

Here for you, how did we do?

Local account for Kent Adult Social Care



April 2015 - March 2016
Report highlighting the achievements, improvements and challenges of
Kent County Council Adult Social Care during the past year and our vision
for the future.

**Kent
County
Council**
kent.gov.uk



Contents

Foreword	3
Introduction	4
Kent and its people	5
Facts and figures about Kent	6
What do adult social care do?	7
How Adult Social Care in Kent is structured	9
Clinical Commissioning Groups - CCGs	11
Challenges facing Adult Social Care Services	12
How we spend our money	13
Headline figures	15
Your journey with Adult Social Care	17
Transformation programme	19
The Care Act	21
Health and Social Care Integration	22
Access to Independence	27
Acute hospital optimisation	28
Sensory and Autism Spectrum Conditions Service	29
Double handed care packages	34
Integrated Community Equipment Service and Technology Enabled Care Services	35
Your life your home	36
Shared Lives	37
Kent Pathway Service	39
Live Well Kent	40
The Good Day Programme	41
Strategic Commissioning	43
Comments, compliments and complaints	45
Adult Safeguarding Unit	47
Glossary	49
Getting in touch	52

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All images Kent County Council except, NHS photo library 30,31,43,44; Care Images 25, 36 and Photosymbols page 35.

Foreword

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

We are pleased to publish, "Here for you, how did we do?" the Local Account for Kent County Council Adult Social Care for April 2015 - March 2016.

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.



Graham Gibbens



Andrew Ireland

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 2015-16, we have strived to:

- keep vulnerable adults safe
- 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 - '**Here for you, how did we do?**' April 2015 - March 2016 which describes the achievements, improvements and challenges faced by Kent Adult Social Care during the past year as we have continued to transform our services. It also sets out our vision for the future.

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.

The Local Account is an important way in which people can challenge and hold us to account and this is the fifth year that it has been developed in partnership with people who use our services, their carers, voluntary organisations and service providers as well as members, district councils and staff.

Throughout this document, we will provide updates on the key issues you have told us are important to you and we will also tell you about the new things we have been developing and are working on.

Feedback from you is enormously important and many people played a crucial role in putting this Local Account together either through providing us with feedback or taking part in meetings to let us know the areas that were important to you.

We will continue to listen to and work with people in Kent to build a sustainable Adult Social Care Service for the future and we will continue to distribute the Local Account as widely as possible to give everyone the chance to read it, challenge our approach, ask questions and feedback their views.

If you have not had the opportunity to contribute to the Local Account or have been involved in the past and would like to continue to help us shape how the Local Account looks and what it includes going forward, please email us at: kentlocalaccount@kent.gov.uk letting us know how you would like to be involved.

If you have any questions regarding the content of this report and would like to submit your comments, please complete our feedback form online. The feedback form only takes five minutes to complete and we would love to hear from you.

We also have a paper feedback form which you will find in the centre of the booklet. Please contact us if it isn't included and we can arrange for a copy to be sent to you.

Further copies of the Local Account can be downloaded directly from our website at: www.kent.gov.uk/localaccount where you can also find plain text and easy read versions as well. Alternatively, please contact us and we can arrange for further copies to be sent to you.

Symbols used in this report



Refers to what is new this year.

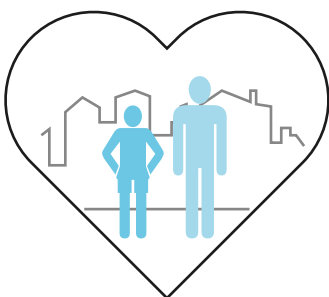


Refers to an update on last year.

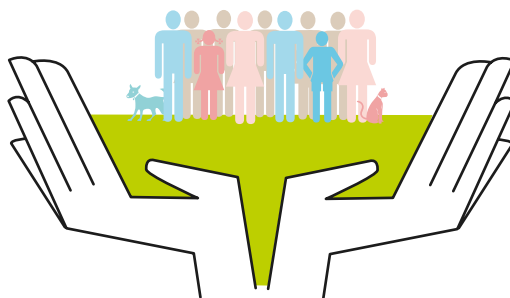
Kent and its people

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.

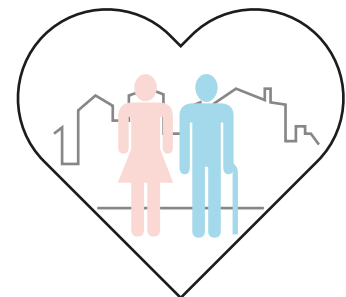
Further information on the council’s objectives for equality and diversity can be found at www.kent.gov.uk/diversity



13,563 people aged between 18-64 are supported by Adult Social Care

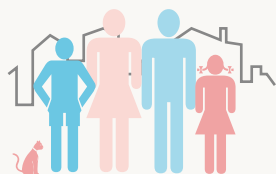


35,440 people in Kent are supported by Adult Social Care.

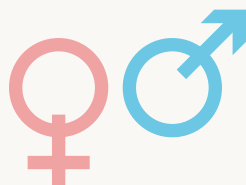


21,877 people supported by Adult Social Care are over the age of 65.

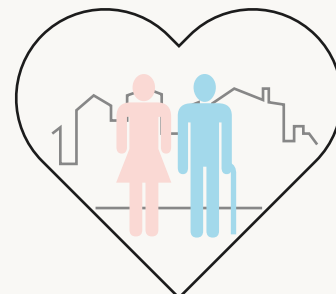
Facts and figures about Kent



73% of the Kent population live in urban areas.



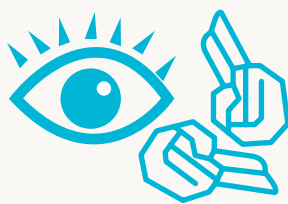
51% of the population is female and 49% male.



56.8% forecast increase in over 65 year olds between 2014 and 2034.



17.6% of the Kent population have an activity limiting illness or condition.



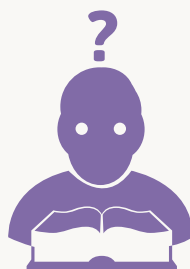
1,868 referrals made by the Sensory Team to KCC adult social care.



317 referrals made to the Autism Team in KCC adult social care.



5303 people (18-64) supported by KCC adult social care have a physical disability



4662 people (18-64) supported by KCC adult social care have a learning disability



3890 people (18-64) supported by KCC adult social care have mental health issues

What does Kent Adult Social Care do?

'Together, we want to make sure people are at the heart of joined up service planning and feel empowered to make choices about how they are supported'.



What Statutory Responsibilities do we have?

KCC Adult Social Care has a statutory responsibility for:

- Assessing your needs
- Planning your support
- Arranging your services, where appropriate
- Providing community care services for adults living in Kent who qualify for social care support.

Who do we support?

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 and disabled children
- adults with mental health issues
- adults moving from children's services to adult services
- adults who give voluntary care to family members or friends.

What is our aim?

Our aim is to make sure Kent's population of older people, people with physical disabilities, people with learning disabilities and people with mental health issues live healthy, fulfilled, independent lives and that people feel socially and economically included in the community.

We're also aiming to drive, promote and support transformational change through commissioning high quality, cost effective, outcome based social care services to ensure that the right level of support is provided at the right time, right place and at the right cost for vulnerable adults, children and young people, their families and carers in Kent.

What is our Vision for Adult Social Care?

The vision for Adult Social Care is centred around the individual being at the heart of everything we do.

'A life, not a service'

It builds on **supporting older and vulnerable adults to live independently** and it supports KCC's vision to "focus on improving lives by ensuring every pound spent in Kent is delivering better outcomes for Kent's residents, communities and businesses".

It focuses on **'where people live'** and the belief that where possible, an individual's **'own bed' is the 'best bed'**.

For more information on our services see our pamphlet 'Accessing Adult Social Care in Kent' or go to www.kent.gov.uk/careandsupport.

