

# Adult Social Care Transformation Programme Blueprint and Preparation Plan

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*A transformation programme that will deliver savings,  
not a savings programme that will deliver transformation*

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## Acronyms and Glossary

<b>Blueprint:</b>	A model or design for how the business will work in the future
<b>Carer:</b>	Anyone who provides an unpaid caring role to a friend or family member
<b>Care navigator:</b>	A person who understands the care system and can, when requested advise people about the care system
<b>Clients/Service Users:</b>	Users of services provided via Families and Social Care
<b>Community Agent:</b>	A person who works in the community supporting the needs of the members of the community (such as social care/health needs)
<b>Co-production:</b>	The public sector, organisations and citizens working together to design and develop services
<b>Enablement:</b>	An intensive short term service, available via KCC that encourages and assists people to learn or re-learn skills required to live as independent and fulfilling a life as possible, in the way that they choose. This is KCC's re-ablement service.
<b>FSC:</b>	Families and Social Care Directorate of Kent County Council. It is responsible for delivering frontline adults and children's services to the people of Kent – excluding Medway.
<b>Intermediate Care:</b>	A range of integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admission and premature admission to long-term residential care, support timely discharge from hospital and maximise independent living
<b>Non-Provision:</b>	Assessment, case management, management and back office functions
<b>Partners:</b>	Any organisation that KCC needs to work in partnership with to maximise outcomes for its customers
<b>Providers:</b>	Any organisation that provides a service on behalf of KCC
<b>Provision:</b>	Services that are delivered directly to clients
<b>Reablement:</b>	Any services which help people to accommodate their illness or condition and maximise their level of independence by learning or relearning the skills necessary for daily living
<b>Stakeholder:</b>	Any individual, group, organisation or staff that can affect, can be affected by or perceive itself to be affected by the transformation programme
<b>Staff:</b>	The people employed to work within the Families and Social Care directorate, either directly with clients or providing back office support.
<b>Self-Manage:</b>	Clients (or their representatives) managing and purchasing support (with or without funding from the Council) to meet their needs, with little or no input from social care or NHS/Health staff.
<b>Social worker:</b>	A person professionally qualified in Social Work.

# 1 Foreword

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Increasingly, citizens want better quality and greater choice in the services they require. For those with social care needs this may mean support that is more relevant to them and this must be reflected in the way we approach our business and the care sector as a whole. We will continue with our journey of greater personalisation of services and support, but this must now be achieved within the constraints of a challenging financial climate.

This document sets out Kent County Council's vision for the future of social care in Kent, and how our transformation programme will achieve this vision, whilst contributing towards KCC's overall savings agenda. Our transformation will have a determined focus on prevention and targeted intervention, ensuring that services respond rapidly and are more effective. We will encourage and empower individuals to do more for themselves and ensure greater support is available to carers. We will also develop a new deal with both voluntary and independent providers; one that is based upon trust and incentivisation.

We want to take this opportunity to give reassurance that people are at the heart of all the decisions we make, and where there is opportunity for involvement and co-production we will seek it and welcome it. Most importantly, ***this is a transformation programme that will deliver savings, not a savings programme that will deliver transformation.***



Graham Gibbens  
Cabinet Member  
Adult Social Care and Public Health



Andrew Ireland  
Corporate Director  
Families & Social Care

## 2 Executive summary

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**Our objective is to improve the social care outcomes for the people of Kent. We will achieve this whilst moving Families and Social Care (Adults) to a position where, by 2015, it can operate on a reduced budget.**

This Blueprint and Preparation Plan is a starting point for the future shape of social care in Kent. It is written in light of the budget requirements of the Families and Social Care (FSC) directorate, as well as the direction of travel of the current government and Kent County Council (KCC). This report outlines the approach the Families and Social Care directorate will take in order to contribute towards KCC's overall savings agenda.

Social care is part of a system that includes not only health, housing and planning, but also citizens who source, manage and fund their social care services outside of the formal social care system. Many people who manage and fund their own support (including residential care) have limited or no contact with KCC. This makes it hard to judge the true size of the social care market for both paid services and unpaid/informal care and support.

As there are many linked components to the system, it means the actions of others affect the spend pattern of KCC's Families and Social Care Directorate. For many, a need for social care arises through other causes rather than through any intrinsic need for social care itself. It may be possible in the short term to manage down the costs of social care but, to achieve the substantial savings we require calls for a change in the circumstances that gave rise to the need for care in the first place; whether it be health, housing, psychological causes or other needs.

The Families and Social Care directorate has decided to approach the need for savings by taking a reasoned and planned approach to the redesign of adult social care and intends to make savings through transformation. This will be carried out with the full engagement of stakeholders over the three year period of the transformation programme. For our transformation to succeed we must take the time to truly understand our business, the social care market in Kent and how changes to the health and wealth of citizens will impact on our business. Service redesign will be achieved by understanding the relationship and interdependencies between our key activities, appraising the options and implementing the changes.

We will undertake a six month period of work (April – September 2012) to fully understand and plan how we will transform adult social care. Under no circumstances must we risk making decisions based on unfounded information. We will not put users of social care or their carers at risk of being without support that we have a statutory duty to provide. More

concrete plans of how we will transform, and the level of savings that can be achieved, will be shared following the completion of this work.

In the production of this Blueprint and Preparation Plan significant stakeholder engagement took place. Approximately 750 stakeholders took part in the engagement activities which resulted in the development of our six transformation themes. This engagement will continue for the lifetime of the transformation programme, and beyond, and co-production with all stakeholder groups will be critical to the success of this programme.

This Blueprint and Preparation Plan sets out our vision, the proposed 'themes' for transformation, feedback from stakeholders we have engaged with and the next phases to this programme. The following themes will provide the basis for our transformation:

- Prevention, independence and wellbeing
- Supporting recovery, maximising independence and assessing at the right time and in the right place
- Support at home and in the community
- Place to live
- Every penny counts
- Doing the right things well

The Adults' Transformation Programme will be how Families and Social Care will contribute to the delivery of the savings KCC needs to make and KCC's Medium Term Plan - '*Bold Steps for Kent*'. We will contribute to *Bold Steps for Kent* in a number of ways, but specifically we will ensure greater personalisation of budgets so that people have greater choice and control over the services they use.

In essence, our goal is straight forward: ***That people are at the heart of all adult social care activities, receiving integrated services that are easy to access, of good quality and that maximise their ability to live independently and safely in their community.***

We believe this will be achieved by doing the right things well, at the right time and putting people at the heart of everything we do.

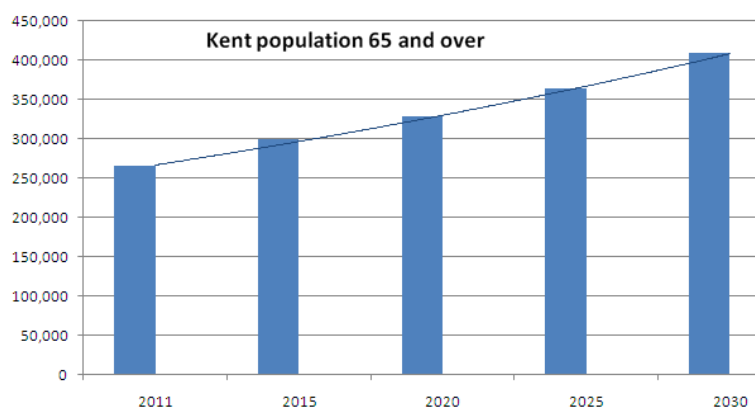
Our goal may sound simple, but this is still a daunting programme of change. We have an opportunity to re-shape both our organisation and social care in Kent, to truly empower those who can to self manage and create a sustainable business that can stand the test of time.

## 3 Challenges faced by adult social services

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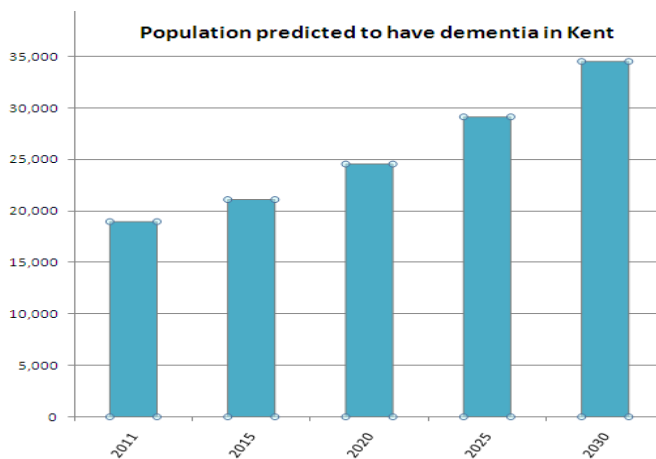
### 3.1 Demographic challenges

Social care is a demand led service. Advances in medical science, the promotion of healthier lifestyles along with an overall increase in general wellbeing for many, means the population is living longer. Kent's over 65 population is predicted to grow year on year – increasing 55% by 2030. This could mean demand for adult social care will grow at a similar rate, but it may not. This could be for a number of reasons, including the health and wealth of the population.



