

# Here for you, how did we do?

Local account for Kent Adult Social Care



April 2013 - March 2014

Report highlighting the achievements, improvements and challenges of KCC social care during the past year and our vision for the future.



# Contents

Foreword.....	1
Introduction.....	2
Kent and its people.....	3
Facts and figures about Kent.....	4
What do adult social services do?.....	5
Structure of adult social care.....	7
Headline figures.....	8
Challenges and savings.....	11
Transformation programme.....	12
Care Act.....	13
How we spend our money.....	15
A customer journey.....	17
Social services working with health.....	19
Independence.....	21
Quality of life.....	27
Control for carers.....	31
Quality of services.....	33
Safeguarding.....	35
Sensory and autism services.....	38
Contact details.....	42
Glossary.....	43
Feedback.....	47

This document is available in alternative formats and languages.

Please call: 03000 41 61 61

Text relay: 18001 03000 41 61 61 for details.

Or search 'Local Account' on [www.kent.gov.uk](http://www.kent.gov.uk)

Image credits all KCC apart from; pages 19,21,22,24,26,37,39,41 courtesy of NHS photo library.

# Foreword

**By: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health and Andrew Ireland, Corporate Director for Social Care, Health and Wellbeing.**



Graham Gibbens



Andrew Ireland

We are pleased to publish “Here for you, How did we do?” the Local Account for Kent County Council Adult Social Care for April 2013 – March 2014.

This Local Account describes the achievements, improvements and challenges of KCC Adult Social Care in the past year and sets out our vision for the future.

There continue to be big challenges ahead in adult social care, we are changing the way in which we deliver our services so we can continue to offer quality care and value for money for the future. We are also committed to improving social care outcomes within the constraints of a challenging financial climate.

We have already made essential savings and we are working to become even more efficient. We are doing this through reducing paperwork, simplifying processes and cutting red tape, as well as looking at the way we commission services to get better value for users and the council. At the same time, we are making significant investment in vital support services which will help people stay independent for longer, offer greater support for carers and reduce avoidable hospital admissions. We are also working more closely with our partners in the NHS to integrate health and social care.

The people of Kent have told us they want real choice in their care, they want personalised care which suits them and they want to stay independent for as long as possible.

We know that quality care matters to people and we will continue to work to find innovative and efficient ways to deliver these services.

In 2013-14, we have strived to:

- keep vulnerable adults safe
- work with fewer homecare providers to deliver services that are high quality, value for money and support you to live independently in your own home
- increase investment in enablement services (see glossary) and Telecare (see glossary) provision to enable people to regain their independence and remain at home
- reduce the number of permanent admissions to residential care
- support more people through a person-centred process and to receive a personal budget
- support more people with a learning disability into employment
- use surveys and other feedback to look at what we are doing well and what needs improving
- work with health to plan and provide joint services.

Many people, including those who use our services, their carers and voluntary organisations, were crucial in putting this Local Account together and we would like to thank all those who contributed. We will continue to listen to and work with people in Kent to build a sustainable service for the future.

## Introduction

Welcome to this year's annual report for Adult Social Care in Kent. This is the third year that the report that has been produced in partnership with you, the people who use our services and carers, as well as the voluntary sector, members, district councils and staff.

In the past, the Care Quality Commission (see glossary) used to assess how well Local Authorities were performing in Adult Social Care. They no longer do this, and as part of national changes, all Local Authorities are now asked to produce a document in partnership with their residents to enable them to hold the authority to account.

As a result "Here for you, How did we do?" has been produced. It will provide an update on all the key areas of challenge that we focused on last year, report on progress, as well as include information on all the key topics that you have asked for. It is critical that you know how we are going to tackle any issues in the future, to reform the care that you receive.

Last year, the HOT TOPICS AND FUTURE BOXES showed the areas that you identified as needing progress or development during 2013-14. You will find these updated in the **What we said** and **What we did** boxes throughout the report. Alongside this you will also see two symbols, for any of our work which links into our Transformation Programme and representing developments that are planned for the year ahead or further into the future.

### Symbols used in this report



This symbol is used to show work which links to our Transformation programme.



This symbol is used to show work which is planned for the future.

In addition, a monthly bulletin will be produced to keep you updated on our progress, achievements and new developments throughout the year.

We would like to thank everyone who contributed to the production of this report; it is paramount that we hear your voice.

Feedback from you is enormously important. If you have any questions regarding the data or content of this report and would like to submit your comments, there is a feedback form on page 46. Similarly if your personal experience does not match with what we've said in this report, we would very much like to hear from you.

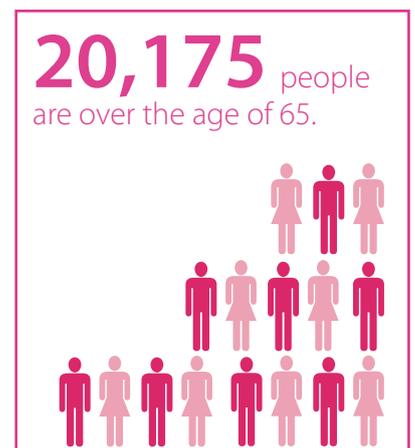
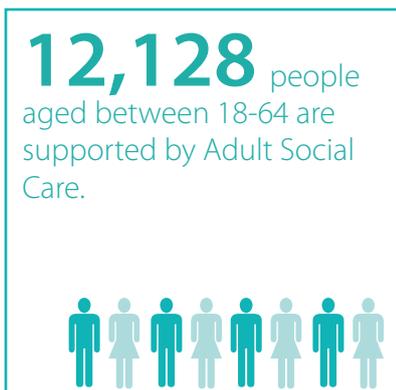
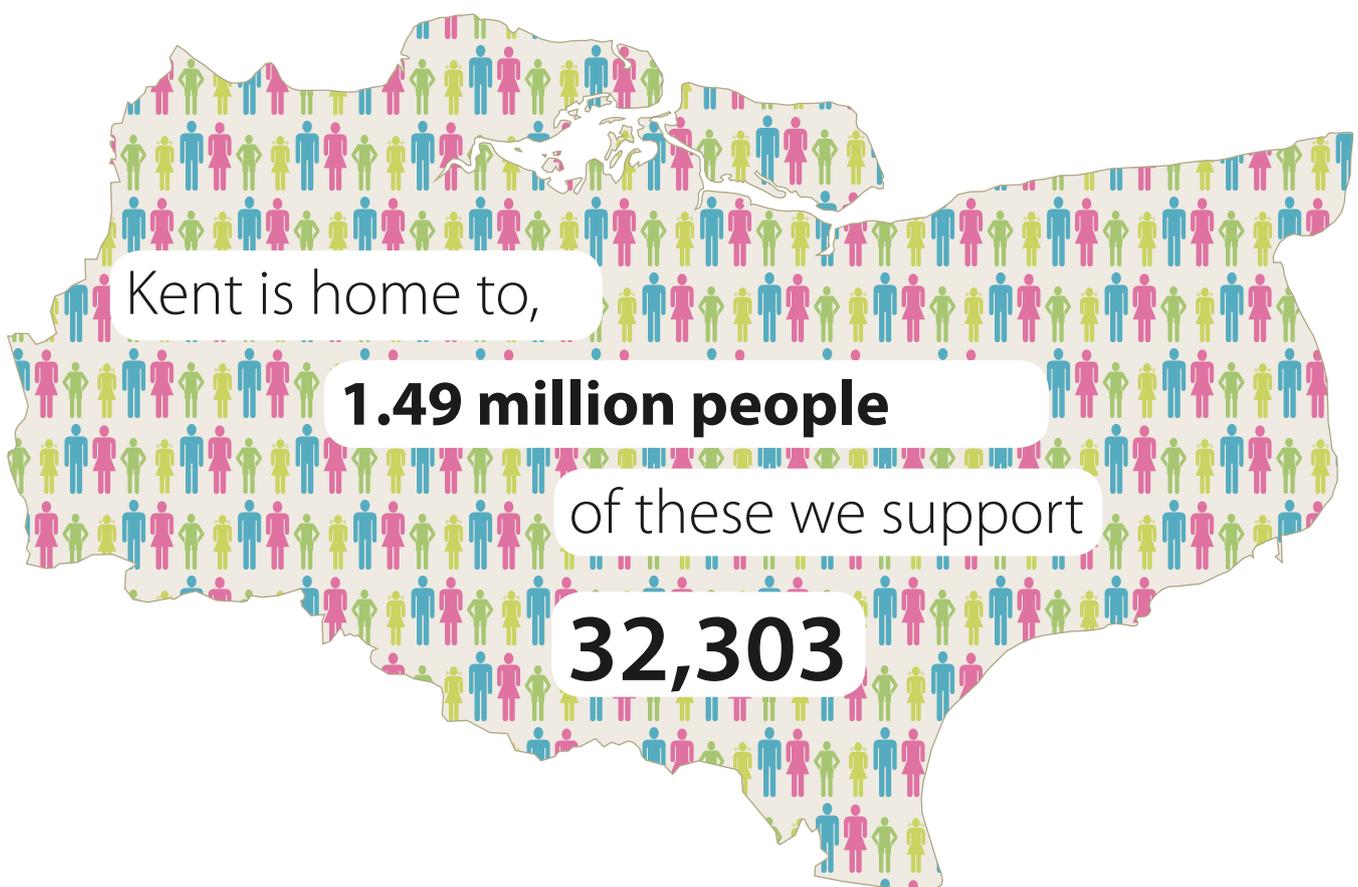
This report and the opportunity to feedback are also available via our website [www.kent.gov.uk](http://www.kent.gov.uk).



# Kent and its people

KCC believes and recognises that the diversity of Kent’s community and workforce is one of its greatest strengths and assets. The different ideas and perspectives that come from diversity will help the council to deliver better services as well as making Kent a great county in which to live and work.

Further information on the council’s objectives for equality and diversity can be found at [www.kent.gov.uk/diversity](http://www.kent.gov.uk/diversity)



## Facts and figures about Kent (excluding Medway)

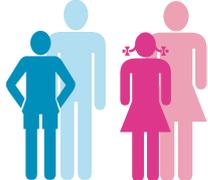


People living in urban areas make up 71% of the Kent population.

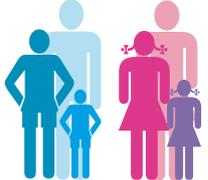
Kent has an ageing population with the number of 65+ year olds forecast to increase by 43.4% by 2026.



Just over half of the total population of Kent is female 51.1% and 48.9% are male.



Kent has a greater proportion of young people aged 5-19 years and people aged 45+ years than the national average.




Out of 32,303 adults who have been supported through Adult Social Care, 1.45% are from an Asian/Asian British background, 0.51% are from a Black African/Caribbean or Black British background, 0.59% from a mixed/multiple ethnic group and 0.61% from other ethnic groups. 89.86% are White/White British and 6.97% whose ethnicity is unknown.

## What do adult social care do?

KCC Adult Social Care has a statutory responsibility for the following:

- assessment of your needs
- planning of your support
- arranging of your services, where appropriate
- provision of community care services for adults living in Kent who qualify for social care support.

The aim of all the services we provide is to help you lead a life which is as full and independent as possible.

Kent Adult Social Care support:

- older people
- adults with physical disabilities
- adults with sensory disabilities including dual sensory impairment and autism
- adults with learning disabilities
- adults with mental health issues
- adults moving from children's services to adult services
- adults who give voluntary care to family members or friends.

For more detailed information on all of our services you can access 'For You - A guide to Adult Social Care'. The booklet explains how adult social care works in Kent and includes important information about finding out what your needs are and how you can make the best choices about your life.

Contact us if you would like a copy of "For You – A Guide to Adult Social Care".

### What we said

Ensure that Information, Advice and Guidance is easily accessible, including up to date telephone numbers.

### What we did

An information advice and guidance booklet has been produced, called 'For You – A guide to Adult Social Care'.