Our Vision for Adult Social Care



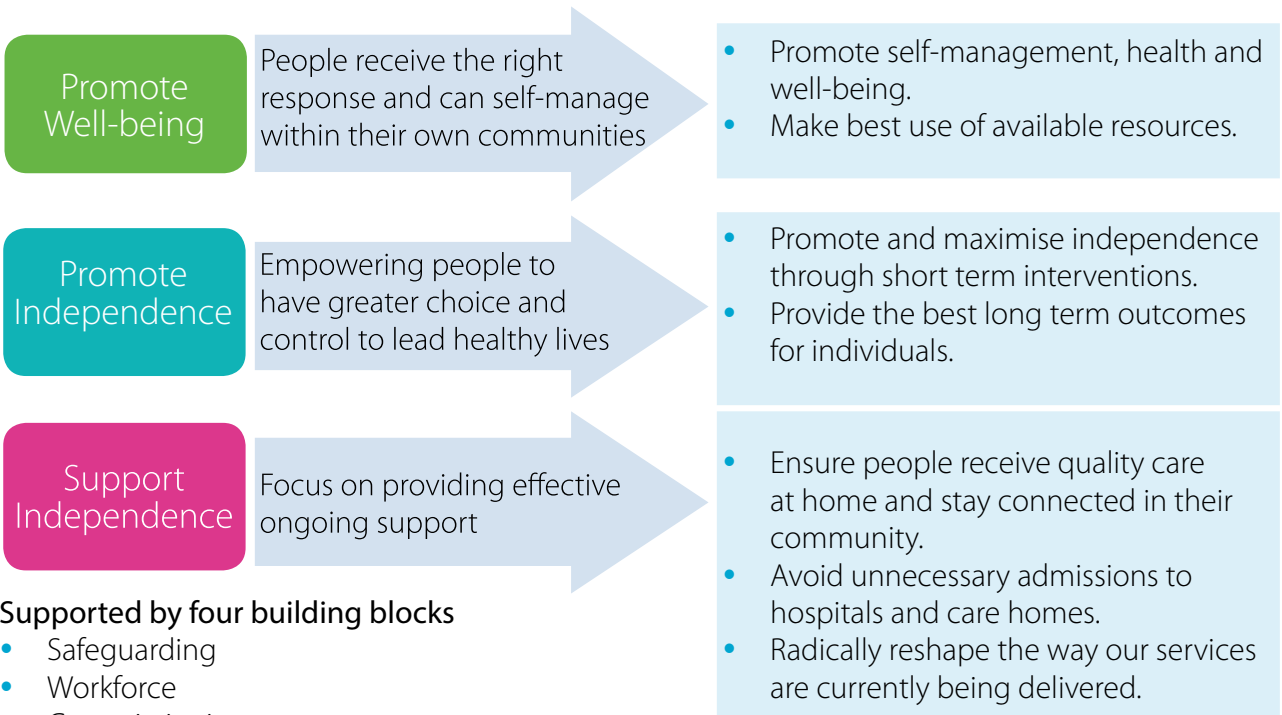
Focusing on 'where people live', the belief that an individual's 'own bed' is the 'best bed'.

Age 16-18

End of life



How will we deliver our Vision for Adult Social Care? We will:



Supported by four building blocks

- Safeguarding
- Workforce
- Commissioning
- Integration/partnerships

Through transition on an all age pathway.

How Adult Social Care in Kent is structured



The Social Care, Health and Wellbeing Directorate is made up of five divisions which work together to meet the statutory responsibilities for social care and public health that Kent County Council is obliged to fulfil.

Adult Social Care is comprised of three of these divisions:

- Older People and Physical Disability Division
- Disabled Children, Adult Learning Disability and Mental Health Division
- Strategic Commissioning

With close links to the remaining two divisions:

- Specialist Children's Services Division
- Public Health Division



Older People and Physical Disability Division

- Provides a range of services to improve outcomes for older people and physically disabled adults and their carers to support older and vulnerable adults wherever they live in our community to live independently by promoting their well-being, and promoting and supporting their independence.
- **Key business areas** – Area Referral Management Service, Adult Community Teams, Kent Enablement at Home, Sensory and Autistic Spectrum Conditions Service, Integrated/Registered Care Centres, Day Centres, and Health and Social Care Integration Team.

Disabled Children, Adult Learning Disability and Mental Health Division

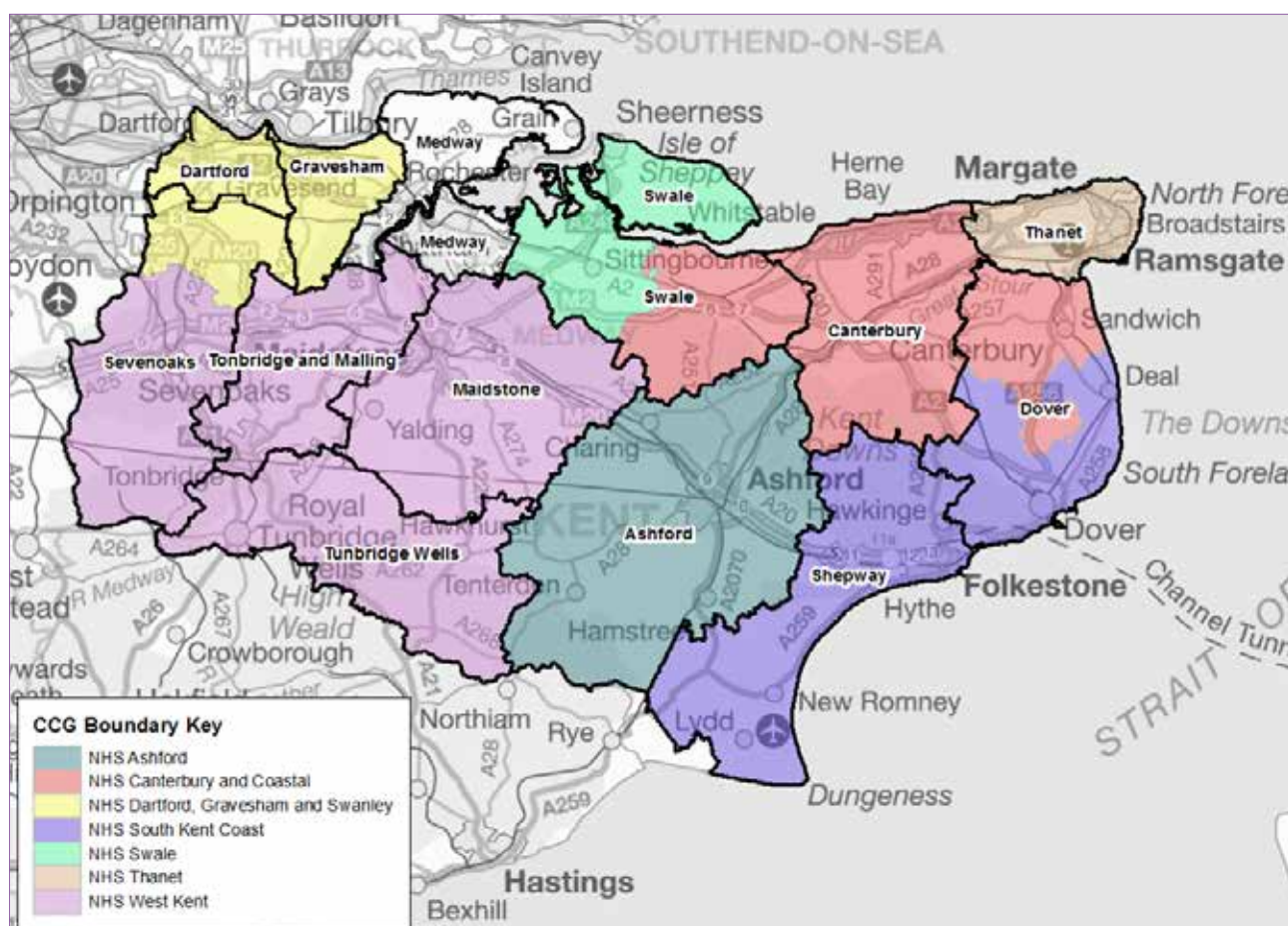
- Provides a range of services for children and young people with disabilities, adults with a learning disability, people with mental health conditions and their carers. The purpose of the division is to support vulnerable adults and disabled children wherever they live in our community to live independently by promoting their well-being, and supporting their independence.
- **Key business areas** – Community Learning Disability Teams, Learning Disability Provision Services, Disabled Children’s Services and Short Breaks, Mental Health Services and Operational Support Unit.

Strategic Commissioning Division

- Responsible for commissioning and procuring a range of social care services for vulnerable adults, children and young people and carers. The purpose of the division is supporting adults and children wherever they live in our community to have greater choice and control to lead healthy lives by ensuring the **‘right level of quality care is provided at the right time, in the right place and at the right cost.’**
- **Key business areas** – Commissioning, Adult Safeguarding Unit, Performance and Information Management and Programme Management Office which works across all the divisions in Adult Social Care.

Additional information about the business areas of Adult Social Care and the Social Care, Health and Well-being directorate can be found in the Annual Business Plan at www.kent.gov.uk and **search Business Plans.**

Clinical Commissioning Groups - CCGs



This map shows the district boundaries for adult social care in Kent, which are now aligned with the Clinical Commissioning Groups (CCGs see glossary) to make it easier to provide joint health and social care services to residents. There are seven CCGs across Kent as well as Medway CCG.

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

CCGs organise the delivery of NHS services in their area and work closely with patients, healthcare professionals and in partnership with local communities and Kent County Council.

West Kent CCG is the largest CCG. It has the biggest overall population and the highest

number of people aged 16-64, over 65+ and aged over 85+. Thanet CCG is the most densely populated CCG with 13.4 people per hectare followed by Dartford, Gravesham and Swanley CCG at 9.5.

The total Kent population is expected to be 1.58 million by 2020. Ashford CCG and Dartford, Gravesham and Swanley CCG have the highest predicted population change from 2013 to 2020 by 7% to 8%. Swale CCG, Thanet CCG and West Kent CCG have the lowest population increase from 4% to 5%.

For more information go to: www.kent.gov.uk and search Kent Integration Pioneer (see glossary).

