

Local Account 2011

Families and Social Care – Adults





Kent County Council
Families and Social Care - Adults
Brenchley House
123/135 Week Street
Maidstone
Kent
ME14 1RF

Contents

Foreword	5
1.0 Introduction	7
1.1 What this document is about	7
1.2 Bold Steps for Kent.....	8
1.3 Role of Adult Social Care.....	8
1.4 Safeguarding	9
2.0 Priorities and Challenges	11
2.1 Population	11
2.2 Financial Climate.....	11
2.3 People Living with Dementia	12
2.4 People who are Carers.....	12
2.5 People with Learning disabilities	13
2.6 People with Physical disability.....	13
2.7 People living with Mental health conditions	14
2.8 Information, advice and guidance when you most need it	15
2.9 Summary of the Challenges facing Kent	15
3.0 What we have been doing	17
3.1 Personalisation	17
3.1.1 About Personalisation.....	17
3.1.2 What this means for our service users and carers?	17
3.1.3 Personal Budgets and the Kent Card – How they are used	18
3.1.4 Prevention	18
3.1.5 Tele -Technology.....	19
3.1.6 Support to participate in community life.....	20
3.2 Voluntary Sector	20
3.3 Joint and Partnership Working	20
3.3.1 Integrated Services.....	20
3.3.2 Carers.....	21
3.3.3 Transition from Childhood to Adulthood	22
3.3.4 Non-Residential Charging Policy	22
4.0 How you help us shape our services	25
4.1 Public Involvement	25
4.2 Service Improvement – Complaints.....	25
5.0 Looking to the coming year	26
Glossary of key words:	27



Foreword

Welcome to Kent County Council's Local Account for 2011

Active Lives is our ten year vision of how people who use our services and carers, would like to see adult social care in 2016. Active Lives Now sets out how we will turn that vision into a reality in the next three years.

The last two years have been a time of significant change with major national and local initiatives which are changing the whole of adult social care. We have transformed our services to embrace the wider national agenda of personalisation as described in 'Putting People First'.

The future of adult social care is still at the centre of much national debate as we explore how to meet future demand through a system that is fair and affordable. Kent continues to influence this debate, sharing good practice and successful outcomes from new ways of working together with partners, service users and carers.

The public, particularly service users and their carers, are at the centre of everything we do. We are creating a culture that will give people greater choice and control in their lives and have put into place services to support people.

We have made good progress in:

- **Personalisation:** Transforming social care in Kent by giving people choice and control over their own services
- **Safeguarding:** Continuing to work with partners to keep people safe
- **Carers:** Continuing to support carers through our partnerships with carer's organisations and direct services to the people carers support
- **Accessible Services:** Joined up working with partners using community hubs and Gateways and improving information, advice and guidance to make it easier for people to get the services they need
- **Employability:** Promoting employability and ensuring the skill needs of people with mental health problems or learning disabilities are met
- **Prevention:** Helping people to stay in their own homes for longer through the enablement service and use of assistive technology such as TeleHealth and Telecare
- **Involving service users and carers:** Working with service users and carers in service design, particularly engaging with hard to reach groups and people from black and minority ethnic communities
- **Contribution to reducing health inequalities:** Working with partners to improve the general health of the people of Kent, particularly those groups of people who are most likely to have poorer health.

As everyone knows this is a challenging time for all of us, having to balance the increasing numbers of people who need care and support with the impact of the recession on public finances. This document shows how we intend to tackle these changes. This includes:

- developing local initiatives to enable people to live safe and fulfilled lives in their own communities
- promoting a personalised service that offers choice and flexibility to meet people's individual needs
- working with the public and partners to develop a wide range of preventative services which help people to tackle problems at an early stage
- focusing on innovation and technology to develop new services eg; developing further the Kent Card, Telehealth and Telecare and the use of broadband
- working with partners to develop efficient seamless services which are easily accessible
- continuing to evaluate and develop the way services are delivered
- partnership working with Health on joint commissioning and integrated services.

This Local Account has described how we have managed our care and support services for adult social care service users in Kent in 2011. We could not have made progress without the contribution of a wide range of people including service users and their carers. We hope people will continue to work with us in shaping the future of adult social care in Kent.



Graham Gibbens

Cabinet Member for Adult Social Care and Public Health



1.0 Introduction

1.1 What this document is about

The coalition Government has taken a different view on assessing Council's which focuses on local performance frameworks which are transparent, evidence better outcomes for people and allow local people to hold their Council to account. This statement outlines our priorities and outcomes; it is called a Local Account.

