residential care.
Reliance on in-patient facilities for people with LD and/or autism and people with mental health needs who display behaviour that challenges	
Autistic Spectrum Disorder (ASD)	Progress Made (2018)
Insufficient provision for those that challenge services	
Continued use of services for people with learning	

disabilities or mental health needs as a lack of alternative suitable services	
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Physical Disability	Progress Made (2018)
Some specialist residential provision across the County	Specialist provision remains limited across the county.
Varying waiting lists for DFG's across the County	This position remains unchanged.
Wide ranging needs of individuals difficult to predict	Of all Social Care client groups Physical Disabilities is the one group that forecasting and predicting need and demand is challenging. There are limited models and robust data in order to predict need and demand.
Specialist provision developed for access across the country means local provision is impacted	This position remains unchanged.

Mental Health	Progress Made (2018)
The market believes there is a need to develop more residential care, this is not supported strategically by KCC unless for complex/forensic	
Some interest from the market to develop large supported accommodation schemes, determined as more than 12 units, this is not supported strategically by KCC	
Supported accommodation with assured shorthold tenancies effectively working to progress people through services	

Market Position Statement

The figures and forecasts in the Market Position Statements (MPS's) are not designed to be targets for each Local Authority to deliver. The development of different accommodation and services will assist Kent County Council in meeting objectives in terms of the transformation agenda and efficiencies, in line with the vision of this Accommodation Strategy.

Kent County Council and its partners have a long history of delivering and developing innovative accommodation solutions across the spectrum of vulnerable people in Kent and will welcome any opportunity to continue this partnership working.

[Maps](#) have been developed by district and client group detailing the current supply of accommodation against deprivation. It is envisaged that these maps will be utilised and supported by SHAPE, an interactive mapping tool, to overlay with other services including GP provision and populations going forward.

Case Studies

HOLD – Home Ownership for People with Long-Term Disabilities

If you have a long-term disability, the HOLD scheme in England could help you buy any home for sale on a shared ownership basis (part-rent/part-buy). You could buy a share of your home (between 25% and 75% of the home's value) and pay rent on the remaining share.

You can only apply for the HOLD scheme if the homes available in the other shared ownership schemes don't meet your needs, e.g. you need a ground-floor home.

You could buy a home through the HOLD scheme if you have a long-term disability and meet the following criteria:

- your household earns £80,000 a year or less outside London, or your household earns £90,000 a year or less in London
- you are a first-time buyer, you used to own a home but can't afford to buy one now or are an existing shared owner looking to move.

Only military personnel will be given priority over other groups through government funded shared ownership schemes. However, Councils with their own shared ownership home-building programmes may have some priority groups, based on local housing needs.

Dementia Village Development - Dover

Funding has been secured from the Interreg 2 Seas programme (co-founded by the European Regional Development Fund) which is a 4-year project called CASCADE (Community Areas of Sustainable Care and Dementia Excellence in Europe). The project will see the construction of new facilities for the elderly and for people living with dementia and will create a Centre of Excellence for dementia sufferers across partner regions. Medway and Christ Church University are involved in Kent as well as Universities and Care Centres in Belgium, the Netherlands and France.

The dementia facility is a core element of the CASCADE project and will provide longer term and short-term respite care for people living with dementia which will fully engage with the local community. The wider project will be the basis for sharing research results, expertise and knowledge in dementia care for the future. It will support people to live well in therapeutic communities rather than hospitals.

12 Semi-detached 5-bedroom homes that were previously staff accommodation behind Buckland Hospital have been given over to this project and planning permission has been given. The development will provide houses for 5 people in each property, and a Community Centre, the whole area will be gated. The complex will be registered with CQC as a Nursing Home. A guesthouse with 6 rooms to facilitate tourism, where someone who has a relative with dementia could stay for a break whilst visiting the area is also planned.

The proposal is for the homes to be based on a non-risk averse culture where they can take advantage of technology to monitor e.g. sound technology which the carers will be aware by noise what is happening e.g. at night. The plan is to arrange the day around the person's preferences e.g. if they want to sleep in or have breakfast in the evening then that will be tailored to the individual hence with a view to keeping anxiety at a minimum. There will be diagnostic services as required and around the clock monitoring instead of acute care.

The centre is due to open in Aug/Sept 2019.

Ebsfleet Development Corporation

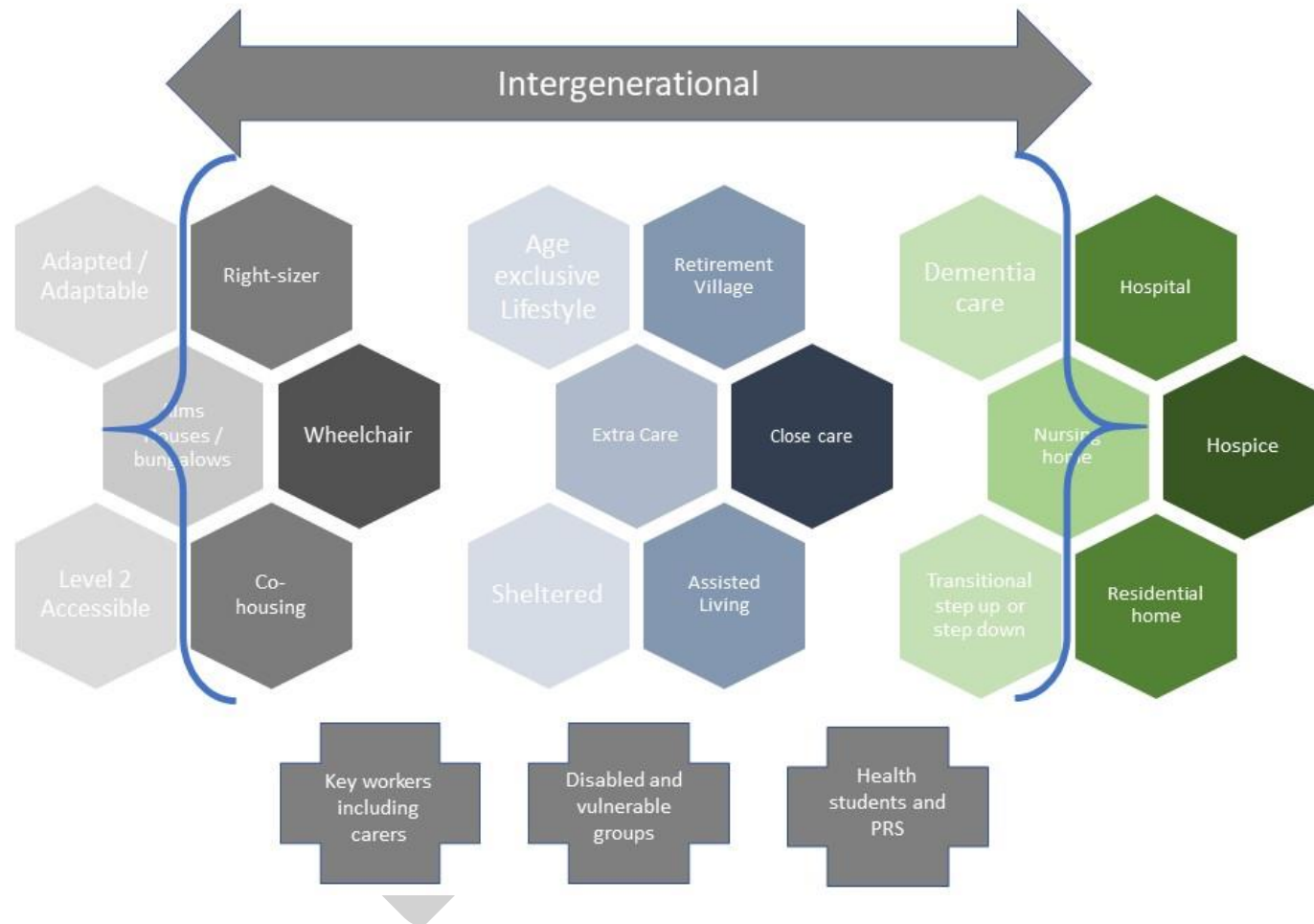
“Our Vision for the Garden City as a model development for the 21st Century has HEALTH at its heart including the delivery of an exemplar built environment, served by an innovative model of care services, where citizens are positively encouraged to embrace healthier lifestyles, through the use of our green and blue natural assets, which are open and available to ‘everyone’.”