Challenges facing Adult Social Care Services

Adult Social Care services across Kent continue to face four huge challenges:

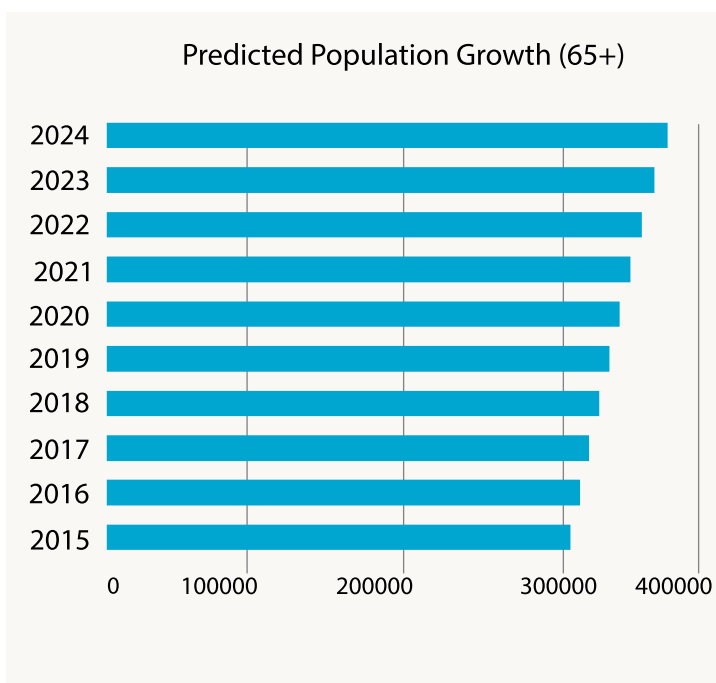
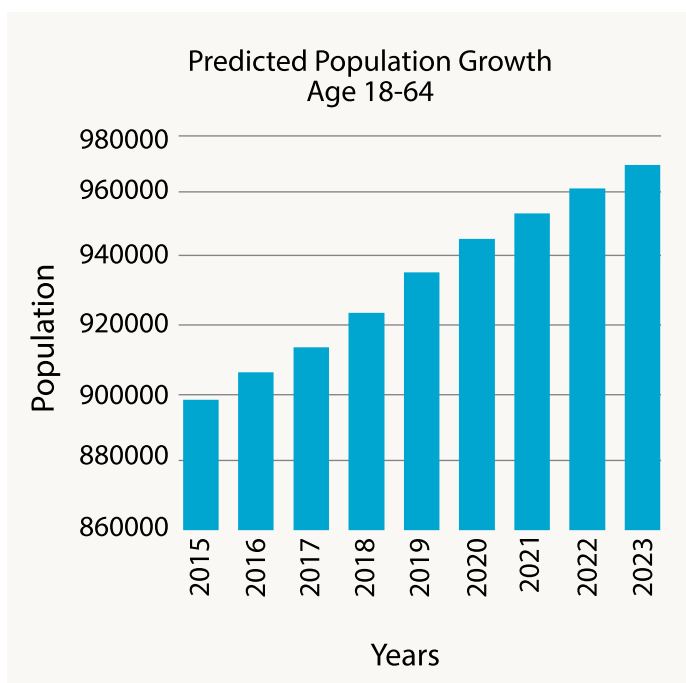
- People want better quality and choice in the services they use
- The population is living longer with complex needs putting further demand on social care
- The financial climate is imposing massive constraints on local authorities
- We need to deliver joint services with the NHS and other partners.

As the population of Kent and demand on services increases, we need to ensure that we continue to deliver cost effective Adult Social Care Services where people remain at the centre of the care they receive.

Predicted Kent population growth (excluding Medway) 2015 – 2023

Age Band	2015	2016	2017	2018	2019	2020	2021	2022	2023
18-64	892,800	899,700	906,000	914,700	924,800	933,200	939,700	945,900	951,900
65+	300,500	307,000	312,800	319,400	326,100	332,600	339,600	347,100	355,100
Total	1,193,300	1,206,600	1,218,800	1,234,100	1,250,900	1,265,900	1,279,200	1,293,000	1,307,000

Source: KCC Housing Led forecast (Oct 2015), Strategic Business Development & Intelligence, KCC.



Additional facts and figures about Kent and the predicted population growth can be found at: www.kent.gov.uk/about-the-council/information-and-data

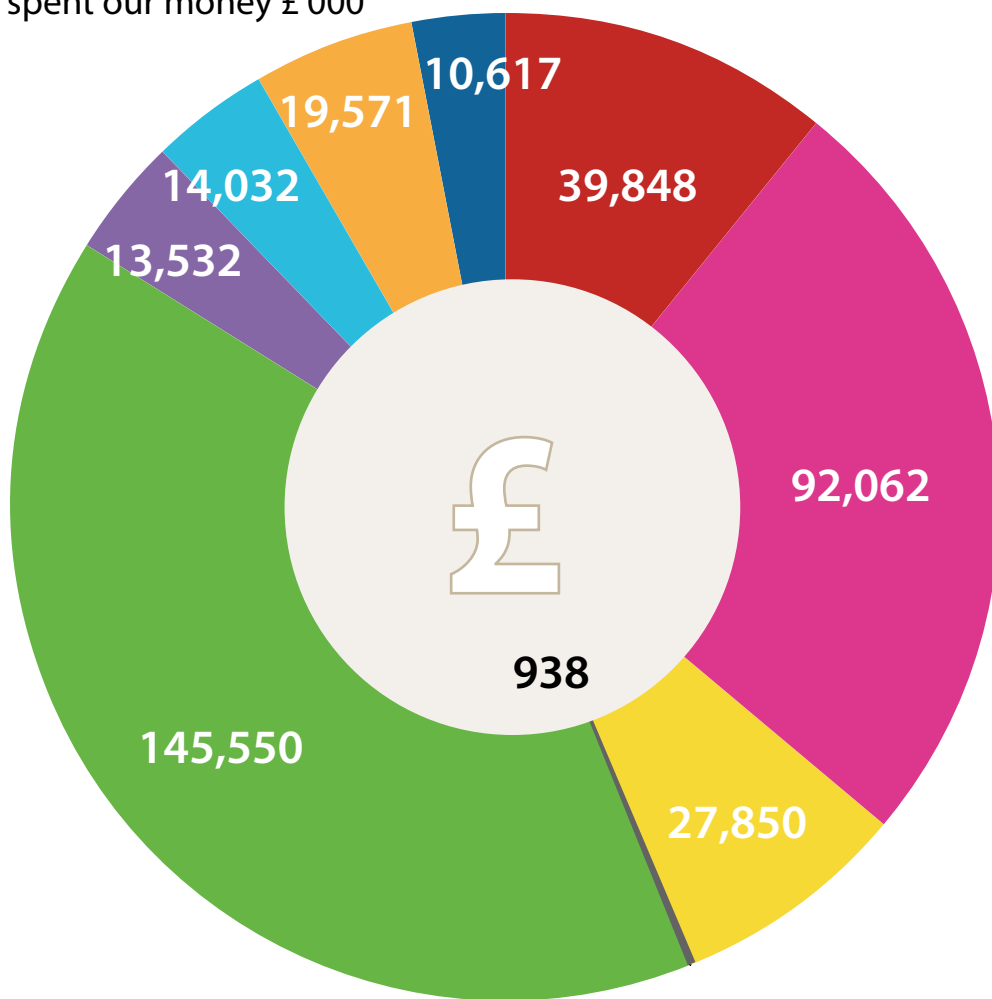
How we spend our money

KCC's net expenditure is £1.812 billion per annum and the budget is split into three areas:

- direct services to the public - £1.589 billion
- financing items - £130 million (authority wide costs that are not service specific)
- management, support services and overheads - £92 million.

The Adult Social Care net budget is £364 million per annum, below is an illustration of how this is spent across all our client groups. For more information go to: www.kent.gov.uk/budget

How we spent our money £'000



- | | |
|---|---|
| Assessment and related services | Mental health issues (18+) |
| Older people (65+) | Other adult services (equipment etc) |
| People with a physical disability (18-64) | Supporting People and Social Fund |
| Sensory impairment (18-64) | Management, commissioning and operational costs |
| Learning disabilities (18+) | |

How we spend our money

Service	Net (£'000s) 2015-16	Percentage of Budget
Assessment - Staff costs for carrying out community care assessments, support plans and reviews	44,631	12.3%
Residential care and nursing care including non-permanent care such as respite	172,554	47.4%
Domiciliary Care services provided to individuals in their own homes & those within extra care housing	18,460	5.1%
Direct payments - Money which is passed directly to individuals so they can purchase and manage services to meet their eligible needs	46,006	12.6%
Supported Living and Supported Accommodation arrangements	47,307	13.0%
Day Care, Community Support Services & Meals	19,734	5.4%
Non-residential client charging – client contributions towards community based services	-14,039	-3.9%
Enablement - Intensive short term support which encourages people to be as independent as possible	8,085	2.2%
Advanced Assistive Technology	4,948	1.4%
Voluntary organisations contributions for social support related services	17,234	4.7%
Support for Vulnerable People - Supporting People & Social Fund	19,571	5.4%
Better Care Fund income	-31,819	-8.7%
Management, commissioning and operational costs	11,328	3.1%
Total adult spend	364,000	

Headline figures



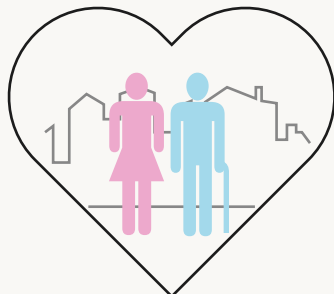
35,440 people in Kent are supported by Adult Social Care.