There have been many changes in social care, both nationally and locally. Adult Social Care will be facing a challenging time in the next few years brought about by:

- increasing demand as a result of better health care and advances in medicine which mean people, including those with complex health conditions, live longer
- the impact on public spending caused by the recession
- increased public expectation that services should meet needs based upon the individual, giving them choice and control
- fewer young people entering the social care workforce and the ageing of the current workforce
- The implementation of Self-Directed Support, based on a number of initiatives and policies launched by the Government setting out a national vision for social care in the future focusing on independence, personalisation and partnership working.

1.2 Bold Steps for Kent

In January 2010, ahead of the General Election, Kent published Bold Steps for Radical Reform, a blueprint for the future of local government and local public service delivery. Recognising the need for the future government in Westminster to deliver unprecedented savings, Kent concluded that some £15-21 billion of savings could be achieved through radical devolution of public services to the local level, so they can be reshaped around local need. This in turn reduces the national deficit through the abolition of unnecessary regional bureaucracy and quangos. Under the new coalition Government, the centralised and bureaucratic Government machine is being rapidly dismantled. We now have the opportunity, and the responsibility, to deliver the new vision for public services as set out in 'Bold Steps for Radical Reform'. Bold Steps for Kent is therefore our new medium term plan to 2014/15, and it sets out how we will deliver this radical reform.

The three aims of Bold Steps for Kent are:

- To help the Kent economy to grow
- To put the citizen in control
- To tackle disadvantage.

1.3 Role of Adult Social Care

Adult Social Care is influenced and led by a number of strategic documents. These are:

Active Lives Now, a strategy which sets out the next three years (2010 – 2013) for Kent Adult Social Care.

Adult Social Care is about to embark on significant change in structures and budgets. This is because over the next four years, funding for public services will fall significantly as the Government seeks to tackle the massive hole in the UK's public finances. We expect to have to make budget savings of between 25-40% over the next four years.

Kent Adult Social Services became the Families and Social Care Directorate from 1st April 2011, and Active Lives now will continue to be implemented; the County Council will be working to deliver '**Bold Steps for Kent**'.

'Active Lives' sets out a common understanding of our key objectives amongst the public, staff, partners and providers, supporting strong partnership working.

Our services support the delivery of Kent's medium term plan 'Bold Steps', particularly the key themes of putting the citizen in control and tackling disadvantage.

The overall purpose of our services is:

To help the people of Kent to live independent and fulfilled lives safely in their local communities.

The core business objectives are:

- Personalisation and increase in the number of people using direct payments
- Development of community based preventative services
- Continued reduction in the rate of adults being placed in residential and nursing care

1.4 Safeguarding

We remain committed to ensuring that people in situations which could put them at risk of abuse and danger, receive the support they need to maintain their personal safety and independence.

Safeguarding is a major priority for us. Through Multi-Agency Public Protection Arrangements and the Multi-Agency Safeguarding Vulnerable Adults Executive Board, we have in place robust adult protection processes which safeguard vulnerable adults effectively.

Kent County Council takes a personalised approach to safeguarding. Raising awareness amongst members of the community about safeguarding is key. Safeguarding Awareness Week is held annually in June. The County Council and partner agencies promote safeguarding awareness in community areas, including libraries and shopping centres.

In addition, we learn from compliments and complaints, analysing those we receive and ensuring that the lessons learnt are used to improve service delivery across the county.

Surveys are an essential component of evidencing that people are asked about what outcomes they want from safeguarding and whether those outcomes have been achieved. The results of surveys are analysed and reported to senior management and Directors. In addition, we have recently implemented a feedback tool to obtain feedback from people who have been the subject of safeguarding alerts. This ensures that victims of abuse are more directly engaged in the safeguarding process and to inform and improve practice.

In Kent, adult safeguarding is subject to independent scrutiny and checking. The Families and Social Care (FSC) Directorate Management Team and the Cabinet Member for Adult Social Care and Public Health receive quarterly safeguarding performance reports. The report has been developed using an improved framework for quality assurance as agreed with the Cabinet Member and Directors in FSC. Strong governance arrangements are in place, with reporting lines from the Corporate Management Team and the Cabinet Member for Adult Social Care and Public Health through to Locality Teams.

Lessons learnt from internal and external audits are used to inform and improve practice and also feed into the Families and Social Care Strategic Adult Safeguarding action plan. For example, following an external audit of FSC adult safeguarding files in January 2011, it was identified that there was a need for risk assessments to be improved. A rolling programme of risk training was implemented and future audits demonstrated improved practice.