The working title for the Ebbsfleet bid is, ‘The Health and Longevity Community Model.’

The aim of The Health and Longevity Community Model is to demonstrate that a strong and unified community framework (and the supporting tools which help realise and sustain it) can help its citizens live longer and healthier. And that this model can replicated anywhere to create local and global impact at scale.

Ebbsfleet has already made a name for itself as one of the leading innovators in the NHS's Healthy New Towns programme. Many initiatives have been successfully tested and tried within Ebbsfleet, demonstrating real success in increasing the wellbeing, connectivity and health of its residents. Being chosen to be part of the industrial challenge around healthy ageing, would allow Ebbsfleet to build upon the success of the Healthy Towns foundational activities and to further develop its emerging community model as a way of increasing the health and longevity of all its older residents.

The diagram below shows how Ebbsfleet is looking at and building in an intergenerational approach to the development.



References and Links to other strategies

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

Strategic Kent Documents:

Increasing Opportunities, Improving Outcomes

www.kent.gov.uk/_data/assets/pdf_file/0005/29786/Kent-County-Council-Strategic-Statement.pdf

Facing the Challenge: Delivering Better Outcomes

www.kent.gov.uk/about-the-council/strategies-and-policies/corporate-policies/facing-the-challenge

Your Life Your Wellbeing:

www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/your-life-your-wellbeing

Kent County Council – Adult Social Care Local Account:

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

Better Housing for Better Health, Kent Public Health Report 2016:

www.kent.gov.uk/about-the-council/strategies-and-policies/health-policies/annual-public-health-report

Kent and Medway Housing Strategy

www.kent.gov.uk/Documents/community-and-living/Regeneration/KFHS%20Refresh%20FINAL.pdf

Kent and Medway Sustainability and Transformation Partnership:

kentandmedway.nhs.uk/stp/

Accessible Housing Strategy:

www.kent.gov.uk/Documents/council-and-democracy/policies-procedures-and-plans/policies/accessible-housing-strategy.pdf

Valuing People Now:

www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/making-valuing-people-now-happen-in-kent

Kent Learning Disability Partnership Board:

www.kentldpb.org.uk/areas/19-kent-partnership-board/index.php

Mental Health Live It Well Strategy:

www.kent.gov.uk/social-care-and-health/health/health-and-public-health-policies/live-it-well-strategy

Looked-after Children and Care Leavers Strategy:

www.kent.gov.uk/search?mode=results&queries_keyword_query=sufficiency+strategy

Children in Care Sufficiency Strategy:

www.kent.gov.uk/search?mode=results&queries_keyword_query=sufficiency+strategy

KCC Sufficiency Strategy:

www.kent.gov.uk/Documents/childrens-social-services/children-in-care/KCC%20Sufficiency%20Strategy%202013-2015.pdf

Kent Housing Group Reports:

Better Homes: Accessible Housing Framework

www.kenthousinggroup.org.uk/uploads/PandDProtocolFinalNov13.pdf

Better Homes: Housing for The Third Age:

www.kenthousinggroup.org.uk/uploads/OPFrameworkFINAL2.pdf

Housing Mind the Gap:

www.kenthousinggroup.org.uk/assets/uploads/2016/07/ThinkHousingFirstNov13-Final.pdf

National Agency Reports / Websites:

Homes England– Affordable Housing Programme 2015-18:

www.homesandcommunities.co.uk/ourwork/affordable-homes-programme-2015-18

Homes England - Shared Ownership and Affordable Homes Programme 2016-2021

www.gov.uk/government/publications/shared-ownership-and-affordable-homes-programme-2016-to-2021-prospectus

Closing the Gap (Mental Health):

www.gov.uk/government/publications/mental-health-priorities-for-change

Better Care Fund:

www.gov.uk/government/publications/better-care-fund

Transforming Care Programme:

www.england.nhs.uk/learning-disabilities/care/

Housing Learning and Improvement Network:

www.housinglin.org.uk/

Sight Loss, Home and the Built Environment

www.housinglin.org.uk/Topics/browse/sight-loss-home-the-built-environment/

HAPPI 3 Report – Housing our ageing population: Positive Ideas. Making Retirement Living a Positive Choice (2016).