(34,424 in 2014/15)



13,563 people aged between 18-64 are supported by Adult Social Care

(12,522 in 2014/15)



21,877 people supported by Adult Social Care are over the age of 65.

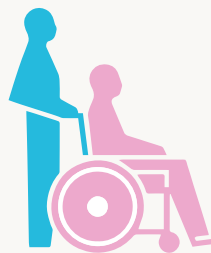
(21,902 in 2014/15)

Assessments



34,651 people received an assessment of their needs

(23,971 in 2014/15)



20,319 carers had their needs assessed to identify the support they need to continue caring

(19,216 in 2014/15)

Personal Budgets

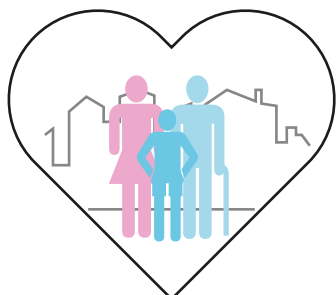


16,045 people had a Personal Budget

5,626 people decided to take their Personal Budget as a Direct Payment.

3,054 people received their Direct Payment through a Kent Card.

Services in the community



7,828 people received a home care support service so they could stay in their home.

9,701 people received an enablement service.

83% of people could return home due to an enablement service.

2,554 people received a day care service.

1,295 supported living placements were made.

Residential and nursing care



3,844 people in permanent residential placements.

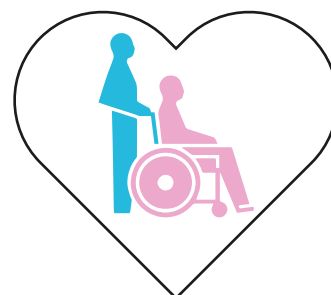
1,214 older people were resident in nursing care homes.

1,210 residential placements were made for people with learning disabilities.

514 suppliers provided services in relation to permanent residential placements.

117 suppliers provide services in relation to nursing care homes.

Carers



878 carers received a 'something for me' payment.

Reviews



21,278 people received a review of their needs.

Your journey with Adult Social Care

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.

Care and support is the term used to describe the help some adults need to live as well as possible with any illness or disability they may have. It can include help with things like; getting out of bed, washing, dressing, getting to work, cooking meals, eating, seeing friends, caring for families, being part of the community.

If you think you have care and support needs, you are entitled to a needs assessment or if you are a carer and you need some support, you are entitled to have a carer's assessment.

The assessment is about you and we will make sure that you are able to be involved. A family member, neighbour, friend or carer can help and represent you and if you don't have someone who you can ask, and you have a lot of difficulty being involved in the assessment yourself, we will find an independent advocate to help you.



Contact

If you feel you have care and support needs, you need to contact us and we will start an assessment of your needs based on what you tell us. A relative, GP, neighbour, friend or carer can also contact us on your behalf. See page 52 for our contact details.



Your Needs Assessment

- is an opportunity for you to tell us about your situation and discuss your care needs to help us to understand things from your point of view
- will happen over the telephone or face to face and will help us to see if you are eligible for care and support services
- will look at how your needs impact on your well-being and what you would like to achieve in your daily life.

We will assess your care and support needs with you, and decide if they are at the level where you need help. If you have eligible needs, we will discuss with you how you would like these met based on the information you gave us during your assessment and we will work with you to develop a care and support plan. If you do not have needs that are eligible, we will give you information and advice about what care and support is available to help you locally. This could include help from a local charity or voluntary organisation.



Planning your Support (your Care and Support Plan)

- This will set out how your eligible needs will be met and we will support you to organise the right balance of care and support services to achieve the goals in your plan.
- You can put the plan together on your own, with the help of your family and friends or with our help.



Supporting you to be Independent

- Where we can, we will aim to support you to stay in your own home and live independently, maybe by providing you with simple equipment to make life easier such as a grab rail for the bath or adapted cutlery and non-spill cups.
- By helping you to do more for yourself we aim to improve your quality of life and well-being.
- If you pay for some or all of your care, doing more for yourself may help reduce the cost of your care and support.
- If you receive a service that is time limited, we will reassess you when it ends to see whether you still need our support or service.



Paying for your care and support

- We will assess how much you need to pay towards your care and support by carrying out a financial assessment.
- This looks at your capital (savings and investments) and your weekly income (which includes most pensions and benefits) to see how much you will need to pay towards the cost of your support.
- We may contribute to the cost of your care but this depends on the financial assessment.



Arranging your Support

- Once we have agreed with you how your needs will be met you can choose to use the care services we provide and arrange or you can make your own care arrangements with a direct payment.
- This gives you greater choice and control over the care you receive.
- A direct payment is the money we will pay toward the cost of your care. We pay this onto a Kent Card.



Reviewing your care and support

- We will contact you to check that your care and support is going well, and that you are happy with what is being provided.
- This will happen within eight weeks of starting your care and support and then at least every year.
- We will also review your care and support if you or your carer contact us to let us know if your care is not working for you or if your circumstances have changed.

Sometimes things will improve so much that you may no longer need our services or you may need different help from someone else. We will help you with any advice you need about other organisations which might be able to support you.

All our employees wear name badges at all times so you can clearly identify them as KCC employees.

Transformation programme



To meet the challenges facing Adult Social Care services across Kent, we have been transforming our existing services to deliver better outcomes for people building on people's strengths and capabilities, promoting their independence and improving their health and wellbeing.

Initial planning for this began in 2012 and we have been driving forward three stages of transformation working closely with people who use our services, their carers, the public, our staff, the NHS, the voluntary and community sector and other organisations to help us achieve our desired outcomes and deliver savings.

The transformation programme is focused on:

- putting services in place which prevent people from needing adult social services, making sure people can live independently and preventing people from going into hospital as much as we can
- helping people stay safely in their own homes but also making sure that they do not become lonely or isolated
- reducing duplication and unnecessary processes to ensure our staff are working as efficiently as possible
- reviewing the way in which we buy the same level of services
- providing more choice in the services available for the people we already support and for those who support themselves
- integrating and joining up services with health to further reduce duplication.
- making sure carers receive the support they need
- offering greater variety of accommodation for people who are not able to continue living independently and making sure that people who live in residential homes can still be active members of their community
- supporting people to look after themselves
- contributing towards the savings the council needs to make as a whole.

What a difference a year makes!

The first stages of our transformation programme are complete and already we've achieved significant savings and discovered far more efficient ways to deliver our services.

- Improved ways of working mean that 1000 more people every year are benefiting from our Enablement service
- Enablement teams have support from a Senior Occupational Therapist, providing clinical support and advice to supervisors helping to identify how to reach the most independent outcome
- Simplified and structured paperwork to ensure the right support is provided at the right time
- Compared to last year, an extra 520 people will leave the service fully independent
- The average amount of weekly support for those leaving Enablement has reduced by 40 minutes due to improved service user outcomes and resulted in a £3.2m yearly saving for KCC

- 370 extra people are going back home each year
- Care Navigators in GP practices in North Kent has resulted in a 90% reduction in the need for GP appointments for people who are frequent attenders to surgery

Ongoing Challenges in our transformation – ‘A life, not a service’

One of our biggest challenges 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.

Although we have achieved significant savings and implemented more efficient ways to deliver our Adult Social Care services, we are not complacent and continue to face significant challenges as we move forward.

Through our transformation programme, we will continue to:

- Work with our homecare providers to ensure that there is sufficient capacity to deal with demand and to ensure that it doesn't compromise the effectiveness of enablement.
- Ensure we are paying a fair and affordable price for our services and that we are confident about how we agree prices to keep people supported effectively across both residential and community services.
- Ensure our workforce is supported with the culture change needed to deliver transformation, maintaining high morale and minimising staff turnover.
- Work closely with the NHS to co-ordinate joint priorities, planning and sharing of data.

The third stage in our transformation programme is focused on delivering a sustainable social care service for the future that supports and enables integration and aligns to our Adult Social Care vision.

This will ensure we continue to deliver quality care that offers value for money for the future, that we improve social care outcomes within

the constraints of a challenging financial climate and that our social care practitioners are supported by efficient and effective functions.

Mrs H's Story

- Admitted following a severe stroke
- Previously lived with her husband and had been entirely independent
- Referred into long term bed by health as she was on a peg feed
- Speech and Language Therapist reviewed Mrs H and upgraded her to a soft diet
- Mrs H wanted to go home but her family were scared about her ability to cope
- The social worker offered additional support to help Mrs H go home:
- Dietician created a list of suitable meals
- Apetito provided meals on wheels for 3 weeks to help give Mr H ideas for what he could cook
- Enablement and Telecare (falls sensor and carer's assist)
- 24-hr care from Crossroads to help the first 3 days of discharge
-

The Care Act



What is the Care Act?

The Care Act which came into force from April 2015 places new duties on local authorities in relation to social care and helps to make care and support more consistent across the country.

It outlines the way in which Kent County Council should carry out carer's assessments and needs assessments; how we should determine who is eligible for support; how we charge for both residential care and community care and it places new obligations on us as your Local Authority.

What have we been doing to comply with and embed the Care Act?

The Care Act introduced major changes to Adult Social Care which affects what we do and how we best support people who need social care and their carers.