An important aspect of the quality assurance framework has been the review of the safeguarding processes. One of the key recommendations of the practice audits was to review the safeguarding investigation process. This was undertaken using the nationally recognised LEAN methodology. This methodology focuses on processes with a view to 'drive out the waste'.

Kent County Council's Kent Care Services On-line Directory gives members of the public the opportunity to provide feedback the quality and safety of local services. The website also identifies where there are safeguarding, contract compliance and poor practice concerns with establishments. Links are available for people to access other websites for information, including the Care Quality Commission website. Information about whistleblowing and the complaints process are also available on-line and in hard copy.



2.0 Priorities and Challenges

2.1 Population

Kent has a population of around 1.4 million which is set to grow by 10 per cent by 2021 and Kent Families and Social Care (FSC) has supported over 45,000 people above the age of 18 in the last year.

Demographic pressures will also have an impact on the workforce as there will be a decline in the proportion of people of working age. Indeed a large proportion of the FSC workforce are over the age of 40 and as demand for services increases there will be a major challenge to ensure there is a workforce to meet this need. It is important that we manage these competing challenges over the years ahead.

The demographic changes described here give some insight into the challenges which are facing social care over the next 10 to 20 years and of course these are not exclusive to Kent.

The number of people over 85 in the UK, the age group most likely to need care, is expected to increase by over 50 per cent to 1.9 million over the next decade. There are around 246,994 people over the age of 65 living in Kent (taken from Mid Year Population Forecasts 2008) and it is estimated that the total number of over 65's will grow by 39.3 per cent by 2021 and that the total population of over 85's will rise by 100 per cent by 2026¹.

Another consideration is the increase of sensory disability in older people as the number of sight impaired people alone is expected to double over the next 20 years. Based on 2006 Mid Year Population estimates there are 118,047 people between the ages of 61 to 80 with some degree of deafness in Kent, compared to 53,486 between the ages of 16 to 60. A significant increase will put great pressure on resources.

Key Facts

During 2010-11, **47,045** referrals for adult social care were received by Kent County Council. This is a weekly average of 905 clients requesting assistance from Kent County Council. **15,038** of the 47,045 referrals were resolved immediately at the point of contact with advice, information or small pieces of equipment.

Kent County Council Adult Social Care had the 2nd highest number of referrals during 2010-11 within our comparator group with only Essex County Council receiving more with 50,495 referrals within the year.

2.2 Financial Climate

The impact of the recession will play its part in putting a further strain on social care funding. The total outstanding Government net debt in the UK was £848.5 billion in January 2010, which is equivalent to 59.9 per cent of Gross Domestic Product. This accompanied by demographic pressures will inevitably impact upon resources available to the social care system.

2.3 People Living with Dementia

Dementia presents a significant challenge to social care and health; there are currently 700,000 people in the UK with dementia, of whom approximately 570,000 live in England. Dementia costs the UK economy £17 billion a year and, in the next 30 years, the number of people with dementia in the UK will double to 1.4 million, with the costs trebling to over £50 billion a year.

By 2023 the number of people living with dementia will have increased dramatically. In West Kent we estimate there are around 7,716 people with late onset dementia, while by 2023 this will have increased by 50 per cent. There is a similar pattern in East Kent, where there are around 8,706 people with late onset dementia and by 2023 this will have increased by 43 per cent².

Key Facts

During 2010-11, 1,920 of service users were in receipt of a specialist dementia service in either residential and/ or nursing home care or in receipt of community based services.

In 2010-11, Kent had a higher than average number of service users with dementia, and had the 5th highest number of service users with dementia within our comparator group following West Sussex with 2,340, Essex with 2,330, Gloucestershire with 2,270 and Leeds with 2,080.

2.4 People who are Carers

There are 127,848 known carers in Kent. Of these carers in Kent, 78 per cent or almost 100,000 are of working age. Some will have given up work to care but the majority will be somehow combining caring with paid work. According to the 2001 Census there are 2,564 men and 1,394 women working full time whilst caring for more than 50 hours per week. 90,572 carers are providing care for one to 19 hours per week. In Kent the average numbers of carers per district is 12.4 per cent, higher than the national average of 10 per cent and as people live longer with more chronic health conditions such as dementia the number of carers will rise further.

The combination of an ageing population and a decline in the working age population means that the role carers play in the workforce will be of increasing importance; with carers combining caring with paid work.

A Carers UK study showed that nearly 21 per cent of carers who provide more than 50 hours of care a week report that they are not in good health, compared with only 11 per cent of the non carer population. 25,203 of Kent's carers provide more than 50 hours of care per week. 51.3 per cent of these carers care for a spouse or partner. People who provide long hours of care are twice as likely to be in poor health themselves and need to be supported both in their own right and in their role as a carer. As people care for partners in the later stages of their lives they too will perhaps be suffering from some ill health and frailty.

