SCRUTINY COMMITTEE

Tuesday, 17th May, 2022

2.00 pm

Council Chamber, Sessions House, County Hall, Maidstone

Kent County Council
kent.gov.uk

AGENDA

SCRUTINY COMMITTEE

Tuesday, 17th May, 2022, at 2.00 pm
Council Chamber, Sessions House, County Hall, Maidstone

Ask for: **Anna Taylor**
Telephone: **03000 416478**

Membership

Conservative (10):	Mr A Booth (Chairman), Mr P V Barrington-King (Vice-Chairman), Mrs R Binks, Mr N J Collor, Mr G Cooke, Mrs S Hudson, Mr D Jeffrey, Mr R C Love, OBE, Mr H Rayner and Mr O Richardson
Labour (1)	Dr L Sullivan
Liberal Democrat (1):	Mr A J Hook
Green and Independent (1):	Mr P Stepto
Church Representatives (3):	Mr J Constanti, Mr M Reidy and Mr Q Roper
Parent Governor (2):	Mrs K Moses, vacancy

County Councillors who are not Members of the Committee but who wish to ask questions at the meeting are asked to notify the Chairman of their questions in advance.

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UNRESTRICTED ITEMS
(During these items the meeting is likely to be open to the public)

A - Committee Business

A1   Introduction/Webcast Announcement

A2   Membership

To note Mr Godin is no longer one of the Parent Governor Representatives on the Scrutiny Committee.

A3   Apologies and Substitutes

A4   Declarations of Interests by Members in items on the Agenda for this Meeting

A5   Minutes of the meeting held on 20 April 2022 (Pages 1 - 4)

B - Any items called-in

B1   Call-in - 21/00091 - Making a Difference Every Day: Our Strategy for Adult Social Care in Kent, 2022 - 2027 (Pages 5 - 56)

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

Monday, 9 May 2022

KENT COUNTY COUNCIL

SCRUTINY COMMITTEE

MINUTES of a meeting of the Scrutiny Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Wednesday, 20 April 2022.

PRESENT: Mr A Booth (Chairman), Mr P V Barrington-King (Vice-Chairman), Mrs R Binks, Mr N J Collor, Mr G Cooke, Mrs S Hudson, Mr D Jeffrey, Mr R C Love, OBE, Mr H Rayner, Dr L Sullivan, Mr A J Hook and Mr P Stepto

ALSO PRESENT: Mr D L Brazier (Cabinet Member for Highways and Transport), Mrs S Chandler (Cabinet Member for Integrated Children's Services) and Mrs S Prendergast (Cabinet Member for Education and Skills)

IN ATTENDANCE: Mr S Jones (Corporate Director for Growth, Environment and Transport), Mr B Watts (General Counsel), Mr P Lightowler (Interim Director of Transportation), Mr C Chapman (Head of Fair Access), Mrs A Taylor (Scrutiny Research Officer) and Mr M Dentten (Democratic Services Officer)

IN VIRTUAL ATTENDANCE: Mr O Richardson

UNRESTRICTED ITEMS

39. Declarations of Interests by Members in items on the Agenda for this Meeting
(Item A3)

No declarations were made.

40. Minutes of the meetings held on 8 March and 23 March 2022
(Item A4)

RESOLVED that the minutes of the meetings held on 8 March and 23 March 2022, subject to the addition of Mrs Binks as a virtual attendee in the 23 March minutes, were an accurate record and that they be signed by the Chairman.

41. Future meeting dates
(Item A5)

RESOLVED that the following future meeting dates be noted:

Wednesday 21 September 2022 - 2pm
Thursday 11 October 2022 - 10am
Thursday 24 November 2022 - 10am
Wednesday 7 December 2022 - 2pm
Wednesday 25 January 2023 - 2pm
Thursday 23 February 2023 - 10am
Thursday 20 April 2023 - 10am
Tuesday 6 June 2023 - 10am
Wednesday 19 July 2023 - 2pm

42. SEND Transport Update
(Item B1)

1. The Chairman introduced the item and invited the Cabinet Members to provide an update on developments relating to the provision of SEND home to school transport since the last Scrutiny Committee meeting.

2. Mr Brazier confirmed that all children affected by the retender of SEND transport services had been provided with transport. He reminded Members that daily situation reports were shared with internal stakeholders in the Growth, Environment and Transport (GET) and Children, Young People and Education (CYPE) directorates and included information on the number of outstanding complaints. He reassured the Committee that KCC's provision of SEND transport was now operating in a business-as-usual capacity. Mrs Prendergast confirmed that she had continued to meet with Kent Parents and Carers Together (PACT) on a weekly basis, in order to understand ongoing concerns, and concurred with Mr Brazier that the service was in a business-as-usual position.

3. Mr Jones gave an overview of the number of children awaiting an allocation of transport who had entered the system following the retender of the service, which stood at 1 added in January and 3 added in February. He confirmed that over 5,600 children with SEND had Council provisioned home to school transport. In relation to correspondence, he reassured Members that all parents and carers had been contacted throughout the process, with 10 cases ongoing.

4. The Committee were provided with a copy of Internal Audit's Terms of Reference for their SEND Transport Lessons Learnt Review. Members raised their concern that the document had been shared on the day of the meeting, Mr Watts explained that the document was finalised on 19 April and circulated to Members at the earliest opportunity.

5. Mr Watts provided an update on the Internal Audit SEND Transport Lessons Learnt Review. He verified that the Terms of Reference had been published on kent.gov.uk. Concerning consideration of the Review's findings, he confirmed that they would be reported to the Governance and Audit Committee initially. He noted that the Head of Internal Audit had continued to meet regularly with Kent PACT. He emphasised that the Head of Internal Audit had developed the Terms of Reference independently.

6. A Member asked that the Terms of Reference include consultation with schools and teachers in addition to the Consultation Process with Parents, Carers and Kent PACT already detailed in section 2.3. Mr Watts agreed to share the suggestion with the Head of Internal Audit, though emphasised their independent prerogative to decide on the contents.

7. A Member asked whether the transport in place was suitable and took account of each child's individual needs. Mr Jones confirmed that transport suitability

was decided based on the information in a child's Education, Health and Care Plan. He reassured the Committee that there had been dialogue with parents where transport had been adapted, including where operators had issues with drivers, fuel or vehicles. He stressed that the child's needs were the main priority whenever changes to transport were considered on a temporary or permanent basis. Mr Lightowler recognised that there had been some discrepancies where operators had used different vehicles to those commissioned, due to capacity issues, with KCC Transport minimising the impact on children where possible. Mr Chapman added that Fair Access had managed changes based on developments in individual requirements, in line with statutory guidelines. He noted that there had been broad parent and carer satisfaction where changes had occurred recently.

8. In response to a question from a Member, Mr Lightowler confirmed that no significant changes in SEND transport arrangements had occurred at the start of the easter term.

9. A Member asked if there had been a decrease in the number of SEND children using alternative transport arrangements. Mr Chapman confirmed that approximately 400 personal transport budgets were funded by KCC, which represented an increase of 90 over the previous 6-month period.

10. A Member asked what initial measures had been put in place to mitigate against the impact of transport disruptions on children's educations. Mrs Prendergast agreed to circulate information to the Committee following the meeting outlining the education response and measures implemented.

11. Following a question from a Member, Mr Watts confirmed that the precise timeframe of the Review had yet to be established and that once it was known Members would be informed, with future Review developments reported principally to the Governance and Audit Committee.

12. The Chairman asked that any questions from Members related to the Internal Audit Review Terms of Reference be sent to the Scrutiny Research Officer, in order that they may be collated and sent to the Monitoring Officer and Head of Internal Audit, with the respective answers shared with all members of the Committee.

RESOLVED that the update be noted.

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By: **Anna Taylor – Scrutiny Research Officer**

To: **Scrutiny Committee – 17 May 2022**

Subject: **Call-in of Decision 21/00091 – Making a Difference Every Day: Our Strategy for Adult Social Care in Kent, 2022 – 2027**

Background

1.   The proposed Strategy was discussed at the Adult Social Care Cabinet Committee in **June**, **September** and most recently **December 2021** at which the proposed decision to adopt the strategy was endorsed. At the December Adult Social Care Cabinet Committee the draft Strategy was presented reflecting the outcome of the consultation which closed on 24 October 2021. The key decision, 21/00091, was taken by the Cabinet Member for Adult Social Care and Public Health on 20 April 2022 (decision paperwork appended to this report and linked below).

2.   An additional update on the proposed Strategy was given at County Council on **4 November 2021**.

3.   Following the decision being taken, the call-in request was submitted by Mrs Meade and Mr Streatfeild, thus meeting the requirements for any call-in to be supported by a minimum of two Members from different political Groups.

4.   The reasons of the call-in were duly considered by the Scrutiny Officer and determined to be valid under the call-in arrangements set out in the Constitution. Call-in reasons must align to one or more of the following criteria under s17.73 of the Constitution:

   Members can call-in a decision for one or more of the following reasons:

   (a) The decision is not in line with the Council's Policy Framework,
   (b) The decision is not in accordance with the Council's Budget,
   (c) The decision was not taken in accordance with the principles of decision making set out in 8.5, and/or
   (d) The decision was not taken in accordance with the arrangements set out in Section 12.

5.   The reasons submitted for this call-in all relate to section 17.73 (c) and are as follows:

6.   *8.5 All decisions of full Council or made on behalf of full Council will be made in accordance with the following principles:*

   (a) Action proportionate to the desired outcome.

Given this strategy contains within it a substantial proportion of the KCC overall budget and activity, this 8 page flagship document lacks any form of detail and fails to communicate the approach, the how these significant changes will be achieve and with a decreasing budget. Given the strategy, which looks more like a leaflet, is meant to be the governing document in which Members and Directors steer officers in setting the work and priorities, it does not be the meaningful guide for officers for the forthcoming changes. We would argue here that the end product is disproportionate to the desired outcome – the desired outcome is to know how these ideas will be implemented, where the potential risks are, expectations on how this fits with other practices and policies and how this will directly affect in a positive way our constituents and what is the risk, the consequences and accountabilities in this being implemented and how can our constituents ensure this meets their needs.