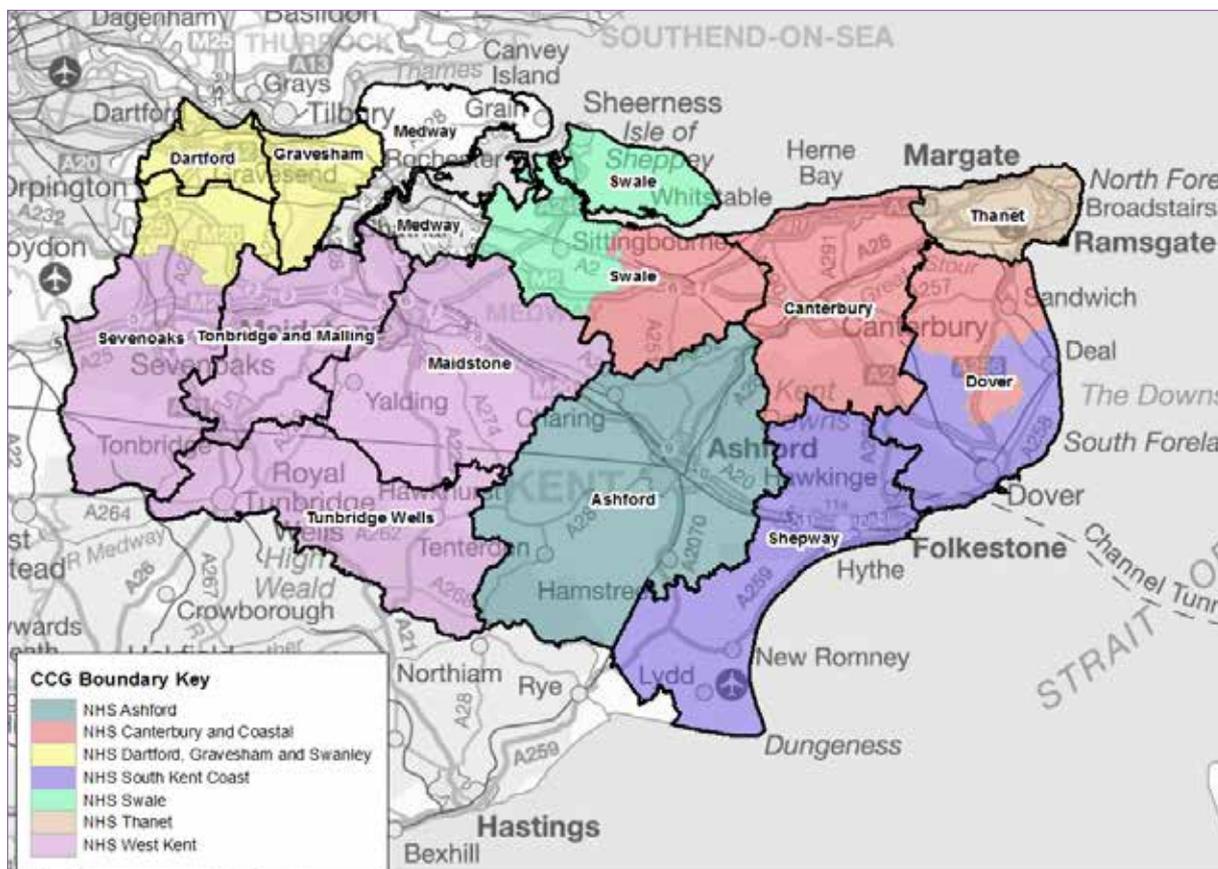
KCC now offers a wider range of training to help staff and providers better understand who carers are, and what support is available both nationally and in Kent.



This will continue into 2014-15.



This map illustrates the new boundaries for adult social care in Kent which, now align with the Clinical Commissioning Groups (CCGs - see glossary) so it will be easier to provide joint health and social care services to residents.



\*Please note the coloured areas detail the CCG boundaries, the outlined areas are the district boundaries, resulting in some overlap.

CCG	Resident population*	Registered population**
NHS Ashford CCG	120116	126697
NHS Canterbury and Coastal CCG	200329	215736
NHS Dartford, Gravesham and Swanley CCG	249205	254973
NHS Medway CCG	268218	292869
NHS South Kent Coast CCG	202986	202039
NHS Swale CCG	108219	108169
NHS Thanet CCG	135661	142987
NHS West Kent CCG	463650	472767
Kent and Medway	1748384	1816237

\*Source: ONS mid-year estimates 2012

\*\*source: PCIS population June 2014

For more information visit: [www.kent.gov.uk/about-the-council/information-and-data/Facts-and-figures-about-Kent](http://www.kent.gov.uk/about-the-council/information-and-data/Facts-and-figures-about-Kent)

# Structure of Adult Social Care

**Andrew Ireland**  
 Corporate Director  
 Social Care, Health & Wellbeing

**Anne Tidmarsh**  
 Director of Older People  
 and Physical Disability

**Penny Southern**  
 Director of Learning  
 Disability and Mental Health

**Mark Lobban**  
 Director of Strategic  
 Commissioning

Assistant Directors

**Mike Powe**  
 Ashford, Canterbury  
 and Coastal

**Janice Duff**  
 Thanet and South  
 Kent Coast

**Mary Silverton**  
 West Kent

**Sue Horseman**  
 OPPD Transformation

**Jane Barnes**  
 Dartford, Gravesham,  
 Swanley and Swale

**David Oxlade**  
 Head of Operational  
 Support

**Christy Holden**  
 Head of Strategic  
 Commissioning -  
 Accommodation

**Mark Walker**  
 Assistant Director, Learning  
 Disability - West Kent

**Chris Beaney**  
 Assistant Director, Learning  
 Disability - East Kent

**Emma Hanson**  
 Head of Strategic  
 Commissioning -  
 Community Services

**Steph Smith**  
 Head of Performance  
 and Information  
 Management

**Cheryl Fenton**  
 Head of Mental Health  
 Social Work

**Nick Sherlock**  
 Head of  
 Adult Safeguarding

Senior Practitioners  
 Case Managers  
 Case Officers  
 Administration

Care Managers  
 Senior Practitioners  
 Social Workers  
 Advanced Mental Health  
 Professionals

## Headline figures

**32,303** adults in Kent use our services every year.

This is 2.22% of our population which is lower than the national average.



**20,175** people are over the age of 65.

This is 1.35% of our population which is lower than the national average.

**12,128** people aged between 18-64 are supported by Adult Social Care.

This is 0.81% of our population which is higher than the national average.

**99.8%** of the total number of people aged 18-64 have either a learning disability, physical disability or mental health issue.

## Assessment

**24,973** People received an assessment of their needs.

This is a slight decrease from last year's total of 27,889.



**15,830** Carers had their needs assessed to identify the support they need to continue caring

(15,350 in 2012-13).

## Personal Budgets

**16,503** People received a Personal Budget (see glossary) (18,474 in 2012-13).

This is 1.10% of our population, which is lower than the national average.



**3,785** People decided to take their Personal Budget as a Direct Payment (See glossary) (3,808 in 2012-13).

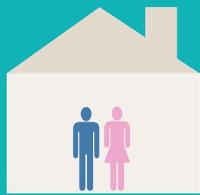
This is 0.25% of our population which is higher than the national average.

**1,221** People received their Direct Payment through a Kent Card (see glossary).

This is higher than last year's 858.

## Services in the community

**12,356** People received a home care support service to enable them to stay in their home. This is 0.83 % of our population which is lower than the national average.



**75%** of people could return to their homes due to enablement services (see glossary). This is a small increase on 2012.

**8,222** People received enablement services (see glossary) in comparison to 2012 where approximately 7,052 people received this service.

**2,660** People received a day care service.

This is 0.18% of our population, which is lower than the national average.

## Residential and Nursing Care

There were approximately **5,440** people in permanent residential placements during 2013/14.

This represents 16.38% of the population who use our services.



**2,263** people were resident in nursing care homes during 2013/14.

This represents 6.8% of the population who use our services.

**970** suppliers provide services in relation to permanent residential placements.

**251** suppliers provide services in relation to nursing care homes.

## Reviews

**23,068** people received a review of their needs as of March 2014.

This is 1.54% of our population, which is lower than the national average.



## Carers

**937** Carers received a 'something for me' payment (see glossary); this represents 5.8% of carers who are supported.



## Complaints

**398** statutory complaints were received. This represents 1.2% of people who use our services.

Most complaints related to poor communication between our clients and their relatives, as well as disputes over decisions.

**339** enquiries were received, relating to request for services, communication, financial assessments, and continuing health care etc.

**68%** of the 398 complaints received were either partially or completely upheld.



## Compliments

Below is a sample of compliments received about our services.

"All we hear from the 'media' is total negativity regarding any service that may in the slightest way be connected with our NHS or GP services. What you do proves the opposite. You have gone out of your way to make sure that not only have you put me in touch with certain organisations to whom I was unaware but organised them to contact me, offering invaluable help."

**Mr P, Ashford**

"Thank you to the case manager for providing a wide range of support and advice on suitable adaptations making everyday living easier for a client with a neurological disorder. The Case manager was a constant provider of professional support."

**Mrs A, Margate**

"The carers have been very patient. They suggest, not demand when helping. They listened, discussed and incidentally make a good cup of coffee. Please give the carers my grateful thanks."

**Ms D, Tonbridge**

For more detailed information regarding KCC's performance please refer to the Quarterly Performance Monitoring Reports which can be found on the website:

[www.kent.gov.uk/about-the-council/information-and-data/council-performance](http://www.kent.gov.uk/about-the-council/information-and-data/council-performance)

## Challenges and savings

Public services and Adult Social Care services in particular are facing four huge challenges:

1. people want better quality and choice in the services they use
2. the population is living longer with complex needs putting further demand on social care
3. the financial climate is imposing massive constraints on local authorities
4. delivery of joint services with the NHS and other partners.

By 2021 the population of Kent and demand on services will have increased. The graph and table below detail the projected population growth up to 2021.



Age Band	2013	2014	2015	2016	2017	2018	2019	2020	2021
0-17	325,581	327,178	328,622	330,334	332,682	335,824	339,329	343,261	346,951
18-64	879,042	881,434	885,577	890,638	895,479	899,244	902,654	905,882	909,141
65+	286,036	294,092	300,998	307,333	313,161	319,529	325,897	332,152	338,698
<b>Total</b>	<b>1,490,659</b>	<b>1,502,704</b>	<b>1,515,197</b>	<b>1,528,306</b>	<b>1,541,322</b>	<b>1,554,597</b>	<b>1,567,880</b>	<b>1,581,296</b>	<b>1,594,791</b>

# Transformation Programme

Kent Adult Social Care needed to see how it could transform existing services, deliver better outcomes for people, work more closely with health and make savings.

Planning for this began in 2012 and there will be three stages of transformation over a period of four years in order to achieve the desired outcomes.

The biggest challenge is to ensure people are at the centre of their care and live as independent a life as is possible given their needs and circumstances. During the transformation we will work with other organisations, including people who use our services, carers, the public, staff, the NHS, agencies and the voluntary and community sector.

The transformation programme will focus on:

- putting services in place which prevent people from needing social services, making sure people can live independently and preventing people from going into hospital as much as we can
- helping people stay in their own homes but also making sure that they do not become lonely or isolated
- the way our staff work, making them work more efficiently and reducing duplication
- reviewing the way in which we buy the same level of services
- providing more choice in the services available for people known to social care and also for those who support themselves
- more joined up services with health to further reduce duplication. (See section on Health Integration)
- making sure that carers receive the support they need
- offering a greater variety of accommodation for those who are not able to continue living independently

- making sure that people who live in residential homes can still be active members of their community
- supporting people to look after themselves.

The transformation of Adult Social Care will also contribute towards the savings the council needs to make as a whole.