Source: *Projecting Older People Population Information System (2010)*

Whilst many people live a long and healthy life and make limited use of the NHS or social care this is not the case for everyone. Many live with, often multiple, long term conditions or experience general frailty simply brought about by age. Long term conditions are predicted to increase at a similar rate as the over 65 population. People with conditions such as dementia will often require intensive and sometimes costly support. There is a risk that demographic changes will put a significant pressure on adult social care budgets.



Source: *Projecting Older People Population Information System (2010)*

## **3.2 Financial challenges**

By 2015, Kent County Council is expecting to operate with a budget that is around £200 million less than it does now. This is a significant reduction, of which the Families and Social Care directorate will be expected to make a major contribution. We cannot continue with our current business model and achieve financial sustainability. Wholesale change is required.

## **3.3 Summary**

So we can truly predict demand and plan the right services for the future we need to fully understand the impact of demographic changes and the changing health, wealth and preferences of people in Kent.

We also need to understand which preventative services we should invest in to provide the best returns. These activities will take place in the coming months and will enable us to forecast what we need to spend and consider how to deliver the best services we can within the budget available to us.

## 4 Meeting our challenges through transformation

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**Our objective is to improve the social care outcomes for the people of Kent. We will achieve this whilst moving the Families and Social Care (Adults) Directorate to a position where, by 2015, it can operate on a reduced budget.**

The Families and Social Care directorate has decided to approach the need for savings by taking a reasoned and planned approach to the redesign of adult social care. It intends to make savings through transformation and radically changing its current investment profile. This requires a high level review of how social care is currently delivered. Service redesign will be achieved by understanding the relationship and interdependencies between our key activities, appraising the options and implementing the changes.

More than 90% of the services provided through adult social services are delivered through contracts with private and voluntary organisations. Although limited savings may be possible by outsourcing some of the remaining 10% of in-house provision, this alone will not be enough. We must review our assessment and back office functions; redesign the services we commission, increase our investment in preventative measures, use technology to its full advantage and work collaboratively with others to maximise efficiencies.

Savings will be achieved by either paying less, buying less or buying cheaper alternatives. We have already taken this approach to certain areas of our business. Continuing to focus on short term price reductions will not deliver the required savings and risks destabilising the market. This could have a significant negative impact on service users and carers and risks increasing demand for support from us. We must approach the challenge differently, and do things differently.

We must ensure those requiring social care services are in the right place for the right length of time and at the right cost. Those assessing them must ensure the assessment takes place in the right place and at the right time. This means decisions regarding longer term support must be made when a person has had sufficient time and support to gain or regain their optimum level of independence.

Our vision for 2015 is based upon a new investment profile within a significantly reduced budget. Whilst this is a huge challenge it is also a real opportunity for us all to review social care in a new light and influence how the money we do have is spent.

## 5 The vision for adult social care in Kent

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The vision for adult social care in Kent is based upon adding maximum value by working with the NHS and other organisations involved in the social care system. This will be done with a determined focus on prevention and targeted intervention; ensuring that services respond rapidly and are more effective, supporting carers and empowering individuals to do more for themselves; a new deal - based upon trust and incentivisation - with both voluntary and independent providers; and daring to let go of things that we currently do ourselves.

### **Vision Statement**

*People are at the heart of all adult social care activities, receiving integrated services that are easy to access, of good quality and that maximise their ability to live independently and safely in their community.*

*We will achieve this by:*

- *Empowering citizens to build a support network of trusted people, places and services tailored to their needs and minimising their dependence on formal services*
- *Working with communities to ensure people can develop or retain a choice of social links and networks to maintain health and prevent social isolation*
- *Making every penny count in achieving service user outcomes and value for money services*
- *Providing the right assessment at the right time to support people to achieve or regain their ability to manage their lives*
- *Commissioning housing options that support people to thrive in their community*
- *Developing a vibrant market of services from which people can find the right support*
- *Agreeing clear and consistent standards across the county, but recognising distinctive local solutions for delivery*
- *Encouraging a positive culture that enables our workforce to develop and deliver a quality service*

## 5.1 Re-designing adult social care in Kent

Where it is cost effective and improves outcomes Families and Social Care Adults will commission others to do more on our behalf, and we will do less ourselves.

By 2015 we aim to be only directly responsible for:

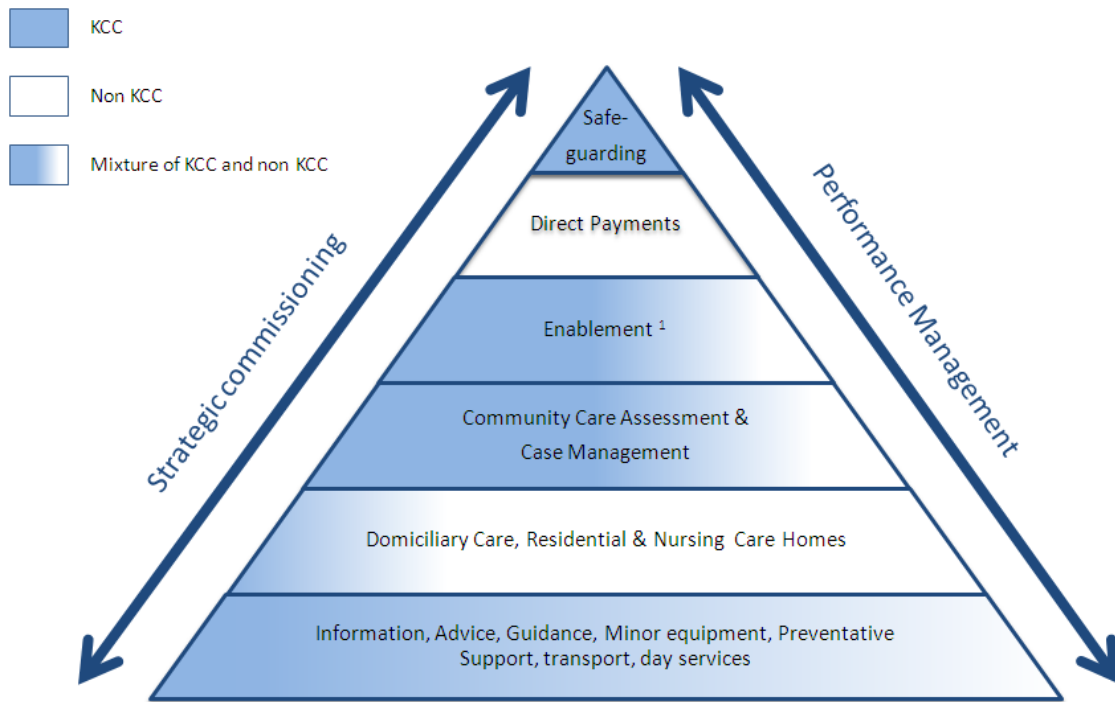
- Safeguarding vulnerable adults and statutory duties regarding adult protection
- High risk case management (where it cannot be done effectively by anybody else)
- Quality assuring the work others do on our behalf
- Strategic commissioning (contracting and market shaping) and joint commissioning
- Performance and commercial oversight of commissioned services

Design objectives include:

- Greater personalisation of services
- Greater focus on outcomes not activities
- Increased prevention and preventative support
- More effective demand management
- Increased focus on localism
- A shift towards more self management (wherever possible)
- More effective partnership working and co-production
- Greater focus on re-ablement and support that maximises independence
- A shift to integrated health and social care commissioning and provision
- Greater incentivisation of providers
- Greater focus on value for money
- Greater focus on efficient working – doing the right things well
- More robust evidence based decision making
- Greater focus on performance management and managing the required culture change needed in order to transform.