HAPPI 4 Report – Rural Housing for an Ageing Population: Preserving Independence - The Rural HAPPI Inquiry (2018).

www.housinglin.org.uk/assets/Resources/Housing/Support_materials/Other_reports_and_guidance/HAPPI-4-Rural-Housing-for-an-Ageing-Population.pdf

More Choice, Greater Voice:

https://www.housinglin.org.uk/assets/Resources/Housing/Support_materials/Reports/MCGVdocument.pdf

The House of Commons, Communities and Local Government Committee published a report in February 2018, ***'Housing for older people'***

Building for the baby boomers: Making a housing market for an ageing population. Policy Exchange 2018

PROJECTED DEMAND FOR SUPPORTED HOUSING IN GREAT BRITAIN 2015 TO 2030 Raphael Wittenberg And Bo Hu. Economics Of Health And Social Care Systems Policy Research Unit. March 2017

Yu-Tzu Wu A. Matthew Prina Linda E. Barnes Fiona E. Matthews Carol Brayne MRC CFAS, Relocation at older age: results from the Cognitive Function and Ageing Study, Journal of Public Health, Volume 37, Issue 3, 1 September 2015, Pages 480–487, <https://doi.org/10.1093/pubmed/fdv050>

Glossary

Affordable Housing	Housing either for sale or rent, or a combination, at below current market values provided to specified eligible households whose needs are met by the market. Typically, it takes the form of low-cost home ownership or below market rent.
Better Homes: Accessible Housing	Kent-wide Framework developed by the Kent Housing Group and Joint Policy and Planning Board to help facilitate and enable the delivery of high-quality housing for people in Kent and Medway that have a physical and/or sensory disability.
Better Homes: Housing for the third age	Kent-wide Framework developed by Kent Housing Group and Joint Policy and Planning Board to help facilitate and enable the delivery of high quality, aspirational accommodation for older people.
Care and Support Fund	The main aim of the fund is to support and accelerate the development of the specialised housing market, particularly at a time when the wider economic factors may place limitations on the growth of this market.
Care Home	A residential setting where people live, usually in single rooms, and have access to on-site care services. A home registered simply as a care home will provide personal care only, help with washing, dressing and giving medication. Some care homes are registered to meet a specific care need, for example dementia or terminal illness.
Care Act	A reform of the law relating to care and support for adults, the law relating to support for carers, to make provision about safeguarding adults from abuse or neglect and to make provision about care standards.
Care Ready	Housing designed with the needs of older people in mind and with the opportunity to access varying levels of care and support available locally, that can be delivered in the home to support independent living. Must be designed to HAPPI standards. Different to Extra Care Housing as care not necessarily on site 24/7.
Clinical Commissioning Group (CCG)	NHS organisations set up by the Health and Social Care Act 2012, to organise the delivery of NHS services in England.
Community Right to Challenge	Enables communities to challenge to take on local services that they feel they can run differently and better.
Enhanced Sheltered Housing	The provision of Sheltered accommodation where the resident has access to an on-site warden 24/7 to call upon in an emergency. This warden is not a carer able to undertake personal care tasks.
Extra Care Housing	In general terms, extra care housing is related to sheltered housing but with higher level support and care to help residents live independently (for example where the likely alternative might be a residential care home) and could include: - adaptable accommodation above Lifetime Home standards so the accommodation changes with the needs of the individual (i.e. able to take ceiling track hoists, fully wheelchair accessible with adjustable height kitchen design)

	<ul style="list-style-type: none"> - access to at least one hot meal a day through communal dining whether through full restaurant or bistro café design, depending on local facilities in the area - access to personal care services 24 hours a day, either on site or within a reasonable response time - flexible care provision with ability to meet an individual's night time needs as well as emergency or 'checking in' service - means-tested charges for care including a charge for 24-hour background support (Wellbeing Charge) - access via a panel process with an over-riding nominations agreement between partners.
Homes England	Homes England is the new housing agency for England, launched in January 2018, the successor of the Homes and Communities Agency, with the purpose of boosting housing delivery.
Housing Needs Assessment	Studies by local housing authorities to assess future local housing requirements, particularly in relation to affordable housing.
Housing with Care	Care Housing is also known as very sheltered housing , assisted living, or simply as ' housing with care '
Kent Housing Group (KHG)	Kent-wide forum to represent the collective voice of Kent's housing bodies.
Lifetime Homes Standards	A set of 16 design criteria that provide a model for building accessible and adaptable homes.
Local Housing Authorities	Authorities with direct responsibility for delivering housing within their area. In Kent this is the Districts and Boroughs.
Local Housing Strategy	Statutory document produced by local housing authorities setting out their future local housing priorities, including key housing issues such as affordable housing and property condition.
Local Planning Authorities	Authorities with direct responsibility for delivering planning within their areas. In Kent, this is the District and Boroughs.
Ministry for Housing, Communities and Local Government (MHCLG)	Government Department that sets policy on supporting local government communities and neighbourhoods, regeneration, housing, planning, building the environment and fire.
Nursing Care	NHS-funded nursing care is care provided by a registered nurse, paid for by the NHS, for people who live in a care home.
Personalisation Agenda	Individuals will receive their own budget and can decide how, who with and when they want to spend that budget, in order to meet their needs and achieve their desired outcomes.
Private Developments	Self-contained properties normally privately owned. On-site care or support services are not provided. Larger developments may include shops and recreational facilities. Residents can buy in care if they require it.
Residential and Nursing Care	Individual rooms within an overall care home, where there is a weekly charge either to the individual, the local authority or both. Care homes provide the highest level of on-site care and support, both for personal care and for nursing needs if required. Some care homes specialise in particular types of illness, such as dementia.

Respite Care	Temporary care that provides relief for the permanent care giver.
SHAPE	SHAPE is a web-enabled, evidence-based application which informs and supports the strategic planning of services and physical assets across a whole health economy.
Shared Equity	Scheme whereby a person buys a property using a low-cost loan provided by the government, which buys the government a stake in the equity of the property.
Shared Ownership	Form of low-cost home ownership, whereby a person buys a share of their home and pays a rent on the remaining share.
Sheltered Housing	Sheltered housing is housing designated for occupation mainly by over-55s with low-level care and support needs. The majority of residents are above the state pension age, but some are of working age. Their needs are at least in part met by extra housing facilities and services available to residents. This support could be either physical (getting in and out of the property) and/or emotional/mental (emergency help or assurance). Features of a sheltered unit might include: 24-hour emergency help (alarm system); Warden present some of the time; some communal facilities, i.e. lounge, restaurant, laundry, garden; rooms available for outreach services; often accessible buildings designed for communal purposes.
Social Care	Provision of social work, personal care, protection or social support services to children or adults in need or at risk, or adults with needs arising from illness, disability, old age and/or poverty.
Social Innovation Lab for Kent (SILK)	Social Innovation Lab for Kent was set up in 2007, with two central tasks. First, to provide a creative, challenging environment for a wide range of staff to work together on some of the toughest challenges the County faces and second, through drawing upon cutting edge practice in the sectors of business, design and the social sciences. SILK set out to embed a way of working across the Council that puts people – citizens – at the centre.
Strategic Housing Market Assessment (SHMA)	A cross-boundary study of the operation of Housing Market Areas.
Supported Housing	Accommodation provided to vulnerable people assessed by the local authority as being in need of residential care.
Telecare	Innovative technology project piloting the use of specialised equipment to help people in Kent with chronic diseases to better manage their own health needs.