The first stage of the transformation programme is nearly complete and already we've achieved:

- an increase of 40% of people receiving an enablement service
- an increase of 120% of people receiving a Telecare service (see glossary)
- 2,648 service users have been helped to live more independently following an independence review
- an improvement in the way social care teams work, with more assessments and reviews being undertaken
- a reduction in the number of providers delivering domiciliary care (see glossary). This makes it easier for Adult Social Care to ensure the quality of the service is good.
- The next stage of the transformation programme, phase 2, is now beginning and it is hoped it will lead to further savings, whilst improving outcomes and the quality of life for the people of Kent.



We will know more about the third and final phase once phase 2 has been undertaken. We will keep you updated with developments in the monthly bulletins throughout the year.



More detail about the transformation programme can be found throughout the document, wherever you see this icon

## Care Act

The Care Act is a new piece of legislation that was given royal assent on 14th May 2014 and places new duties on local authorities in relation to social care. This new law will replace a number of laws passed by Parliament since 1948 and is only applicable in England. The law is expected to come into force from April 2015, when the majority of the provisions of the act will come into being.

A new national minimum eligibility criteria will be introduced which will set out who and how people will qualify for care and what type of support is available. There will be new duties to provide support for carers in their own right, if they meet the carer's eligibility criteria.

Other measures include a nationally defined universal deferred payments scheme which will be available to people permanently residing in care homes, who own property, as well as independent personal budgets for people who pay for their own care and support.

In summary the main changes will be as follows:

1. **New national minimum eligibility criteria:** Based on needs caused by a physical, mental impairment or illness that have significant impact on specific outcomes and the well-being of an adult
2. **New rights for carers:** New duties to provide support to carers in addition to the existing legal duty to carry out an assessment
3. **Universal deferred payments:** Nationally defined universal deferred payments to be administered by local authorities
4. **Prevention:** Legal duties on local authorities to provide information & advocacy to plan and prevent care needs
5. **Statutory Safeguarding Adults Board:** Will fulfil specified duties, such as the safeguarding adults reviews where there is concern that safeguarding arrangements could have been more effective
6. **Delegation of social services functions:** Power for local authorities to delegate social care functions except safeguarding, decisions on charging, integration and direct payments
7. **Prisoners:** New duties on local authorities to meet the care and support needs of prisoners and people in approved premises.



The second phase of the law will come into force from April 2016 with changes including capping the costs of care and raising the capital/savings level above which people have to pay for their care and support.

In summary changes will be:

- **Cap on care costs**
  - £72,000 for those above state pension age
  - A lower figure if needs develop between 18 and pension age. The amount is yet to be confirmed.
  - Free lifetime care if needs develop before the age of 18.
- **Extended means-test** (changes to capital thresholds; the total value of things like your savings, investments and property )
  - £27,000 for people living at home and those in residential care whose home is disregarded
  - £118,000 for people in residential care whose home is taken into account.
  - Lower threshold expected to be £17,000 (i.e. the amount that is totally ignored)
- **Extension of Direct payments to residential care**

KCC is working to keep everyone informed about the changes. Further information can be found on the KCC website as well as through our partner organisations.

[www.kent.gov.uk/careact](http://www.kent.gov.uk/careact)

Additional information from the Department of Health is available at:

<http://careandsupportregs.dh.gov.uk>

The Department of Health have also produced some useful factsheets which are available at: [www.gov.uk/government/publications/care-act-2014-part-1-factsheets](http://www.gov.uk/government/publications/care-act-2014-part-1-factsheets)

## What we said

The Dilnot Report (see glossary) identified a way to cap the amount people pay for their care. It was proposed benefits would include substantially reducing the financial burden for self-funding families/individuals.

## What we did

The Care Cap, part of the Care Act, is not due to come into force until 2016 so is still in the planning stages. It's designed to protect people from paying very high care costs and deferred payments resulting in fewer people needing to sell their homes in order to pay for their permanent residential care. The means that the Governments help for individuals will hopefully start far earlier than it has done previously. For more information regarding the Care Act see page 13.



## How we spend our money

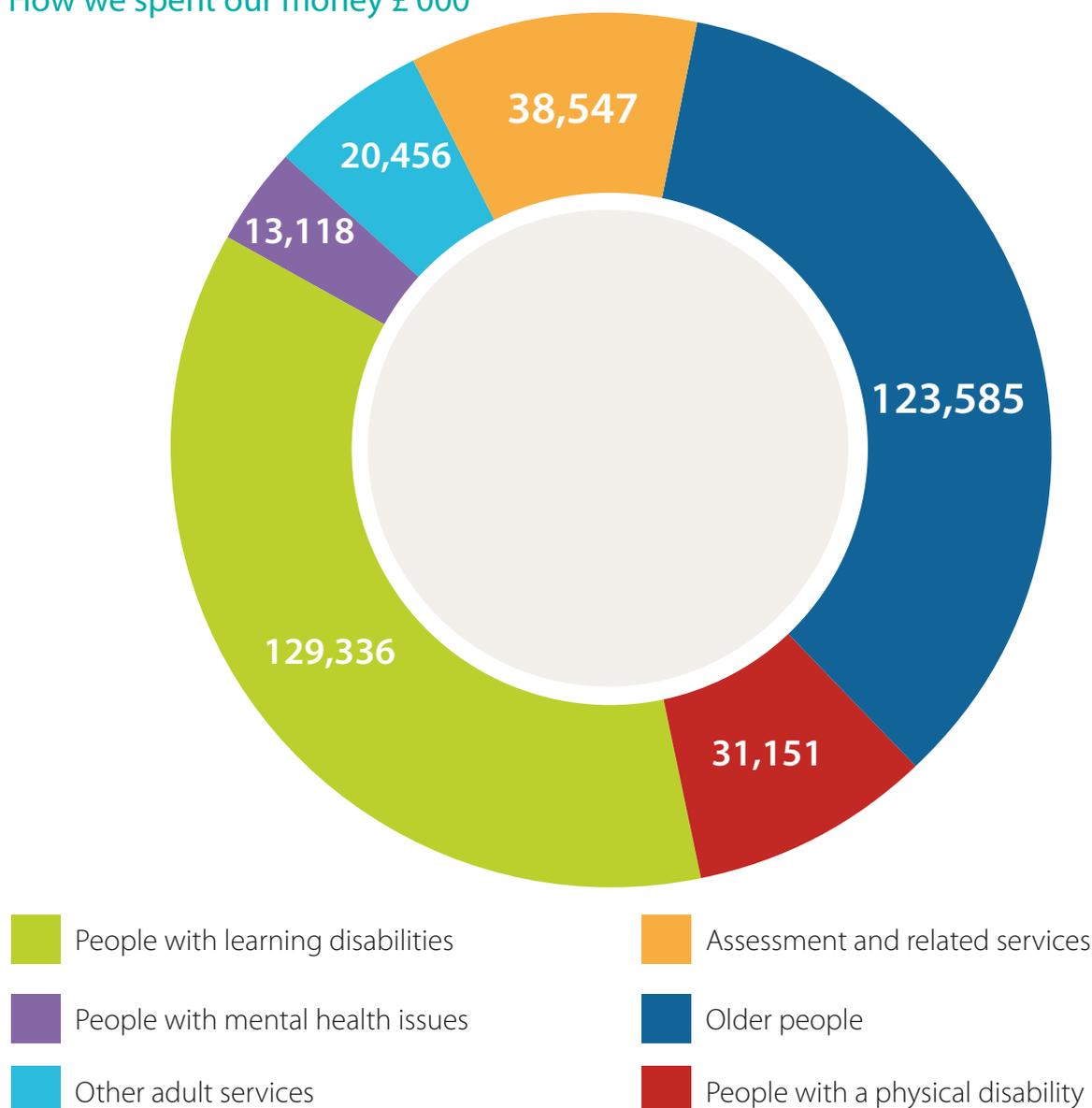
KCC's net expenditure is £1.8 billion per annum and the budget is split into three areas:

- direct services to the public - £1.6 billion
- financing items - £129 million (authority wide costs that are not service specific)
- management, support services and overheads - £101 million.

The Adult Social Care net budget is £356,193m per annum, below is an illustration of how this is spent across all our client groups.

For more detailed information about Kent County Council's budget and spending please visit the website: [www.kent.gov.uk/budget](http://www.kent.gov.uk/budget)

### How we spent our money £'000



Sensory Services supporting D/deaf and deafblind, sight impaired and autistic people are incorporated into the groupings detailed.

	Net (£'000s) 2012-13	Percentage of Budget	Net (£'000s) 2013-14	Percentage of Budget
<b>Assessment</b> Staff costs for carrying out community care assessments, support plans and reviews	40,579	11.55%	38,547	↓10.82%
<b>Occupational therapy equipment and client transport</b>	5,806	1.65%	11,758	↑3.30%
<b>Day care</b> Support access during the day	17,393	4.95%	16,381	↓4.60%
<b>Voluntary organisations</b> Contributions, preventative services	14,418	4.10%	18,343	↑5.15%
<b>Supported accommodation</b> Housing that enables people to live independently but with support	31,682	9.02%	34,040	↑9.56%
<b>Residential care and nursing care</b> Including non-permanent care such as respite	160,596	45.72%	156,552	↓43.95%
<b>Management, commissioning and operational costs</b>	8,834	2.51%	8,698	↓2.44%
<b>Direct payments</b> Money which is passed directly to individuals so they can purchase and manage services to meet their eligible needs	27,429	7.81%	31,519	↑8.85%
<b>Domiciliary care</b> Care services provided to individuals in their own homes	35,319	10.06%	27,114	↓7.61%
<b>Enablement</b> Intensive short term support which encourages people to be as independent as possible	7,314	2.08%	11,655	↑3.27%
<b>Extra care housing accommodation</b> With varying on-site support	1,888	0.54%	1,586	↓0.45%
<b>Total adult spend</b>	<b>351,258</b>		<b>356,193</b>	

↓↑ Denotes an increase or decrease on last year's figures.

## A customer journey

Getting the right care and support is important and you need to take time to consider all the options and information available. Many people will manage their support needs themselves, often with help from family and friends. Some people are not able to do this and need help from Kent Adult Social Care.

If you need support from Adult Social Care, we will work with you to make sure you are in control of the process and have the choice over the options available.

To find out if you are eligible for assistance from us, we must assess you. The first assessment identifies your needs and the second assesses your ability to contribute to the cost of your support. We also have a duty of care to ensure all information provided remains confidential.



### 1. Contact

If you feel you need support please contact the Kent Adult Social Care Team, see page 42. This can be done on your behalf by a relative, GP, neighbour, friend or carer. When you contact us we will start an assessment of your needs based on what you tell us. By providing you with the right information, advice, pieces of equipment, we can sometimes resolve your needs at this stage.



### 2. Community Care Assessment

If your needs are more complex we may need to visit you to carry out a full assessment. During the visit you will have the opportunity to tell us about your situation, how you currently manage and the support you would like to receive. We will also tell you what services you are eligible for.

#### The assessment will cover:

**Enablement:** This is short term intensive homecare services which help you live more independently. Enablement services can be for up to six weeks, are free of charge and can also include the provision of equipment which we arrange for you.

**Estimated Personal Budget:** This is the amount of money we think you will require to meet the cost of your needs.

If you are not eligible for support from Kent Adult Social Care, we can put you in touch with other organisations that may be able to help you arrange support, that you pay for yourself.



### 3. Financial Assessment

If you are eligible for assistance from us and you need us to be involved in your ongoing support, you will also need to have a financial assessment.

This is an assessment of your ability to pay for the cost of your support needs and it will clarify what contribution Adult Social Care can make towards these costs. It is also an opportunity to check you are receiving all the benefits and tax credit monies you are entitled to.