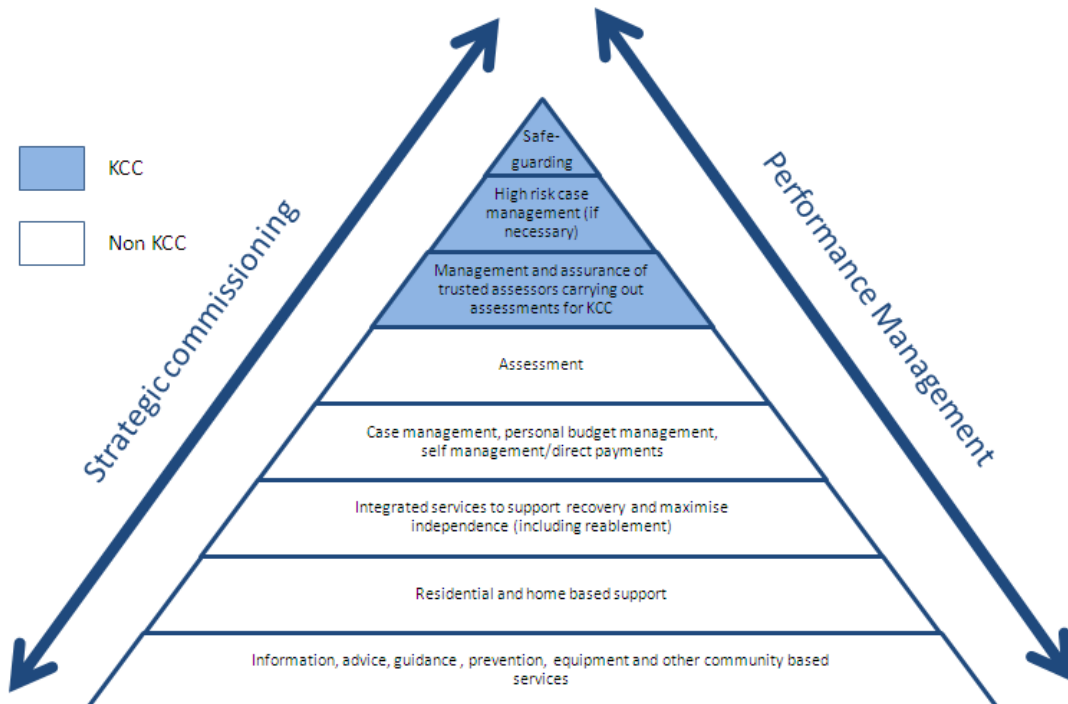
So that our clients benefit from a cohesive and effective system we will work with the “whole system” of health and social care.

## An illustration of Families and Social Care (adults) now



<sup>1</sup> 85% In-house Enablement, 15% external enablement

## An illustration of how Families and Social Care (adults) could look - should a viable business case be proven for this design.

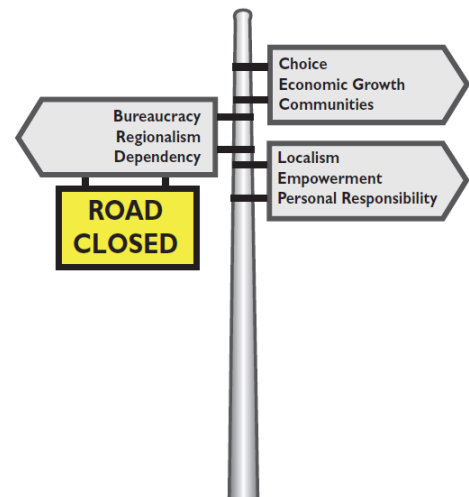


## 5.2 The vision for social care in Kent and 'Bold Steps'

The Adults' Transformation Programme will be how Families and Social Care will contribute to KCC's Medium Term Plan, 'Bold Steps for Kent'.

The transformation programme will:

- Help to deliver integrated health and social care in Kent by making it easier for people to access services, implement a shared assessment process, share information across organisations to better manage demand/spend and share resources where possible to reduce management and accommodation costs
- Enable people to access social care information and services more easily by ensuring people can access the information they need – whether it be to deal with a current social care need, to prevent deterioration or to manage future need



## **Bold Steps for Kent**

- Help the Kent economy grow by encouraging growth and diversification of the market by supporting the voluntary sector and encourage social enterprise
- Empower people to have greater choice and control over the support they receive through increased used of personal budgets, alternatives to KCC managed support and greater choice and flexibility on offer in the whole social care market
- Tackle disadvantage by making the best use of resources available in social care to improve outcomes, particularly for those most vulnerable, the frail elderly and those with dementia and adults with disabilities
- Provide the most robust and effective public protection arrangements for vulnerable adults and support the delivery of the children's improvement plan.
- Procure and commission services more effectively. In addition to the responsibility of ensuring value for money, KCC's vision through 'Bold Steps for Kent' is to become a commissioning authority and so will need to ensure steps are taken to move away from direct provision.

## 6 Transformation themes

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The transformation programme is a real opportunity for all those involved in social care, whether providers, users or carers, to view social care in a new light. This is a chance to influence how the money that is available is spent. Reviewing and considering feedback and comments from recent stakeholder events, the transformation programme can broadly be categorised into six themes.

1

### **Prevention, independence and wellbeing**

Enabling citizens to find solutions that meet their needs without entering the formal social care system.

2

### **Supporting recovery, maximising independence and assessing at the right time and in the right place**

Providing short term crisis support and maximising the opportunity to recover prior to any long term care decisions being made. Those who do have long term social care needs will be able to access support that promotes independence.

3

### **Support at home and in the community**

Greater choice in support and activities that encourage people to live independently and prevent social isolation.

4

### **Place to live**

Accommodation solutions that increase the options available so people can live independently in a place of their choosing.

5

### **Every penny counts**

Ensuring all spend provides value for money.

6

### **Doing the right things well**

Ensuring the right processes are in place and applied consistently and effectively

# 1

## Prevention, independence and wellbeing

Enabling citizens to find solutions that meet their needs without entering the formal social care system.

The vision for this theme is:

- Information, advice and guidance through a range of partner organisations that is easily accessible to all and supports people to make informed decisions about social care
- Access to a range of equipment, technology and services without intervention from adult social services, except when it is necessary
- Community based agents - who understand the social care system - supporting people to make decisions and access preventative services
- For KCC to provide professional expertise to care navigators
- Good quality appropriate community based services
- Shared information to better predict those at risk of needing social care/health support so needs can be managed before situations deteriorate (risk stratification)
- Investment in preventative services
- Online tools to access information, so people can make their own decisions and purchase their own solutions whether or not they receive funding from social services
- Ensure support is available to carers who wish to continue with their caring role, but need additional support to do this
- Volunteers working in partnership with other KCC departments
- Options for self assessment of needs, as well as financial self assessment, to enable a person to know quickly if they are eligible for support from KCC

### What success looks like:

Greater number of people able to meet their own needs without entering the formal social care system

Those who need to enter the social care system will have the tools to self manage their own care needs with reduced involvement from KCC

### Evidence of Success:

Increase in self assessments and use of community and voluntary services

High usage of self management tools

Evidence that prevention is delivering the required outcomes

Reduction in KCC activity/spend

### Key Principles:

Demand Management

Prevention

Personalisation

Localism

Self management (where possible)

Partnership working

### Prevention, Independence & Wellbeing

### Bold Steps:

1. Improve how we procure and commission services

2. Support the transformation of health & social care

7. Building strong relationships with business

15. Improve services for the most vulnerable

# 2

## Supporting recovery, maximising independence, assessing at the right time and in the right place

Short term crisis support and maximising the opportunity to recover prior to any long term care decisions being made. Those who have ongoing social care needs will be able to access support that promotes independence.

The vision for this theme is:

- Local integrated health and social care access points where people can request an assessment and access support
- Rapid/emergency response for those in crisis including 'Reablement' support that is commissioned/provided jointly between health and social care
- Access to support that promotes independence and inclusion in mainstream activities in the wider community
- No long term care decisions made during crisis situations
- Providers trained as trusted assessors completing assessments on behalf of Kent County Council with access to equipment and telecare (as needed)
- Use of technology that supports greater independence
- Removal of barriers cause by transition of clients moving from Children's Services to Adult Services
- Social workers working in partnership with providers, health partners and district/borough councils to offer expertise, support and assurance to providers when carrying out functions on behalf of KCC
- Shared information to better predict those at risk of needing social care/health support so needs can be managed before situations deteriorate (risk stratification)
- All people who have eligible on-going needs will be allocated a personal budget that can be spent on meeting their needs in ways they choose

### What success looks like:

No long term care decisions made during crisis situations

Working in partnership with health and providers to be more efficient in how we support our clients

### Evidence of success:

Reduction in spend by removing duplication in the assessment processes

Evidence that a focus on preventative and short term intensive services is reducing spend in long term services

**Supporting recovery, maximising independence & assessing in the right place at the right time**

### Key Principles:

Demand management  
Re-ablement Services  
Health and social care integration  
Personalisation  
Incentivisation  
Localism  
Partnership working

### Bold Steps:

2. Support transformation of health & social care  
12. Empower users of social services through personal budgets  
15. Improve services for most vulnerable

# 3

## Support at home and in the community

Greater choice in support and activities that encourage people to live independently and prevent social isolation.