We updated you in the last edition of the Local Account on the work we were undertaking to implement these changes and now the Care Act is 'live' and business as usual. However,

we are not complacent and there is ongoing work to ensure the ethos of the Care Act is fully integrated into our everyday work.

New National Minimum Eligibility Criteria:

This sets out who and how people qualify for care and what type of support is available. It is 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. In 2015/16, 34,651 people had an assessment of their social care needs.

New Rights for Carers: New duties to provide support to carers in their own right, if they meet the carer's eligibility criteria in addition to the existing legal duty to carry out an assessment. In 2015/16, we carried out 20,319 carers assessments.

Independent Advocacy: New laws in The Care Act mean councils must have an independent advocacy service for people who find it difficult to have a say in their care and services and do not have someone to help them with this. It must also be independent and not controlled by Kent County Council.

We told you of our plans to prepare for the implementation of independent advocacy and from 1st April 2016, advocacy services for adults in Kent became accessible from a single point of contact called Kent Advocacy.

Further information on Kent Advocacy and how to make a referral can be found at www.kent.gov.uk and search **Advocacy**.

Prisoners: The Care Act extended the responsibility for Adult Social Care to meet the care and support needs of prisoners and people in approved premises and this is being managed through our Area Referral Management Service in Dartford, Gravesham, Swanley and Swale.

Health and Social Care Integration



The number of people living with multiple, long-term health conditions is increasing. This is a challenge to health and social care both locally and nationally, but also an opportunity for us to deliver services in a way that:

- improves outcomes
- improves experience of care
- makes best use of resources.

What is the Integrated Care Pioneer programme?

Kent's Integrated Care Pioneer programme is a partnership including Kent's seven Clinical Commissioning Groups (CCGs), Adult Social Care, Kent Community Health Foundation Trust, Kent and Medway Partnership Trust for Mental Health, Hospital Trusts in Kent and district councils. The partnership also includes the independent and voluntary sector and Healthwatch.

The aim of the Integrated Care Pioneer programme 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 care homes.

The programme has been running for two years and there are twenty five pioneer sites, all working on developing and testing new and innovative ways of joining up health and social care to provide support and earlier treatment for people in their own home and communities.

What have we achieved?

We have:

- changed our care pathways to have a much greater focus on promoting independence and contracts have been retendered to become integrated, outcome based contracts.
- improved social service referral waiting times from 28 days to seven and more referrals are being made to the voluntary sector to promote self-care.
- expanded the use of the Visa-enabled Kent Card so people with an Integrated Personal Budget are more involved in their care by purchasing services to suit their individual needs and requirements
- set up integrated discharge teams in hospitals
- established teams in the community to pro-actively work with patients most at risk of becoming ill
- integrated computer systems to make it possible for hospitals and other clinicians treating a patient to see the patient's GP record or care plan
- worked with communities to understand their health and social care needs.

Our work in Kent on integration and innovation is recognised both nationally and internationally and examples of other successes to date include:

Room for Life

The 'Room for Life' (based on the Zeeland Living Room initiative) is an innovative new project, based in Folkestone which aims to identify what is needed to support independent living and healthy ageing in Kent.

Volunteers are asked to come and live in one of the self-contained flats at Broadmeadow for a week or two. Developed with partners in the Netherlands, the project aims to improve quality of life and support independent living for the county's senior residents.

Through conversations during their stay, project workers learn about all aspects of the volunteers' daily life, from health and wellbeing, to their social networks, to how volunteers feel about their finances, both now and in the future.

This information helps to build up a picture of what it is like to live independently in Kent as an older person, providing an insight into the day to day challenges, and what it takes for people to remain independent and active.

As well as providing rich information about themselves, the stay in the 'Room for Life' gives the volunteers the chance to start thinking about their older age, what might be available to help them to remain independent and active for as long as possible. It's an opportunity to talk about any worries and concerns they have and how these might be overcome by support from organisations, community activities or technologies.

Available in the flats for volunteers to look through is a directory of services that has been put together for the project, providing information on a range of services and activities in the Shepway area for older people.

Room for Life is ideal for:

- older people living alone
- older couples
- older people and their unpaid carers

In April, Dorothy came to stay in the 'Room for Life' and was the first volunteer to stay in one of the flats. Dorothy had many conversations with the project workers, met with the Occupational Therapist who is involved with the project and these conversations provided an insight into all aspects of her life.

Although, Dorothy currently has few concerns in terms of her health and well-being, a couple of services were identified that could help Dorothy to maintain her level of independence. Dorothy was also interested in accessing the care navigator service for advice on money matters as well.

Technology played a part in Dorothy's stay. She tried the robotic Hoover in the flat, and although she didn't feel it was for her, she did think it would be very useful for someone that was less mobile. Dorothy was also made aware of an app that helps deaf or hard of hearing people make phone calls, by translating speech into text.

Dorothy was particularly keen to find out more about this as she is hard of hearing and her daughter is deaf.

The project has learnt a lot from Dorothy, about independence and healthy ageing and her experiences in the 'Room for Life' will help to shape the outcomes of the project. As she left the 'Room for Life' Dorothy said:

'I feel excited about the project and it has been a privilege to be part of it. It has been a positive experience and one I would recommend to others.'

The Esther model - Learning from Health and Social Care in Sweden

What is the Esther model and who is Esther? The Esther model, which originated in Sweden, is inspired from one patient's experience (Esther) and was developed by health and social care staff to deliver better outcomes, higher quality care and efficiency, for someone who needs care and attention from more than one health and care provider.

Esther was a real person who became unwell with serious heart failure and was admitted to hospital. There were delays in diagnosis, treatment and care planning. Overall the experience that Esther had was not good and somehow typical of a lot of patients and service users. The health and social care staff involved in Esther's care recognised that there was a different way of doing things that would lead to better outcomes, higher quality care and efficiency.

In developing this alternative model the patient 'Esther' whose experience inspired this new thinking was remembered and the name 'Esther' was applied to any patient or service user who might find themselves in a similar situation. Esther could be a female or male, old or young; Esther is simply a person who needs care and attention from more than one health and care provider.

Under the Esther model, clinicians and care professionals ask "what is best for Esther?" to ensure person - centred care. User involvement is integral to the model, building a network around Esther including family, friends and key staff from health and social care. Under this model Esther has the right to:

- Be involved in his or her own health and social care
- Access to good care in or near their own home
- An individual care plan which is updated regularly
- Equal treatment regardless of where his or her home is situated

- Experience all relevant health and social care providers as one service.

Working with the Esther model

Under the Esther model it is recognised that to deliver good care, there is a need for all health and social care providers to work together to ensure that 'Esther' always experiences safety and independence, living as independently as possible and supported by their network. A key part to developing the quality approach that underpins the Esther model are Esther Improvement Coaches, who are specially trained dedicated members of staff, in a range of job roles who support the development of other staff to create a culture of continuous improvement and sustainable development – always asking "what is best for Esther?"

What are Esther cafes?

The cafes which are open to everyone in health and social care services who want to improve life and care for Esther feature a story or case study told by Esther, relaying their experience of recent health and social care services, with a view to identifying what could be done even better and sharing best practice. Some early work inspired by the Esther model has already taken place in West Kent and we are reviewing this to see if the Esther model could work across Kent



Care Plan Management System

The Care Plan Management System (CPMS) is an innovative joint project between the west Kent Clinical Commissioning Group and KCC aiming to bring our systems and information together to improve service user outcomes and to make our care plan management more effective.

CPMS connects to a range of care providers' computer systems to bring together information from wherever a person has been involved with health or social care. The information is used to inform the creation and maintenance of an Electronic Shared Care Plan (ESCP). The ESCP is visible to all care practitioners involved in a person's health and social care.

By consolidating and sharing information in one place, a person's outcomes can be improved and care plan management can become more effective.

What are the benefits?

- A single care plan for a person covering different conditions and circumstances can be produced
- It will provide us with access to more information, which will help us to better support our service users
- It can be used by emergency services to better inform decisions in emergency situations

Integrated Personal Budgets

We have been working with South Kent Coast Clinical Commissioning Group (CCG) to offer individuals Integrated Personal Budgets (IPB). Individuals who are in receipt of a social care package, have a health need and live in the South Kent Coast CCG area can be considered for an Integrated Personal Budget.

Cherry's Story – the Positive Impact of Integrated Personal Budgets

Cherry is a recent recipient of an Integrated Personal Budget which has had a considerable impact on her life.

Cherry found out about IPBs at her social care review as her Case Manager felt Cherry had health needs that could effectively be met in this way. Cherry was very interested so agreed to be referred and met with a Broker to help her develop her IPB support plan. As Cherry was happy with the way her social care support was provided and didn't want to make any changes, they focused on how best Cherry might achieve her health outcomes.

Cherry has a number of complex and rare conditions and is constantly in pain. She knew exercise and certain therapies such as hydrotherapy and reflexology could help maintain and manage these conditions so decided the best way to meet her health outcomes was peak membership at one of the leisure centres near to her home. This meant she could access the facilities at any time which would be especially beneficial on a day when she wasn't feeling very well. Not being hindered by time constraints and being able to take her time and go at her own pace was important for Cherry.