### 4. Support Plan

If you are eligible for assistance from us, we will discuss all the options that are available to you. You will produce a support plan, with our help which, will set out how your needs will be met and the outcomes you would like to see. Your personal budget, the amount of money your care will cost and any contributions Kent Adult Social Care or you make, will also be agreed.



### 5. Arranging, managing and paying for support

Once your support plan is agreed, you will:

- a. Arrange the support you require, as detailed in your support plan
- b. Receive any contribution we agreed to make towards your support needs so you can use this money to pay for them
- c. Manage your personal budget in the way agreed as part of your support plan

If you are unable to arrange support yourself, or with the help of others, we can do this on your behalf. We will then invoice you each month for any contribution you must pay towards the cost of your support.

## Adult social care working with health

Kent County Council is working with many other organisations such as, Kent Community Health NHS Trust, Kent and Medway Partnership Trust and CCGs (see glossary), to work with people, carers and the voluntary sector to provide joint services and funding to help people manage their own health at home and in the community. We want you to have a good experience of our joint services and to make sure that you only have to tell your story once.

### Integration with Health – providing services with health

Kent is one of fourteen national Integration Pioneers (see glossary). This means that the Department of Health (DOH - see glossary) has chosen KCC to provide joint services with health sooner than other local authorities. A greater number of people are living with multiple long term conditions which is a challenge locally and nationally to the public's health. It also means that we can work together to provide services in a way that improves outcomes, experience of care and makes the best use of resources by minimising duplication.

The aim is to make health and social care services work together to provide better support at home and earlier treatment in the community, to prevent people needing emergency care in hospital or in a care home.

#### What does integration mean for you?

- Better access to Health and Social Care staff working together in GP Practices
- More effective joint services which will lead to greater independence
- Better care at home and fewer admissions to hospital and residential care, including rapid community response particularly for people with dementia
- To live comfortably at home and die at home, if that is your wish



- People will know about the information that is held about them and agree to how it is shared with other services. This will enable Health and Social Care services to ensure that people have the right support at the right time and do not have to repeat their story.

The Kent Health and Wellbeing Board (see glossary) oversee the integration of health and social care. Kent's Local Health and Wellbeing Boards are responsible for ensuring progress of delivery within each of the CCG areas.

#### Health and Social Care Co-ordinators (HSCC – see glossary)

HSCCs are people who work across health and social care and are based in CCG areas. They help coordinate activity around Multi-disciplinary Teams (MDTs – see glossary) and between GPs and community services. In Canterbury the service has had over 2,300 contacts, with 700 A&E attendances and 140 admissions avoided. The cost savings to the local health economy for this are estimated to be worth over £200k. Going forward we are aiming to extend working hours and be based at key sites at weekends.

**Proactive care** (see glossary)

Benefits have already been seen from some of the 'proactive care' work that has taken place. 'Proactive Care' started in April 2012 in the South Kent Coast Clinical Commissioning Group area.

Each patient on the programme receives a package of care aimed at improving the management of their long term condition and improving their confidence to manage better by themselves. Patients are supported by a multi-disciplinary team (MDTs – see glossary) which includes amongst others: GPs, a community matron, health care assistant, physiotherapist, occupational therapist, pharmacist, care manager and mental health professionals.

Feedback from the first 134 patients engaged in the programme showed:

- a 15% reduction in A&E attendances
- a 55% reduction in emergency admissions
- 37% of patients now less likely to be admitted to hospital
- a total of £225,938 freed up to be reinvested
- assessments completed to date show 75% of patients reporting improvement in their day to day quality of life
- 40% more patients are now feeling less anxious about their condition.

**What we said**

Increase proactive care on the South Kent Coast, by introducing a 12 week enablement service (see glossary).

**What we did**

There are now 29 out of 35 GP practices across the South Kent Coast taking part in the proactive care initiative with 459 people having gone through the process to date. We can use information collected to identify and work with patients who are most at risk of being admitted to hospital and look at ways we can prevent this from happening in the future.

**What we said**

Working closely with Health we aimed to improve the experience of people needing both health and social care services by reducing multiple referrals.

**What we did**

The introduction of Health and Social Care Co-ordinators (HSCCs) has provided GPs with a direct route to social care services. The HSCCs have handled more than 2,000 referrals in the last year and have started to work with people most at risk. Referrals are now better managed and people only have to tell their story once.

**What we said**

Further develop joint social care and health teams and neighbourhood care teams.



**What we did**

The development of joint Health and Social Care teams has started and is now further supported by money set aside in the Better Care Fund (see glossary). This joint working aims to improve patient experience and over the next 2 years the CCG's will be working with communities to shape or decided how the Better Care Fund (BCF) will be delivered.

For more information about the integration of Health and Social Care Services please visit our website: [www.kent.gov.uk/pioneer](http://www.kent.gov.uk/pioneer)

## Independence

We know that most people want to stay in their own homes for as long as possible and remain independent but we also know that people can become isolated. We have therefore continued to develop and increase accessibility to community facilities and to a range of services dedicated to increasing independence and supported living. These services include enablement (see glossary), intensive and targeted support to ensure people maintain or regain independence, assistive technology (see glossary), adaptations in the home and a wide range of community support services to improve quality of life.

This year in particular we have focused on:

### Home Care Tender

**t** We needed to review our existing Home Care contracts to make sure the services we are providing are high quality, value for money and support you to live independently in your own home. The tender process began in September 2013 and we asked homecare providers to confirm whether they would be interested in providing care services for us. From the responses we then selected 23 providers who have been contracted from June 2014.

Some of the benefits of the new contracts include:

- making sure that you have a greater say over the way home care is delivered by talking to you about your provider
- providing better value for money
- better continuity of care, including making sure you see the same carers.

If there were any changes to who provides your care, these would have taken place between June and September 2014. We worked closely with current providers and the new providers to ensure a smooth transfer of your services and to ensure you continue to receive the same level of care.



The amount you pay for home care is assessed every year and as a result of the new contracts being put in place the cost of your care may change when we come to reassess you. However, many people will not see a change in their charges, although some may see a slight increase or decrease. We will always write to you beforehand to make you aware of any changes to your care or payments.

There is more information about the Home Care Retender on our website at: [www.kent.gov.uk/homecare](http://www.kent.gov.uk/homecare)



**What we said**

A sensitive issue that was raised in the previous Local Account was the percentage of people who did not feel the required standards had been met in relation to personal care.

This was an area that needed to be tackled so we could deliver the standards you expect. We aimed to combat this by reviewing and allocating more time to complete personal care tasks. We also planned to develop occupational therapy (see glossary) assessments and provide the necessary equipment for self-assessment with the focus being on personal care and independence.



**What we did**

In relation to the Home Care retender and in response to the Promoting Independence Reviews (see glossary), we have seen a steady rise in the number of people who feel that their standards of care are being met. Figures are up from 55.6% in 2011 to 62.1% in 2013. We will continue to deliver the reviews and improve standards during 2014-15.



**Promoting Independence Reviews**



The Promoting Independence Review (see glossary) project makes sure that everyone has a thorough review of their needs and services, to ensure that they are happy and working towards increasing their independence. In many cases people no longer rely on the same level of support because they are able to manage better themselves.

Over 400 reviews have been completed in Thanet and South West Kent since the pilot began back in the summer of 2013. In 40% of cases, there has been an increase in independence meaning an individual's support could be reduced and therefore avoiding potential dependency. This released just over £500,000 which can now be reinvested into other social care services.

The project was so successful that a decision was made to roll it out across the county from January 2014, starting in Canterbury, Ashford, Folkestone, Dover, Gravesend, Sittingbourne and Maidstone and Malling.

**What we said**

Improve the way in which reviews are carried out by introducing new methods.



**What we did**

Following the Promoting Independence Review, reviews are now carried out with the more focussed aim of supporting individuals to become more independent with the assistance of services such as Telecare and Enablement. We are working with individuals and their carers to find ways to provide care and support which is much more aligned to the person's individual needs.

We are also asking our staff to review the quality of services and residential support in care homes. This will enable us to record information about the environment and things that managers observe which, are not directly about the care of a person. This information will help us to build a picture of a home, we can then work with that particular home much earlier if certain areas need improving.

## Telecare



Telecare (see glossary) can support you to remain independent and can be used alone or in conjunction with other care and support services. For safety in your own home and peace of mind for those who care for you, there are a number of electronic sensors, detectors, monitors and alarms available. These can keep track of either your home environment (like fire or carbon monoxide alarms) or your own health and mobility (like movement sensors and fall detectors).

These are known as Telecare and can automatically call for help if needed, by linking to a 24 hour monitoring centre which can also send reassurance to your family and friends that you are safe and well.

As of June 2014 KCC supported about 3,637 people in Kent using Telecare services. We anticipate that this will have increased to approximately 5,000 people by April 2015. We have appointed a new monitoring service provider this year, Centra Pulse, to ensure better value for money for Kent residents without compromising on quality.

Service users have told us that they want to feel safe when going out and about in their local communities. Some people with dementia or learning disabilities do not feel confident going out on their own and returning safely so stay at home and therefore become lonely and isolated.



During 2014/15 we will be investing in new kinds of Telecare and hope to start using a wider variety of more complex equipment. For example:

- watches and key fobs that are fitted with GPS tracking that can be used outdoors and activated if someone needs help or becomes disorientated
- Telecare for people living with Dementia
- medication reminder equipment linked to monitoring services.

We are also working with NHS organisations in Kent to find a way of bringing Telecare and Telehealth services (see glossary) together. Telehealth enables you to monitor your own health so that you have more control in looking after yourself and if you do need help from professionals, your care can be coordinated more efficiently.

**Mr P** is 53 years old and has schizophrenia, ME and dizziness leading to perceived chronic fatigue. He had a support package through Direct Payments to bring in meals and complete daily tasks.

Following the promoting independence review it was assessed that the fatigue was due to severe lack of confidence. An enablement service was brought in for three weeks and Mr P is now more confident and able to prepare his own meals. The evening calls that he usually received, have now stopped and a target has been set for Mr P to manage his own care completely. Mr P and his carers are also looking at ways to reduce the need for a morning call and his social isolation.

**Mrs S** is 76 years old and lives in warden assisted accommodation. She has anxieties about falling and agoraphobia. She receives three calls a day for personal care, cleaning and meal preparation.

Following a promoting independence review Mrs S was identified as being able to carry out her care needs independently. There were concerns over safety, so a moving and handling assessment with an occupational therapist was undertaken.

The assessment successfully:

- allayed her fears about falling
- enabled her to make her own breakfast and dinner
- gave her confidence to undertake her own personal care.

This resulted in Mrs S becoming more independent and no longer receiving the care package she was previously.

**What we said**

In 2012-13 we acknowledged we needed to increase the percentage of people who had a support plan set up to arrange their care and support in a personalised way



**What we did**

We're pleased to report this figure has risen from 76% to 88% over the past year and we hope it will continue to rise as we change the way we work through the Adult Social Care transformation programme.



**Shared Lives - New Day Support Service**

If full-time residential care (or other more formal care services) are not for you but managing life in your own home is causing you problems, you could benefit from what we call 'Shared Lives' (see glossary). Shared Lives is available to adults with a range of different needs, such as older people, those with disabilities, with mental health issues or people with dementia. It is somewhere safe and supportive for you to stay at the times that suit you, whether it is for a few hours during the day or evening, overnight, for a weekend or for a longer period of time.

Shared Lives is now able to offer day support sessions to individuals, from half a day, up to 2 hours or a full day, up to 5 hours. Sessions can also be provided on an ad hoc basis. This means support can be provided at times and on the days that suit the needs of the person and their family. The cost of support would need to be calculated and is determined by the needs of the individual.

## Case study

A recent enquiry the shared lives team received was for a couple who had been together for over 30 years. The lady had Chronic Obstructive Pulmonary Disease (COPD) and the man was living with Dementia.

He liked to play golf and this was his main hobby but his partner was unable to take him any more due to her health condition. He was unfortunately unable to travel alone and was no longer driving.