The vision for this theme is:

- Providers trained as trusted assessors – assessing the on-going needs of the people they support, adjusting care packages as required and putting in place equipment, telecare and Reablement when needed to maximise recovery and independence
- Providers of community care services trained to work with the people they support to maximise inclusion in the wider community and access to mainstream activities
- Kent County Council social workers allocated to specific home care providers to work in partnership to maximise opportunities for recovery, independence and personalisation for the people they support
- Providers working more flexibly to meet the changing needs and preferences of the people they support
- A greater range of services and activities that provide support in the home and the community regardless of whether people are KCC funded, self funded or both
- Care navigators that support people to access information, advice and guidance on making choices about care early enough to support recovery and maximise independence
- Opportunities to ensure people of a working age can access and maintain employment

### What success looks like:

A thriving range of support and services  
Providers doing activities on KCC's behalf (where it is more efficient)

### Evidence of success:

Increased proportion of people supported in their home in comparison to those in nursing/residential care  
Greater choices of support and more people making their own choices

### Support at home & in the community

### Key Principles:

Personalisation  
Incentivisation  
Localism  
Demand management  
Partnership working

### Bold Steps:

1. Improve how we procure services
2. Support transformation of health & social care
12. Empower users of social services through personal budgets
15. Improve services for most vulnerable.

# 4

## Place to live

Accommodation solutions that increase the options available so people can live independently in a place of their choosing.

The vision for this theme is:

- Sufficient and suitable housing that offers a real alternative to residential and nursing care, with dedicated support including 24/7 on site support and technology for mixed tenure that encourages balanced communities
- Purpose built, short term housing to support short stay recovery and reablement
- Vacancy management that ensures available resources are maximised
- Explore opportunities for increasing use of the Adult Placement Scheme
- Home share schemes providing opportunities for people who own their own homes in need of a little support to be matched with people who require accommodation and can provide support that helps them stay living in their own home
- Residential providers trained as trusted assessors – assessing on-going needs, developing personalised support plans and putting in place equipment, telecare and in-reach Reablement, as required
- Kent County Council social workers allocated to specific residential providers who will work in partnership to maximise opportunities for recovery, independence and personalisation for the people they support
- Ensure throughput of specialist learning disability services so service users benefit, become independent and places can be freed up for other new service users
- Reablement and promotion of independent living skills in a residential care setting

### What success looks like:

A range of housing options available that enable people to be as independent as possible

Competent providers that provide personalised support that maximises recovery and independence wherever possible

### Evidence of success:

Increased amount of supported accommodation, extra care housing and adult placement places

Shift in residential spend

## Place to live

### Key principles:

Demand management  
Personalisation  
Localism  
Partnership working  
Incentivisation

### Bold Steps:

1. Improve how we procure services
2. Support transformation of health & social care
12. Empower users of social services through personal budgets
15. Improve services for most vulnerable

# 5

## Every penny counts

Ensuring all spend provides value for money.

The vision for this theme is:

- Understanding FSC's costs for all in-house and externally commissioned services – to ensure we achieve value for money
- Reviewing all FSC Adult services (through the 'Make, Buy, Sell' process) to ensure that services provide maximum value for money – this could mean outsourcing in-house services and KCC business activities where better value for money can be achieved externally
- All business processes streamlined to remove waste and maximise efficiency
- That organisations make the best use of community assets to maximise usage and provide maximum value for money
- Kent County Council managers accountable for every penny spent within their team or commissioning category
- Design an "access to resources" team that purchase support on behalf of people who do not want to manage their own support – using expertise and consistent processes to manage spend effectively
- Incentivising and rewarding providers who deliver the desired outcomes

### What success looks like:

FSC maximising value for money in everything it does, whether in-house or commissioned externally

### Evidence of success:

Reduction in in-house service unit costs/spend  
Delivery of the required level of savings  
Streamlined and efficient processes  
Shared costs/pooled budgets with partners  
KCC achieving its savings target

## Every penny counts

### Key principles:

Value for money  
Efficiency  
Evidence based decision making  
Performance management  
Partnership working

### Bold Steps:

1. Improve how we procure services
2. Support transformation of health & social care
7. Build strong relationships with key business sectors across Kent
12. Empower social service users through personal budgets

# 6

## Doing the right things well

Ensuring the right processes are in place and applied consistently

The vision for this theme is:

- All business processes streamlined to remove waste and maximise efficiency.
- All new business processes implemented as designed and consistently applied across the county
- Clear processes, roles and responsibilities for all
- Using staff effectively so that those qualified can focus on work that requires their specialist expertise and other staff carry out work which does not require specialist expertise
- Robust performance management that ensures Kent County Council staff and providers achieve what is expected of them
- Removal of barriers caused by transition of clients from children's services to adult services
- To fully understand costs and demand so that opportunities for prevention are maximised
- Monitoring direct payment spend to ensure unused monies are reclaimed and reinvested with other people needing support

### What success looks like:

Consistent processes, roles and responsibilities across Kent  
KCC applying an analytical approach to make robust business decisions  
Staff and provider performance monitored regularly and action taken where needed

### Evidence of success:

Staff following the processes, roles and responsibilities they have been given  
Providers delivering outcomes as set out in their contracts  
KCC achieving the savings target

### Key principles:

Demand management  
Financial management  
Performance management  
Business process re-engineering  
Efficiency  
Consistency  
Partnership working

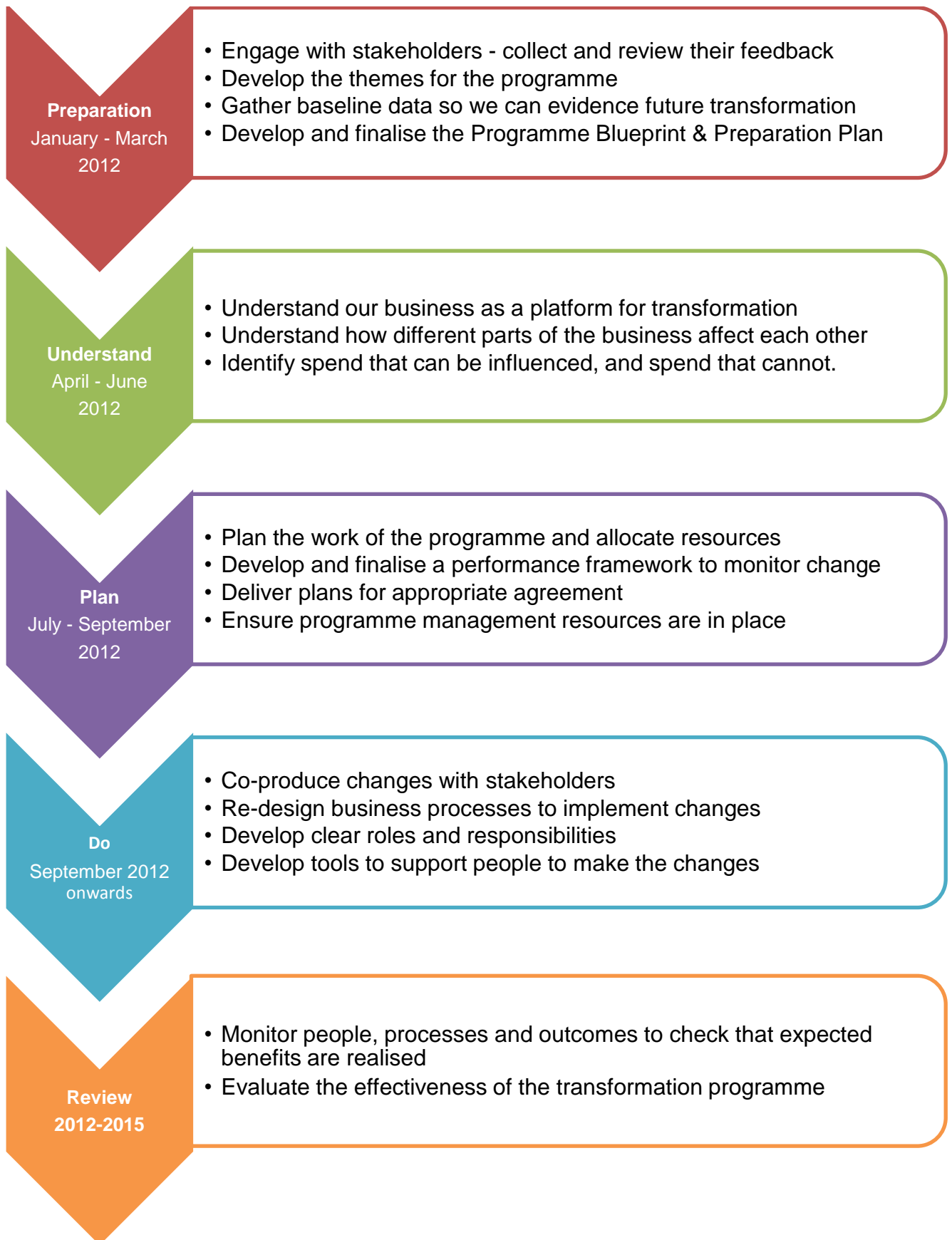
## Doing the right things well

### Bold Steps:

2. Support transformation of health & social care  
12. Empower social service users through personal budgets  
15. Improve services for the most vulnerable people in Kent

## 7 Planning the transformation programme

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## **7.1 Next Steps**

The premise for the next stages of the transformation programme will be based upon the standard 'commissioning cycle' of Understand, Plan, Do, Review. In this document we cover the 'Understand' and the 'Plan' phases.