Accommodation Strategy 2019



**Five years on...
a renewed strategy**

Simon Mitchell
Strategic Commissioning

2014 Strategy Overview



- Right beds in the right place
- Increase in extra care housing
- Increase in dementia specific care homes
- Increase in nursing homes
- Increase in supported accommodation
- Less reliance on care homes

The outcomes of the Strategy?

Feedback from engagement with Stakeholders:

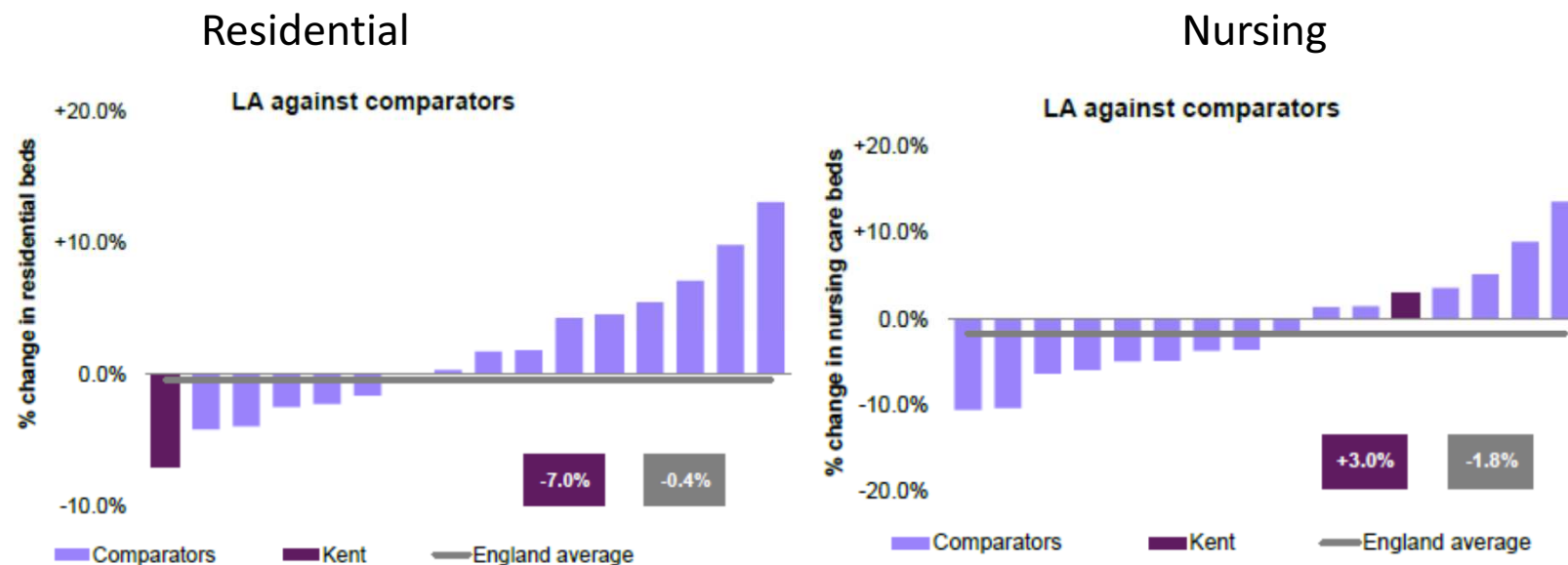
Positive

- Useful as a reference point to set priorities for Districts, Providers and Developers

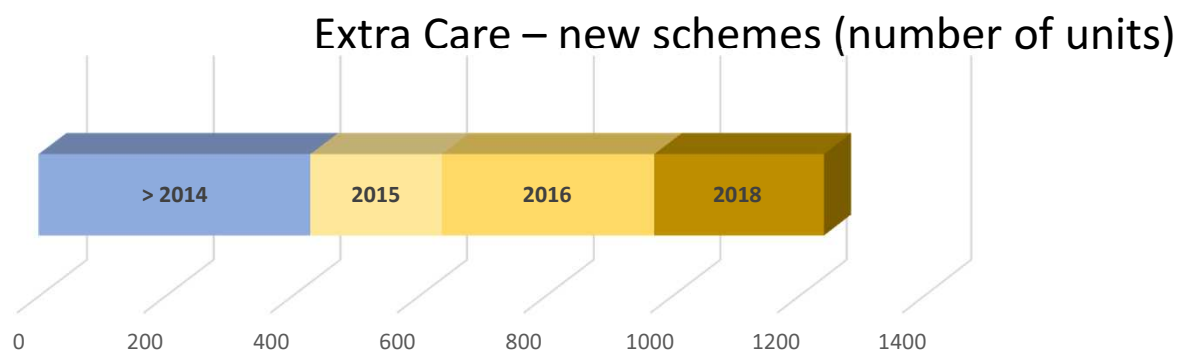
Negative

- Too focused on older people – minimal impact for people with disabilities
- Varying degrees of impact across county in furthering / development of Extra Care Housing

What do we know has changed?