¹ Source: South East Plan Strategy-based (Nov 08): Population Forecasts by ten year age group and gender

2.5 People with Learning disabilities

As described in the Government paper, 'Valuing People Now', Emerson and Hatton have estimated that the total number of adults with a learning disability (aged 20 or over) will increase nationally by 8 per cent to 868,000 in 2011 and by 14 per cent to 908,000 by 2021. Significantly all the growth projections show much higher increases in the number of adults aged over 60.

As people live longer and expectations rise, there will be a further strain on resources to support people with a learning disability. It is also worth highlighting that there is a significant number of people with a leaning disability who are placed in Kent from other local authorities and this puts further pressure upon Adult Social Care.

57 per cent of the learning disability residential places were occupied by individuals placed by other authorities.

Key Facts

During 2010-11, 66.4% of Learning Disabled Adults were in settled accommodation at the time of their latest assessment or review (National Indicator 145).

The average for comparable Local Authorities for 2010-11 was 56.4% of Learning Disabled Adults were in settled accommodation at the time of their latest assessment or review.

Key Facts

During 2010-11, 5.9% of Learning Disabled Adults were in employment at the time of their latest assessment or review (National Indicator 146).

The average for comparable Local Authorities for 2010-11 was 6.5% of Learning Disabled Adults were in employment.

2.6 People with Physical disability

Greater technology and knowledge of long term conditions have enabled people to manage complex conditions while preventative interventions have helped to either prevent or delay onset. Whilst medical advances and more efficient support mechanisms are something to be celebrated, the implication is that greater demand will lead to future pressure on resources.

18 per cent of Kent's population have some limiting long term illness or disability and the prevalence of a number of long term conditions is set to rise. East Kent has the largest proportion of people living with a long term condition or disability, with Thanet having the largest proportion.

Healthy living programmes and other such preventative measures will go some way to reducing diseases and conditions which can physically disable. They will also help to reduce longer term effects of unhealthy lifestyle choices such as obesity.

2.7 People living with Mental health conditions

Our newly launched '*Live it Well*' a strategy sets out how we aim to improve improving the mental health and well-being of people in Kent and Medway. Mental health problems are estimated to be the most common cause of premature death and years of life lost with a disability. The average life expectancy of most people with schizophrenia is 10 to 12 years less than those without, due to increased physical health problems and a higher suicide rate. However, the prevalence and impact of mental health problems on society is poorly appreciated.

Key Facts

During 2010-11, 68.4% of Adults in contact with secondary mental health services were in settled accommodation at the time of their latest assessment or review (National Indicator 149).

The average for comparable Local Authorities was 67.8% of Adults in contact with secondary mental health services were in settled accommodation at the time of their latest assessment or review.

The wider cost of mental health problems to the country (estimated at £77 billion in 2005/06) exceeds Treasury spending on the NHS as a whole at £76 billion.

The Mental Health Joint Strategic Needs Assessment for Kent and Medway estimates that:

- At any one time there are at least 163,000 people with common mental health problem(s), of whom 25 per cent need treatment
- More than 60,000 people have severe mental illness and around 12,000 people are estimated to have severe and enduring mental illness.

As the population in Kent increases, more and more strain will be put on the mental health support systems including carers.

Key Facts

During 2010-11 8.2% of Adults in contact with secondary mental health services were in employment at the time of their latest assessment or review. (National Indicator 150)

The average for comparable Local Authorities was 10% of Adults in contact with secondary mental health services were in employment at the time of their latest assessment or review.

² Kent Adults Carer's Annual report 2008 - 2009

2.8 Information, advice and guidance when you most need it

People often come to us at a time of crisis or great change in their lives and it is at this first contact that information is crucial. It is at this moment information can be most powerful in enabling the individual to make choices about their support and take control of their situation. For some, advice and guidance is all that is needed and that will be the end of our involvement, but, better information, advice and guidance for people using adult social services, or indeed those paying for their own services, is a vital part of our vision.

The Kent Contact and Assessment Service enables people to have easier access to services, information, advice and guidance. We have worked with members of the public to establish an information, advice and guidance policy and work continues around this.

The development of Gateways across the county is now into the second phase. These are customer focused and bring a range of services and information under one roof and into local communities, such as shopping centres. Gateways can be found in most large towns in Kent.