His partner desperately needed a break but the man did not want to go to any group activities and they both wanted to stay together. Shared lives were able to offer support to ensure the gentleman got to fulfil his hobby and his partner had a break from caring for him.

For further information please contact Shared Lives Tel: 01233 652401 or email: [sharedlives@kent.gov.uk](mailto:sharedlives@kent.gov.uk) or visit [www.kent.gov.uk/sharedlives](http://www.kent.gov.uk/sharedlives)

## Pathways to Independence

The Pathways to Independence pilot started in April 2013 by Dover, Thanet, Dartford, Gravesham and Swanley Community Learning Disability Teams. The Pathways to Independence is an intensive, short term, targeted intervention that assists people with learning disabilities. It helps them to regain, maintain or develop daily living skills and the confidence to carry these out to the best of their ability, enabling them to become more independent and have greater control over their daily lives. The service is delivered in-house, forms part of the assessment process and is non-chargeable. The programme takes place in a person's home and in their local community for a period of up to 12 weeks. The Pathway provider will develop a support programme with the individual to explain how the outcomes will be met. The pathway provider does not supply therapy or medical intervention.

The project aims are:

- focus on short term interventions
- to support people to develop their skills, increased community participation and presence
- reduce community support packages
- improve health and wellbeing
- preparation for work and increase opportunity for employment
- a reduction in people requiring traditional services.

## Case study

Lizzie was referred by her care manager to receive support with travelling by bus from the day service to her voluntary job in Gravesend once a week. Lizzie used to travel independently from her home, but following a few incidents, had lost all her confidence to travel alone. Lizzie did very well during her five weeks training and in this time, covered what to do if she needed to ask for help, if she got on the wrong bus, or if the bus broke down. Lizzie now carries a mobile phone which has various numbers on speed dial including those of her parents and the day service.

A system was put into place so that if Lizzie did not turn up at work, the staff would alert the day service and they would follow procedures if needed.

Lizzie says, "I felt safe and Connie helped me when I was a bit nervous about getting the right bus to work. I was very happy when I could do it all by myself and Connie was very good"

A few months after her Enablement Support ended, Lizzie started to travel independently from home to Gravesend Day Service by bus, four days a week.

Case study

Jean was referred by her care manager to enablement for support in tidying her bedroom and sitting room. Together with her worker, Jean set up a rota choosing suitable days and times for each practical task. The rota had pictures and clear instructions to make it easier for her to understand.

Jean decided to finish her enablement support after seven weeks when she felt confident to do her housework on her own. Jean's support finished in May but she still sends text messages to her worker to say that she has completed her tasks.



### New mental health service for Kent

Following a period of review the Kent and Medway Partnership Trust (KMPT) have launched a new county wide service. The new Kent AMHP Service is a 24 hour dedicated service supported by mixed role AMHPs.

An AMHP (Advanced Mental Health Professional) is either a mental health social worker or a Community Psychiatric Nurse (CPN) who has been trained to carry out assessments under the Mental Health Act and KMPT deliver this service on behalf of KCC.

They will be allocated to the service a week at a time and whilst based in the Community Mental Health Teams (CMHT).

The service is based at St Martins Hospital, Canterbury and Priority House, Maidstone, where staff work closely with colleagues in the Acute Service, and Crisis Resolution and Home Treatment (CRHT) Teams. The new Kent AMHP service will deliver a more responsive and flexible service, managing the demand for mental health assessments across the county.

## Quality of life

Our aim is to enhance quality of life by personalising the way individuals are able to access the support they need. It is also important that we measure how well we are meeting people's needs, monitoring outcomes and striving to continually improve this, despite the challenges we face.

### Kent Supported Employment

Kent Supported Employment (KSE) supports people with disabilities to have the same opportunity to access jobs as non-disabled people. It does this by providing appropriate support so that both the employer and the employee have a positive experience. Individuals are provided with a named advisor who they meet with regularly and who will help prepare them for work, find and keep paid employment.



#### What we said

Invest in more employment services.

#### What we did

Kent Supported Employment receives funding each year to deliver a supported employment service across the county. During the last year the referral age to KSE for people with learning disabilities has been lowered to include people from the age of 16 plus and those with Autism.

The KCC Apprenticeship scheme also receives funding to support individuals with a learning disability, who may not meet the required academic criteria of having an NVQ at Level 2, to participate in an "Assisted Apprenticeship Scheme".

### Winterbourne View

On 31st May 2011, a BBC Panorama television programme showed people with challenging behaviour being abused by staff at a private hospital, called Winterbourne View in South Gloucestershire. As a result of this programme being aired the hospital has now been closed.

Paul Burstow was the Minister of State for Care Services at the time that the programme was shown. He asked Department of Health officials to carry out a full review into what happened at Winterbourne View hospital.

The aim of the review was to look into what happened so that lessons could be learnt by all counties, and to look into how people with challenging behaviour are supported by every Council in England.



In Kent, a joint meeting with people from KCC, Health, Safeguarding (see glossary) and Children’s services looked at the review, the actions we needed to take and monitor in the future. Kent was one of several authorities who received an in-depth review, which took place on 6th May and the feedback was very positive.

To date, we have:

- produced an action plan to monitor progress
- reviewed all our care facilities to make sure the risks were identified
- made sure all the right people are involved, including GPs
- designed care pathways for people with learning disabilities, mental health issues and challenging behaviour
- made care providers aware of any issues that have been identified
- examined the views of current inpatients
- provided regular reports to the Department of Health.

## Accommodation

We have recently looked at our Accommodation strategy which supports



the transformation programme and changes the way in which we provide services. The strategy focuses on integrated community-based

services which support people to stay in their own homes for as long as possible. It also takes into account the demand for housing, how care and support needs will be met and how KCC will work positively with all providers to ensure that Kent has ‘suitable, appropriate and attractive’ accommodation.

The strategy will inform providers about where and what investment is needed so they can best target resources, to make sure Kent’s vulnerable population can live as independently as possible in their own communities.

## Case study

The Monson’s Court development in Herne Bay opened in January 2014, consisting of six one bedroom apartments for individuals with mental health needs, as well as communal areas for staff and tenants to use. Staff from Kent and Medway NHS and Social Care Trust worked with each resident, their care co-ordinator and family members to develop an appropriate support plan.



### What we said

Work towards increasing supported living placements to 1,000 while reducing residential placements to below 1,260 for people with a learning disability.

### What we did

As of March 2014 we had exceeded our target with a total of 1056 supported living placements.

There has also been a reduction in the number of residential placements for people with a learning disability, with 1,245 as of March 2014.

Case study

Holly Lodge is a unique housing development consisting of five state of the art self-contained flats in Hildenborough, designed for people with learning disabilities and autism who present with challenging behaviour. The flats were tailor made for each tenant and fitted with assistive technology such as movement and flood sensors, telescare and Telehealth provision if required, all of which give residents greater independence and security.

The building was developed in consultation with challenging behaviour therapists, KCC, MCCH (see glossary), staff, families, occupational therapists and our partner, Avenues Group. Its innovative bespoke design features soft impact finishes to curved walls, removable magnetic handles for kitchen units and recessed mood lighting. All utility panels are located on the exterior of the building to avoid residents being disturbed by contractors.

The open plan approach with no internal doors lends itself to a 360° escape route from each room in the event of an incident, as well as creating a feeling of a larger space. The development is also environmentally friendly.



The Good Day Programme

What we said

Continue the Good Day Programme (see glossary), which enables people with learning disabilities to engage in mainstream opportunities in the community.



What we did

The people of Kent wanted to see a change in the way they accessed day services. The Good Day Programme has implemented a number of projects over the last year leading to an increase in the range of opportunities available. We plan to continue this programme during 2014-15 to enable people with learning disabilities to have access to activities in their local community.

Good Day Programme Developments in 2013-14 include:



Trinity Arts Theatre



Located in the centre of Tunbridge Wells, Trinity Arts Theatre is a vibrant theatre offering a range of events and performing arts.

The Good Day Programme contribution provided:

- A full changing place suite with ceiling track hoist and changing bench
- Refurbishment to the bar and restaurant area, with an agreement in place to provide two people with learning disabilities, the opportunity to undertake training and work preparation in catering and hospitality, every year for the next 10 years



### Folkestone Sports Centre

- The sports centre had an accessible platform lift installed, a hub space created featuring a kitchenette and Changing Place toilet. A large sensory room to support people with complex needs has also been installed.
- With these enhancements, the sports centre was able to host the Paralympics regional bench-press championships; attracting £15,000 military covenant funding to provide a six roomed enhanced changing facility.

During 2014-15, we will develop partnerships and accessible facilities within community buildings in Dover and Swale.



### Hot topic update

The Rethink Sahayak Project (see Glossary) provides support for people with mental health issues in BME (see glossary) communities in north Kent.

Over the last year the service has focused on reaching out to wider communities and has seen an increase in referrals from Eastern European communities. As a result an independent Rethink Mental Illness BME Service User Group has been developed, called Rethink Sangam Group. Sangam means unity in the Hindi language and it is aimed at those who need support to maintain their mental well-being to combat isolation, raise confidence and promote independence. This is achieved through a set of activities chosen by group members collectively.

A representative of the group said;

“We all come from different backgrounds but what is great about Sangam is the opportunities it provides in maintaining my mental health. I now enjoy going to the leisure centre for a swim with group members whereas before I was always anxious about doing things for myself.

This way I know I gain confidence, form friendships and can find techniques to manage my anxiety. I feel more pro-active towards my physical health”.

# Control for Carers

## Carers Rights

The role of a carer is very important. Carers need to be able to access information and support, and this is an area that we have focused on during the last twelve months.



Kent County Council (KCC) has launched a new information booklet for more than 150,000 people who care for others.

To access the Kent Carers' Booklet please visit [www.kent.gov.uk/carers](http://www.kent.gov.uk/carers) and look under local carer organisation.

KCC and the NHS, along with the voluntary sector have invested in new carer assessment and support services, as well as short break services. We recognise that caring can be difficult at times so we have commissioned a new service for carers who are in need of some emergency support in their home and which enables carers to have replacement care so they can prioritise their own health and wellbeing. In the first year of this new service (2013/14), we have identified 3,563 new carers and 1,070 of those have received an assessment to see what support they need.

From 1st April 2015 and for the first time, carers will be recognised in law, in the same way as those they care for. This means carers in Kent maybe eligible to receive support services when the Care Act comes into force.

KCC is responsible for ensuring that an assessment takes place, to identify whether the carer has support needs and what those needs may be. The assessment will also consider things that a carer wishes to achieve in their own day-to-day life, whether that person can continue to care for an individual, whether they work or would like to work or study and if they would like to do more socially.



During 2014/15 KCC will be working with its stakeholders to implement the Care Act in Kent. We will be working with carers, providers, and other partners to understand what services carers need so they can have a life of their own and continue to care for someone else.

If you are a carer and want more information about your rights as a carer then contact your local carers support service .

[www.kent.gov.uk/carers](http://www.kent.gov.uk/carers)

**What we said**

In order to tackle the issue of how easy it is to access information, we said we would develop a carers information booklet that was consistent across the county.

Using this booklet we aimed to promote increased awareness of the issues carers face and their involvement was an important part of its development and improvement.

**What we did**

A carers information booklet has been developed, called the, 'Kent Wide Carers' Publication' (see glossary) which contains information on a range of topics and services that are available to carers. It can be found at local public access points such as GP surgeries, hospitals, gateways, libraries and via our website.

KCC ran a big marketing campaign during Carer's Week 2013, to promote awareness of whom carers are and support them to identify themselves as carers so that they can be informed of the support services available.

Carers' organisations far exceeded their target to identify new carers in 2013-14.



**What we said**

There needs to be significant emphasis on the need to record and improve communication.

We aimed to make sure all carers received an assessment of their needs and issues, alongside the person they care for.