(d) A presumption in favour of openness.

This is key strategy for the council and in line with the Nolan Principles all Cabinet Members and Senior Officers should welcome a chance to present their work at Scrutiny Committee to help inform decision making, and make better decisions. Also given this document is intended to be read alongside the strategic priorities programme, without seeing this finalised programme it will be taken as read that this section has been agreed without the further clarity required to make the informed decision of members. What assurances do we have as Members that this is not the final opportunity to scrutinise this programme and all further sections of this as a part of the decision making and Scrutiny process.

We have asked many questions in public and in private, and while some answers have been given in many cases they have not, and this is the fundamental right of all Members on behalf of our constituents and this is to ensure that we can be firm that we have been given sufficient opportunity to have full understanding of this strategy and its proposed impact in order to comment and take informed decisions.

(e) Clarity of aims and desired outcomes.

This 8 page strategy document is a document written for the public and as members we are entitled to all information and the details and depth needed from our Officers who we hire for their professional expertise in their field to offer their advice given their experience so that we get greater clarity regarding the strategic direction and the underpinning aims and objectives that support this strategic direction which of course will be available for Scrutiny. At present we feel the aims and objectives are unclear other than to save money somehow and are not clear on how the aims and outcomes will be achieved. This is an incredibly high level strategy which does not explain how these changes and significant financial savings will be achieved and this is a member led authority supposedly where we are entitled to all information subject to it not being advice to the administration so it begs the question of where this detail is? While some outcomes and intentions are listed there is insufficient context to meet the clarity context of the clarity argument. The previous strategy is referenced in the decisions report and shows a

stark contrast as to how the council has previously approached a detailed strategy document.

Process

7. As per the call-in procedure, Democratic Services must consider all call-in requests against the criteria detailed in the constitution. This call-in has been assessed as valid in that it meets the requirement that a coherent justification, that aligns with the headings contained within the constitution, has been provided. In determining its validity no judgement is passed on the reasons put forward by the Members, this is for the Scrutiny Committee to review and determine.

8. The Cabinet Member and relevant Officers will be attending the Scrutiny Committee meeting to present their response to the call-in.

9. The Scrutiny Committee should consider the reasons set out by the Members calling-in the decision and the response from the Executive, giving due attention to the information made available during questioning and discussion on this item.

   Options for the Scrutiny Committee

10. The Scrutiny Committee may:

   a) make no comments

   b) express comments but not require reconsideration of the decision

   c) require implementation of the decision to be postponed pending reconsideration of the matter by the decision-maker in light of the Committee's comments; or

   d) require implementation of the decision to be postponed pending review or scrutiny of the matter by the full Council.

Appendix

Decision 21/00091 - Making A Difference Every Day – Our Strategy for Adult Social in Kent 2022 to 2027

Record of Decision

Appendix A – Making a Difference Every Day Strategy

Appendix B – Engagement and Consultation Outcome Report

Appendix C - EQIA

Background Documents

Adult Social Care Cabinet Committee 22nd June, 2021,
Adult Social Care Cabinet Committee 29th September, 2021
Adult Social Care Cabinet Committee 1st December, 2021

County Council 4th November, 2021

Report Author

Anna Taylor
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From:	Richard Smith, Corporate Director Adult Social Care and Health
To:	Clair Bell, Cabinet Member for Adult Social Care and Public Health
Subject:	**MAKING A DIFFERENCE EVERY DAY – OUR STRATEGY FOR ADULT SOCIAL CARE IN KENT 2022 TO 2027**
Decision Number:	21/00091
Classification:	Unrestricted
Past Pathway of report:	Making a Difference Every Day Programme Board – 27 November 2021 Adult Social Care Cabinet Committee – 22 June and 29 September 2021 Adult Social Care Cabinet Committee – 1 December 2021

Future Pathway of report: Cabinet Member Decision

Electoral Division: All

Summary: This report informs Members of the outcome of the consultation on the draft 'Making A Difference Every Day – Our Strategy for Adult Social in Kent 2022 to 2027'. The strategy has been updated to reflect the outcome of the consultation.

Recommendation: The Cabinet Member for Adult Social Care and Public Health is asked to:
a) **ADOPT** the Making A Difference Every Day – Our Strategy for Adult Social in Kent 2022 to 2027';
b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to refresh and/or make revisions as appropriate during the lifetime of the strategy; and
c) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions, including but not limited to finalising the terms of and entering into required contract or other legal agreements, as necessary to implement the objectives of the strategy.

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1. Introduction and background

1.1 The Adult Social Care core purpose and the strategic direction is described in the draft *'Making A Difference Every Day – Our Strategy for Adult Social Care in Kent 2022 to 2027'*. Cabinet Committee considered previous papers on the development of a new Adult Social Care Strategy on 22 June 2021, and a consultation report on 29 September 2021.

1.2 There is a need for a new strategy for adult social care to be developed as the existing 'Your Life, Your Wellbeing' strategy will expire at the end of 2021.

1.3 Due to a decade of difficult financial pressures on the council's budget and the huge social, economic and public service delivery impact of the Covid-19 pandemic, the operating environment has fundamentally changed. A new strategy must be developed that is in line with the council's corporate objectives and guided by the principles of the Care Act 2014.

1.4 The Interim Strategic Plan which sets out the action KCC will prioritise was approved by County Council in December 2020 and work is in progress to develop a new Five-Year Plan as KCC's Strategic Statement and the Adult Social Care Strategy objectives will contribute towards achievement of the outcomes that will be set out in the Strategic Statement.

1.5 The draft 'Making A Difference Every Day- our strategy for Adult Social Care in Kent 2022 to 2027 (attached as Appendix A) has been developed to set out the strategic direction for, and help to enable delivery of, adult social care services over the next five years in Kent.

1.6 The work of the Adult Social Care and Health Directorate takes place in a rapidly changing world, where people we support have increased expectations in terms of access, quality of services and the outcomes that matter to them. As a result, we plan to publish a new strategy that describes our strategic direction, vision and the core principles, which provide a foundation for how we work in practice. It is intended to be a high-level plan that unifies the approach across our workforce to deliver more person-centred, flexible and responsive support. The strategy will help us to articulate this to Kent residents.

2. Consultation process and outcome

2.1 The strategy which has been subject to consultation, and it has been designed to explain in plain English, and in an engaging way, the overall draft vision, the idea of three core principles (putting the person first, improving all the time and measuring what matters) and new ways of working model, which keeps the person at the heart of everything we do and will help us continuously improve the services we offer. Together, these describe our 'Making a Difference Every Day' approach to helping the person we support, and carers achieve the outcomes they see as most important. The consultation on the strategy opened on 18 September 2021 and it closed on 24 October 2021.

2.2 The consultation process identified the main stakeholders with interest in the strategy, and this included people supported by the service, carers, Kent County Council (KCC) staff, KCC Members, voluntary sector organisations, Healthwatch, NHS trusts, Kent and Medway Clinical Commissioning Group, and social care providers, as well as the public. Full details of the consultation process and responses are included in the Adult Social Care Strategy Engagement and Consultation Outcome Report (Appendix B).

2.3 In the pre-consultation and engagement period, we involved several groups; people we support, members of the public, carers, our staff, county councillors, and partners to co-produce this strategy. As a result, the draft strategy has benefited from many different perspectives in its creation even prior to going out to consultation. Both the learned experiences of our staff, and the lived experiences of the people we support, carers and partner organisations have been discussed and have shaped the core document. It should be noted that findings from the consultation on the Carers Strategy and its related aims will also contribute to the delivery of the Making a Difference Every Day Strategy.

2.4 It is important to note that the revised draft strategy addresses all the main issues from the consultation responses. The revised strategy emphasises the role of preventative services, the necessity for KCC to comply with its statutory obligations and contribute to the priorities of members and also includes information as to how the strategy will be implemented through a number of delivery plans, including the Carers Strategy.

3. Financial Implications

3.1 The implementation of the new strategy will be taken forward based on the budget allocation to the Adult Social Care and Health Directorate. Service delivery arising from this strategy for future years will be determined by the approved budget and the Medium Term and Financial Plan requirements.

4. Legal Implications

4.1 The implementation of the strategy will be in line with Kent County Council's adult social care responsibilities, set out in relevant legislation such as the Care Act 2014, the Mental Capacity Act 2005 and the Mental Health Act 1983.

5. Equalities implications

5.1 As part of the planning process for the strategy development work, an initial equalities impact assessment was developed. This has subsequently been updated and is attached as Appendix C.

5.2 Comments were made as part of the response to the consultation which have implications for practice and delivery of services. It is intended that these comments would be taken on board and acted on.

6. Conclusion and next steps

6.1 There is a need for a new strategy for adult social care to be developed as the existing 'Your Life, Your Wellbeing' strategy will expire at the end of 2021.

6.2 The draft 'Making A Difference Every Day- our strategy for Adult Social Care in Kent 2022 to 2027, has been developed to set out the strategic direction for, and help to enable delivery of, adult social care services over the next five years in Kent.

6.3 A formal launch of the strategy is planned to take place. The various delivery plans and activities which have been started to support the implementation of the ambitions and the objectives of the strategy will be monitored, and their progress measured against the high-level outcomes described in the strategy. Reporting on progress towards the goals of the strategy will form part of the routine cycle of reporting to Members.

7. Recommendations

7.1 Recommendations: The Cabinet Member for Adult Social Care and Public Health is asked to:

a) **ADOPT** the Making a Difference Every Day – Our Strategy for Adult Social in Kent 2022 to 2027';

b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to refresh and/or make revisions as appropriate during the lifetime of the strategy; and

c) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions, including but not limited to finalising the terms of and entering into required contract or other legal agreements, as necessary to implement the objectives of the strategy.