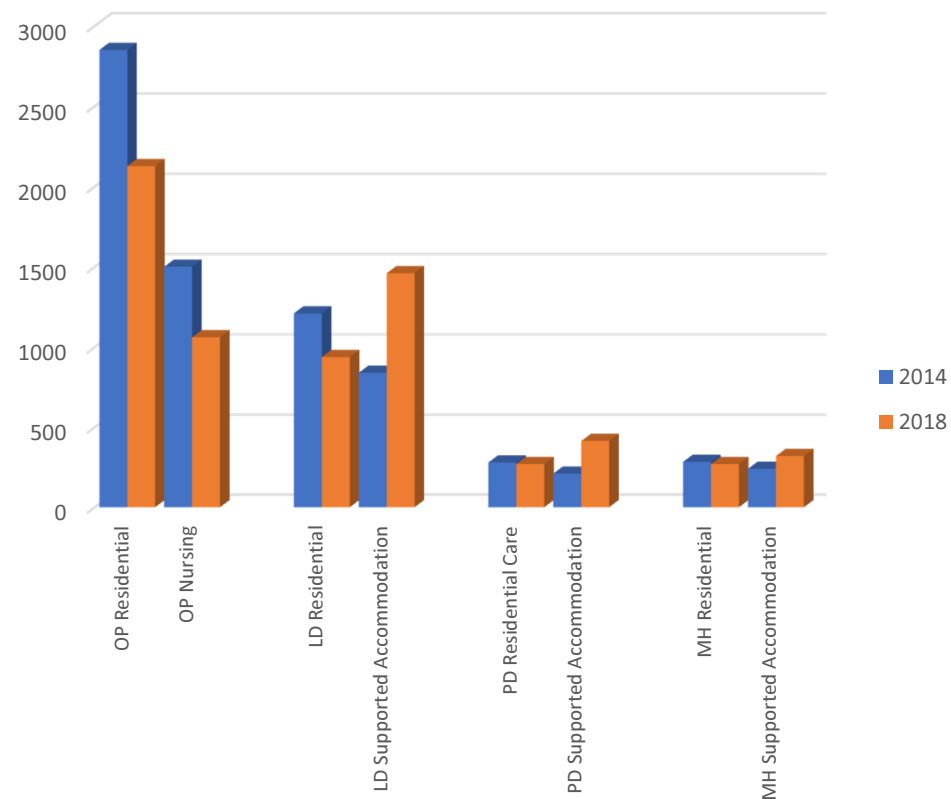


The charts above represent the total number of beds available in the county (not the number of placements)

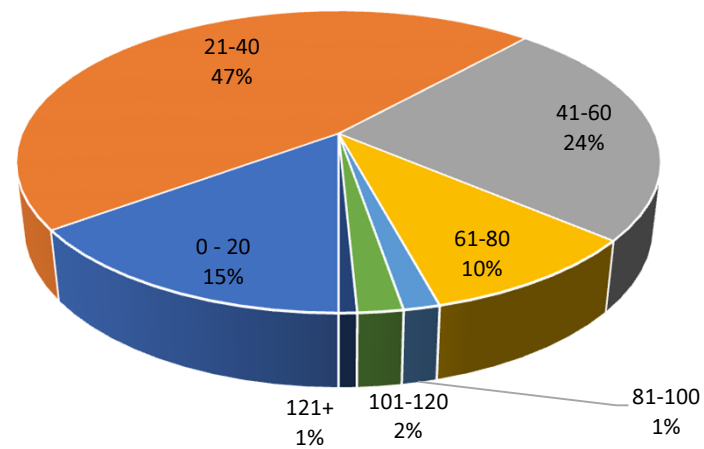
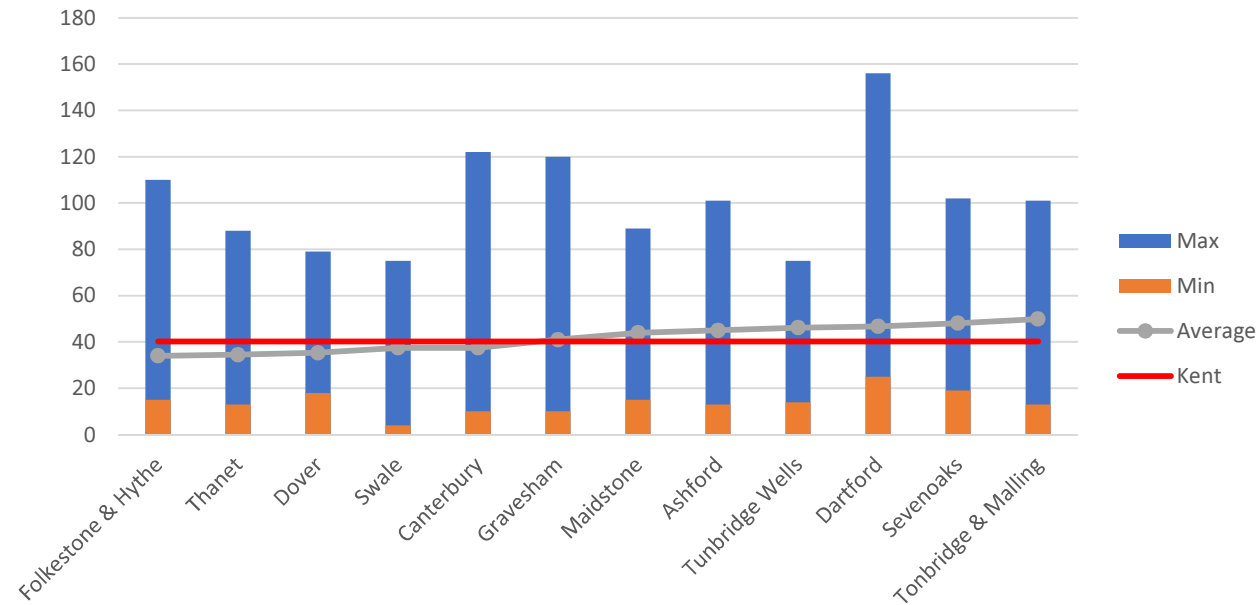


What we know has changed

Older People:	2014	2018	Travel
Residential Care	2850	2127	↓
Supported accommodation/extra care	260	785	↑
Community Service	6870	8970	↑
Nursing	1500	1061	↓
Learning Disability:			
Residential Care	1210	938	↓
Supported accommodation	840	1460	↑
Community Service	1720	2720	↑
Adult Placement	110	184	↑
Physical Disability:			
Residential Care	280	270	↔
Supported accom	210	414	↑
Community Service	1300	2510	↑
Mental Health:			
Residential Care	283	270	↔
Supported accommodation	240	320	↑
Community Service	130	510	↑