## **7.2 Understand Phase: April – June 2012**

A period of 'understanding' is essential in order to get a full picture of both our business and the social care market in Kent. We propose a number of reviews or 'understand' projects in order for an assessment to be made. This will include services we commission from others, the services we provide ourselves (in-house) and other business activities/functions that we carry out ourselves. Only when this is complete will the planning phase begin.

In order to plan our transformation we must have a clear understanding of specific areas of our business and how they are linked. Any changes made in one area can have a knock on to another area. We need to understand our business with regards to transformation (as opposed to day to day management), and this requires a different level of information. These 'understand' projects will give us a clear picture of what we do currently - whether it is effective, how much it costs so we can analyse whether it provides value for money.

### **Potential 'understand' projects**

We will gain a clear understanding of current:

1. Activity and spend data including research to compare data with other local authorities and examples of national best practice in transformation
2. Spend we can and cannot influence
3. Legal obligations placed on councils with adult social services responsibilities
4. The proportion of Council savings allocated to the FSC Directorate and any potential issues/risks which may need to be managed
5. Data regarding demographic, wealth and health changes (for all client groups)
6. Commissioning roles and responsibilities within FSC
7. Change projects, savings projects and health funded investments

8. Assessment processes and policy, including productivity data and costs
9. Housing solutions
10. Home adaptation options
11. Health and social care reablement/intermediate care activity
12. Options for brokerage
13. Purchasing processes, resourcing and interfaces with providers/care management
14. Information, advice and guidance
15. Residential care options
16. Preventative services
17. Community based solutions
18. Work of coordination teams/Mental Health recovery teams and Learning Disability teams to understand non-assessment tasks, resourcing and costs
19. Options for managing a personal budget
20. Technological solutions in use such as equipment, gadgets, telehealth, telecare services, on-line tools, social networking tools, etc
21. Community based volunteering activity
22. Availability of health and social care data to support risk stratification
23. Technology and systems in use including what we are committed to
24. Resources required to meet our safeguarding duty

Changes cannot be made to one part of the business without understanding the impact of that change on another part of the business. For this reason, during the next 6 months we will carry out the 'Understand' and the 'Planning' phases of the programme.

### **7.3 Planning Phase: July to September 2012**

The planning phase will use the information and analysis from the “Understand Phase” as the basis the future design and delivery of services. The planning phase will include an analysis of the current market, in order to gain a clearer understanding of any viable alternative options for the delivery and commissioning of future services. We will also give further consideration to feedback received through current and previous stakeholder engagement process.

Any proposals for change will include an options appraisal of the relative advantages and disadvantages of the various options. Options could be to stop/decommission, outsource, retain in-house (but transform) or develop a joint venture. Options appraisals will be considered by the Families and Social Care Management Team and the KCC Commissioning and Procurement Board.

Once decisions have been made and we start to re-design our business (in consultation with stakeholders and service users) we will implement agreed changes and performance manage these to ensure that they are followed as designed.

### **7.4 Performance Management and Benefit Realisation**

Part of the planning phase will identify the critical success factors and benefits of each of the transformation projects. Where there is a clear business case, and where it is agreed by the Transformation Board, projects will be implemented over the next two and a half years of the programme.

The success of the transformation programme is dependent on KCC’s ability to transform the way we do our business and our ability to make the required level of savings. We will be reliant of the ability of the wider health and social care system to transform with us and must successfully manage our relationship with the interrelated parts of the social care system.

Costs and benefits will be monitored as part of the transformation programme performance framework to ensure that benefits are achieved as planned. This will include performance management of KCC staff, providers and all other parts of the whole system involved in making the transformation successful.

It is acknowledged that significant cultural change is needed to successfully transform. This will be achieved through strong leadership and performance management of staff, providers and the wider social care system.

## 7.5 Programme Management and Governance Arrangements

The Senior Responsible Owner (SRO) for the programme will be Mark Lobban, Director of Strategic Commissioning, Families and Social Care. The SRO is ultimately accountable for the programme; for ensuring it meets its objectives and realises the expected benefits. Due to the size, complexity and risk of the programme, a programme team will be set up to manage the programme. This team will provide support to the Senior Responsible Owner in managing the day to day elements of the transformation programme, co-ordinating programme activity and ensuring that project leads are managing project delivery.

The Corporate Management Team will act as the sponsoring group for the programme. Andrew Ireland, Corporate Director for Families and Social Care, will take on the role of Programme Sponsor. A Transformation Board is set up and meets fortnightly. The Transformation Board will drive the programme forward. The members of the Transformation Board provide support to the SRO in the delivery of the programme; resolve strategic issues, define acceptable risk profiles and thresholds; ensure the programme delivers within its agreed parameters; and provide assurance for operational stability and effectiveness through the programme delivery cycle.

Once the programme is defined in more detail, specific projects will to make up the programme will be scoped. Project Boards will be set up to direct and manage project specific work. Project progress will be reported to the Transformation Board on a scheduled basis. The programme team and project leads will provide detailed proposals and progress updates on the programme/projects to the Budget Programme Board.

Programme Budget Board will carry out an internal assurance role – providing KCC with assurance that the programme will deliver the required savings; is aligned to Bold Steps and considers radical solutions that change current delivery methods. The programme team and project leads will report to the Commissioning and Procurement Board who advise and make recommendations on Make, Buy, Sell option appraisals; and expressions of interest received under the Right to Challenge and Right to Buy.

The Institute of Public Care (Oxford Brooks University) will provide additional expertise over the course of the 3 year transformation programme. This includes access to IPC resources/workshops/conferences and to the learning of other local authorities within the LGA/ADASS Efficiency Programme. IPC will act in a programme consultancy role and provide external programme assurance and challenge.

The transformation programme will be managed in line with the Office of Government Commerce best practice methodology (PRINCE2, Managing Successful Programmes and Management of Portfolios) alongside KCC's Statements of Required Management Practices.

## 8 Stakeholder engagement and feedback

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Between January and March 2012 a series of events and initiatives took place. The purpose was to begin to get the message out regarding transformation and to gain the views of a wider variety of stakeholders.

The process of transformation is not just about transforming Kent County Council's social care business, but also about the social care market as a whole - looking at what it does and how it provides services and the people to that receive these services.. It is vital that all stakeholders are engaged and feel able to contribute, where possible, in order for transformation to be a success.

Events were held with providers of residential, nursing and domiciliary care for older people and providers of services for people with learning disabilities and mental health difficulties. Events were also held with housing providers, health partners and representatives from the voluntary and community sector.

Over 2,000 FSC Adults staff were informed via email and intranet and could complete an online questionnaire. Adults who use social care services and carers have also been engaged through local forums and through organisations that provide direct support to them. A total of approximately 750 individuals have participated in events or submitted feedback (see Appendix 1 for more details of events and participation).

Our stakeholders have been open and honest in sharing their views about what, as a local authority, we could be doing differently and more effectively; what preventative work we could invest in; and what other organisations could do on our behalf. Many have expressed appreciation for being included in these early discussions and are keen to remain involved as the transformation moves forward. Stakeholder engagement has and will continue to, form a fundamental part of the transformation process.