8. Background Documents

None

9. Report Authors

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KENT COUNTY COUNCIL – RECORD OF DECISION

DECISION TAKEN BY: Clair Bell, Cabinet Member for Adult Social Care and Public Health	DECISION NO: 21/00091

For publication

Key decision: YES

Title of Decision: MAKING A DIFFERENCE EVERY DAY – OUR STRATEGY FOR ADULT SOCIAL CARE IN KENT 2022 to 2027

Decision: As Cabinet Member for Adult Social Care and Public Health, I agree to:
a) **ADOPT** the Making A Difference Every Day – Our Strategy for Adult Social in Kent 2022 to 2027';
b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to refresh and/or make revisions as appropriate during the lifetime of the strategy; and
c) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions, including but not limited to finalising the terms of and entering into required contract or other legal agreements, as necessary to implement the objectives of the strategy.

Reason(s) for decision: There is a need for a new strategy for adult social care to be developed as the existing 'Your Life, Your Wellbeing' strategy expired at the end of 2021.

Due to a decade of difficult financial pressures on the council's budget and the huge social, economic and public service delivery impact of the Covid-19 pandemic, the operating environment has fundamentally changed. A new strategy must be developed that is in line with the council's corporate objectives and guided by the principles of the Care Act 2014.

The Interim Strategic Plan which sets out the action KCC will prioritise was approved by County Council in December 2020 and work is in progress to develop a new Five-Year Plan as KCC's Strategic Statement and the Adult Social Care Strategy objectives will contribute towards achievement of the outcomes that will be set out in the Strategic Statement.

The draft 'Making A Difference Every Day- our strategy for Adult Social Care in Kent 2022 to 2027, has been developed to set out the strategic direction for, and help to enable delivery of, adult social care services over the next five years in Kent.

The work of the Adult Social Care and Health Directorate takes place in a rapidly changing world, where people we support have increased expectations in terms of access, quality of services and the outcomes that matter to them. As a result, we plan to publish a new strategy that describes our strategic direction, vision and the core principles, which provide a foundation for how we work in practice. It is intended to be a high-level plan that unifies the approach across our workforce to deliver more person-centred, flexible and responsive support. The strategy will help us to articulate this to Kent residents.

The strategy which has been subject to consultation has been designed to explain in plain English, and in an engaging way, the overall draft vision, the idea of three core principles (putting the person first, improving all the time and measuring what matters) and new ways of working model, which keeps the person at the heart of everything we do and will help us continuously improve the services we offer. Together, these describe our 'making a difference every day' approach to helping the person we support, and carers achieve the outcomes they see as most important.

Financial Implications: The implementation of the new strategy will be taken forward based on the budget allocation to the Adult Social Care and Health Directorate. Service delivery arising from this strategy for future years will be determined by the approved budget and the Medium Term and Financial Plan (MTFP) requirements.

Legal Implications: The implementation of the strategy will be in line with Kent County Council's adult social care responsibilities, set out in relevant legislation such as the Care Act 2014, Mental Capacity Act 2005 and the Mental Health Act 1983.

Equalities implications: As part of the planning process for the strategy development work, an initial equalities impact assessment was developed. Comments were made as part of the response to the consultation which have implications for practice and delivery of services. It is intended that these comments would be taken on board and acted on. The EQIA has been updated and a final version has been prepared to support the proposed decision.

Cabinet Committee recommendations and other consultation: The proposed decision was discussed at the Adult Social Care Cabinet Committee on 1 December 2021 and the recommendations were endorsed.

Pre-consultation engagement activity that informed the draft strategy took place from September 2020 to August 2021. In addition to the engagement activity, links were established with colleagues and partners carrying out any similar engagement activity with any key stakeholder groups to understand the views and perceptions of people accessing similar support such as learning disability and autism services, carers support services, mental health services and older people's services.

137 attendees attended pre-consultation engagement/co-production workshops. Attendees were made up of people with lived experience of adult social care, carers, family members, voluntary, community and provider organisation representatives.

The public consultation on the draft strategy ran from 13 September to 24 October 2021 and was promoted in the following ways - promotion of the consultation via a paid and organic social media campaign, direct emails and reminders to our social care stakeholder contact databases, regular staff communications and provider communications via our bulletins, intranet and updates, press release distributed to media outlets, Kent County Council Residents' Newsletter, posters and flyers in KCC libraries and advertising on digital screens,

In addition, two organisations took up the offer of a virtual consultation workshop with their community groups; a standalone consultation workshop with self-advocates with a learning disability or Autism and carers was conducted; and a standalone consultation workshop people with lived experience of mental health support services was carried out.

Any alternatives considered and rejected: The existing strategy expired at the end of 2021, as a result a new strategy for adult social care is required.

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer: None

Clair Bell

20 April 2022

....
signed   date

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Making a difference every day
Our strategy for Adult Social Care 2022 to 2027
April 2022

Adult Social Care and Health

Kent County Council
kent.gov.uk

Our strategy

This strategy sets out our vision for how we plan to make changes working with people in Kent and all our partners. We have worked with people we support and their carers to develop our new 'Making a difference every day' strategy, as the bedrock for turning our ambitions into reality.

Specific action plans will be developed to support the delivery of the outcomes of the Adult Social Care Strategy. A Carers' Strategy has been developed alongside this, as one of the supporting strategies linked to this document.

This Strategy should be read alongside other strategic plans such as, Kent County Council's Interim Strategic Plan and 5-year Plan, Kent and Medway Integrated Care System's Five-year Plan and the national health and care integration policies. These can be found on our website.

Our vision driving what we do

We have agreed an overall vision for adult social care, which will guide and help us achieve the ambitions of our 'Making a difference every day' approach which is described in this strategy

Adult Social Care is about social work, personal care and practical support for younger and older adults over 18 with a physical disability, learning disability, physical or mental illness. It also includes safeguarding for those at risk of harm and abuse, as well as support for unpaid carers. For more detail, visit www.kent.gov.uk/localaccount..

Our vision for adult social care in Kent

"Making a positive difference every day, supporting you to live as full and safe a life as possible and make informed choices."

Our core purpose and vision

Our core purpose is supporting people to lead the lives they want to live, and in a place they call home, by putting people at the heart of everything we do.

This means carrying out and complying with the duties of Kent County Council's adult social care responsibilities that are described in several laws and regulations. This includes promoting individual's well-being, preventing, reducing or delaying the development of the need for care and support. Our role as adult social care has not changed – but you will start to see that we will be working differently during the lifetime of this strategy, with the changes delivered within the allocated budget for adult social care.

How we can achieve this

We can achieve our ambitions if we work together with the people we support, and carers differently, this means:

Putting the person first – always starting our conversation with the voice of the person, focusing on what the person can do and keeping them at the heart of everything we do; developing working relationships people can trust and helping them to achieve outcomes that are important to them.

Improving all the time – finding innovative ways of helping people and making sure that any support offer is tailored to the individual; learning from feedback from the people we support and building continuous improvements together.

Measuring what matters – understanding how we are making a difference to the life of the person we support by working with them, our staff and partners.

What will it feel like for the people we support?

The way we want to work, shown in the diagram opposite will mean that, people we support including carers, will make more informed choices about what support is right for them. Our support will be more personalised, easy to access, more joined-up and consistent for the people we support, improving their overall outcomes and experience of adult social care and how we link with our partner organisations. The voices of the people we support will be heard as individuals, making sure we focus on equality, diversity and inclusion as we work with people, as a guide towards continuous improvement.

We will work with communities early on to help people feel empowered, resilient and develop their independence and access trusted support - this could mean informal support arranged by the person, or support that is arranged by the voluntary sector or adult social care. To do this, we will need to have the support of our workforce, both within the council and in the wider care sector.

People will experience more flexible ways of arranging support, promoting a balance of choice for the people we support, quality and value.

Adult social care as part of an empowered and resilient Kent community

- Wider public services • Enabling support • Support providers •
- Health • Our support offer • Other partners
- Digital technology • Commissioned services • Information and advice

Personal support

Family • Friends • Carers

Promoting wellbeing • Safeguarding • Enabling independence

These examples, based on our social care model, give an idea of how our strategy should make a difference in people's lives in the future.

Community

Working with communities to help people earlier. Empowering people to find trusted help and support locally from a range of sources.

Amanda, is a carer for her husband who has multiple sclerosis and feels isolated.

Amanda found information about local community support on the adult social care website. Amanda now attends a local carers group with her husband, and is aware of carer support and entitlements.

"I feel stronger as I have access to a range of local support that is helping me to live the life I want"

Initial contact

People experience personal and person-centred conversations which build on what they can do and develop support with them.

Derek, lives alone. He recently experienced a fall which has affected his confidence.

After making a full physical recovery he spoke about his goals and what he felt he needed to be supported. Derek accessed an enablement service to rebuild his confidence, and a community volunteer connected him with a local choir as he is a keen singer.

"I feel reassured I can speak to someone, but also have access to online information about the options available to me"

Our support

People experience more joined-up support because of effective communication and coordination between providers and partner organisations.

Cameron, struggles with mental health issues which he manages alongside his GP. His GP referred him when he began to struggle with everyday tasks. Cameron now receives a better co-ordinated therapy service from both health and social care. Joined up working has meant Cameron is connected to the right support for his personal circumstances.

"I feel safer, my strengths are recognised to help me make my own choices and have greater control to achieve my goals."

Positive support

People experience positive person-centred support which is simple for them, allowing time to build relationships and offer innovative solutions.

David, has moved from children's to adult social care. He was referred by a medical specialist after he developed a health condition which will affect his ability to be fully independent.

"I feel confident in social care and trust them because they know all about me. I only had to tell my story once. My support is coordinated, the staff work well together and I'm involved in decisions."

Commissioning

People experience flexible and creative ways of arranging support which enable a balance between choice for the person we support, quality and value.

Lynn, has multiple conditions that affect her vision and movement, and this can change from day to day. She enjoys music and has a passion for social history.

"I feel in control because I can decide the kind of help I need and when, where and how to receive it. I know how this is funded and that my views and feedback shape how support is provided."
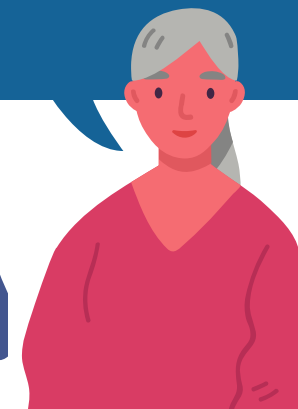
Your voice

Why not sign up to our **Your voice** network?