**What we did**

Under the new Care Act, carers are entitled to receive an assessment of their needs. KCC has commissioned providers to undertake these assessments and support is a key factor. We have four providers, Carers First, Voluntary Action Maidstone, Carers' Support Canterbury, Dover and Thanet and Carers' Support Ashford.

We want to increase the amount of carers assessments currently undertaken so KCC and providers will continue to promote the benefits of an individual receiving an assessment.

**What we said**

Improve the percentage of people and carers who think it is easy to find information about our services.



**What we did**

The percentage has remained the same for 2013-14 at 70%, with the national average being 74.7%. We want to improve upon this and ensure our information is easily accessible to everyone who uses our services. It is hoped that the publication of the carers booklet will help.

## Quality of Services



Monitoring the quality of care and support that is provided is vital in maintaining high standards of services. Over the last year, we have reviewed the way in which we monitor the quality of services, particularly when we have renewed our contracts with providers.

### What we said

Continue to ensure the multi-agency approach and open lines of communication between Police, Health and KCC colleagues are maintained and highlight quality issues. This will allow prevention and early intervention especially in terms of safeguarding the vulnerable.

### What we did

We have established a Quality in Care Project Board with people from health and social care, who work together to develop and agree 'quality in care' standards. These will sit alongside Safeguarding standards. The board will also establish a monitoring and reporting system, with agreed information sharing across agencies and to the public, to help people make an informed choice when they are searching for social care services.

### What we said

Further develop and continue to introduce processes that address more accountability and increase proactive monitoring of services.

### What we did

As part of the re let of homecare, residential and nursing services, KCC introduced a set of quality indicators that all contracted providers are required to complete. These indicators will be reported to the public, professionals and providers to help build a picture of the relative quality of services across Kent.



### What we said

Review, update and re-launch the Kent Transition Protocols (see glossary) to identify gaps in transition services and work in partnership with education and children services. We planned to introduce a transition board to bring different organisations together to make the move from child care to adult care as smooth as possible.

### What we did

Transition arrangements are being updated to reflect organisational changes and the implementation of the Children's and Families Act 2013. A key piece of work has been to make information available in 'Easy Read' to assist people and their carers through the transition process.

The 'Becoming an Adult' Guide takes people through the main steps of transition from children's to adults' services. For more information and to access the guide please visit the website: [www.kent.gov.uk/transitiontoadulthood](http://www.kent.gov.uk/transitiontoadulthood)

## Ladder to the Moon

The Ladder to the Moon (see glossary) programme is about engaging and increasing the wellbeing of residents with Dementia. It provides training that enables health and care organisations to develop active, creative, vibrant care services that incorporate creativity and the arts. The programme has recently commenced at Ashley Gardens Care Home in Maidstone and will run for a period of 12 months. Ashley Gardens will submit feedback to KCC on a monthly basis, and reports so far indicate that the programme has had a positive impact on the wellbeing of residents at the home.

### What we said

Work with providers to ensure consistency and share best practice.

Introduce Dementia Care Mapping (see glossary) so staff can better understand the experience and needs of their residents and ensure those needs are met.

### What we did

KCC has continued to work in partnership with care providers to part fund training programmes, to highlight the benefits to residents of personalised dementia care. Two programmes, included the second phase of the Excellence in Care project and 'Ladder to the Moon', a theatre based project. Both programmes have had a positive impact on the staff and residents living in these homes.

Dementia Care Mapping has been and is being used to record care from the resident's point of view. Commissioning Officers are also visiting specific homes to promote the benefits of working with partners and mapping where there are issues with residents and Quality in Care.

## The impact of Dementia Care Mapping

Case study

Some Dementia care research and mapping proved to be very successful but not all of it worked in practice. This was mainly down to the lack of time and support to implement the findings. The mapping project identified the fact that it is very important to have good communication with family carers. By engaging with and supporting carers, there is a real chance to make a difference to the life of the individual and the rest of their family.

One home carried out Dementia Care Mapping for a resident who was causing disruption by taking other residents bags. Following the exercise they established that the resident simply wanted something to hold and has now been issued with a blanket to carry around, putting an end to other residents bags being taken.

Another home had a resident who was agitated and continually pacing around. They undertook mapping and established that the issue was lack of occupation. A small cleaning station has now been set up in the corridor where the resident will happily sit, polishing and cleaning bits and bobs. The resident is now much less agitated and no longer pacing around.

## Hot topic update

The Excellence in Care Project ran for two years, working with providers in all care settings and aimed to improve the knowledge and skills of staff in person centred care. Staff attended courses where they learnt more about what Dementia is, therapeutic interventions and interactions, and about making difficult decisions particularly in relation to how the law supports people living with Dementia.

# Safeguarding



Safeguarding (see glossary) is about protecting children, young people and vulnerable adults from abuse or neglect. Abuse is a breach of a person's rights and may be a single act or happen repeatedly over a period of time. Abuse may be deliberate but may also happen as a result of poor care practices or ignorance. It can happen anywhere.

To make sure that everyone is treated with the dignity, care and respect they deserve, safeguarding is a top priority.

## Making Safeguarding Personal

Over the last year we have reviewed our procedures to make sure the person is fully involved and Kent was one of 46 councils that participated in the national 'Making Safeguarding Personal' pilot project last year. The project aimed to ensure individuals are at the centre of safeguarding activity and have the opportunity to discuss the outcomes they want to see, at the beginning of the process. Through follow up discussions, we are then able to see what extent these have been met, and provide reports to boards that are meaningful and include the experiences of the individual.

The main findings (also reflected by other councils):

- Better practice, through greater understanding between the individual and professionals.
- Clear direction was achieved by working towards the outcomes the individual wanted to see.
- The language used was important because 'adult abuse/protection' was more greatly understood by service users than the term 'safeguarding'.

We discussed with people at the beginning of the 'Making Safeguarding Personal' process what outcomes they would like to see. As a

result of this happening and the outcomes being recorded, 100% were fully or partially achieved by the end of the process. Where outcomes had not been discussed at the beginning achievement rates were lower at 60%.

If you would like to read more about what the 'Making Safeguarding Personal' process involves there are a series of case studies available online at [www.local.gov.uk](http://www.local.gov.uk) and search 'making safeguarding personal case studies.'

### Our safeguarding commitments to you:

1. We will ask you at the beginning what you want to happen.
2. We will listen to you.
3. We will be polite and respectful.
4. Your privacy will be respected.
5. We will tell you what we are doing and why.
6. We will make enquiries carefully and sensitively.
7. We will tell you what our findings are and provide you with the support you require.
8. We will ask for your views again at the end to see if we have met these standards.

### Next Steps

KCC aim to introduce "Making Safeguarding Personal" principles throughout Kent by 2015, which will also support the principles of the Care Act.

For more information about safeguarding please visit our website [www.kent.gov.uk/adultprotection](http://www.kent.gov.uk/adultprotection)

### What should you do if you suspect or have witnessed a vulnerable adult being abused?

You should contact Adult Social Care and ask to speak to the duty officer on 03000 41 61 61 for Kent and 01634 33 44 66 for Medway. We advise against approaching the person directly.

If you wish to discuss your concerns outside normal office hours you can contact the out of hours team on 03000 41 91 91 for Kent and 08457 62 67 77 for Medway.

If you think that someone may be at immediate risk of harm you should contact the police by calling 999.

For more information visit: [www.kent.gov.uk/adultprotection](http://www.kent.gov.uk/adultprotection)

An Easy Read safeguarding guide for vulnerable adults with learning disabilities is now also available. The guide tells you how to get help from someone who is trusted. The guide can be found at local libraries and council contact points, it is written in plain English and uses simple colour pictures to describe the different types of abuse and forms of hate crime.

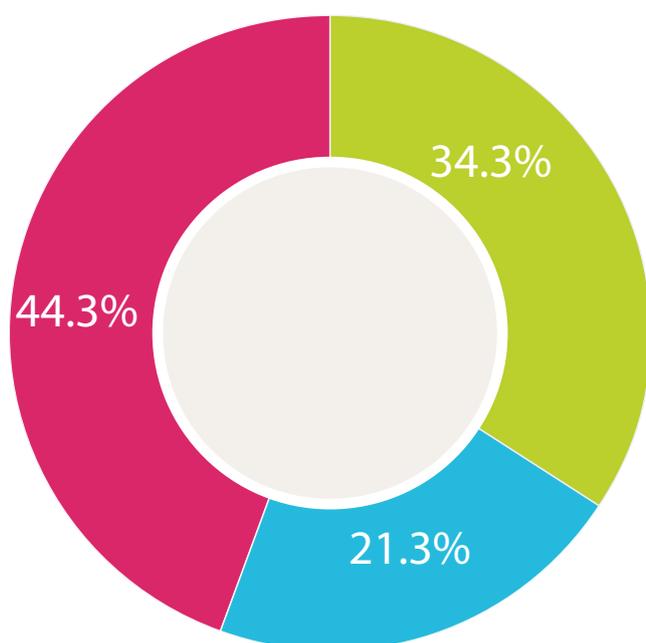
Alternatively you can request a copy via: The Multi Agency Safeguarding Adults section, Kent County Council, Brenchley House, Week St, Maidstone, ME14 1RF.

For more information email: [kristina.rolfe@kent.gov.uk](mailto:kristina.rolfe@kent.gov.uk)

### Facts and figures

3,176 safeguarding referrals were received during 2013/14 in comparison to 2012 when there were 2,838.

In addition to this another 3,186 safeguarding contacts were received but did not meet the criteria to be referred for investigation.



34.3% of those referrals were not evaluated as abuse or discounted.

This is a slight increase in comparison to 2012 where the percentage was 32%.

44.3% of those referrals had abuse confirmed or partially confirmed.

21.3% of the referrals investigated had insufficient evidence to confirm or discount them\*. This is a slight decrease from 2012 where the percentage was 22%.

\*This does not mean no action was taken, improvement areas may well have been identified and taken forward by the safeguarding teams.

**What we said**

We established the Central Referral Unit, a multi-agency unit consisting of Social Services (children and adults), Police and Health to deal with new safeguarding referrals and with the focus of ensuring high quality practice.

**What we did**

Our programme of regular audits (see glossary) to check the quality of practice has continued throughout the year. Improvement Plans have been developed across the county and these are monitored by the Countywide Safeguarding Group (see glossary). A review of safeguarding training is taking place. Advocacy provision is closely monitored to ensure that it is available equitably across Kent.

**What we said**

Following the announcement in the Queen's speech that new legislation will be introduced which focuses on safeguarding; we will work with partners to ensure that our processes reflect these changes.

**What we did**

The Care Act places adult safeguarding on a statutory footing and states that each Local Authority must establish a Safeguarding Adults Board (see glossary). For some years, Kent and Medway have had a joint Safeguarding Adults Board. In preparation for the Care Act, the Kent and Medway Board underwent a major review with partners in 2013. This review has established new Multi-agency sub groups focusing on Learning and Development and Quality Assurance.

This means that there is a continuous monitoring and review by all partners to ensure that Kent has effective safeguarding arrangements in place to provide protection for the people of Kent.

**What we said**

Look at ways in which we can obtain feedback in a sensitive way from people who have been the subject of a safeguarding investigation and use their experiences to improve practice.

**What we did**

Kent has supported national research projects, including 'Making Safeguarding Personal'. Pilot projects have proved successful and are now being rolled out across the county where practice initiatives are in place to encourage and support individuals to be at the centre of safeguarding processes from the beginning. For more information regarding the 'Making Safeguarding Personal' initiative please see page 35.



## Sensory and Autism Services

Kent Adult Social Care has its own specialist unit for D/deaf, deafblind, sight impaired and autistic people. The unit also works with the voluntary organisations; Hi Kent (see glossary), The Royal Association for Deaf (RAD - see glossary), Kent Association for the Blind (KAB – see glossary) to provide services for all these people.