Key themes that have arisen from a variety of stakeholder events are:

- All stakeholders agree that KCC has an important role in empowering people to support themselves, and to prevent them entering the formal social care system, through providing comprehensive information, advice and guidance that is widely accessible.
- Stakeholders told us that the number of people entering residential care homes could be reduced by providing more effective support for them in their own homes through:
  - the provision of services 24 hours per day 7 days per week
  - extending the period of time Enablement is available

- providing equipment that reaches people more quickly through quicker assessment for major adaptations or specialist equipment and using trusted assessors for simple equipment.
- Providers thought that packages of care should be flexible and could be increased, reduced or stopped by them to reflect changes in need
- Stakeholders felt that more trusted assessors in voluntary and private sector organisations may enable individuals to receive personalised support quicker and so reduce the number of different people 'assessing' each individual - a significant issue for people who use social care services
- Carers and carers organisations asked us to think more creatively about respite services that would enable them to care longer. For example, short notice / emergency respite, one-off respite to allow carers to attend their own medical appointments, night time respite so that carers can sleep.
- Service users were keen that we improve how we monitor our commissioned services and hold Providers more accountable.
- Many Providers, and people who use services, told us that KCC needs to work more closely with health colleagues, health colleagues are keen for this to happen.

Close engagement with stakeholders will continue as the Transformation Programme moves into the understand, planning and implementation phases.

Further information regarding stakeholder feedback is in Appendix 1 and 2.

## **8.1 Equality Impact Assessment**

An initial Equality Impact Assessment was completed in January 2012. Equality impact assessments will be completed throughout the lifetime of the programme and for the change projects associated with this transformation. See Appendix 4.

## 9 Transformation and integration of Health and Social Care

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One of Kent County Council's 'Bold Steps' is to support the transformation of health and social care in Kent.

There are ever increasing challenges for health and social care services, with about 70% of health and social care funding being spent on people with long term conditions. We will work in partnership with the NHS to deliver major service transformation for those with long term conditions in order to manage demand within available funding.

There are three components to the long term condition model where there are opportunities to work differently and create efficiencies:

1. Risk stratification - using health and social care information to identify people who could benefit from an integrated health and social care approach that supports them to manage their own condition better
2. Integrated health and social care teams (see below)
3. Self management and shared decision making – supporting people to take more responsibility for managing their own health care, social care and support

Part of the transformation vision is to develop an integrated health and social care service that:

- Focuses on delivering outcomes that matter most to patients and local communities by delivering better co-ordination of care, in particular for disabled and older people with complex health and social care needs
- Enhances health and social care provisions to support avoidance of hospital admission and/or safe early discharge from hospital
- Improves access to services
- Provides better experiences and improved outcomes for individuals, carers and their families
- Addresses the anticipated growth in demand for health and social care
- Supports the principles of personalisation
- Delivers efficiencies through improving productivity through joint delivery and managing costs through shared commissioning

There are currently 7 clinical commissioning groups (CCGs) in Kent. The Kent Health Commission has already set out its vision for Dover and Shepway, covered by the South Kent Cost CCG. Families and Social Care will be aiming to produce joint commissioning

plans as part of the transformation programme, initially with the South Kent Coast CCG and then with other CCGs.

An example of how the six transformation themes will be delivered within a Clinical Commissioning Group is set out below:

### 1. Prevention, independence and wellbeing

- Analysis of health and social care data to jointly commission services
- Age triggered check ups to identify those at risk of health and social care support
- Shared IT systems for identifying those at risk of hospital admission or dependence on care services (risk stratification)
- Management of long term conditions

### 2. Recovery, independence and assessment

- Integrated health and social care assessments
- Fast access to joint intermediate care/reablement services
- Fast access to telecare and telehealth services

### 3. Support in the community

- Locally accessed services that can be personalised for people's needs and goals
- Shift of resources from acute setting to the community
- Brokerage model to help create a market place open to both private and voluntary sector providers
- Integrated personal health budgets

### 4. Place to live

- Shift of resources from acute setting to the community
- Brokerage model to help create a market place open to both private and voluntary sector providers

### 5. Every penny counts

- Pooled budgets for integrated health and social care assessment and commissioning
- Savings generated from removing unnecessary duplication
- Accountability to local people for the way money is spent
- Targeted preventative services that prevent dependency on more expensive care services

### 6. Doing the right things well

- Information flowing between providers and health and social care commissioners
- a simplified system that is easy for the public/ and professionals to understand and navigate
- Streamlined processes and reduced duplication
- Local and robust decisions made via Health and Wellbeing boards
- A greater focus on getting the right support in place for the right amount of time

# 10 Adult social services: background information

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## 10.1 Statutory Duties of Adult Social Services

Many council departments have a statutory duty to provide certain services and these are bound by legislation. Adult social services has the following key duties:

Duty	Legislation
Duty to carry out assessment for community care services	NHS & Community Care Act 1990
Duty to provide or arrange residential accommodation	National Assistance Act 1948
Duty to provide services to disabled people	Chronically Sick and Disabled Persons Act 1970
Duty to provide after-care services to certain former mental health patients	section 117 Mental Health Act 1983
Duty to carry out carer's assessment	Carers Recognition and Services Act 1995
Safeguarding vulnerable adults	'No Secrets' Guidance NHS Community Care Act
Provide Care staff to emergency rest centres	The Civil Contingencies Act 2004 National Assistance Act 1948 Housing Act 1996 Children Act 2004
Duty to provide community services	NHS Act 2006

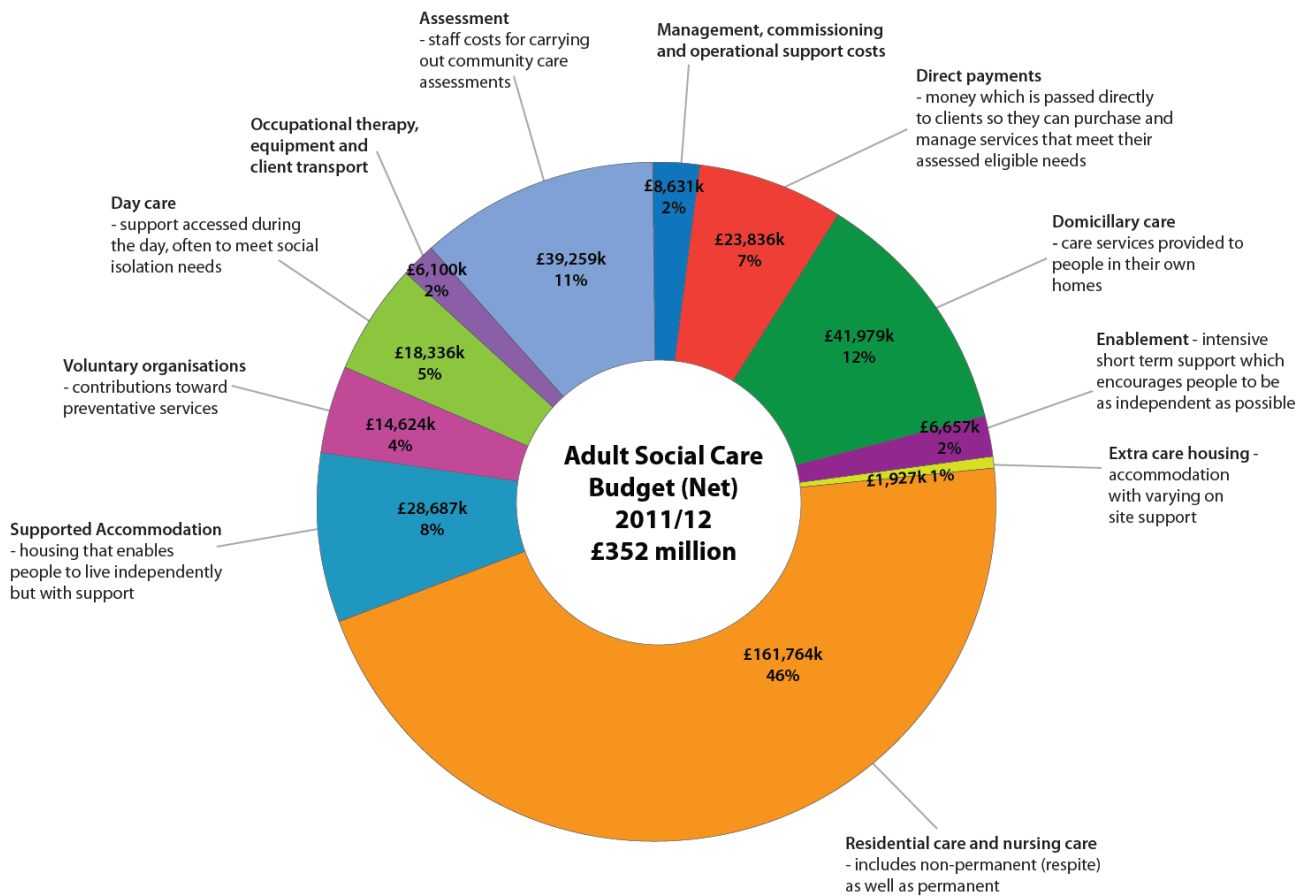
However, not all of the above duties have to be provided directly by the Council. The Duty to assess and provide services currently lies wholly with the Local Authority.