You can join one of our focus groups or our larger virtual involvement group, take part in upcoming surveys, be part of one of our interview panels or get involved in new innovations in adult social care.

How much or how little you get involved with will always be your choice, so if you are interested in helping to shape what adult social care does, please do get in touch.

Visit www.kent.gov.uk/yourvoice to find out more, register to receive our latest updates and hear about opportunities to share your views with us and our partners in Kent.

Working on our strategy together

This strategy has been developed with input from people we support, carers and the public. To deliver our plans, we will need to continue to find innovative ways to improve our services, respond to change and work with and listen to people in Kent. Our plans for delivering the strategy are shown below:

Outcomes from this strategy

These outcomes will help us monitor our progress in making a difference. Here's what we expect to see when we get things right.

Our core purpose and vision

1. There is a positive relationship with the people we support, carers and partners organisations.

2. How we work, and our practice model are implemented successfully.

3. Kent County Council's adult social care responsibilities are met.

Putting the person first

1. Making a difference to the lives of the people we support and to carers.

2. The people we support feel listened to and able to shape what we do and how we do it.

3. People at risk of abuse or harm are protected at the right time.

Improving all the time

1. There is proof that we are learning all the time.

2. Innovation is part of the day-to-day approach of what we do.

3. Kent County Council enthusiastically embraces digital and adopts technology that enables us to improve upon our service delivery.

Measuring what matters

1. Feedback from the people we support, carers, staff, providers, and partners is a key part of improving what we do.

2. How well we are doing to support people compares positively with other local authorities.

3. There is good quality information and evidence of the cycle of continuous improvement.

Get in touch with Kent Adult Social Care and Health

Email and website

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

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

www.kent.gov.uk/careandsupport

Kent Connect to Support

The Kent Connect to Support website provides you with information and advice to help you (or a relative or a friend) look after yourself, stay independent and connect with your local community.

kent.connecttosupport.org

Telephone our contact centre

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

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

Telephone: 03000 41 61 61

Text relay

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

Text Relay: 18001 03000 41 61 61

Out of hours service

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

Telephone 03000 41 91 91

This booklet is available in alternative formats and can be explained in other languages.

Telephone: 03000 41 61 61 or

Text Relay: 18001 03000 41 61 61

Appendix B

Adult Social Care Strategy

Engagement and Consultation Outcome Report

November 2021

Contents

Executive summary

Introduction

Our draft strategy for Making a difference every day, Adult Social Care in Kent 2022 to 2027, is being developed to set out the strategic direction for, and help to enable delivery of, adult social care services over the next five years in Kent.

Due to a decade of difficult financial pressures on the council's budget and the huge social, economic and public service delivery impact of the Covid-19 pandemic, the operating environment has fundamentally changed. In response, an Interim Strategic Plan which sets out the action KCC will prioritise was approved by County Council in December 2020. Work is in progress to develop a new Five Year Plan as KCC's Strategic Statement and the Adult Social Care Strategy objectives will contribute towards achievement of the outcomes set out in the Strategic Statement.

To fulfil the need for a new strategy for adult social care it is no longer a case of building on the existing 'Your Life, Your Wellbeing' strategy when it expires at the end of 2021, but ensuring that a new strategy is developed that is in line with the council's corporate objectives, guided by the principles of the Care Act 2014.

The work of the Adult Social Care and Health Directorate takes place in a rapidly changing world, where people we support have increased expectations in terms of access, quality of services and the outcomes that matter to them. As a result, we plan to publish a new strategy that describes our strategic direction, vision and the core principles, which provide a foundation for how we work in practice. It is intended to be a high-level plan that unifies the approach across our workforce to deliver more person-centred, flexible and responsive support. The final strategy will help us to articulate this to Kent residents.

Work began on the development of the updated five-year strategy in 2020, to ensure that the principles were designed with early and iterative input from stakeholders. The project started at a time when the impact of the Covid-19 pandemic was at its most serious and continued for the duration of the stringent government measures to control the virus and protect the public.

For this more co-productive approach to developing the strategy, officers had to rely on virtual and digital methods to do so for the majority of the time. This provided both challenges and opportunities to involve different groups of people in our early engagement, co-production and consultation stages.

Our approach

We involved several groups; people we support, members of the public, carers, our staff, county councillors, and partners to co-produce this strategy. As a result, the draft strategy has benefited from many different perspectives in its creation even prior to going out to consultation. Both the learned experiences of our staff, and the lived experiences of the people we support, carers and partner organisations have been discussed and have shaped the core document.

The document has also been influenced by what we learned during the pandemic in responding innovatively in delivering services alongside our partners such as the NHS, care providers and district councils. Likewise, our commitment to equality and diversity is embedded in this strategy as we focus on the needs of the individual, reflecting this in our service offer and everything we do.

The themes that arose in the development of the Adult Social Care Strategy have been informed, not only by the discussions we have had in our workshops and co-production sessions, but by additional insights from a number of different engagement exercises such as a dedicated carers research study, an adult social care engagement roadshow in libraries, interviews with staff and people that access our services, workshops with our People's Panel and by other insights from complementary discussions and shared learning from partner organisations such as Healthwatch, the NHS and community organisations.

Summary of the draft strategy aims

The strategy document for consultation has been designed to explain in plain English, and in an engaging way, our **overall draft vision**, the **idea of our three core principles** (putting the person first, improving all the time and measuring what matters) and our **draft new ways of working model**, which keeps the person at the heart of everything we do and will help us continuously improve the services we offer. Together, these describe our 'making a difference every day' approach to helping the person we support, and carers achieve the outcomes they see as most important.

Based on adult social care diagnostic work and staff engagement to recalibrate how we do things, we are now making a concerted effort to move away from our current process-led approach to one that is much more rooted in social care practice that further focuses on and prioritises the person and their strengths.

We describe our approach for supporting people and improving their lived experience of adult social care in our 'new ways of working model'. We intend that our vision, the three principles and the new ways of working model, together, will influence everything that we do. There is also now a renewed emphasis on and commitment and the extent to which we consider equality, diversity and inclusion in all our practices. We do recognise that there is still much to do in this area both for our staff and those we support.

Our core purpose is to carry out the duties of Kent County Council's adult social care responsibilities that are described in several laws and regulations. The main adult social care legal responsibilities are found in the laws and related regulations such as, the Care Act 2014, Mental Capacity Act 2005, Mental Health Act 1983, and associated guidance. Our role as an adult social care organisation has not changed – but we hope to be approaching our work differently during the lifetime of this strategy.

The person-centred approach and the ambitions we described in the Strategy provide Adult Social Care in Kent with firm foundations to respond to the broad outcomes set out in the central government's *'Building Back Better – plan for health and social care'* and the indicated high-level policy aims of the forthcoming White Paper on social care.

Kent County Council decision making and governance process

Governance milestone	Date
Pre-consultation engagement and co-production activity	September 2020 to August 2021
Revision of the draft strategy following Adult Social Care Programme Board meeting	27 August to 3 September 2021
Public consultation opens	13 September 2021
Progress report to the Adult Social Care Cabinet Committee	29 September 2021
Public consultation closes	24 October 2021
Present outcomes to Cabinet Committee meeting	1 December 2021

Engagement process prior to consultation

Stakeholder groups identified and targeted

Pre-consultation engagement activity summary that informed the draft strategy from September 2020 to August 2021

- Public early engagement workshops

- Learning disability workshops

- Public co-production workshops

- People's Panel workshops

- Workshop with County Councillors

- Attendance and presentations at partnership meetings

- Formal meetings and updates at boards and committees

- Face to face library roadshow

- Regular staff updates

- Carers research study with a range of carers, carers support organisations and support staff

- In addition to the activity led by the strategy development project team, we linked with colleagues and partners carrying out any similar engagement activity with any key stakeholder groups to understand the views and perceptions of people accessing similar support such as learning disability and autism services, carers support services, mental health services and older people's services.

- Desktop research was also carried out to see what our neighbouring and statistically similar councils' approaches have been and to identify any existing relevant sources of information or insights gathered.

Summary of themes from pre-consultation workshops

From 137 attendees that attended pre-consultation engagement/co-production workshops. Attendees were made up of people with lived experience of adult social care, carers, family members, voluntary, community and provider organisation representatives.

Discussion outputs focused around the three core principles		
Putting the person first	**Improving all the time**	**Measuring what matters**
Trust – to build a good relationship with the person	**Everyday innovations** – including small and large improvements, thinking outside the box	**Ongoing monitoring -** regular feedback on how things feel for people, their experiences and what the outcomes are for them (incl. carers)
Listening, understanding and responding – not just talking, taking positive action and working with the person to really get to know them	**Flexibility** – adjusting to the person and developing the right approach together where possible	**Independent monitoring -** ask a third party to regularly help monitor performance
Language we use has to be simple and positive	**Accessibility** - right support, right time, right place	**Close the feedback loop** – report our performance and updates back to people we support. Action - not just words. People want to hear how change might affect them.
Promote choice – so people are informed to make the best decisions for them	**Take the time to nurture change** - go at the speed of what the person feels comfortable (change can be disconcerting even when positive)	
Clear information is needed about what support is available		**Measure people's perception and attitudes towards** social care to work on improving this
Carers – importance of involving and supporting carers	**Good conversations** - communicate as much as possible in a two-way conversation and always go back to people if you say you will. If you work with the person, then you can improve things together	**Provide outcome reports** – both at an individual and population level to show any positive changes
Consistency – people want to have some continuity, even in the midst of change it can be reassuring when you know exactly who to contact to get support	**Single point of contact** - one responsible lead and easy routes into support	**Resources –** measure use of resources in social care and with partners
Safeguarding needs to be highlighted in the strategy	**Sharing data** across organisations is important to make things seamless for people and improve their	**Stable workforce** is a good measure for the future. People want to see an improvement on retention
Direct payments - can help		

people have choice and control **Control** - some people want/need more support to arrange and manage their care **Partnership working -** joined up working, links with the voluntary sector and community involvement are very important	experiences **Improving processes** – to create "invisible mechanisms" that are built for people not machines **Inclusion at all times** – adjust approach to include people and respond to their needs	and enough staff to undertake the work. **People understanding their rights –** measure the level of awareness and work on improving this **Reflect the diversity** of the needs of groups of individuals within your monitoring **Ask people '**are you living your life better the same or worse than before?' and 'do you feel listened to?'