What we know has changed

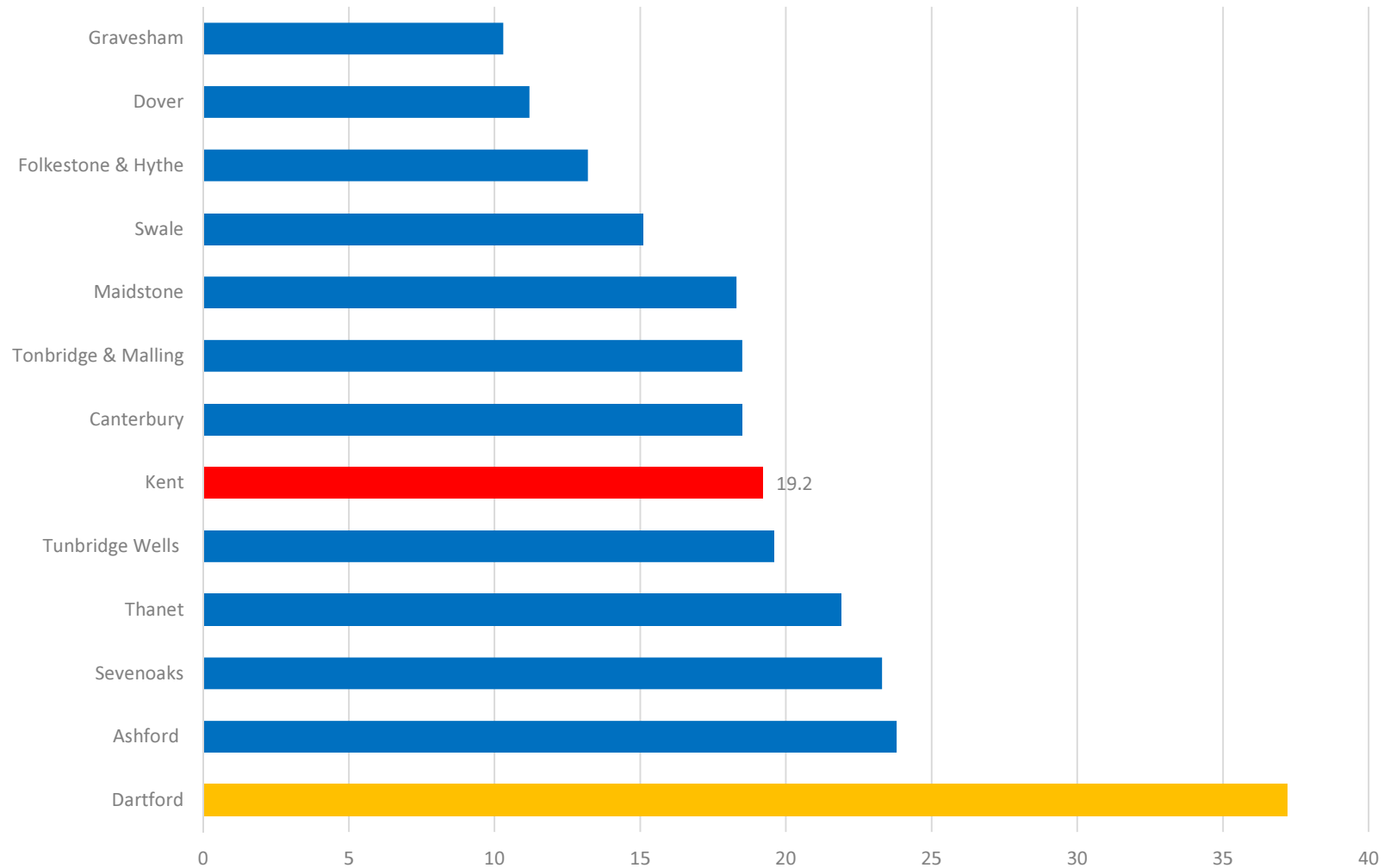


Performance against the Outcomes

- Right beds in the right place
 - ❖ A number of varying factors across the County by District and Care Group
- Increase in extra care housing
 - ✓ Yes. Since 2014 almost 1000 Extra Care homes have been completed
- Increase in dementia specific care homes
 - ❖ More care homes catering for those with Dementia – though not specifically a care home for those with Dementia.
- Increase in nursing homes
 - ✓ Yes. As the CQC data shows the total number of Nursing beds available has increased
- Increase in supported accommodation
 - ✓ Yes. There has been an increase in Supported Accommodation
- Less reliance on care homes
 - ✓ Yes. As the KCC data shows there has been a steady decline in the number of people placed in residential or nursing care homes

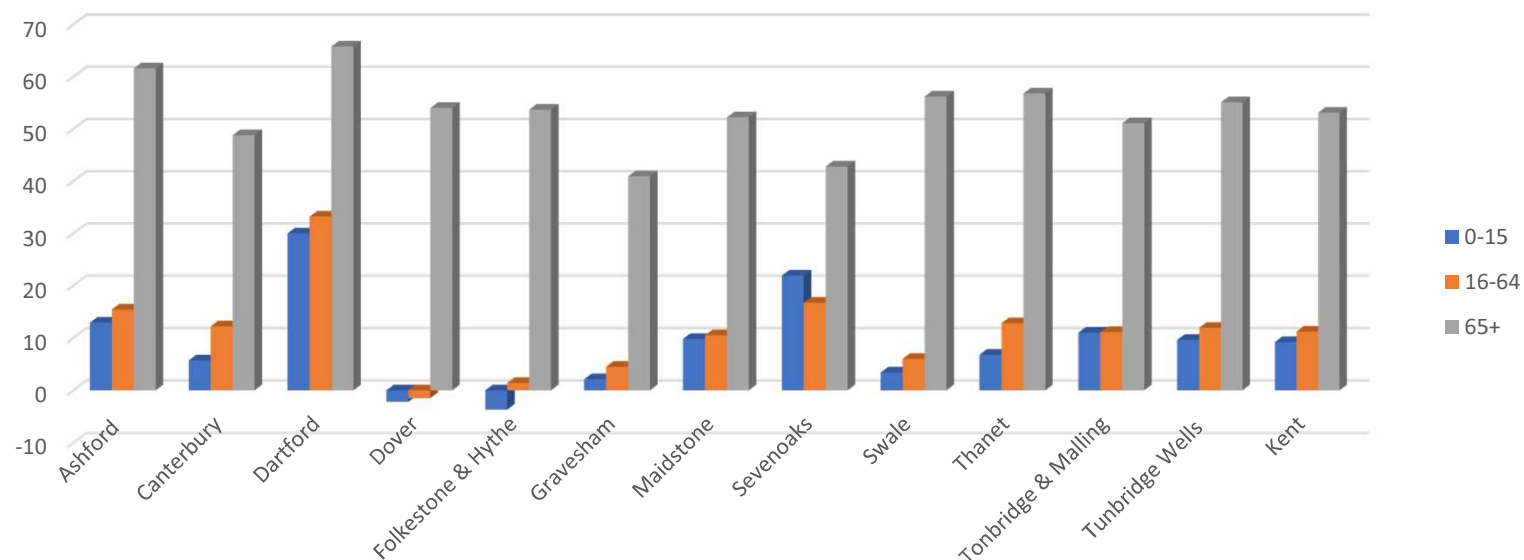
What we forecast will change...