Our online directory of care services (www.kent.gov.uk/careservices) provides information about adult social care services in Kent, including bed vacancies in residential homes. The website has links to other useful sources of information for people using adult social care services. A hard copy directory is also produced annually. The online self-assessment service enables people to assess their support needs at a time that suits them and find out what support they may be eligible for.

2.9 Summary of the Challenges facing Kent

- Reduced Budget
- Increasing number of people who need support
- Supporting people with more complex needs lasting for a longer time.



3.0 What we have been doing

Each of the Bold Steps headings are supported by a number of key functions that are essential to the running of the service in delivering our overarching theme. These are broken down into three headings. They are:

- Personalisation
- Voluntary Sector
- Joint and Partnership Working

3.1 Personalisation

3.1.1 About Personalisation

Personalisation is about putting individuals firmly in the driving seat of building a system of care and support that is designed with their full involvement and tailored to meet their own unique needs.

Individuals receive their own budget and can decide how, who with and where they wish to spend that budget in order to meet their needs and achieve their desired outcomes.

Whilst there is a focus on social care and support services, the principles of personalisation are being embedded into a range of other public service areas such as health and education.

Truly personalised services and support mechanisms must be co-produced with staff, people who use our services, their family members, carers and the wider general public. Examples of this are:

- the Adult Active Lives Now strategy
- the Good Day Programme
- the Information, Advice and Guidance policy
- involvement in interview panels for staff recruitment
- the formation of combined service user and staff groups which have been used to inform the Self Directed Support project
- Kent Local Disability Partnership Board
- LINKs.

3.1.2 What this means for our service users and carers?

- People having more control over their care and support
- People knowing the level of their allocated Personal Budget
- People being able to use direct payments if it suits them
- People being supported to have choice in how they are supported
- People having access to good information, advice and guidance

3.1.3 Personal Budgets and the Kent Card – How they are used

Over a thousand people use the Kent Card. This offers a secure and convenient way for an individual to pay for their own support. It can be used in the same way as a VISA debit card, which does not require a bank account.

Key Facts

As at 30th September 2011, 36.7% of Kent Families and Social Care service users were in receipt of a Personal Budget and/ or a direct payment to help deliver their care. This gives service users increased choice and control in how their care will be delivered. (National indicator 130).

The average for comparable Local Authorities for 2010-11 was 30.5% of all social care service users being in receipt of a Personal Budget and/ or direct payment to help deliver their care.

3.1.4 Prevention

Ensuring we can offer people choice and control over their care and support packages has also led to the development of a range of initiatives with Health and other partners to meet the needs of individuals. These include:

- a range of services which are geared towards preventing people going into hospital if they do not need to, or having to stay in longer than necessary because there is no support at home. These services are also having a significant impact in reducing the rates of delayed hospital discharges across Kent
- Enablement services - where Enablement is offered, trained Enablement Support Workers will work with the individual (in the individual's home) to help them learn (or re-learn) important skills that are needed for everyday life – such as improving an individual's confidence getting in and out of their bath or preparing their own meals; or improving their mobility so they can walk to the shops or to visit friends/neighbours.

Enablement is not about doing things for the individual, it is about giving them the skills and confidence to complete daily living tasks themselves. The Enablement worker may also identify pieces of equipment and minor adaptations that could assist the individual to live independently.

Each individual's Enablement programme is tailored to their individual needs. At the start of Enablement, the individual and Enablement Supervisor agree some realistic goals to achieve during the service. These goals are focussed on the individual's eligible needs and will attempt to remove or reduce the individual's eligible needs by the end of the period of Enablement. Enablement Support Workers work with the individual to achieve their chosen goals. The Enablement Supervisor and Support Workers regularly review progress and are required to keep the KCC assessor up to date with progress.

- The Kent Contact and Assessment Service now offers direct access to equipment and minor adaptations across the whole of Kent so that people can obtain small pieces of equipment, such as grab rails, quickly to enable them to live safely and independently at home.

Key Facts

As at 30th September almost 500 people per month were receiving an Enablement service. Of these, over 65% of people returned home with their independence and either no care package or support through equipment.

3.1.5 Tele -Technology

People want to stay in their own homes for as long as possible. Managing long term conditions by using preventative technology and making adaptations to people's homes are some ways in which independence at home can be achieved. This can also prevent admissions to hospital whilst giving the individual peace of mind and a sense of control over their condition.

It is just as important to have a home that is suitable, of good quality and designed to meet the needs of an individual. That is why we have developed a number of housing schemes catering for people with a whole range of needs from older people to people with learning disabilities through Private Finance Initiatives (PFI) in partnership with district councils.