Summary of themes from pre-consultation roadshow interviews

Top 20 themes from a sample of 123 members of the public in Kent: "What's important to you?" with regards to social care.

What's important to you?	Frequency
Support to remain independent	17
Spend money and funding appropriately	12
One consistent contact	10
Easy contact methods	8
Accessible services	8
Person-centred approach	8
Knowledgeable contact	7
Equality	7
Empathy	6
Someone who listens	6
Safety and security	4
Personal choice	3
More groups at libraries	3
Reliability	3
Equipment	3
Activities	3
Confidentiality	3
24-hour support	3
More resources	3

| Transport support | 3 |

Consultation process

Promoting the consultation

The public consultation on the draft strategy ran from 13 September to 24 October 2021 and was promoted in the following ways:

- Promotion of the consultation via a paid and organic social media campaign throughout the consultation period, with additional targeted social media boost part way through the consultation period.

- Direct emails and reminders to our social care stakeholder contact databases including contacts from health organisations, care sector, voluntary sector and community organisations, members of KCC's engagement and consultation portal, 'Let's talk Kent', and our adult social care Your voice network members (4000+ contacts in total)

- Regular staff communications and provider communications via our bulletins, intranet and updates

- Press release distributed to media outlets, uploaded to the Kent Media Hub website and shared on KCC social media channels

- Kent County Council Residents' Newsletter

- Kent County Council Provider Bulletin content to care sector businesses

- Posters and flyers in KCC libraries and advertising on digital screens

- Kent County Council staff communications via newsletters and intranet content

- Multiple digital adverts and content on websites including Kent.gov.uk homepage, multiple Adult Social Care web pages and also picked up on partner websites such as Healthwatch and parish council websites

- Printed materials distributed to all Kent libraries

- Printed promotional materials sent via post via our recent adult carer national survey mailout (1000+ people).

- In addition to this, two organisations took up the offer of a virtual consultation workshop with their community groups; a standalone consultation workshop with self-advocates with a learning disability or Autism and carers was conducted; and a standalone consultation workshop people with lived experience of mental health support services was carried out.

Making information accessible

Information was provided on the Kent County Council engagement and consultation platform and on multiple pages of the Kent County Council website where people accessing adult social care information usually visit. This content is subject to government accessibility standards.

The information developed was intentionally drafted in plain English, with a mix of images and text. Any imagery used in the designed version was described in words as part of the plain text version of the draft strategy document. A specific easy read version was created for the strategy consultation portal along with supporting information.

In the pre-consultation engagement workshops a short animation with voiceover and written transcript was used to highlight the key principles and information in an engaging and accessible way.

Standalone consultation workshops were also offered for anyone who preferred facilitated discussions over filling in the consultation questionnaire. This offer was taken up by two groups including people with learning disabilities, autism, carers and people with lived experiences of mental health support.

Printed materials including flyers, consultation documents, questionnaires, an easy read consultation document and freepost envelopes that were made available on request and to pick up in KCC libraries, as well as promoting the details to request alternative formats to ensure that people were not excluded from taking part.

A number of general comments were received on social media about the fact that come people did not want to have to register for the Kent County Council Let's Talk Kent portal, and we responded to those comments to outline the alternative options available to people via telephone, paper copies or by emailing the responses direct to the relevant team for inclusion.

Respondents

A summary of the activity on the KCC Consultation portal can be found in the table below.

Total visits to the webpage	5220
Document downloads	1800
Questionnaire completions	286

The above table shows the number of downloads of the strategy documents (1800) , the number of visits to the strategy consultation page (5220). The total number of responses recorded in this report is 286, however in addition to this there were additional responses that were received after the end date of the consultation to take the overall total to 308 participants, whose views and comments have also been taken into account.

Number of online responses and demographic information

Type of respondent	Number of respondents
Unknown	12
KCC employee and resident	11
Kent business owner or representative	2
Kent resident	251
On behalf of a charity, voluntary or community sector organisation (VCS)	5
On behalf of a Parish / Town / Borough / District Council in an official capacity	1
Parish, District or County Councillor	1
Local community group or residents' association	1
Resident from outside Kent	1

Postcode area	Responses
CT	95
TN	77
ME	73
DA	22
BR	2
CB	1

Gender	Respondents
Female	160
Male	60
Prefer not to say	8
Gender different from birth	1

Carer (unpaid)	Number of respondents
No	129
Yes	95
Prefer not to say	6

Age group	Number of respondents
16-24	3
25-34	8
35-49	28
50-59	56

60-64	35
65-74	61
75-84	29
85 and over	3
Prefer not to say	6
Unknown	57
Disability	**Number of respondents**
No	155
Yes	67
Prefer not to say	8

Sexuality	**Number of respondents**
Heterosexual/straight	193
Prefer not to say	17
Gay woman/lesbian	5
Bi-sexual	3
Gay man	3

Ethnicity	**Number of respondents**
White English	189
White other	10
White Scottish	6
White European	3
White Welsh	4
Mixed White & Asian	2
Asian or Asian British Indian	2
Mixed Black, Asian, White	1
White Northern Irish	1

Religion and belief	**Number of respondents**
Spiritual	2
Buddhist	1
Christian	111
Hindu	1
Jewish	1
Muslim	1
Prefer not to say	3

Disability / impairment	**Respondents (may have more than one condition)**
Learning disability	3
Longstanding illness	10
Mental health condition	14
Hearing and/or sight loss	15
Physical impairment	41

Consultation responses

Question 4 – clarity of language used

How easy or difficult was the draft strategy wording to understand?	
Very easy	115
Quite easy	99
Quite difficult	12
Neither easy nor difficult	53
Very difficult	5
No answer	2
Total	286

The main feedback from the majority (214 out of 286) of respondents was that the language was either quite easy or very easy to understand. 17 people found the wording either quite difficult or very difficult to understand and there were minimal comments related to this, but they varied from it being too wordy, to not detailed enough.

In terms of responses from people from protected characteristic groups, people with a learning disability noted that they had accessed the easy read version of the strategy, but there were comments made about the need to further simplify the questionnaire to make it more accessible.

Feedback about vocabulary used, has been taken on board to ensure a final check of clarity of language. We are aiming towards addressing any final improvements that can be made in this area to make sure it is as accessible as it can be, and we may also take up the opportunity to apply for a crystal mark for plain English.

Question 5– clarity of diagrams used

How easy or difficult were the draft strategy visuals to understand?	
Quite easy	108
Very easy	105
Quite difficult	11
Neither easy nor difficult	59
Very difficult	2
No answer	1
Total	286

A similar question was asked of the visual style of the strategy. Since a different approach had been taken to setting out the overarching direction for adult social care, through pictorial information, it was necessary to test this.

At the pre-consultation co-production workshops, this approach was popular, and this is reflected in the above consultation feedback, with 213 out of 286 people having the view that the visuals were either quite easy or very easy to understand. 11 said it was quite difficult and 1 said it was very difficult.

The explanations for this varied, but the main point was that some people would benefit from further definition of some of the terms used in the 'ways of working' model. This feedback will be reviewed so that the relevant changes recommended by respondents can be built into the final version of the strategy.

Question 6 – our proposed vision

Our draft vision is: "Making a positive difference every day, and supporting you to live as full and safe a life as possible and make informed choices." **To what extent do you agree or disagree with our draft vision?**

To what extent do you agree or disagree?	
Strongly agree	111
Mostly agree	115
Neither agree nor disagree	32
Strongly disagree	11
Mostly disagree	12
Don't know	4
Blank	1
Total	286

The draft vision was shaped with significant input from people and carers at pre-consultation co-production workshops and there were many comments about making sure it was easy to understand and that it should focus on the whole person's quality of life and support people's independence, choice and control.

In the consultation responses, 226 people out of 286 agreed with the proposed vision and 32 neither agreed nor disagreed. Of the small group of people that disagreed, the issues raised included:

- the need for better social care and voluntary sector funding;
- the need for more support for carers;
- and there were three comments requesting more detail about how the vision would be implemented.

Themes to consider are shown below. Comments relating to the proposed vision with a frequency of 2 and over are included.

Theme	Frequency
Costs for the person / funding of social care could be a barrier	5
Trained, qualified staff are essential	3
The need to involve carers/family	2
More detail needed on how this vision will be delivered	3
People commented negatively about having to seek support alone	2
Political issues need addressing (funding and resources)	2

Several quotes from people's responses have been included to accompany the points below to illustrate the themes that have been raised. For the following questions, the feedback invited was qualitative, and expressed as free text answers. This allowed for flexibility so that the most prominent themes could emerge, as led by the comments themselves.

Question 7 - core principles of the strategy

Question 7a - Please tell us if you have any comments on our three core principles described below:

*"**Putting the person first** - and always starting our conversation with the voice of the person, focusing on what the person can do and keeping them at the heart of everything we do; developing working relationships people can trust and helping them to achieve outcomes that are important to them."*

Top themes (frequency over 5) 160 out of 205 mentions	Frequency
Supportive of the principle 'putting the person first'	191
Put this principle into action	29
Need detailed plans about how to achieve the principle	24
Listening to / involving the person is essential	24
Funding of social care could be a barrier	21
The need to involve carers/family	16
Choices/control should be promoted	10
Make sure that there are enough staff to manage demand	7
High quality training is needed for staff	6
Having a trusted contact is important	6
Involve professionals and listen to their views	6
Easy contact points and access	6
A full life should be promoted - not just basic activity but choice of social activities and community links	5

Out of those 224 people that commented on this, 191 said that they agreed with what was proposed as a core principle for adult social care. 68 out of the 95 carers (72%) who answered the question said they agreed with the principle compared to 122 out of 191 (64%) of those who did not identify themselves as a carer.

People identifying on the survey as male were less likely to agree with the principle, with 65% of men answering yes compared to 71% of women answering yes to agreeing with the 'putting the person first' principle.