There are two Deaf Services teams in Kent, one in West Malling, the other in Folkestone as well as one countywide deafblind team.

These teams provide:

- support work including the Supporting People Programme (see glossary)
- specialist deafblind services to meet the requirements of “Section Seven” (see glossary).

The voluntary organisation Hi Kent provides resource centres in Maidstone and Canterbury, as well as hearing aid maintenance clinics.

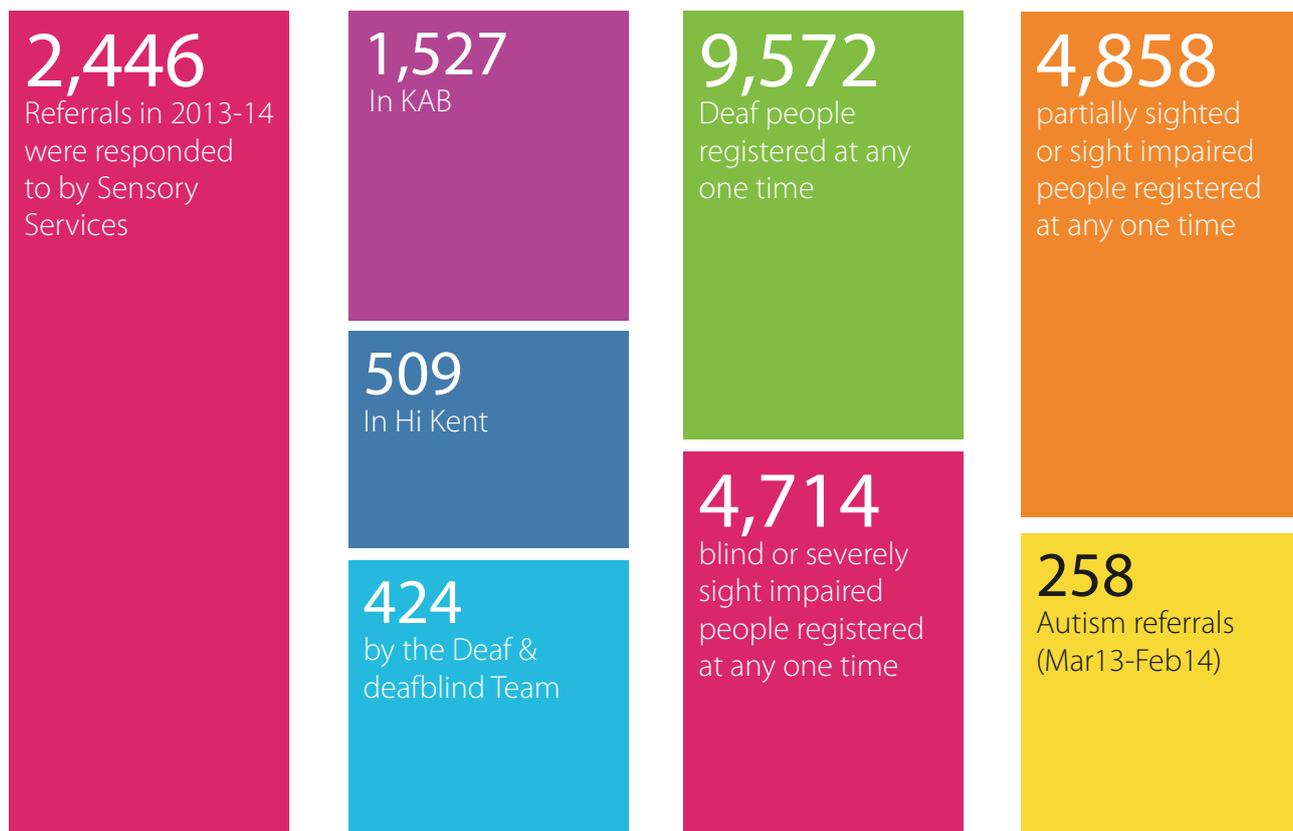
The RAD (Royal Association for Deaf) provides interpreting services and advice and guidance delivered in sign language.

Kent Association for the Blind (KAB) provides:

- rehabilitation training – mobility/daily living skills and communication skills
- registration as sight impaired (blind/partial sight)
- resource centres in Maidstone and Canterbury
- guide communicator service (PA service for deafblind people)

The Autistic Spectrum Conditions Team (ASC – see glossary) provides assessment for people with Autism or Asperger’s.

### Headline figures



**What we said**

Identifying the needs for sensory services to feed into commissioning strategy

**What we did**

The Kent Sensory Strategy is currently being developed in partnership with a range of stakeholders. The strategy aims to help improve the eye and ear health of people with learning disabilities, making sure they get the right help and support before their sight and hearing deteriorates further. It also helps people to feel included and live as part of their community. The strategy will go out for public consultation later this year when you will have the opportunity to give us your feedback.

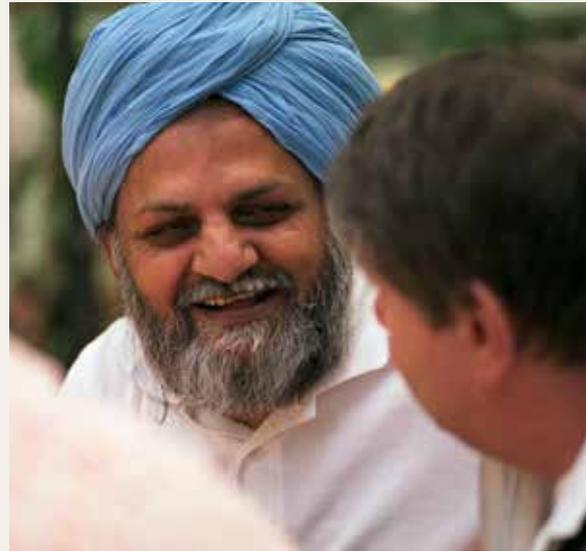
**What we said**

Ongoing development of services such as Gateway clinics for Deaf people, KAB (see glossary) expert patient initiative (see glossary)

**What we did**

Self-management and peer support initiatives have been developed for people with autistic spectrum conditions and D/deaf, deafblind and sight impaired people. A conference has also been held to share the learning from these initiatives.

Gateway clinics for Deaf people are now available in six locations across Kent and "pop up" clinics are held as and when required.

**What we said**

Improve services to sensory impaired people in BME (see glossary) communities and carers of sensory impaired people.

**What we did**

During the last year we have undertaken some outreach work with BME communities. Each KAB team has a champion for BME engagement. Their role is to make and maintain links with local communities and groups in their areas. This may include ensuring groups are invited to KAB events or offering to visit the groups and provide talks about the support KAB can provide, sight loss and eye health. One of our Team Champions now has a regular place on the Ethnic Minority Independent Council in Canterbury. The BME carers project in 2011/12 identified that BME groups engage more successfully if they are led by representatives from within their own communities. As a result, each of our volunteer co-ordinators has a specific target to recruit Volunteer Community Champions, who will work with KAB to break down barriers and act as an advocate to make services more accessible for everyone.

An example of this is the Gravesend team who are currently in discussion with a community representative about producing KAB and eye health materials in Punjabi.

Hi Kent's biggest success has been the translation of information about their services into Nepalese, for distribution at clinics in areas where there is a high proportion of Nepalese speakers. Hi Kent hope to extend this by providing translations in other widely-spoken languages.

**What we said**

Establish a planning group to address the needs of people with learning disabilities and sensory impairments.

**What we did**

The planning group for people with sensory impairments and learning disabilities has completed its work and a report with recommendations has been compiled. An action plan is currently in development which aims to improve access to services for this group. We will provide an update in a future monthly bulletin.



**What we said**

Work in partnership with HearingLink (see glossary) to provide an intensive rehabilitation programme for people with acquired profound deafness and self-management programmes for partially deaf people

**What we did**

Two Intensive Rehabilitation programmes for people with acquired profound deafness took place in 2013-14, in partnership with Hearinglink and a third is planned for 2014-15. Two self-management programmes for deaf people have also taken place. The outcomes for both have been very positive.

Here are a sample of comments from participants who took part in the Hearing Link intensive rehabilitation programmes.

"The most valuable thing was meeting staff who appreciate the needs of deaf people and either giving them help or details of other resources and information"

"Excellent course at a pace which made it interesting and useful"

"Just being with others allowed me to see where I was and what I need"

"My first real contact with other deaf people – inspirational and motivational"

"Every subject and item was very much of interest and the whole course was very relevant."

**What we said**

Develop a Kent Autism Strategy (see glossary) and increased awareness.

**What we did**

An Autism Collaborative (see glossary) has been established with the aim of developing an Autism Strategy for Kent and improving services for people on the autistic spectrum.

**What we said**

Develop new equipment and assistive technology (see glossary) solutions for sensory impaired and autistic people

**What we did**

A sensory and autism equipment redesign project has been exploring potential new technology, such as the squeeze jacket, a deep pressure garment to relieve anxiety for people with autism, and smart phone apps to help people live independently. We have also been transforming services to be more efficient and effective.



Jean, aged 60, is profoundly Deaf and lives with her partner who is also profoundly Deaf. They live in a quiet location in Kent with little opportunity to meet other Deaf people. In the last few years Jean has been diagnosed with Ushers Syndrome, which has resulted in her having a severe sight loss that continues to deteriorate. She has difficulty communicating with others and needs people to use hands on sign language to fully access communication.

The Dual Sensory Team at KCC have assessed Jean and found her as having a 'Need to improve and maintain social relationships' and a 'Need to improve her general wellbeing'. To meet these needs Jean was provided with specialist equipment, including a compact magnifier, to support her to manage her paperwork and correspondence. She was also provided with a Personal Budget, utilised via a Direct Payment which, enables her to attend specialist Ushers Support Groups around the UK. This provides Jean with increased social interaction and has a positive impact on her emotional wellbeing. Jean has increased her network with other people who are in a similar situation and can share experiences and coping strategies with peers. A further benefit is the effect it has on Jean's partner.

Her partner has had the opportunity to meet other people who live with Ushers Syndrome sufferers, enabling him to share his experiences from a carer perspective. Long term this support contributes to his improved wellbeing, reduces stress and tension and could prevent a potential breakdown.

By providing this type of support there is the potential to prevent Jean and her partner's needs increasing, has a positive impact on service user wellbeing and reduces service demand.

## Contact Details

### Getting in Touch

There are several ways for you to contact us.

#### Telephone

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

#### Call our contact centre

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

Telephone: 03000 41 61 61

#### Text relay

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

Text Relay: 18001 03000 41 61 61

#### Out of hours service

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

Telephone 03000 41 91 91

Calls from landlines are typically charged between 2p and 10p per minute; calls from mobile typically cost between 10p and 40p per minute.

#### Email

You can email us with queries or questions about any of our services or information.  
[social.services@kent.gov.uk](mailto:social.services@kent.gov.uk)

#### Website

[www.kent.gov.uk/adultsocialservices](http://www.kent.gov.uk/adultsocialservices)

#### Visit a Gateway

Gateways are the new way for you to find public and voluntary services with the added convenience of being in a town centre or high street location. Comfortable, modern places make it easier to reach over 40 specialists, voluntary and charitable agencies. There are currently nine gateways across Kent:

- Ashford Gateway Plus
- Tenterden Gateway
- Dover Gateway
- Thanet Gateway Plus
- Gravesham Gateway
- Tonbridge Gateway
- Maidstone Gateway
- Tunbridge Wells Gateway
- Sheppey Gateway
- Swanley (opening 2015).

### Listening, responding and improving

Kent County Council welcomes all comments, complaints and compliments. We aim to provide good quality services and we need your help to tell us how we are performing.