Forecast Percentage growth in population from 2017 to 2037

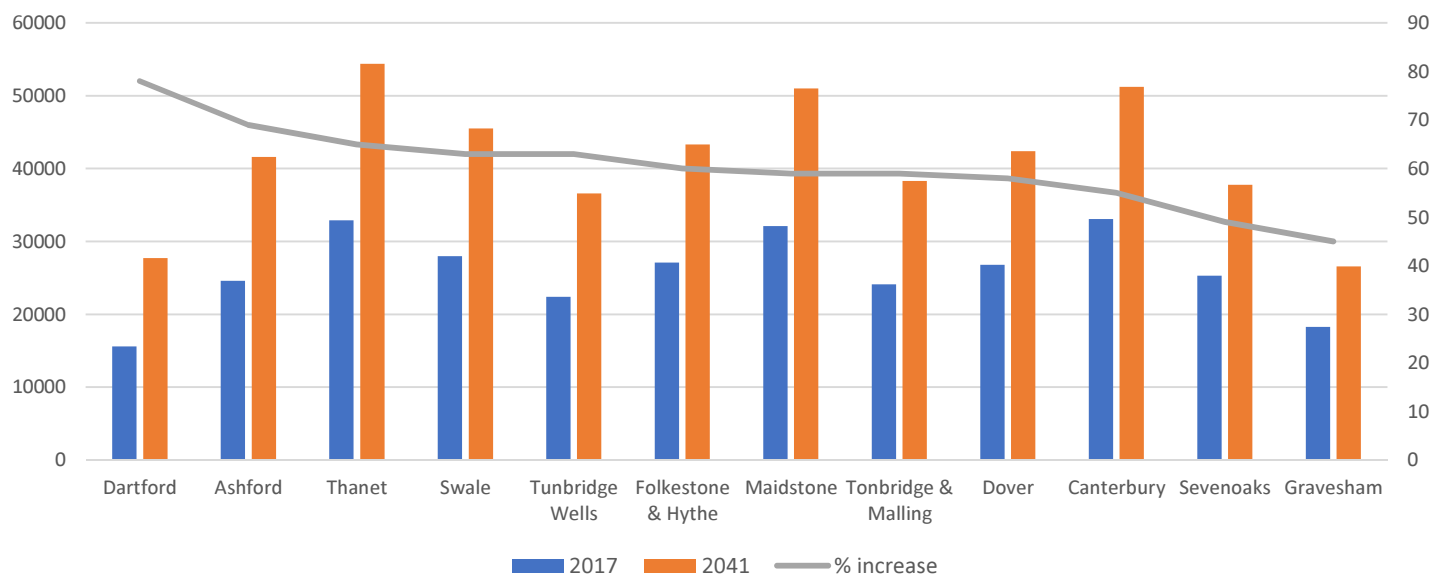


What we forecast will change...

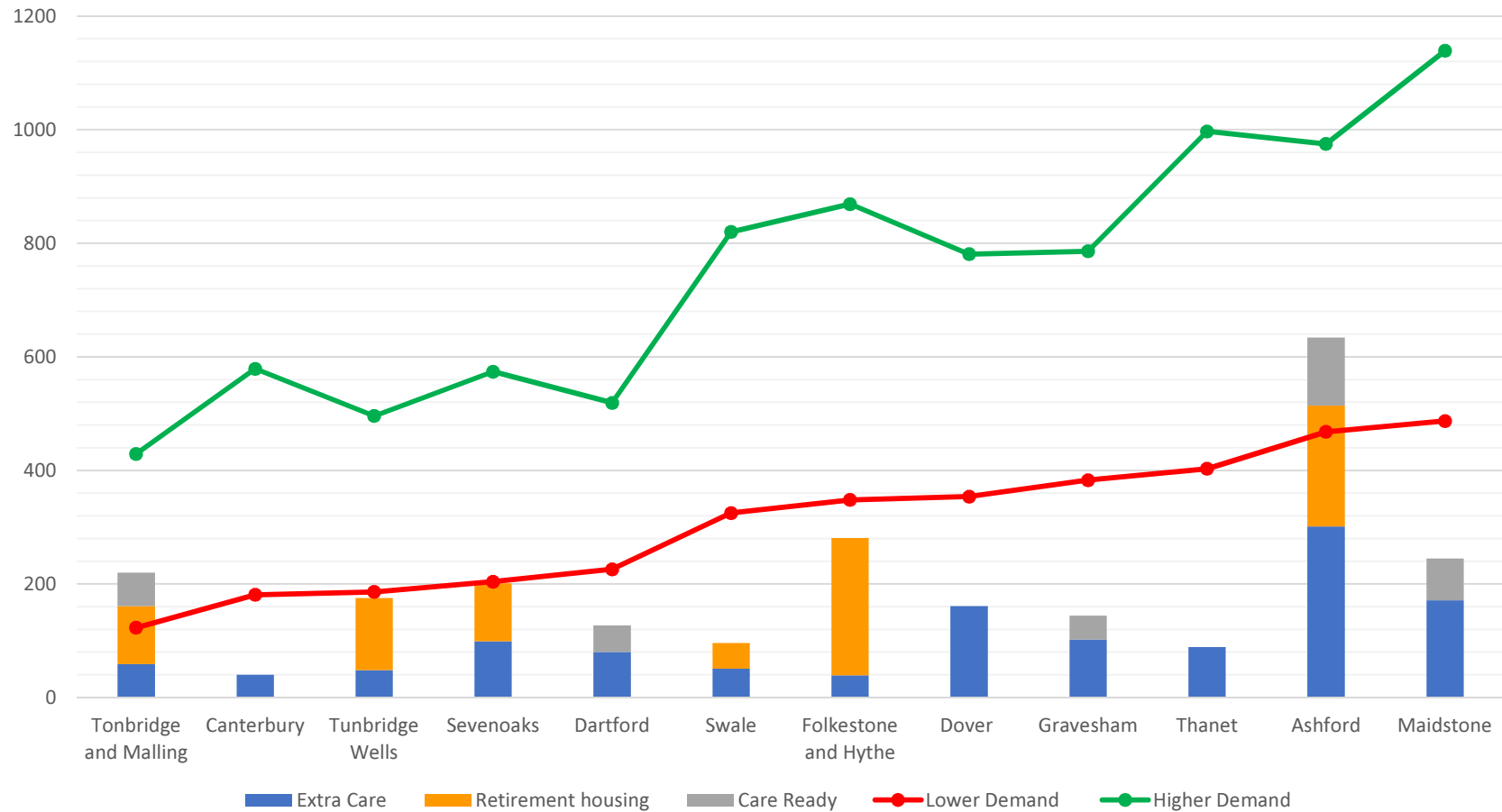
Percentage Population change (2017-2037) by District and Age Group



Older People Population increase (2017 to 2041)



What we forecast will change...