Among the comments were reflections on how this approach needs to be adopted in practice to improve future support, the importance of workforce capacity and a trusted and easily accessible contact for people to have when accessing social care.

"I agree with this although this doesn't say how you are going to do this. E.g. Telephone? Face to face? Internet? I am an ex manager. Telephone and internet does not work for vulnerable adults.

There were 24 mentions supporting the need to truly listen to and involve both people accessing social care and 16 mentions of involvement of carers and families in every stage of people's support. Common themes were to promote the elements of choice and control and the need to support people to live a "full and satisfying life".

"This is fundamental - having seen my parents go through this turmoil when he was ill and needed support as he wished to stay in his home for as long as possible before moving into a care home. My husband has had Parkinson's for 5 years now so we realise he will get worse as time goes on so we may need to avail ourselves of these services too hence my desire to be involved in this."

"Meeting the person face to face, listen to them if they have problems responding making sure that you request support from a person who does not have financial control of the persons wellbeing. If necessary employ an independent advocate to support the person"

"Agree talking to the person concerned, with views from their closest relatives. Ideally both together."

People were supportive of the approach, and requested more information on resources, costs and joint working amongst providers and other organisations to be able to understand how the ambitions would be achieved."

"Excellent. However, if the person is supported by more than one agency, it's important to ensure that the agencies communicate with one another."

"I agree - but what if the person is unable to voice their opinion? My father has dementia and relies on his closest family to help him with his voice. The "voice of the person" needs defining."

In addition to the main themes, the need for consistency of practice across social care in Kent was highlighted, as well as quality of support and consideration for family members and carers. Direct payments and the use of new technology were listed as suggested ways of being flexible and responsive to people's needs.

"Whilst putting the individual first is important there also needs to be consideration for other family members. EG an individual might wish to return or remain in the family home and the primary carer may no longer be able to cope."

"Highly important to be doing this. But also important to be outcome focussed and to show service users what is available. Modern digital technology is often not put in place because it is not considered."

"when they do get care it needs to be quality of care and second thing we need to give direct payment users more freedom to use that money what it does help their disability like Equipment if it does help their disability they can use that money on that Equipment or hydrotherapy like anything to help their disability it is good reason around their disability they can use that direct payment that things"

A number of people, although agreeing with the principle of putting the person first, were keen to know more about how this shift in focus would be delivered and what the implications would be in terms of funding and resources in Kent.

> *"Will adequate staffing and funding resources be available to deliver this vision?"*

> *"Very important, how will you do this and how will you make it easy for the individual to express their needs?"*

Question 7b - Please tell us if you have any comments on our three core principles described below:

"Improving all the time - finding innovative ways of helping people and making sure that any support offer is tailored to the individual; learning from feedback from the people we support and building continuous improvements together."

Top themes (frequency over 5) 160 out of 205 mentions	Frequency
Supportive of the principle 'improving all the time'	134
Want to see detailed plans to achieve innovation	22
Listening to / involving the person is essential	21
Investment needed / Funding of social care could be a barrier	19
Impactful changes and innovation are both needed	13
Put this into action	13
Choice of communications is very important	10
Monitor and evaluate regularly	9
Be responsive – get back to people when you say you will	7
Knowledge sharing and experience	7
Joined-up working within social care and other organisations	7
Aim for consistency across the county	7
Learning culture - learning from past experiences and when things do not go well	7
A full life should be promoted - not just basic activity but choice of social activities and community links	5
Value staff and make sure there are enough of them	5
High quality training is needed for staff	5
Do the simple things well	5
Arrange regular check ins with people	5

Out of the 212 respondents who gave their comments on this principle, 134 of them said that they agreed with this approach, with common themes arising around, again, the essential involvement of people in the planning and decision making about their own support, ongoing learning opportunities to keep improving – that included making the most of the existing assets and resources available by sharing knowledge across the different organisations.

"In agreement with this principle. In addition to finding new innovative ways of helping people, increasing awareness of other services and offers/support that is already available to help achieve outcomes for individuals is important…"

"Improving isn't just about finding innovative ways. There are already good ways to help people which can be improved by improving resources e.g. hours of help, quality of staff training, paying for a specific service that already exists."

There was wide agreement of the overarching approach however, people expressed a need to hear more about the practical steps that lead to a successful outcome:

"The ideas are great but the people on the receiving end of all this want to have measures which are actually going to work as opposed to ideals which may not come to fruition when trying to put the goals in place."

"This is an admirable objective but totally reliant on a range of complex services being available so making it an objective in this instance may need to be qualified better otherwise it risks becoming meaningless."

The need for organisational memory and recording of lessons learned came up regularly, but it was also recognised that in pulling together feedback and insights to inform new ways of doing things, there will undoubtedly be the need to work in a more innovative and digital way.

"The outcomes of actions need to be stored so as to learn from successes and mistakes. Not sure how this can be achieved. Sounds like a job for artificial intelligence. The alternative involves generating masses of data which nobody will easily be able to analyze. It is also important not to put too great a burden on people reporting outcomes, wasting limited time and resources"

"Treating everyone as a sensible individual will unearth new specific requirements from tome to time. New, tailored solutions may be needed and devised. That knowledge then becomes part of the core knowledge base for the future."

Comments were made about how health and social care could work together more innovatively and smoothly, in particular around funding care and support. There were ideas about challenging the status quo of the traditional 'care package' to focus more on the person's needs and wishes.

"Looking at non traditional ways of supporting people to meet their needs not necessarily just putting in a care package. Avoiding arguments about who funds what-NHS or Social care. 1 budget for the person based on the persons identified needs and their wishes"

"Sounds good. It would help to have more information on who the partner organisations are, and what they do. My personal feedback is that the tailoring discussions have to be

clear about any financial or logistical constraints, which may make an "ideal" support outcome difficult or impossible."
"Yes - and getting "best- practice" to be shared throughout organisations and also listening to the individuals who are being supported - ask them often "how could we support you better"

A choice of how to interact and communicate with social care when looking for support, or requesting information about a service came high on the list for people that responded to this question.

"Excellent. However many, especially the elderly and some disabled, have to rely on traditional postal services/letters. How will contact be made to those who don't have access to or the skills to use the internet?"
"Many of the resources are not accessible to those with specific communication needs. Symbol/sign supported documents should also be avaibale to individuals that need it to support their understanding."
"There needs to be better communication and engagement earlier in the process. There should be face to face assessments for elderly vulnerable people and these should be done quickly."
"Make large print available and BSL"

Question 7c - Please tell us if you have any comments on our three core principles described below:

"Measuring what matters - understanding how we are making a difference to the life of the person we support by working with them, our staff and partners."

Overall, people were less likely to overtly agree with this principle, with 92 people agreeing out of 204 people answering the question. As the question was in a free text format, this could simply mean that people felt less strongly about the principle of measuring the delivery of social care.

Top themes (frequency 5 and over - 223 out of 293 mentions)	Frequency
Supportive of the principle 'measuring what matters'	92
Listening to / involving the person regularly	25
You said, we did (so people can see change)	21
Effective, evidence-based measures/framework - not relying on comparison with other local authorities	23
Track impact/ outcomes	19
Put it into action	19

Transparency needed / reporting	15
Involve and support carers/family	15
Honest /constructive feedback	12
Value staff (including pay)	9
Robust process for collecting feedback is needed	8
Independent / objective feedback	8
Learning culture - learning from past experiences and when things do not go well	8
Listen to professionals / staff	7
Proportionate actions – don't spend too long on administrative tasks and ticking boxes	6
Measure what is relevant	6
Monitor and evaluate regularly	6
Resources needed	5
Be responsive – get back to people when you say you will and run a good service	5

The broad themes that have the highest frequency of mentions are similar to the previous question, but with some specific new themes emerging relating to the practicalities of measuring outcomes. There were mentions made to suggest that benchmarking results against other local authorities should be treated with caution so as not to limit possible improvements.

"I'd think it would be more compelling to measure what matters by comparing to the best evidence-based research you can find, rather than other local authorities, because in that case you're just trying to be a little bit better than things that are already bad. This might be a better place to mention SMART goals, and in this section, you can actually give an example of one."

"Yes, feedback from all of the above is crucial, as is the evidence of continuous improvement. I am not sure how relevant the performance relative to other authorities is as local authorities have different demographics, pressures and ethnicity. It can be difficult to be able to compare like with like."

"Yes I have given feedback as a carer on behalf of my mother who receives care from KCC. I think that KCC support clients very well compared to other local authorities"

As well as helping to define the context around measuring meaningful outcomes, some comments recommended the use of a general framework to make sure that the approach could be rolled out to providers of social care in a consistent way.

"Will there be a framework from which everyone involved can work? Some simple guidance on how to measure, within data protection guidelines, may be needed when working with partners who are not experienced in this sort of approach."

"There will need to be a clear workable model designed to achieve this."

The variety of themes raised in response to this question were numerous in comparison with other questions. The feedback included suggestions to make sure that the proportionality of resource invested and time taken to gather and collate performance measures and indicators was taken note of so as to avoid overloading staff.

The comments were steered towards ensuring that indicators chosen as key measurements have the ability to track impact and real outcomes for the people supported by social care.

> *"Good joined up data systems/ good analytics stack so you can review effectiveness of different ways of addressing a particular need in real time; cost benefit, service user satisfaction and staff resource."*

> *"Let's not get into a cycle of self congratulations, let's find out what people want from adult social care, including what they want to see in our workers and let's be genuine in seeing what can be done to move towards real coproduction of services."*

> *"I have experienced feedback to KCC Social Services resulting in change - so I am hopeful that this will be successful."*

> *"Positive outcomes for individuals are what matter most"*

Question 8 – proposed outcomes of the strategy

Question 8a - Please tell us if you have any comments about the proposed outcomes from this strategy. The outcomes are listed below and will help us to monitor our progress over the next five years:

"Putting the person first –
- Making a difference to the lives of the people we support and to carers.
- The people we support feel listened to and able to shape what we do and how we do it.
- People at risk of abuse or harm are protected at the right time."

This question received 172 comments that focused on the broad feedback themes below, with some new themes emerging such as the importance of safeguarding and the need to ensure that staff are valued as part of putting the individual first.