Cherry uses the leisure facilities two or three times a week. She swims/walks up to five lengths of the pool and then spends some time in the Jacuzzi. Swimming helps her to maintain her muscle tone and her fitness and using the Jacuzzi helps to reduce her pain levels. Both activities lift her mood and motivate Cherry to do more with her day and enable her to provide emotional support and encouragement to others. Being able to use the pool and Jacuzzi at the gym will be particularly valuable in the winter as Cherry's body seizes due to the cold and often she can't even walk.

Design and Learning Centre for Clinical and Social Innovation

The Design and Learning Centre has been set up by the Integrated Care Pioneer Team to support how we transform and integrate health and social care services across Kent and Medway. The main focus for the Design and Learning Centre is redesigning services to make hospital care safer for both the public and the professionals who manage and deliver their care.

The Design and Learning Centre has a small office at Discovery Park in Sandwich. Discovery Park is becoming a centre of excellence for science, innovation and technology providing great facilities for working, learning, sharing and innovating. Other Kent based organisations such as Canterbury Christ Church University have also opened an office on the site, providing excellent opportunities to collaborate and co-produce.

The Integrated Care Pioneer programme has been working to address the challenges of health and social care for the past three years and the development of the Design and Learning Centre helps us to take this to the next level to:

- Integrate health, social care and the voluntary sector to meet the changing needs of our communities in Kent and Medway
- Reduce frailty using digital solutions to support independent living
- Increase the ability to diagnose illness in community settings, through a network of community labs
- Develop community based solutions including integrated neighbourhood teams
- Promote digital technology, communication and self-monitoring products
- Develop and share new models of care
- Learn from national and international partners to adopt new technologies and working practices.

For further information on integration of health and social care in Kent and the work of the Integrated Care Pioneer Team, please visit www.kent.gov.uk and search **Kent Integration Pioneer**.



Promoting well-being

Promoting independence

Supporting independence

Access to Independence

Kent Enablement at Home (KEaH) and Access to Independence Project

What is Kent Enablement at Home?

Kent Enablement at Home or KEaH is a short term service which supports people to do more for themselves at home, by learning or re-learning skills to make an individual feel safe and happy in their own home. The service offers support that aims to encourage and enable people to lead as independent and fulfilling a life as they can, in the way that they want.

How does it work?

KEaH is not about doing things for people, it is about giving people the skills and confidence to complete daily living tasks for themselves. Support may include help getting in or out of bed, washing, dressing, getting to work or being part of the community, providing Fast Track Equipment (basic pieces of equipment to make daily tasks around the home easier or the provision of Telecare – personal and environmental sensors in the home that provide 24-hour monitoring.

What is the Access to Independence Project?

The Access to Independence project aims to give more time back to the Kent Enablement at Home (KEAH) teams, so they can provide more support to more service users - **promoting independence on the journey to recovery.**

Enablement is a key factor in maximising independence for the ever increasing number of service users who are able to benefit from its provision.

The project has focused on gaining a better understanding of how to improve outcomes for service users and increase their level of independence, through improving efficiencies in the way the service is delivered.



This has been achieved by ensuring that everyone makes effective use of all the tools available to them to make efficiencies and ensure that people have the right support at the right time.

As part of the project, tools have been developed to assist in the allocation of Enablement Support Workers and this has enabled resources to be more aligned to levels of demand which has reduced the numbers of people who were not provided with enablement. This directly benefits a much higher number of service users across Kent.

Acute hospital optimisation

Approximately 31% of the people coming into a KCC supported care package are referred after an acute hospital stay. The Acute Hospital Optimisation project is working to promote independence of individuals leaving an acute setting who may require services on discharge. This is done by ensuring they end up on the best pathway for their needs that promotes well-being and independence in a consistent and structured way across Kent.

The acute hospital optimisation project is creating processes and tools that are as straightforward as possible for workers' use, allowing them to align service users to the correct pathway for their needs on discharge from Hospital. This work is focused on developing systems and processes that support KCC involvement in hospital discharges.

We want to ensure that the optimum outcomes are achieved for people by having the right systems and processes in place to access the right services for those who need support on discharge. The objective is '**own bed is the best bed**' reducing the reliance on long term placement as an outcome on discharge from hospital.

What are the benefits of doing this?

- **Service Users:** enjoy a good quality of life, with the right care package to support them. Having consistent processes means we can provide consistent pathways that promote independent living.
- **KCC:** encouraging independence and quality of life results in happier service users and better use of our skills and resources in line with each service user's needs.
- **Acute hospitals:** People going home with a package of care tend to have a smoother and quicker discharge than those waiting for a placement making beds in acute hospitals available for others.

How have we moved this forward?

- Existing pathways reviewed to promote new and innovative ways of working
- Daily review process developed, trialled and evaluated at William Harvey Hospital to support consistent decision making with.
- Review process used by staff as part of their day to day work to identify issues and workable solutions
- More patients being put on a pathway to maximise independence after a hospital stay, returning home with the right services for their needs
- Lessons learned in development shared across the rest of Kent
- Acute hospital optimisation has now been successfully implemented in all seven of the acute hospitals across Kent.

Case Study

- Mrs J was admitted to hospital with a UTI and increased confusion.
- Her daughter was finding it increasingly difficult to cope with Mrs J at home and for this reason was reluctant for her mother to return home.
- The KEaH team was convinced that the best outcome for Mrs J would be to return home.
- The case manager met with Mrs J's daughter on a number of occasions and allowed her time to recover from the distress of her mother's condition and her admission to hospital.
- At the request of the daughter a psychiatric assessment was arranged, this resulted in Mrs J being referred to the community mental health team.
- The case manager also put the daughter in contact with out of hours support, ensuring that she always had someone to turn to in the event of issues and complications.

Promoting well-being

Promoting independence

Supporting independence

Sensory and Autism Spectrum Conditions Service

Kent Adult Social Care has its own specialist unit for sensory impaired people (d/Deaf, sight impaired, deafblind) and individuals with an autistic spectrum condition. The unit comprises both in-house teams and voluntary organisations: Hi Kent (see Glossary) the Royal Association for Deaf people (RAD - see Glossary), Kent Association for the Blind (KAB - see Glossary) and Advocacy for All (see Glossary).

Specialist teams for d/Deaf and deafblind people merged in April 2015 to provide one county-wide Sensory Services team, based alongside a county-wide Autism team in Ashford. These specialist teams provide a number of services including: information and advice, assessments, short term enabling help, personal budgets and equipment.

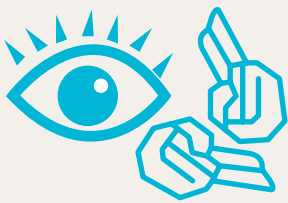
Hi Kent provides equipment assessment and provision for older people and a hearing aid maintenance service and has resource centres in Maidstone and Canterbury.

Kent Association for the Blind (KAB) provides: assessments, rehabilitation training (mobility, daily living and communication skills training), registration as sight impaired and has resource centres in Maidstone and Canterbury. KAB also provides a Guide Communicator service – a specialist one to one support service for deafblind people.

The Royal Association for Deaf People (RAD) provides interpreting services for d/Deaf and deafblind people. The Unit manages this contract on behalf of a number of public agencies in Kent.

Advocacy for All provides 11 peer support groups for people with an autistic spectrum condition across Kent. People with autism come together regularly to help and support each other and the groups organise activities and speakers.

Headline figures



3,142 contacts were made to Sensory Services in 2015-16



1,868 new referrals were made



924 in KAB



413 in Hi Kent



214 by Sensory Services



317 Autism referrals



Getting out and about as a Blind Mother

Susan was first referred to KAB at the age of 12. She had no vision in her right eye and a very small amount of useful vision in her left eye. She also had mild hearing loss. During her school years she learnt basic cane techniques to enable her to get about safely.

After college she returned to Kent and contacted KAB seeking to improve her cane techniques and to teach her local routes. She needed to be able to shop and manage her life independently. She had mobility lessons from a Rehabilitation Worker and her cane skills improved resulting in an application for a guide dog.

Susan managed independently until the birth of her first daughter, when her remaining sight was lost. She also became a single mum at this point. She found it impossible to manage the combination of a guide dog and a push chair, so reluctantly gave up the dog. Working closely with a Rehabilitation Worker from KAB, they were able to develop strategies and techniques which kept mother and daughter safe and enabled them to go out together.

A new partner and the birth of her second child demanded a radical rethink of mobility techniques and strategies. Again working with the Rehabilitation Worker several options were tried over a number of mobility sessions. Eventually a workable strategy was developed using a backpack style child carrier (for the younger child) and rein wrist straps (for the older child) to ensure that she had contact with both children but was still safely able to use her cane and make important decisions regarding road crossings and safety without any distraction.

As both children have grown and developed the strategies have changed and developed with the family. Some of the solutions have been bespoke and have required time and trust to develop in to safe working practises.

As a consequence of this training from KAB, Susan has been able to go out and about safely with her children, to the shops, and to the park and participate in her local community.



Improving Access to services for Deaf people.

We are working to improve access to services for profoundly Deaf people whose first language is British Sign Language (BSL). We provide “drop ins” at Gateways across the county where Deaf people can get timely help and support in BSL. They can also be helped to access other agencies and services.

Deaf people really appreciate this service:

“I feel less panicky now – makes life happy and more simple.”