Proposed Future Strategic priorities

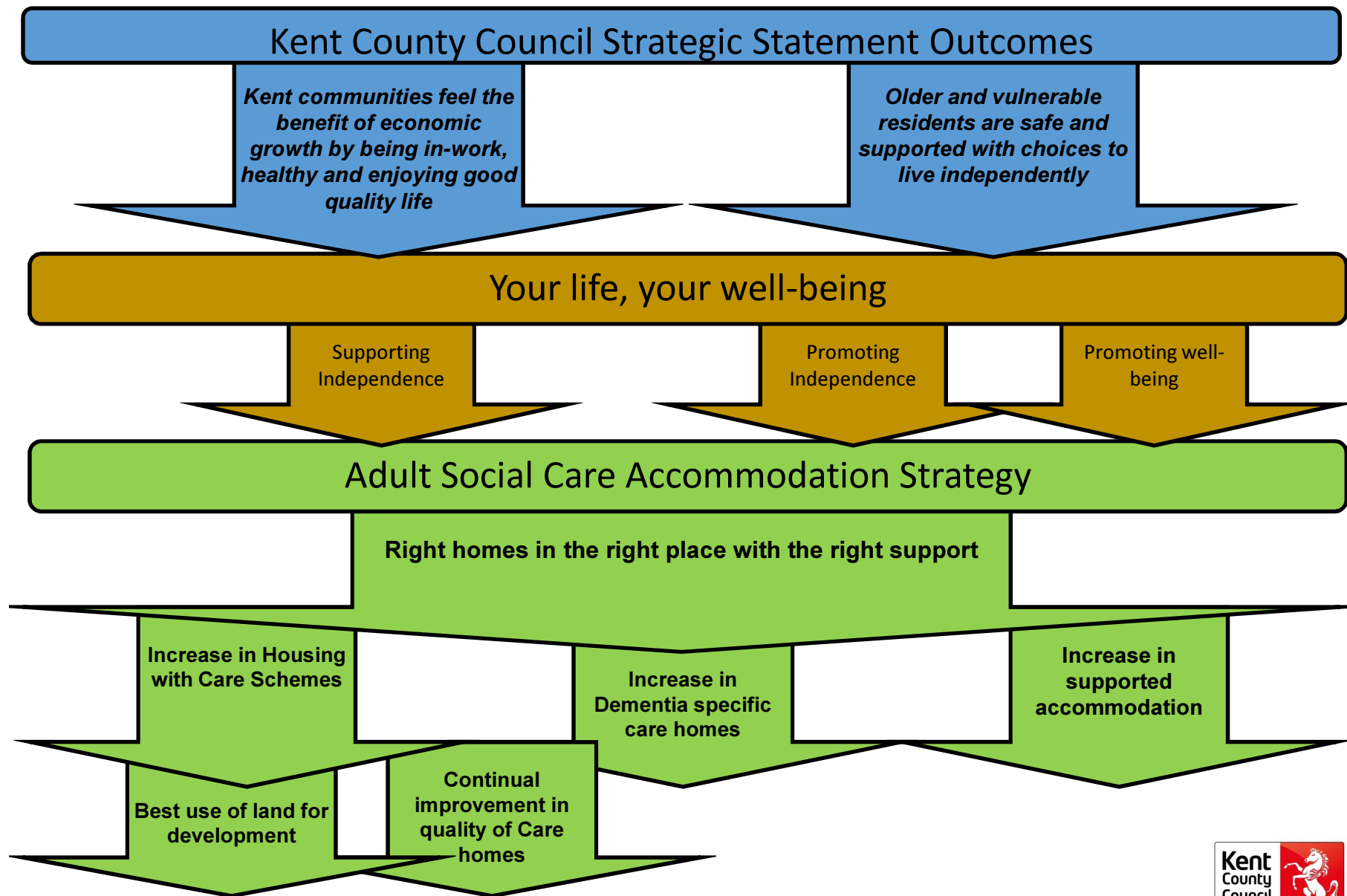
2019 – proposed

- Right **homes** in the right place **with the right support**
- Increase in **housing with care schemes**
- Increase in dementia specific care homes
- Increase in supported accommodation
- **Work with the market to foster continual improvement in the quality of nursing and residential care homes**
- **Make best use of Land availability for developments of housing that meet the strategic priorities of this strategy**

2014

- Right beds in the right place
- Increase in extra care housing
- Increase in dementia specific care homes
- Increase in supported accommodation
- Increase in nursing homes
- Less reliance on care homes

Future priorities / strategic outcomes?



Implementing the new strategy

Need to build in accountability for all stakeholders in delivering the new strategy.

- *Strategy needs to be overseen and owned by a stakeholder body, that takes quarterly and annual reports of delivery against the strategic outcomes.*



Simon Mitchell
Strategic Commissioning

From: Ben Watts, General Counsel

To: Adult Social Care Cabinet Committee – 17 July 2019

Subject: Work Programme 2019/20

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 2019/20.

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 2019/20

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 2019/20.

6. Background Documents

None.

7. Contact details

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Adult Social Care Cabinet Committee - Work Programme 2019/20

ASC Cabinet Committee meeting dates	Key Decisions	Commissioning Items/Contract Monitoring	Developing Issues	Members' interests/suggestions	Standing Items/Annual Items
27-Sept-19	Wayfarers Care Home Local Account	Update on Assessment and Rehabilitation Services – Progress report Update on ASC and Health Being Digital Strategy 2019-2021 Community Based Welling Service Contract Update Disability Residential Services Update	Adult Social Care Green Paper	Social Care Apprenticeships	Verbal Updates by Cabinet Member and Corporate Director Work Programme 2019/20 Annual Complaints Report
27-Nov-19		Update on DoLS Performance Dashboard Sensory Strategy Update Update on progress against British Deaf Association of British Sign Language Pledges Outcome of consultation on Minnis Day Centre Update on Partnership			Verbal Updates by Cabinet Member and Corporate Director Work Programme 2019/20

		<p>Arrangements for the Provision of Mental Health Social Care and Health Services in Kent (19/00011)</p> <p>Strategic Delivery Plan Monitoring (<i>6-monthly item requested by Corporate Board in July 2019</i>)</p>			
16-Jan-20	Rates Payable and Charges Levied for Adult Social Care	Corporate Risk Register			<p>Verbal Updates by Cabinet Member and Corporate Director</p> <p>Work Programme 2020/21</p>
27-Mar-20		Performance Dashboard			<p>Verbal Updates by Cabinet Member and Corporate Director</p> <p>Work Programme 2020/21</p>

22-May-20		Strategic Delivery Plan Monitoring (<i>6-monthly item requested by Corporate Board in July 2019</i>)			Verbal Updates by Cabinet Member and Corporate Director Work Programme 2020/21
Future items	<ul style="list-style-type: none"> Process for indexation of contracts (C Maynard) 				

Updated on: 9th July 2019

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