Providers were also mentioned a number of times in terms of making sure that the organisations that KCC commissions act with integrity and follow the same principles.

> *"All safeguarding issues must be reported to safeguarding, reviewed, and acted upon."*

> *"This is absolutely key and your partners - care agencies need to take this on board. There*

> *is a care force out there who are under trained and under valued - this directly affects how they respond to the concerns of clients and implementing care plans."*

> *"I think that making a difference to the lives and supporting carers is vital to improve the service. Carers need to be supported too as they are important to the service users life.*

> *"The people who are supported by KCC need to be listened to as services can only be changed with the input from service users."*

> *"People who are at risk from abuse and harm should be protected in a timely manner because it might be quite dangerous to leave them too long without support."*

Top themes (frequency 5 and over) - 146 out of 223 mentions	Frequency
Put this into action	29
Safeguarding duty of care is key – how will this improve?	17
Listening to / involving the person	17
Involve and support carers/family	14
Investment/funding needed	14
Resources needed	11
Be responsive – get back to people when you say you will and run a good service	10
Measure what is relevant	7
Track impact/ outcomes	6
Staffing pressures may be a barrier	6
Improve processes	5
Value staff (including pay)	5
Providers need to follow this strategy too	5

In terms of being more responsive, comments aligning to this theme included the following statements which outline the need for a timely service and communications channels:

> *"Communication is central.   Phones answered, a contact person/name. Not having to speak to different people and tell same story over and over."*

> *"Individuals at risk and alerted as vulnerable should be dealt with speedily and if necessary as a family unit and not individually."*

> *"individuals need to know that any concerns they have will be acted on."*

Question 8b - Please tell us if you have any comments about the proposed outcomes from this strategy. The outcomes are listed below and will help us to monitor our progress over the next five years:

"Improving all the time
There is proof that we are learning all the time.
Innovation is part of the day-to-day approach of what we do.
Digital and technology changes are used to improve how we work with the people we support."

Top themes (frequency 5 and over) - 66 out of 129 mentions	Frequency
Balance of technology and personal contact needed	20
Supporting people to access digital technology and information (inclusion) - giving a choice of virtual or in person services	18
Put this into action	12
Clear targets needed	6
Resources needed	5
Choice of communication methods is important	5

This particular outcome was focused on improving all the time and the use of innovative methods, technology and new ideas to promote person-centred support for people. There was a clear trend to show that people commenting felt strongly about the need for technology-based social care to be balanced carefully with the traditional, face to face approach.

"Great news, but please avoid the use of technology as the "be all and end all" a computer is not a person."

"Digital works in some aspects but a lot of (people with additional) needs do not understand or want to use digital services this is dis cluding them from making the decisions or taking part"

"Digital and technology changes are indeed important and critical but are not a substitute for face to face contact for many people requiring support."

Another key theme is the need to support digital inclusion and helping people to use new and digital technology when they need assistance, as well as giving a choice of access for those that do not choose digital as their preferred way of communicating.

"How can we promote more people living with dementia to engage with the Kara technology."

"Digital and technology definitely offers another way of reaching out to support and check in on individuals, but this is not an open door to some individuals and it must be remembered that because of reasons known to the individuals they are not comfortable with this method"

"Invest in technology for sure but don't forget the generation that may not be "au fait" with it, or are sceptical because of scams."

Additional themes raised	Frequency
Learning culture - learning from past experiences and when things do not go well	4
Track impact/ outcomes for the people being supported	4
Monitor and evaluate regularly	4
Make sure staff and people being supported have enough time to implement the strategy principles	3
System integration with partner organisations is a key factor for improvement	3
No 'change for change's sake'	3
Robust process for data/information will be needed to show progress	3

Question 8c - Please tell us if you have any comments about the proposed outcomes from this strategy. The outcomes are listed below and will help us to monitor our progress over the next five years:

"Measuring what matters
Feedback from the people we support, carers, staff, providers, and partners is a key part of improving what we do.
How well we are doing to support people compares positively with other local authorities. There is good quality information and evidence of the cycle of continuous improvement."

This question focused on how adult social care can meaningfully measure the progress it make towards achieving the outcomes set out in the draft strategy. The main themes that emerged from the responses included caution on over-measuring and adding to the workload for frontline staff. The key messages were to avoid comparing performance against other local authorities, and to ensure that a robust and balanced framework of measurement be implemented.

"Good joined up data systems/ good analytics stack so you can review effectiveness of different ways of addressing a particular need in real time; cost benefit, service user satisfaction and staff resource."

> *"Let's not get into a cycle of self congratulations, let's find out what people want from adult social care, including what they want to see in our workers and let's be genuine in seeing what can be done to move towards real coproduction of services."*

> *"Regular reviews for client carers and other organisations"*

> *"If you can find the staff to do the collecting/processing of feedback, make comparison tables, and check up on improvements, then this is a very important outcome to achieve"*

> *Feedback from service users is one of the most important measures of how well you are doing, but this cannot be reduced to a number, and is very subjective which is the only real measure of what is happening.*
> *I'm not sure how useful it is to compare KCC with other councils, as in my experience no council gets it all right or all wrong. It would only be natural to ignore the parts that other councils are getting right and to point to all the things they are getting wrong.*

> *"Listening to and acting upon feedback is essential"*

> *"I have experienced feedback to KCC Social Services resulting in change - so I am hopeful that this will be successful."*

> *"Positive outcomes for individuals are what matter most"*

The need to involve the person and carers in the development of any measures, came out as being very important for respondents. There was support for taking a 'you said, we did' approach to reporting progress to the public and people that are supported, so that people can see that their feedback has been acted upon or where it cannot be acted upon, the reasons have been explained.

Top themes (frequency 5 and over - 223 out of 293 mentions)	Frequency
Listening to / involving the person regularly	25
Effective, evidence-based measures/framework (not comparing with other local authorities)	23
You said, we did (so people can see change)	21
Track impact / outcomes for the people being supported	19
Put this into action	19
Transparency needed / reporting	15
Involve and support carers/family	15
Honest /constructive feedback	12
Value staff (including pay)	9
Robust process for collecting feedback	8
Independent / objective feedback	8
Learning culture- learning from past experiences and when things do not go well	8
Listen to professionals / staff	7
Proportionate – don't spend too long on administrative tasks and ticking boxes	6
Measure what is relevant	6
Negative experience of social care	6
Monitor and evaluate	6
Resources needed	5
Be responsive	5

Other themes raised in the consultation	Frequency
Understand the real struggles people are experiencing	4
Choice of accessible communications is important	4
Make sure that people's experiences are tracked	4
Should aim for value for money for the council and individual	4
Consistency and high-quality support and services are needed	4
Investment and funding needed	4

Question 9 - additional suggestions from respondents

Themes below are to be fed into the draft strategy document and/or further emphasised if a reference to the theme is already included.

Theme	Frequency
Funds are in short supply	18

Accessibility means that people can get involved and get informed	17
More staff are needed in Kent	11
Joined-up services are needed	7
More detail needed for the plans to deliver what is in the strategy	7
Action needs to be taken on the plans, not just words	6
Listening to the person so they can influence things	6
Trusted point of contact helps to build good relationships with social workers	5
Joined-up working is needed within social care and other organisations – especially care providers	4
Person-centred support is good practice	4
Integration with health – how does this impact social care?	4
Carer and family support is so important	3
Choice and control over my support	3
Involve me in decisions about my support	3
Involve carers in support and services	3

Cross-cutting themes identified

Co-production and involvement

- Listening to the person being supported
- Involve the person in decision making and strengthen independence, choice and control
- Respect, dignity and empathy
- Choice of communication methods to get in touch with services
- Involving carers and family as appropriate
- Realistic targets for co-producing and involving people

Putting ideas into action

- High quality support - consistency is needed
- Clear plan of practical delivery for the strategy
- Monitor and evaluate regularly and check in with people/stakeholders
- Identify people that have a vulnerability and support them early (don't forget them – see equality groups mentioned in additional table)
- Clear information needed about costs for social care

Workforce and culture

- Honest, constructive and independent feedback
- Learning culture – learning from past experiences
- More staff and resources needed
- Training and valuing staff
- Staff to look for solutions, not pass to different teams
- Providers to follow the same principles and see they are adhered to
- Allow enough time to achieve things (small and large)

How things are done

- Balance between digital and in person interactions (choice given)
- Be honest and transparent if goals are not going to be achieved
- Partner organisations should have compatible systems
- Joined-up services within social care
- Integration should increase with the NHS
- Trusted contact for information and guidance
- Awareness of what support and services are available to people (including community providers and voluntary organisations)
- Be responsive
- Value for money and proportionality of activities

Final EQIA Submission Form
Information collected from the EQIA Submission
Updated following the public consultation

EQIA Submission – ID Number

Section A

EQIA Title	Our strategy for Making a difference every day - Adult Social Care in Kent 2022 to 2027
Responsible Officer	Michael Thomas-Sam - ST SPRCA

Type of Activity

Service Change	No
Service Redesign	No
Project/Programme	No
Commissioning/Procurement	No
Strategy/Policy	Strategy/Policy
Details of other Service Activity	No

Accountability and Responsibility

Directorate	Adult Social Care and Health
Responsible Service	ASCH Business Delivery Unit
Responsible Head of Service	Helen Gillivan - AH BDU
Responsible Director	Richard Smith - AH CDO

Aims and Objectives

The strategy has been informed and shaped by engagement with key stakeholders including ASCH staff, people we support including carers, partner organisations, community and voluntary groups. Key engagement activities include a behavioural study into carers in Kent conducted by a third party and, at a later stage, a formal public consultation.

This equality analysis was revisited during the strategy development work. It has been updated following the public consultation which took place from 13 September 2021 to 24 October 2021. In addition to the main themes of the consultation responses, the need for consistency of practice across social care in Kent was highlighted, as well as quality of support and consideration for family members and carers. Direct payments and the use of new technology were suggested ways of being flexible and responsive to people's needs. The final impact assessment has been produced to support the decision-making on the strategy.