The Duty to provide services and accommodation can be contracted out to others, but the Duty to provide (and the oversight of this work) remains with the Local Authority.

Many social care services we provide are chargeable via a means tested financial assessment. Appendix 3 gives further detail regarding these services.

## 10.2 Financial Data

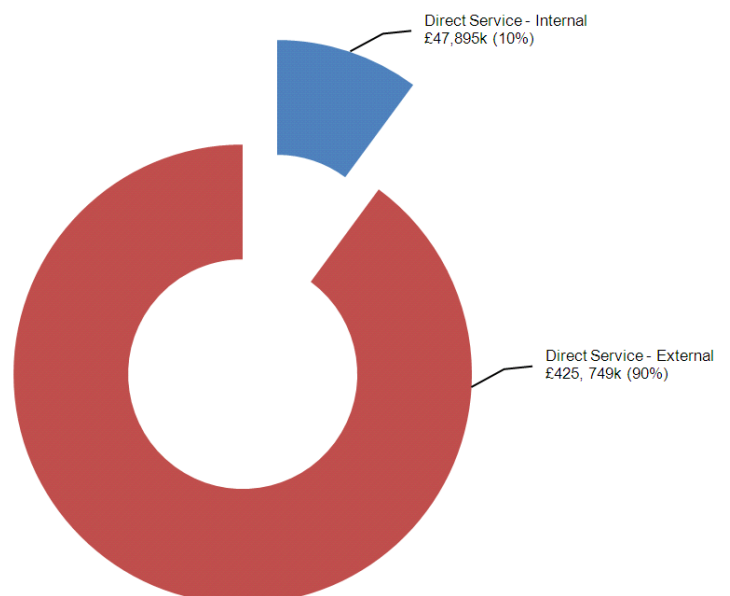
In 2011/12, Kent Adult Social Services budget was allocated as follows:



Note: Approximately 7% of residential/nursing activity and spend is non-permanent (respite)

This data will form the initial baseline which represents our business spend; against which changes implemented through the transformation programme will be measured. This baseline will be used to show where savings are made and clearly show any shift in financial resource.

It should be noted that 90% of services provide via adult social care are outsourced to the independent sector. The remaining 10% is delivered through in-house providers.



Note: Based on gross budget 2011/12

## 10.3 Activity data

Client activity numbers and recent trends can be seen in the table below:

Service	Figure Type	Client numbers Mar 2011	Client numbers based on Dec 2012 forecast	Client numbers based on Jan 2012 forecast
<b>Older Persons</b>				
<b>Residential and Nursing (Permanent)</b>				
Permanent Residential placements - KCC	Client Snapshot	196	123	123
Total Independent Residential permanent placements	Client Snapshot	2,912	2,852	2,849
Total Independent Nursing permanent placements	Client Snapshot	1,418	1,487	1,469
<b>Residential and Nursing (Non Permanent)</b>				
Non Permanent Placements - KCC	Cumulative Episodes (financial year)	2,784	2,345	2,380
Non permanent placements - Independent Residential	Cumulative Episodes (financial year)	1,236	1,076	1,098
Non Permanent Placements - Independent Nursing	Cumulative Episodes (financial year)	607	561	588
Domiciliary Clients	Client Snapshot	5,743	5,512	5,468
Enablement clients	Cumulative Clients (financial year)	3,729	5,860	6,178
Direct Payments (new)	Client Snapshot	726	875	843
Day care - KCC and Independent	Client Snapshot	658		498
<b>Learning Disability</b>				
<b>Residential and Nursing (Permanent)</b>				
Permanent residential placements	Client Snapshot	1,343	1,317	1,310
<b>Residential and Nursing (Non Permanent)</b>				
Non permanent placements - KCC	Cumulative Episodes (financial year)	1,335	1,493	1,518
Non Permanent placements - Independent	Cumulative Episodes (financial year)	450	359	391
Domiciliary clients	Client Snapshot	470	398	400
Independent Living Scheme	Client Snapshot	126	176	174
Direct Payments	Client Snapshot	745	767	767
Day care - KCC and Independent	Client Snapshot	1,141		873
Supported Accommodation and Adult Placement	Client Snapshot	491	618	616

<b>Physical Disability</b>				
<b>Residential and Nursing (Permanent)</b>				
Permanent Independent residential placements	Client Snapshot	263	273	273
<b>Residential and Nursing (Non Permanent)</b>				
Non permanent placements - KCC and Independent	Cumulative Episodes (financial year)	240	209	219
<b>Domiciliary Clients</b>				
	Client Snapshot	1,022	970	978
<b>Enablement Clients</b>				
	Cumulative Clients (financial year)	390	521	541
<b>Direct Payments</b>				
	Client Snapshot	858	981	909
<b>Day care - KCC and Independent</b>				
	Client Snapshot	212		193
<b>Mental Health</b>				
<b>Residential and Nursing (Permanent)</b>				
Permanent Residential Placements - Independent	Client Snapshot	252	243	245
<b>Domiciliary care</b>				
	Client Snapshot	221	189	183
<b>Direct Payments</b>				
	Client Snapshot	170	169	171
<b>Supported Accommodation</b>				
	Client Snapshot	61	74	74

The above data gives us an activity baseline against which we can measure the transformation. We will expect to see changes over the period of the 3 years transformation programme. For example we would expect to see:

- the current upward trend in Enablement to increase further – evidencing an increased use of enablement to promote independence and reduce the need for on-going social care support
- an upward trend in direct payments- evidencing that more people are choosing to arrange and manage their support
- a reduction in residential and nursing care activity in line with increased activity in other community based services.

## Appendix 1: Stakeholder events

The content of this blueprint is a result of engagement with partners, providers, users, carers and staff. This approach was chosen to achieve innovative solutions, and importantly ownership of the challenge we face. As a local authority we can unilaterally cut services but we can only transform them with the full engagement of stakeholders.

The following activities were undertaken to involve stakeholders in co-producing the vision:

Co-production Activity	When	Attendance
Carers Provider Advisory Group	26 January 2012	25 providers
Kent Community Care Association Strategy Group	2 February 2012	12 providers
Domiciliary care providers	28 February 2012	64 attendees (+15 KCC) representing 55 providers
Preventative service providers – including voluntary & community orgs	1 March 2012	78 attendees representing 54 providers
Mental health service users/carers	5 March 2012	35 attendees representing 9 forums or organisations
Learning disability and mental health providers	6 March 2012	106 attendees (+16 KCC) representing 72 organisations
Residential and nursing care providers	15 March 2012	110 attendees representing 70 providers
KCC staff: Strategic Commissioning (Older People/Physical Disability) Directorate Management Team Extended and Joint Divisional Management Team Specific intranet page for FSC staff incl. feedback questionnaire	20 January 2012  1 February 2012 9 February 2012  March 2012	32 strategic commissioning staff  7 directors/business partners 49 managers  Over 2000 staff sent out 33 responses
Housing partners	9 March 2012	25 attendees (representing 8 district councils and 11 providers)
Older People/Physical Disability service users/carers	15, 16, 19 March 2012	46 attendees
Sensory service users/carers	March 2012	4 responses
Health providers/partners	21 March 2012	13 attendees
Learning disability service users and carers	15 March 2012	90 attendees
Council Voluntary Services	27 March 2012	9 attendees
Day Opportunities Providers	30 March 2012	30 attendees

## Appendix 2: Stakeholder Feedback

Below is a flavour of the feedback collated from stakeholders during the engagement phase. So far, we have collated over 800 suggestions. All feedback is in a separate document entitled '*Families and Social Care: Adults Transformation Programme Stakeholder Feedback*'.