Based on this success we have developed in partnership with five district councils, another PFI bid to deliver 228 units of social housing for vulnerable people.

We are using technology such as TeleHealth and Telecare to support people with long term conditions to maintain their independence and give them reassurance. Kent is also now part of a Government Whole System Demonstrator pilot which has enabled us to offer the benefits of TeleHealth and Telecare to over 2,000 people. People are able to monitor long term conditions at home providing them with reassurance and the ability to remain independent in their own homes with the use of alarm and monitoring systems.

The initial finding of the Whole System Demonstrator Programme showed that if delivered properly, telehealth can substantially reduce mortality. This is supported by evidence of a reduced need for admissions to hospital, a lower number of days spent in hospital and an overall reduction in the time spent in Accident and Emergency Departments.

Across Kent there are a range of initiatives that are being developed with Health and other partners. These include the Enablement service and the Urgent Care Demonstrator and other projects to support those people in the community who have falls, dementia or have had strokes.

Kent County Council have developed, a Public Health Strategy which looks at how KCC can work with partners to reduce health inequalities across the county. In Kent Adult Social Services we are supporting the stopping smoking initiatives and focusing on improved, quality mental health services.

Key Facts

As at 30th September 2011, 963 people were benefiting from the use of telecare technology.

3.1.6 Support to participate in community life

We have been putting new initiatives in place to encourage the development of stronger, safer, sustainable communities to support vulnerable people locally.

The introduction of the personalisation agenda allows greater freedom in how people meet their own needs and in doing so gives the opportunity for creative thinking around social and community engagement and local services.

3.2 Voluntary Sector

We work with the voluntary sector across the services to enable more people to receive support. The voluntary sector deliver key services across Kent.

Families and Social Care values the continuing work of our voluntary sector partners that support vulnerable people to remain independent in their own homes for as long as possible. Our level investment which is just over £15m per year goes to a range of voluntary sector organisations who provide services such as day care, carers, short breaks, information and advice, volunteer and a broad range of early intervention and preventative services. In addition, significant funds are awarded to the voluntary sector organisations with charitable status through a contract.

Key Facts

In 2010-11, over 10,500 people were receiving support from the voluntary sector at any one time.

3.3 Joint and Partnership Working

Families and Social Care values the continuing work of our voluntary sector partners that support vulnerable people to remain independent in their own homes for as long as possible. Our level investment which is just over £15m per year goes to a range of voluntary sector organisations who provide services such as day care, carers, short breaks, information and advice, volunteering and a broad range of early intervention and preventative services. In addition, significant funds are awarded to the voluntary sector organisations with charitable status through a contract.

3.3.1 Integrated Services

As services become more integrated and better partnership working takes place, sharing information between health, district councils and the voluntary sector will need to underpin commissioning plans. Alongside this we need to explore how service users access services to make sure their experience is improved and that we are delivering cost effective services.

With our partners we need to ensure we have more efficient joint working arrangements through single assessment and commissioning of services with systems which allow us to move further and faster in improving public access. The aim will be to streamline assessments whilst ensuring people still have the ability to self-assess. Integrated assessment could then lead to an integrated system of paying benefits through Individual Budgets to service users and carers through the mechanism of a combined card. This would help relieve confusion, saving time and giving more control to the service user.

We will take every opportunity to explore new ways to work with health, particularly in community settings. This will include improving end of life care, supporting people with long term conditions and their carers and promoting health and healthy lifestyles.

An example of improved joint working with the NHS is the piloting of Eye Clinic Liaisons who will provide patients with timely information, signposting and emotional support at point of diagnosis. This will include maximising the use of the Kent Card and Personal Health Budgets to give people greater choice and control in choosing their services.

A National UK Visions Strategy is to be developed locally by health and social care.

We will also be working with health partners to promote access to health and social care services for gypsy and traveller communities and to tackle the health inequalities experienced by this community.

The Gateway programme in Kent is transforming access to public services for Kent residents.

It is a partnership across local government (county, district and borough councils), fire, police, NHS, the voluntary sector and central Government, providing joined up access to services with a focus on customer service. Discussions have taken place with the Eastern and Coastal Kent Primary Care Trust and the Dover Gateway is shortly opening a clinical room for Health. There are now plans and funding available to introduce a clinical room at Gateways in Thanet and to design them into Herne Bay, Sheppey, Ashford and Shepway in due course.

Key Facts

In 2011, an average of 450 people per month were referred to intermediate care services to enable them to be discharged from hospital and be able to return home.

As at 30th September, 87% of older people (aged 65 and over) who received an intermediate care service were still at home three months later, with either a reduced care package or no care package at all (National Indicator 125).