“It stopped me worry. Now I know I can come and get support BSL.”

We are also trialling the use of new technology such as Skype as an innovative way to reach people and have worked with Health in East Kent to develop a card which Deaf people can use to indicate that they need an interpreter.

All age Neurodevelopmental Pathway

We have worked with the CCGs (see glossary) and partner agencies to develop an all age Neurodevelopmental pathway aimed at improving diagnosis, assessment and support services for people with autism and ADHD. We have been looking at KCC’s current services and identifying the issues and gaps in the current pathway.

Equipment Services

We have been working with new providers, Nottingham Rehabilitation Services and Centra to improve the access to specialist equipment and digital technology for sensory impaired people and people with autistic spectrum conditions. Even the provision of simple equipment such as a loop system can make a big difference to the daily lives of deaf people and some of the more bespoke digital technology solutions can be life changing.

“The TV listener is so good, I do not have to struggle to hear the TV any more. I feel very safe with the new smoke alarms. The doorbell I can hear loud and clear. It has made so much difference to us and has given us peace of mind and we are able to feel safe.” (Hi Kent client)

Equally some people with autism benefit enormously from innovative equipment solutions such as the provision of a squeeze jacket which can significantly reduce stress.

Developing Strategies

We want to have clear plans to guide what we do based on legislation and policy but equally important based on the views and experiences of people with the conditions. We have consulted on the Sensory Strategy and changed the document in the light of the feedback received.

We have asked a partner agency to hold focus groups with people with autism to help develop an Adults Autistic Spectrum Conditions strategy. This draft strategy has been completed and will be out for consultation late summer 2016. We hope to advertise it widely in order to gain as many views as possible.

Sensory and Autistic Spectrum Conditions (ASC) teams Redesign

We are continuing to develop the ASC team to meet the high demand for assessment and develop innovative and cost effective solutions to meet needs.

We have relocated the d/Deaf and deafblind teams to enable them to work alongside the ASC team. We have trained all the practitioners working in the Sensory team to be able to work with deafblind people to ensure we meet the requirements of the Care Act.

We have set up a new centralised duty service providing specialist information and signposting, which will take all d/Deaf, deafblind and ASC referrals.

We are piloting a new Information service for people with an autistic spectrum condition. This service provides information and advice following diagnosis and can signpost people to other sources of help.

In April 2016, the Children's Sensory team joined the unit and we are now developing an all age Sensory pathway, aligned with the changes taking place within the Lifespan Pathway project. We are working to improve young people's experience of transitioning from Children's to Adults services and to ensure better partnership working with agencies such as Education and Health.

We're after life changing results

new

At its inception, the ASC service did not include provision of an Occupational Therapy (OT) service. However, we explored this area and found that no local authority in the UK were supporting adults with higher functioning autism in an OT-led specialist enablement approach.

The team are currently trialling specialist ASC enablement - an intensive, short term, targeted intervention which assists service users to regain, maintain or develop daily living skills and provide them with the confidence to carry these out to the best of their ability. Specialist enablement takes place over a twelve week period and involves working one-to-one with service users on agreed meaningful goals, as identified by them.

Following an initial specialist assessment and estimated personal budget, areas of intervention are identified using the **Spectrum Star**, an outcome measurement tool. The Occupational Therapist and individual use the tool together to identify goals.

We also use specialist standardised and non-standardised assessments such as Assessment of Motor and Processing Skills (AMPS), Assessment of Communication and Interaction Skills (ACIS), sensory profiles and interest and role checklists as a benchmark for interventions.



We also use Rosenberg's Self-Esteem questionnaire and a carer's questionnaire (if service users agree to carers being involved) to measure outcomes.

These extra measures are particularly helpful now that the pilot has been granted approval by the National Social Care Research Ethics Committee to run the project as formal research from July 2015 - July 2016.

What feedback have we received?

Early indications suggest that many service users are benefitting from the intervention and that the interventions have caused life-changing results for some, especially around their self-management/reduced packages of support, increase in role quality and self-esteem. The findings will be published and we are really hopeful that this project will offer a new approach nationally.

Tariq's Journey

Tariq (name changed as Tariq's request) was 23 years old, and he was referred to the ASC Team by his parents through the Kent Sensory Team.

Tariq was a young man (23 years old) when the ASC Team first met him and whom his parents felt (both clinical health professionals themselves), had fallen through the 'gap' because his level of need in many different areas was not severe enough for one team except Sensory (until the ASC Team started).

Tariq had ASC, some physical problems, severe anxiety and PTSD from a disturbing incident in his own country. Tariq also had speech issues compounded by his sensory issues plus having to speak in two different languages.

When initially assessed, Tariq rarely took part in activities outside of his home unless encouraged to by his parents and being at home for so many years after school meant his isolating behaviours were ingrained and entrenched. His parents desperately wanted him to expand his world; they were conscious that they would not be around forever and were nearing retirement.

Tariq had a special interest in Art and this was a key part of his Care and Support Plan used to expand his world. Even this interest though was not straightforward and was impacted by ASC issues, because initially in Tariq's mind he only did Art at home.

The ASC Team provided a specialist agency to explore with Tariq how we could use his interest in Art to help his wider socialisation, self-management and wellbeing and we initially managed to support him to some art groups locally. Tariq's social competence increased significantly and he eventually managed monthly trips out.

Over the preceding months, Tariq became more and more confident and his range of art increased; other people started to notice how good he was at art and the Saatchi Art Gallery in London agreed to display his pictures; then another Gallery, and at time of writing, his art is being considered for a Tate Gallery exhibition, and also being viewed by private buyers.

This was only possible, because:

- A specialist agency was employed who understood autism and sensory communication deficits.
- Tariq felt confident and trusted his support worker and was able to transport a 'special interest' across context.
- Tariq was assisted with the use of visual aids, to overcome anxiety and social triad issues.
- Tariq was supported by parents who would not give up on fighting for his rights. It was Tariq's father, who first suggested to the ASC Team the concept of a 'buffer' in ASC personal development i.e. an impacted person might have the ability and potential to do complex tasks but may need the support (or perceived support) of another person at times, to lessen or the impact of change. Tariq's father was a buffer to his son accepting services, the support worker was a buffer to Tariq widening his world and the visual aids were buffers to Tariq's make an informed decision about travelling away from his secure bases.

Double handed care packages



Since November 2015, Social Care Occupational Therapists (OT's) have been engaged in a very successful project, assessing double handed care packages, to determine alternative moving and handling techniques and using different equipment.

By placing Social Care OT's in the midst of the capacity issues, carrying out full functional moving and handling assessments - linking with agency carers, OT's and therapists from health we have been able to assess good practice with a real sense of joined up work to provide the best possible results for our service users, formal and informal carers and Health and Social Care staff.

Results have shown fewer visits requiring two or more care workers for a significant proportion of clients and an improved experience of care for our service users and reduced costs.

Main benefits

- A more coordinated approach to individuals requiring assistance with moving and handling, involving KCC and NHS OTs and Domiciliary agencies; resulting in fewer visits requiring two or more care workers for a significant proportion of clients
- Reduced costs for some clients as well as an improved experience of care
- Service users, carers and care workers feel more confident that they are moving and handling safely, protecting themselves and the service users from injury
- Overall capacity of domiciliary providers is being increased so more people can access our services, making best use of all available care hours
- Timely discharges from hospitals and swift passage through Kent Enablement at Home, promoting maximisation of independence
- A change in the type of equipment used.

Significant savings have already been made across Kent, with reductions of care packages. Approximately 568 service users have been assessed so far and this has created a potential £38,983 savings per week in care packages. This figure includes the cost avoidance assessments, where anticipated cost of Double Handed Care have been assessed early and avoided.

Promoting well-being Promoting independence Supporting independence

Integrated Community Equipment Service and Technology Enabled Care Services



Integrated Community Equipment Service (ICES) play a crucial role in helping us to support the most vulnerable people in Kent to remain in their own home. Through the provision of equipment, people are enabled to carry out everyday activities independently or are provided with equipment which supports them to be cared for at home.

Feedback from service users, care managers, case managers, social workers, Occupational Therapists, NHS clinicians and many others told us that we can deliver a service which better meets people's needs and is more cost-effective and simpler for staff to use.

We updated you in the last edition of the Local Account that we would be commissioning a new service that would be more responsive to service users' needs and make the best use of our financial resources and a new contract started in November 2015.

This has been awarded to Nottingham Rehab Limited (trading as NRS Healthcare). The contract has been let in partnership with KCC, The seven NHS Clinical Commissioning groups (CCGs) in Kent.

In addition to the new ICES, we have commissioned a new contract for a Digital Care and Telecare service that has brought together telecare installation and monitoring, service user support and staff training under the responsibility of a single provider.

This has been awarded to Invicta Telecare Limited (trading as Centra Pulse and Connect) and is a KCC contract. Centra Pulse have been contracted to supply, install maintain and monitor telecare alarms.

Your life your home - supporting people to choose their home

There are currently over 1200 adults with a learning disability in residential care across Kent and approximately 330 and 550 of these adults could lead more fulfilling lives by moving from Residential Care to Supported Living that will allow them to lead more independent lives. Supported Living that may be more suitable is a flat with shared communal areas with other service users, shared housing or shared living with a family.