**Theme 1: Prevention, Independence and Wellbeing:** Enabling citizens to find solutions that meet needs without having to enter the formal social care system

### Service users and carers

- Provide accurate and up to date information, advice and guidance regarding services in a variety of formats
- Provide proactive preventative support to carers earlier in the journey
- Educate regarding purpose and function of social services
- Continue to fund preventative services

### Providers

- Greater emphasis on raising aspirations for independence and employment in young people with learning disabilities and their families to avoid residential placements at school leaving age
- Joint working between the voluntary sector and GP surgeries to signpost people earlier to prevent them entering the formal social system if this is not necessary
- Invest in media campaign to raise profile of voluntary organisations and district guides with local services listed
- Make health and social care systems easier to access

### Staff

- Post 80 Care Check
- "How to help yourself" campaign: communicate message of personal responsibility and support with self management tools
- Advice, guidance and signposting by professionals at day care facilities, GP surgeries, Gateways and clinics
- Open enablement up to self funders not wanting to be assessed but wanting to use it to get better

**Theme 2: Supporting Recovery, Maximising Independence and Assessing at the Right Time and in the Right Place:** Providing short term crisis support and maximising the opportunity to recover prior to any long term care decisions being made. Those who do have long term social care needs will be able to access support that promotes independence

### **Service users and carers**

- Enablement to have more trusted assessors and to enable / promote skills
- Extend the enablement period
- Dementia outreach workers Crisis Project
- Carers assessments

### **Providers**

- Using Providers as 'trusted assessors' to undertake assessments and reviews
- Case managers to give more information at point of access regarding options, including direct payment
- Joint referral panels where all organisations can meet to look at referrals and ensure the most suitable support is provided
- Improve equipment services to provide more rapid and urgent service

### **Staff**

- Allow key strategic partners and individuals to amend services within parameters through introducing trusted assessor status and individual service funds
- Understand contents and reasons for small care packages of care and challenge whether it is really needed or whether other more suitable (cheaper) support is possible
- Wherever possible people assessed in their homes (i.e.: not hospital)
- Up scaling Telecare/Telehealth

**Theme 3: Support at Home and in the Community:** Greater choice in support and activities that encourage people to live independently and prevent social isolation.

### **Service users and carers**

- Expand Kent Card
- Night care / respite
- Support carers to stay in work rather than supporting back to work
- Each service user to have one person to talk to

### **Providers**

- Increase flexibility and choice over the times that services are provided
- Develop independent living skills in younger people with learning disabilities while supported at home
- Invest in assistive technology for people with learning disabilities and mental health issues
- Equipment: consider different options including lending and renting of equipment to make sure it reaches people more quickly and actually it meets their needs

## Staff

- Wider supply of equipment that promotes independence as well as more focused, specialist equipment
- Increase services that direct payment can be used for
- On-line booking and purchasing systems which allow people to buy care themselves
- Night time care to people in their own homes

**Theme 4: Place to Live:** Accommodation solutions to increase the options available for people to remain living independently in a place of their own choosing.

## Service users and carers

- Provide comprehensive information about available providers of independent living schemes
- Recognition that residential care for people with complex needs might be most appropriate setting
- Provision and publication of standards for independent living schemes
- More supported living accommodation

## Providers

- KCC services to work together to free up property and brown sites for building / housing developments
- Build areas for children in care homes so that children can remain part of their grandparents lives and feel welcome to visit
- Choice based letting for adapted housing to reduce spend on major adaptations and restoring to original state.
- Discuss and plan housing options earlier in the individuals interface with social care

## Staff

- Leasing flats in sheltered housing for short term 'trial' periods
- Increase amount of transitional housing for people with learning disabilities.
- Understanding that for some residential is most appropriate and cost effective living solution
- Provide support that enables supported / enhanced housing to continue to meet the needs of people that increase over time

**Theme 5: Every Penny Counts:** Ensuring all spend provides value for money.

### Service users and carers

- NHS to provide funding for social care
- Everyone should pay something toward their care
- KCC to negotiate contracts better
- Prevent self funders needing higher levels of care

### Providers

- Streamline Kent Card to allow cash payments and avoid fee to providers for visa payments
- Use of personal assistants to support groups of individuals rather than one-to-one
- Commission and contract residential, nursing and end of life services as a whole and remove artificial assessment lines between them
- Use service users to quality check service provision as 'mystery shoppers'

### Staff

- Liaison with housing to move people into housing with existing adaptations rather than adapting existing homes
- Help service users to set up their own support through brokers, advocates, helplines, drop in sessions at Gateways
- Greater support for self funders to enable their funding to last longer as well as prevent people running up debt with us
- Outsource KCC provision and assessment related activity

**Theme 6: Doing the right things well:** Ensuring the right processes are in place and applied consistently and effectively in all areas of our business.

### Service users and carers

- Single assessment / single point of access for services
- Improve quality monitoring of care provider contracts
- Communication that is easy to read
- For health to see people as more than medical condition

### Providers

- Increase joined up procurement processes, including joint procurement with other KCC departments and children's services
- Make Kent Card more responsive
- Things should work because the system works and not be dependent on personalities
- Remove duplication of assessments. Identify one provider who owns the assessment for all services

### Staff

- Enable administrative staff to complete paperwork related tasks that case managers currently undertake but which could be done by others
- Joint assessments as standard practice rather than the exception

### Appendix 3: Services provided or commissioned by Adult Social Care

The services we provide directly or commission can be grouped into information and care management, residential and non-residential (i.e. community) services.

Service	Type	Chargeable via means tested financial assessment
Information, advice and guidance	Information, advice and guidance about all social care including support not given by the Council	No
Assessment, Enablement and Care Management	Assessment services for identify needs and if any needs meet social services eligibility criteria.	No
	Enablement: intensive support in the home for up to 6 weeks to assist people to have greater independence and learn or re-learn skills after a change in circumstances.	No
	Case management/support for long term conditions	No
Non permanent Residential/Community Based Services	Domiciliary care	Yes
	Provision of certain equipment	Free up to £1,000, thereafter means tested
	Extra care housing	Yes
	Day services	Yes
	Short term respite	Yes
	Shared lives service (adult placement),	Yes
	Learning Disability supported living scheme	Yes
	Carers support services	No
	Telecare and Telehealth	No
	Direct Payments (cash in lieu of services so the individual can commission and procure their choice of support to meet eligible need)	Yes
	Long term residential care and nursing care	Yes
	Transport	No
	Employment Support Services	No
Residential	Long term residential care and nursing care (Chargeable under 'Charging for Residential Accommodation Guidelines' - CRAG)	Yes

## Appendix 4: Equalities Impact Assessment

### KENT COUNTY COUNCIL - EQUALITY IMPACT ASSESSMENT

#### Summary of Initial Screening - Adult Social Care Transformation Programme

**Responsible Owner/ Senior Officer:** Mark Lobban, Director of Strategic Commissioning, Families and Social Care

**Completed by:** Samantha Sheppard (Efficiency Manager)

**Date of Initial Screening:** 23 January 2012

**Date of Initial Screening:** 23 January 2012

Characteristic	Could this policy, procedure, project or service affect this group differently from others in Kent? YES/NO	Could this policy, procedure, project or service promote equal opportunities for this group? YES/NO	Assessment of potential impact HIGH/MEDIUM/LOW/ NONE/UNKNOWN		Provide details: a) Is internal action required? If yes, why? b) Is further assessment required? If yes, why? c) Explain how good practice can promote equal opportunities
			Positive	Negative	
Age	Yes	Yes	High	High	Full assessment can not be made at this time as the nature of change is yet to be determined. It is likely that service users, staff and providers of services across all protected groups will be impacted. Aim of transformation is to provide better services that improve outcomes for people who use our services and are value for money. Failure to achieve this could lead to high negative impact. Therefore, comprehensive initial and ongoing stakeholder engagement and consultation will mean that services will be designed with protected characteristics in mind leading to high positive impact.
Disability	Yes	Yes	High	High	
Gender	Yes	Yes	High	High	
Gender identity	Yes	Yes	High	High	
Race	Yes	Yes	High	High	
Religion or belief	Yes	Yes	High	High	
Sexual orientation	Yes	Yes	High	High	
Pregnancy and maternity	Yes	Yes	High	High	

## Equality Impact Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications
Age	No issues have been identified at this time.	Impact assessment will be regularly reviewed and updated to reflect actions needed to address issues arising from consultation and engagement.  Individual work programmes will also complete impact assessment specific to that programme.	Better outcomes for service users.	Mark Lobban	February 2012 – March 2015.	None have been identified at this time.
Disability	Issues are expected to arise through engagement and consultation process.		Increase in choice and control in type of services and how accessed.			Cost implications will be reviewed regularly as part of impact assessment.
Gender			Personalised support packages			
Gender Identity			Value for money services.			
Race			Achieve savings needed.			
Religion or Belief						
Sexual Orientation						
Pregnancy and Maternity						

Note: This is a summary version of the equalities impact assessment for the transformation programme. The full equalities impact assessment is owned by the FSC Efficiency team and available on request.