The average for comparable Local Authorities for 2010-11 was 81.8% of service users receiving a rehabilitation or intermediate care service achieved independence.

3.3.2 Carers

Caring touches all our lives and at some point most of us will either give or receive care and support. Many people do not see themselves as carers: they are mums or dads, husbands, wives, partners, brothers, sisters, friends and neighbours. Carers are not a separate or distinct group. People from all walks of life, ages, ethnicities and backgrounds are carers.

Adult Social Care's approach towards carers along with their partners in health, voluntary and third sector services is based on the understanding that carers are the main providers of community care and support and they should be supported in their role. Much of our work with carers is delivered through numerous partnerships and some through grants, service agreements and contracts with the voluntary and independent sector.

Adult Social Care's role is to ensure that carers are supported and have access to timely information, support to care which can include short breaks, practical assistance, and emotional support and help to maintain their own health. We have a role in ensuring their voices are heard and that they are treated as partners in care.

Together with the PCTs, the Council has developed a 5 year strategy for mental health in Kent. It is designed to improve mental health and wellbeing and is called "Live it Well". With Sevenoaks MIND as a partner, the "Live it Well" website has been created to make this strategy public. It gives easy access to good quality information and to local resources that can improve everyone's mental health and wellbeing. The website is at www.liveitwell.org.uk

Additionally, the Council and the PCTs fund the Mental Health Matters helpline in Kent. The Mental Health Matters Helpline (0800 107 0160) is available out of hours on weekdays and 24 hours during weekends and holidays. A mental health carers support group is funded in each locality in Kent.

This service will shortly be expanded to include out of hours support to Carers too.

We provide a range of short breaks which benefit carers and the people they support. More flexible respite opportunities have been shaped around individual need.

Key Facts

During 2010-11, 38.3% carers needs were assessed or reviewed by Kent County Council (National Indicator 135).

The average for comparable Local Authorities for 2010-11 was 29.6%.

3.3.3 Transition from Childhood to Adulthood

In order to enable disabled children to meet their full potential in adulthood there needs to be a seamless transition of support services as people move into adulthood which is focused on the individuals needs. We now have transition co-ordination workers who work with young people and their families, schools and education to help smooth the process from moving into adulthood.

3.3.4 Non-Residential Charging Policy

In order to continue to provide support to the widest number of people in Kent who are eligible for social care support and to enable FSC to continue to invest in preventative services. FSC revised its non-residential charging policy which came into effect in December 2011.





4.0 How you help us shape our services

4.1 Public Involvement

Involving the public in our service design and listening to the feedback people have given us has always been a priority, and we have continued to act upon this. However, in April 2009 the Duty to Involve was introduced. The aspiration of the duty was to:

“embed a culture of engagement and empowerment. This means that authorities consider, as a matter of course, the possibilities for provision of information to, consultation with and involvement of representatives of local persons across all authority functions”.

The Local Government and Public involvement in Health Act 2007 section 138 (taken from Creating Strong Prosperous Communities Statutory Guidance July 2008).

This duty has raised the profile of involving the public so it is no longer a choice but an obligation. Following an inspection by the Care Quality Commission in 2009, the action plan highlighted that a key focus for the future needs to be involving more disadvantaged groups.

We will continue to work with a broad range of partners and groups who are seldom heard to ensure we involve everyone and that their needs are addressed. These will include Learning Disability Partnership Boards, those with complex needs and black and minority ethnic groups.

We are currently working with the public to develop a partnership model. The purpose of this is to give the public, particularly those who use our services, a greater influence over the decisions made by the Directorate's Strategic Management Team.

We will involve service users and their families in designing services, ensuring we have engaged with disadvantaged or vulnerable groups. We will continue to be held to account by service users, carers and their families, and ensure we keep them informed about how we are doing and give them every opportunity to help us review and evaluate services and outcomes.

4.2 Service Improvement – Complaints

Performance Measure	Actual Fin Yr 2009/10	Estimate Fin Yr 2010/11	Target or Forecast Fin Yr 2011/12
Number of Complaints	436	527	547
Number of Compliments	502	598	560

5.0 Looking to the coming year

We have identified a number of priorities that will guide us through the next three years as we continue to modernise social care in Kent. The Adults Transformation programme will be how our service will contribute to the delivery of Bold Steps in Kent. These priorities have come from:

- feedback from service users and carers
- surveys and research with the public
- customer feedback
- government frameworks and policy
- understanding the make-up of the people we support and other relevant analyses of need and demography
- our own performance monitoring and management - understanding what we are doing well and areas that need more focus.