The strategy sets out the vision for adult social care in Kent over the next 5 years and identify priorities for the people we support, our workforce, and other key stakeholders, making commitments to work that the ASCH directorate will undertake to deliver them. It will also set out the detail of how we deliver, design and commission services. This was one of the main consultation feedback points, because people wanted to see information about how the strategy will be delivered included in the revised draft strategy.

Section B – Evidence

Do you have data related to the protected groups of the people impacted by this activity?	Yes
It is possible to get the data in a timely and cost effective way?	Yes
Is there national evidence/data that you can use?	Yes
Have you consulted with stakeholders?	Yes
Who have you involved, consulted and engaged with?	

- Roger Gough, Leader of Kent County Council
- Clair Bell, Cabinet Member for Adult Social Care and Public Health

-	Richard Smith, Corporate Director, Adult Social Care and Health
-	KCC Engagement and Consultation Team Co-production events
-	KCC ASCH MADE Workstream 4: ASCH Wide
-	KCC ASCH Equality Board
-	KCC Staff Groups
-	Adult Social Care Cabinet Committee
-	Public

Has there been a previous Equality Analysis (EQIA) in the last 3 years?	No
Do you have evidence that can help you understand the potential impact of your activity?	Yes

Section C – Impact

Who may be impacted by the activity?

Service Users/clients	Service users/clients
Staff	No
Residents/Communities/Citizens	Residents/communities/citizens
Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?	Yes

Details of Positive Impacts

Kent County Council's Adult Social Care Strategy describes what we want to achieve for all adults receiving social care in Kent, their carers (both formal and informal), and the ASCH workforce. It also defines how we want to work with our partners and community and voluntary organisations.

The strategy is a high-level document that is intended to be ambitious and positive about making a difference every day to the lives of the people we support and or works for adult social care services in Kent. Therefore, it has county-wide application and will have county-wide impacts.

There is also potential for the strategy to have a positive impact on people from all protected groups by aiming to improve their outcomes in relation to adult social care. We are not expecting any adverse impacts from the strategy itself. However, during the engagement and consultation process, respondents have commented that there is potential for some adverse impacts on the following protected groups:

- People with a visual or auditory disability,
- People who live in a household where English is not the main spoken language (e.g. refugees).

The strategy project team Directorate Management Team (DMT) and Programme Board leadership will set the expectation that any specific proposals or changes arising from the delivery of the strategy will be subject to equality analysis and consideration of equality impacts.

Analysis suggests that there is a low risk of negative impact to the protected characteristic groups: disability and race/ethnicity. Negative impacts will be mitigated as outlined in the action plan in this document. There is an anticipated medium positive impact as the strategy aims to create services that are responsive to the needs of each protected characteristic group and has the potential to set out objectives that promote equality for people with all protected characteristics.

Negative impacts and Mitigating Actions

19. Negative Impacts and Mitigating actions for Age

Are there negative impacts for age?	Yes

Details of negative impacts for Age

1 in 4 people aged 85 and over are supported by adult social care services in Kent, meaning the strategy is likely to impact this group.

Over a third of the people using adult social care services are working age.

Over half of the ASCH workforce are aged between 45-64, meaning the strategy has a higher potential of impacting people in this age range

Mitigating Actions for Age

When conducting engagement for the strategy, we meet people aged 85 or over in the spaces that suit their lives and needs.
When conducted engagement for the strategy, we tailored engagement methods and timings to fit working life to ensure we capture the working age cohort of people who use adult social care services.
When conducted engagement for the strategy placing emphasis on reaching the 45-64 age group in the staff cohort.

As part of the strategy development work, we will make a recommendation to the ASCH OD Group that as a directorate we should consider working towards building a more age-representative workforce.

Responsible Officer for Mitigating Actions – Age	Paula Parker

20. Negative impacts and Mitigating actions for Disability

Are there negative impacts for Disability?	Yes

Details of Negative Impacts for Disability

People with visual or auditory impairments may have reduced access to the online strategy document.

Proportionally, less people in the ASCH workforce have a disability (4.4%) than working age people in Kent with a disability (5.5%).

Mitigating actions for Disability

The strategy was published online in accessible formats such as an easy-read version and a plain text version. Animation videos was used will had subtitles and a transcript, as well as a screen reader for those with visual impairments.

As part of the strategy development work, we will make a recommendation to the ASCH OD Group that as a directorate we should consider promoting the employment of people with disabilities in our workforce. Potential to collaborate with The Education People to bring the ASCH directorate up to Disability Confident Level 3 as an employer [8] [9].

Responsible Officer for Disability	Paula Parker

21. Negative Impacts and Mitigating actions for Sex

Are there negative impacts for Sex	Yes

Details of negative impacts for Sex
There are more females in older age groups (particularly over the age of 70) than males, meaning any changes to services which impact older people will also be more likely to impact females.
Men are underrepresented in the forums we typically engage.
The ratio of male to female staff is roughly 1:6, a much smaller proportion of males than in the population of Kent.

Mitigating actions for Sex
When conducted engagement with the people we support we placed emphasis on reaching women over the age of 70.
We used a more innovative approach to engage men for the strategy, such as approaching men's sheds and sports groups.
As part of the strategy development work, we will make a recommendation to the ASCH OD Group that as a directorate we should consider working towards building a more gender-representative workforce.

Responsible Officer for Sex	Paula Parker

22. Negative Impacts and Mitigating actions for Gender identity/transgender

Are there negative impacts for Gender identity/transgender	Yes

Negative impacts for Gender identity/transgender
There is currently no data collected by KCC for the people we support on gender identity or pregnancy and maternity.
There is currently no data collected by KCC for the people we support on gender identity or pregnancy and maternity.
There is also no data collected by KCC for our staff on carer's responsibilities, and no breakdown of specific disabilities or different ethnicities within Black, Asian or Minority Ethnic groups.

Mitigating actions for Gender identity/transgender
The implementation of the strategy will set a target to collect equalities data by default on all people we support and our staff for all 10 protected characteristics at point of entry into the adult social care system or employment

Responsible Officer for mitigating actions for Gender identity/transgender	Paula Parker

23. Negative impacts and Mitigating actions for Race

Are there negative impacts for Race	Yes

Negative impacts for Race
2.3% of people in Kent do not live in a household where English is the main spoken language and may therefore have more difficulty engaging with the strategy.
Gravesham has the highest proportion of people in Black, Asian and Minority Ethnic groups, meaning the strategy is likely to have a larger impact on Black, Asian and Minority Ethnic people in Gravesham than any other district in Kent.

Mitigating actions for Race

The strategy consultation utilised translation services and produce documents in multiple languages wherever possible, particularly in areas such as Gravesham which have a higher ethnic diversity.

When we conducted engagement for the strategy we placed emphasis on reaching Black, Asian, and Minority Ethnic people in Gravesham to ensure the strategy is representative of their views on services.

Responsible Officer for mitigating actions for Race	Paula Parker

24. Negative impacts and Mitigating actions for Religion and belief

Are there negative impacts for Religion and belief	Yes

Negative impacts for Religion and belief

The proportion of different religions and beliefs in the ASCH workforce is not representative of Kent's population as a whole. The proportion of Muslim people in the ASCH workforce is 0.4% (less than half the proportion of Muslims in Kent).

Mitigating actions for Religion and belief

As part of the strategy development work and subsequent implementation phase, we will make a recommendation to the ASCH OD Group that as a directorate we should consider working towards building a workforce that represents the religion and belief of Kent's population.

Reassess workforce religion representativeness against the new 2021 Census data when it is published.

Responsible Officer for mitigating actions for Religion and Belief	Paula Parker

25. Negative impacts and Mitigating actions for Sexual Orientation

Are there negative impacts for Sexual Orientation	Yes

Negative impacts for Sexual Orientation

There are large gaps in the data collected by KCC for Sexual Orientation (50% unknown),

Mitigating actions for Sexual Orientation

Ensure staff continue to be trained to understand all 10 protected characteristics and feel comfortable asking the appropriate questions to collect this data.

During engagement and implementation phase of the strategy, explore people's comfort with reporting protected characteristic data of the people we support and our staff to understand the barriers to reporting and collecting this data.

Responsible Officer for mitigating actions for Sexual Orientation	Paula Parker

26. Negative impacts and Mitigating actions for Pregnancy and Maternity

Are there negative impacts for Pregnancy and Maternity	Yes

Negative impacts for Pregnancy and Maternity

2% of staff were on maternity / adoption leave as of 17th September 2020. We need to ensure people who are on maternity / adoption leave are included in engagement for the strategy.

Mitigating actions for Pregnancy and Maternity

When we conducted engagement for the strategy we placed emphasis on reaching staff who are on maternity / adoption leave, tailoring methods and timings of engagement to their lives to ensure this group is well represented.

Responsible Officer for mitigating actions for Pregnancy and Maternity	Paula Parker

27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships	
Are there negative impacts for Marriage and Civil Partnerships	Yes
Negative impacts for Marriage and Civil Partnerships	
A large proportion of the people who use adult social care services are married or in a civil partnership (over 1 in 4) and it is unknown how many are in relationships. Any changes to services are likely to impact on these groups, particularly couples where both partners have a care need.	
Mitigating actions for Marriage and Civil Partnerships	
When we conducted engagement and consultation on the strategy we sought to understand service requirements for couples, particularly where both partners in a marriage, civil partnership or relationship have a care need.	
Responsible Officer for Marriage and Civil Partnerships	Paula Parker
28. Negative impacts and Mitigating actions for Carer's responsibilities	
Are there negative impacts for Carer's responsibilities	Yes
Negative impacts for Carer's responsibilities	
We support just 1 in 60 of the people who have carer responsibilities in Kent. This is an opportunity for the strategy to engage with and better understand carers in Kent. There is currently no staff group in KCC for carers (informal or formal).	
Mitigating actions for Carer's responsibilities	
A behavioural research study into Carers has been conducted as part of the strategy development, to explore the perceptions, attitudes, and behaviours of carers in Kent about awareness of and access to support. Insight from this study has informed this strategy and it also shaped the Kent Adult Carers Strategy in development. As part of the strategy development work, we will make a recommendation to the ASCH OD Group that a staff group should be set up for both formal and informal carers.	
Responsible Officer for Carer's responsibilities	Paula Parker