If you wish to make a complaint contact us

Email: [complaintsteamadults@kent.gov.uk](mailto:complaintsteamadults@kent.gov.uk)

Web: [www.kent.gov.uk/haveyoursay](http://www.kent.gov.uk/haveyoursay)

Tel: 03000 410 410

Text relay: 18001 03000 410 410

Or you can write to:

KCC Adult Social Care  
Complaints Team  
Brenchley House,  
123-135 Week Street,  
Maidstone,  
ME14 1RF.

Or

KCC Adult Social Care  
Complaints Team  
Brook House,  
Reeves Way,  
John Wilson Business Park  
Whitstable,  
CT5 3SS.

## Glossary

**Assistive Technology:** These technologies help you to maintain independence. Telehealth provides equipment and devices used to remotely monitor aspects of a person's health in their own home. Telecare can be a combination of remotely monitored passive alarms and sensors to maintain independence at home

**ASC (Kent Autistic Spectrum Conditions Team):** This integrated specialist team aims to address the unmet needs of adults with autism, including those with Asperger's Syndrome, who do not meet the eligibility of Learning Disability services. The service is jointly commissioned by Kent County Council (KCC) and Kent and Medway NHS and Social Care Partnership Trust.

**Audits:** Regular audits will be undertaken by the police, adult social care and health, to determine where improvements can be made and ensure that policies and procedures are being followed.

**Autism Collaborative:** The collaborative is a collection of stakeholders including clients and carer representation, the local authority, health and all the main voluntary and charitable organisations. The aim of the group is to examine services and ensure that they are meeting the needs of adults with autism. If not how the group might plan to meet any gaps in services. The Collaborative will draw together various pieces of work from all sectors in order to fully complete the Kent Autism Strategy.

**Better Care Fund:** The Better Care Fund (BCF), worth £3.8 billion was announced by the Government in the June 2013 spending review. It is designed to support the transformation and integration of health and social care services, to ensure local people receive better care.

**BME:** Black Minority Ethnic residents in Kent.

**Care Quality Commission (CQC):** The CQC is responsible for the inspection and registration of services including, care homes, independent health care establishments and the Shared Lives Scheme.

**Clinical Commissioning Groups (CCG):** A Clinical Commissioning Group is the name for the new health commissioning organisation which replaced Primary Care Trusts in April 2013. CCGs make it easier for us to work directly with our partner organisations and make the best use of resources.

**Countywide Safeguarding Group:** This is a meeting for senior managers within Kent County Council chaired by the Director of Commissioning for Social Care, Health and Wellbeing. The group reviews safeguarding activity across the county, to ensure that robust systems are in place to provide appropriate support to individuals who raise allegations or concerns about adult abuse.

**Dementia Care Mapping (DCM):** is a set of observational tools designed to evaluate quality of care from the perspective of the person living with dementia.

**Department of Health (DH):** They lead, shape and fund health and care in England, making sure people have the support, care and treatment they need, delivered with the compassion, respect and dignity they deserve.

**Dilnot Report:** Back in 2010 the Government commissioned an independent body, chaired by Andrew Dilnot, to look at how to reform the funding system for Adult Social Care. Their findings and suggestions were compiled into the Dilnot report.

**Direct Payment:** Direct Payments are cash payments to individuals who have been assessed as having eligible social care needs, that require support from KCC. The amount paid is less any contribution that is required by the individual following a financial assessment.

**Domiciliary Care:** Domiciliary care can help people with personal care and some practical household tasks to help them to stay at home and live independently.

**Enablement:** Enablement is a short term, intensive service that can help you remain in your own home or regain independence if you have been ill or in hospital.

**Good Day Programme:** This programme enables people with learning disabilities in Kent to choose what they want to do during the day, evenings and weekends, have support when and where they need it, and be an equal citizen of their local community.

**Health and Social Care Co-ordinators (HSCCs):** Aim to prevent people being admitted to hospital, instead allowing patients to continue to live independently in their own homes and improve their wellbeing. They do this by providing a range of services or suggestions for equipment that could assist an individual or refer them to other teams and services that can provide support.

**Hearinglink:** Hearing Link is the UK organisation providing support to people with hearing loss, and their families. They make it easy to find information, services and support, and to connect with others to share experiences and advice.

**Hi Kent:** Is a registered charity for deaf and hard of hearing people, who work in partnership with Kent County Council. They carry out assessments of need for people aged over 65 years old, provide advice and a range of equipment.

**Integration Pioneers:** are looking at innovative ways of creating change in the health service which, the Government and national partners want to see spread across the country. Kent is an integration pioneer.

**KAB:** Kent Association for the Blind is a rehabilitation service for people who are blind or partially sighted in Kent. They aim to provide a quality service sensitive to the individual's needs to help them attain the highest levels of independence.

**KAB Expert Patient Initiative:** KAB facilitates a Peer Support course, based on a self-management/expert patient model. (KAB Expert Patient Model = self-management and peer support) This 6 week course is run for small groups of sight impaired people, by trained volunteer facilitators who also have sight impairments. The course aims to enable participants to achieve goals identified via action planning. The course covers topics including communication skills, relaxation techniques and mindfulness, whilst also providing participants with the benefit of meeting and learning from the techniques and experiences of sight impaired peers.

**Kent Card:** The Kent card is a secure way of receiving Direct Payments without the need to open a separate bank account. The card is a chip and pin visa card and works in the same way as a visa debit card. It can be used to pay a Personal Assistant (PA), makes record keeping easier and reduces paperwork.

**Kent Health and Wellbeing Board (HWB):** The Kent Health and Wellbeing Board leads and advises on work to improve the health and wellbeing of the people of Kent. It does this through joined up engagement across the NHS, social care, public health and other services that the board agrees are directly related. The board aims to reduce health inequalities and ensure better quality of care for all patients and care users.

**Kent Transition Protocols:** Kent's transition protocols set out our commitment to disabled young people to make sure that our resources provide new and more personalised services. As well as opportunities that promote independence and support young people to lead full and purposeful lives whilst they move from children's into adult services.

**Kent Wide Carers' Publication:** is an information booklet for carers about the range of support services available in your local area.

**Ladder to the Moon:** Is a programme that focuses on engaging and increasing the wellbeing of residents with dementia. The programmes provide workforce and service development that enable health and care organisations to place activity, creativity and wellbeing at the heart of care services, with a focus on developing staff attitudes and skills.

**MCCH:** Maidstone Community Care Housing provide support for people with learning disabilities, Autism and mental health issues. They provide support and advice regarding housing options, carry out maintenance to ensure properties are safe and give advice on adaptations that are required in the home.

**MDTs:** Mutli-Disciplinary Teams are joint teams between Social Care and Health that aim to minimise duplicate referrals.

**Occupational Therapy:** The Occupational Therapy Service provides assessment, advice, equipment and adaptations for disabled people living in their own homes.

**Personal Budget:** A Personal Budget is money paid by us (Kent Adult Social Care) to you so that you can arrange your own care and support services.

**Proactive Care:** is a model of care based on national and international evidence of best practice. It aims to achieve whole system health and social care integration, in order to deliver better outcomes for customers/patients.

**Promoting Independence Reviews:** assess your abilities and difficulties with managing every day activities. We will work with you to identify what you are able to do and what you hope to be able to achieve, in order to continue to live independently. The Promoting Independence Service helps you to maximise how much you can do for yourself, and regain or learn new skills before any decisions are made about your ongoing support needs.

**The Royal Association for Deaf (RAD):** is a British charitable organisation who promote the welfare and interests of Deaf people. They provide employment and legal advice, host activities and support groups for families with parents and/or children who are deaf or hard of hearing and also offer an interpreting service.

**Safeguarding:** Safeguarding is about protecting children, young people and vulnerable adults from abuse or neglect. The policy aims to tackle how adult abuse can be prevented through community cohesion, communication, good practice and to ensure that everyone is treated with dignity and respect.

**Safeguarding Adults Board:** The board consists of representation by senior management from the council, CCGs, Police, carers, voluntary and private sector representatives. A range of these partners may be involved in an investigation/enquiry regarding suspected abuse or neglect. The board also arrange serious case reviews (which will become Safeguarding Adults Reviews under the Care Act) where there is concern that safeguarding arrangements could have been more effective.

**Sahayak Project:** The Sahayak project supports people from Minority Ethnic Communities who have a Mental Health issue or those who care for them, through its befriending service, one to one support and monthly carer groups.

**Section Seven:** is statutory guidance detailed in the 'Local Authority Social Services Act 1970' which, outlines the social service responsibilities that local authorities such as KCC, have for providing information and services to D/deaf and deafblind people. For example KCC need to ensure that all their services are accessible and that information is in the correct format.

**Shared Lives:** This scheme helps vulnerable adults who want to live as part of a family or household find somewhere suitable. It is similar to fostering but for adults rather than children. Placements can either be on a short or long term basis or act as a stepping stone towards independent living.  
[www.kent.gov.uk/sharedlives](http://www.kent.gov.uk/sharedlives)

**'Something for me' payments:** Carers' 'Something for me' payments are not for the purchase of Community Care Services. They can be made annually up to the value of £200. Such payments are available to purchase anything that the Carer decides will help make their life easier. You can find more information on our direct payments page : [www.kent.gov.uk/social-care-and-health/paying-for-care/paying-with-direct-payments](http://www.kent.gov.uk/social-care-and-health/paying-for-care/paying-with-direct-payments)

**Supporting People Programme:** deliver a range of services for partnerships across the County of Kent which, enable vulnerable people to maintain their housing situation, manage their finances, co-exist successfully in their community, acquire independent living skills, stay safe, liaise with other agencies, and access training, education, and employment.

**Telecare:** describes any service that brings health and social care directly to a user (generally in their homes). It enables people, especially older and more vulnerable

individuals, to live independently and securely in their own home by providing them with personal and environmental sensors in the home. These remotely monitor over a 24 hour period and should something happen like you have a fall, a warning is sent to a response centre and the required help is sent to assist you.

**Telehealth:** is part of this, but relates specifically to remote monitoring of a person's vital signs, including blood pressure, weight and blood glucose.

**Transformation:** Over the next four years KCC will be looking at how their existing services currently operate, the difference they make, and if there's a better way to do things. They will also bring services together to avoid duplication and improve efficiency, shaping them around people and place. This is known as Transformation.

## Data Sources

- ONS mid-year estimates 2012
- PCIS population June 2014
- Health and Social Care Information Centre (HSCIC) website
- Office of National Statistics (ONS) website
- Direct Payment services report
- Residential Monitoring and Non Residential Monitoring services report
- KCC Annual return reports

# Feedback

Your view is important to us. This is your opportunity to have your opinion about the content of this annual report. With your feedback we can make the necessary improvements for next year's annual report containing information that is relevant to you.

The following questionnaire asks for your opinion about the annual report for adult social services 2013/14.

1. I am (please tick)

- An adult who has received or is currently receiving care services in Kent
- A Carer, informal, family, unpaid
- A provider of adult social care services in Kent
- A member of staff employed by Kent County Council
- Other (Please write below)

2. Please advise us which sections you found most helpful and informative?

3. Please advise us which sections you found least helpful and uninformative?

4. Is there any aspect of the annual report you do not understand?



5. Are there any issues that you feel are not addressed?

6. Overall how would you rate this annual report? With 5 being excellent and 1 being poor, or use the faces below. Please circle your choice.



If you have any additional comments please include them here.

Thank you for taking part in this questionnaire.

Please send completed questionnaire and return with provided prepaid envelope to:

Local Account Feedback  
Performance and Information Management Team  
Strategic commissioning  
Families and Social Care  
Kent County Council  
3rd Floor Brenchley House  
Week Street  
Maidstone  
ME14 1RF

**Email:** [kentlocalaccount@kent.gov.uk](mailto:kentlocalaccount@kent.gov.uk)

**Twitter:** You can follow us on twitter, [www.twitter.com/@Kent\\_cc](http://www.twitter.com/@Kent_cc)

**Online:** You can give us feedback online at: [www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/local-account-for-adult-social-care](http://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/local-account-for-adult-social-care)