This is our timetable for the creation of next year's Local Account (2012).

	Timescale
Agree framework, template and events for engagement with stakeholders: LiNKS Carer groups Service user groups Voluntary Sector Health	February – April 2012
Consultation with groups	May 2012 – June 2012
First Draft completed	June 2012
Editorial Board – service users and carers	July 2012
Final Draft completed	August 2012
Scrutiny of account through: Adult Social Care and Public Health Policy and Overview Scrutiny Committee Health Watch Health and Wellbeing Board	September 2012
Publish Account	October 2012

Glossary of key words:

Assessment

The overall process for identifying and recording the health and social care risks and needs of an individual and evaluating their impact on daily living and quality of life, so that appropriate action can be planned. An assessment can be completed in a number of ways including over the telephone, online and face-to-face.

Co-Location

The practice of different parties/organisations sharing a residence.

Dementia

The term 'dementia' is used to describe the symptoms which occur when the brain is affected by specific diseases and conditions. These include Alzheimer's disease and sometimes can be the result of a stroke. Dementia is progressive, which means the symptoms will gradually get worse. How quickly dementia progresses will depend on the individual. Each person is unique and will experience dementia in their own way.

Direct Payment

A Direct Payment is one way in which a Personal Budget can be received. It is a form of payment which enables the individual to receive their Personal Budget into a bank account so they can manage their own money as well as purchase and manage their agreed support.

Enablement

Enablement services are free to anyone who is eligible for a service after a needs assessment; there is no financial assessment. This is an intensive, short term service of three to six weeks designed to maintain independent living skills.

Gateways

Gateways offer a convenient public service access point in a retail-based location using the latest innovative technologies and strong partnership working. The Gateway model has engaged partners in its development and roll out, including central and local Government, NHS, Police, Fire, Job Centre Plus and so on.

Good Day Programme

The programme is "about ensuring better days" for people with learning disabilities through the exercise of personal choice and control over their activities, with support if necessary to enable them to lead a full and meaningful life.

Joint Strategic Needs Assessment

Joint Strategic Needs Assessment describes a process that identifies current and future health and well-being needs in light of existing services. It informs future service planning and identifies "the big picture" in terms of the health and well-being needs and inequalities of a local population.

Kent Card

The Kent Card is a secure and convenient way of receiving a Direct Payment for community support and assistance. It is an easy way for an individual to pay for their support. It is a Chip and PIN VISA card which does not need a bank account. People can use it to pay for their support in the same way as using a VISA debit card.

Learning disability

Learning disability is not mental illness or dyslexia. People with a learning disability find it harder than others to learn, understand and communicate.

Mental health

Mental health is about how we think, feel and behave. One in four people in the UK have a mental health problem at some point in their lives, which affects their daily life, relationships or physical health.

Personalisation

The process by which state provided services can be adapted to suit the individual. In social care this means everyone having choice and control over the shape of their support along with a greater emphasis on prevention and early intervention.

Personal Assistant

This is someone who can help an individual to live independently at home. They may take them shopping or help them to cook or clean but they are employed by the individual, rather than by the local authority or a care agency and therefore the individual has legal responsibilities as their employer.

Personal Budget

A Personal Budget is the amount of money allocated to a person as a result of a social services assessment. The allocation of this money will be transparent. A social services Personal Budget could be part of an Individual Budget in the future. Individual Budgets bring together the money allocated to a person from a variety of sources, for example Supporting People.

Personal Health Budget

This is similar to a social services Personal Budget and is being piloted until 2012. A Personal Health Budget makes it clear to the individual and the people who support them how much money is available for their NHS care so they can discuss and agree the best way to spend it. It is likely to be used for therapies, personal care, lifestyle advice and self-management courses. It will not be able to pay for emergency care and care you normally get from a family doctor.

Private sector

Organisations which are run for private profit and are not controlled by the state.

TeleHealth

Clients using TeleHealth use equipment to take their vital sign measurements in their home environment.

Telecare

Telecare uses sensors, such as movement or fall detectors, linked to a response centre to safeguard the client's well-being. Both Telecare and TeleHealth technologies help frail, elderly and people with long term conditions to live at home independently.

Voluntary and community organisations

These are self-governing organisations, some being registered charities, some incorporated non-profit organisations and some outside both these classifications which rely heavily on volunteers and are independent from formal structures of government and the profit sector/ private sector.



Images courtesy of Care Images
www.careimages.com

This publication is available in alternative formats and can be explained in a range of languages. Please call 08458 247 247 for details.

Images courtesy of care.images.co.uk