The aim of **'Your Life Your Home'** is to support both existing and future adults with learning disabilities to live in the way they want through:

- Increasing the options for increased independent living available to Adults with Learning Disabilities through Supported Living and Shared Lives placements, and reducing the number of residential placements.
- Enabling people to have more control and lead a more independent life if they choose to, in line with government legislation as set out in Valuing People Now.
- Designing a sustainable set of processes and tools to facilitate moving Adults with Learning Disabilities who would benefit from moving from Residential Care to Supported Living

What have we done so far?

- We set up a 'Your Life Your Home project team' from a wide variety of teams with the skills, knowledge and expertise to design the processes required to rollout 'Your Life Your Home' across Kent.
- The design phase of the project concluded that between 330 and 550 people could lead more fulfilling lives by moving from Residential Care to Supported Living. This will support these people in living an ordinary and more independent life in the community. It will also provide an

opportunity for KCC to save money as in many cases a Supported Living package is less costly per week than an equivalent Residential Care package.

- We developed a set of processes and a range of other supported living (housing) options that allows us to provide these alternative options to people currently in Residential Care and facilitate the moves of people that would like to.
- We carried out a Your Life, Your Home pilot phase between November and January in Ashford and Shepway and South West Kent to refine the processes. We have now rolled out the project across the county.
- We are engaging with people, and their care managers, currently in Residential Homes to understand whether they would benefit from a move to Supported Living, or Shared Lives. If they would, and they want to progress, then we will endeavour to identify suitable accommodation and initiate their move.
- We developed an Accommodation Register to enable Care Managers to see what accommodation is available across Kent.
- We are working with residential providers, housing providers and community support providers to understand future plans for new supported living accommodation, and inform providers of likely demand to stimulate new development.



Promoting well-being

Promoting independence

Supporting independence

Shared Lives



We are always looking at different ways we can provide care and the Shared Lives scheme is just one example of how we're transforming the lives of Kent residents.

Shared Lives offers people over the age of 18, support placements within a family home for long term, transition, short breaks and day support and it is suitable for people with learning and physical disabilities, mental health issues, people on the autistic spectrum, older people and people living with dementia.

Shared Lives is not just about care but about opening the door to choice, satisfying experiences and a sense of belonging.

Our experienced team works with the person to match them with a suitable household. We'll match the person with a family who have the right skills and characteristics to give the care and support needed. Our hosts will also be that all important link to wider social experiences and community networks.

Over 200 people have accessed our Shared Lives service and in the last year we have placed 66 people with hosts and their families. We have also continued to recruit new hosts in all areas of Kent and the service now has 149 hosts and their families for people that wish to consider Shared Lives as an alternative to living in a residential service.

Suzy's Shared Lives story

Suzy is a lady in her early 50's with a learning disability who was living in a residential setting since 1994 before she moved in with her Shared Lives Host Maria, Kevin, their 2 dogs and a cat.

In the very short space of time since moving in Suzy and Maria have accomplished a great deal. Suzy has been on holiday to Devon, enjoying train rides, going on walks, taking in the scenery, going to the beach and visiting the valley of the rocks.

Suzy was previously prone to trips and falls but now walks with Maria and her two dogs daily and is able to walk much further and no longer trips. Suzy goes on the local swings when on her walk with the dogs, something she thoroughly enjoys, going really high and scaring Maria!

Suzy enjoys cooking with Maria and regularly makes cakes and is able to help prepare meals by cutting up vegetables, giving Suzy a sense of achievement.

Suzy and Maria went on the Shared Lives day event at Brogdale Farm and Suzy particularly enjoyed the tractor trailer ride.

Suzy meets up regularly with some of the people she shared her residential home with and they have done numerous activities including crazy golf, bowling, feeding the ducks and various lunches out! As well as going to a local boot fair and also a local fayre where she played 'hook a duck'.

Suzy is very proud of her new bedroom which has been decorated in pink and features a large picture of 'Frozen' adorned with fairy lights and Suzy says she is very happy in her new home.



Maria and Kevin's Shared Lives story

I have enjoyed care work for many years starting at 17 and it was whilst working in a home supporting adults with learning disabilities and additional social and health care needs that I had the pleasure of meeting Suzy. Suzy 52 has a learning disability and is a real pleasure to know.

When the home was to be closed I applied to become a Shared Lives Host for Suzy because I felt I and my family could offer Suzy the right kind of support to help her have quality of life and achieve a more active social life. Suzy has done so much since living in our care and has enjoyed a holiday and a variety of activities and experiences.

Our children, Kevin and I treat Suzy as family and she joins in with everything we do. Suzy loved a sports and Bushtucker trial event we hosted for family and friends and was enjoyed by all. Suzy is gaining confidence and enjoys new challenges and meeting new people.

Time spent together is happy for us all. I love being a Shared Lives Host, I find it so rewarding and it is lovely to offer Suzy so many more opportunities. Walking our dogs, meals out and meeting friends, some being other adults Suzy shared her previous home with, always brings smiles and happiness.

I feel I am very fortunate to have had the opportunity to become a host for although it can be a life changing decision words cannot express the happiness we feel to make Suzy's life special, safe and secure giving opportunities that she may not have had the chance to experience in a residential home.

Further information on Shared Lives can be found on our website at www.kent.gov.uk/sharedlives phone: 03000 412 400 or email: sharedlives@kent.gov.uk.

Promoting well-being

Promoting independence

Supporting independence

Kent Pathway Service



Enabling people with a learning disability to live more independently.

The Kent Pathways Service (KPS) supports adults (service users) with a learning disability to become more independent through helping people to develop life skills so they need less help.

Short term (six to twelve weeks), intensive and task specific support is provided to enable people to learn or re-learn skills such as learning to travel independently, preparing for work, keeping safe or making new friends.

The Service was originally designed and developed as a six month pilot in the locality office of Dover and Thanet where Service users were given up to twelve weeks of intensive, targeted support to develop a particular life skill.

During the pilot, thirty service users benefited from the Kent Pathways Service. At the end of the twelve weeks, 97% of these service users were living more independently and on the basis of these results, the decision was made to scale Kent Pathways to the rest of the county.

This new service has now rolled out and has been available across the county since April 2016. From end of June 2016 279 referrals have been completed increasing independence.

How Kent Pathways Supports Individuals

- To ensure continuity and build a successful working relationship, a service user will work exclusively with a single Support Worker during their programme
- Kent Pathways programmes are bespoke and the frequency and timing of support visits over the twelve weeks will be flexible so that they best meet the service user's needs
- The rate of progression over the twelve weeks is individual to each service user. Some will spend the first couple of weeks simply building a relationship with their Support Worker
- Service users and their Support Workers work in partnership to come up with SMART objectives so that they have realistic goals to work towards
- Every three weeks, an informal review with the service user is held to assess progress towards this goal and to make any alterations to the support that may be required
- Anonymous feedback from service users is always requested after support finishes, in order to continuously improve the service
- Care Managers are encouraged to consider the suitability of Kent Pathways at every service user review
- Care Managers are closely involved in the entire process and are given regular feedback on progress of their service users

People really appreciate this service:

"I'm more active now and can walk quicker"
James

"I like to go to the café by myself now and I buy milk for my mum from the Co-op"
Andrew

Live Well Kent

Live Well Kent is a new service that started in April 2016 to provide support to individuals with a common mental health need and those who have a complex, enduring mental health need.

It is a free new service for anyone over 17 and it is delivered on behalf of Kent County Council and the NHS by two charities, Porchlight and Shaw Trust.

The service provides support on:

- Mental health and well-being
- Training and work
- Keeping active
- Everyday living
- Meeting people

Benefits of the new service:

- our new approach will put a greater focus on outcomes and engage people in innovative ways to help them on their path to recovery
- better outcomes, tailoring services to suit people's needs
- services in the community will be more accessible - reducing social isolation
- more choice, including life-long learning, employment and volunteering, social and leisure and healthy living support
- a more streamlined approach to delivering mental health services

Hear from people using the service

"When you're in a dark forest, having someone to give you the time to share your thoughts and lift your spirit is one of the ways forward. I've learnt to say 'no' and step back at the right time before I'm overwhelmed." - Leng

"I was given new confidence and a fresh outlook on life with guidance and encouragement from the staff at Live Well Kent" - Paul

Christian's story



"My life was a challenge right from the beginning. By the time I was 16 I had moved 21 times, been to four Primary Schools and six Secondary Schools.

I was married at 19, had my first child at 21 and another at 26. I developed depression, was off work and then got diagnosed with Bipolar Disorder. This explained my 'all or nothing' life and my 'work hard play hard' lifestyle.

I was encouraged by a friend to get involved with Live Well Kent. I learnt to believe in myself again, gain skills and take a different direction.

I studied and developed my skills. I was led to Open Door and went on to study Motor Mechanics and Car Bodywork Refinishing, which I passed!

Live Well Kent taught me along with other health providers that if I accept who I am and recognise my skills and abilities there is no end to what I can achieve. I am now involved with Live Well Kent and have come through on to their volunteer project for gardening and am working with one of their first Live Well Kent clients that has been through a rough time with depression. I'm helping and supporting him to gain skills to be able to access employment."

Further information can be found on the Live Well website at www.livewellkent.org.uk

To make a referral please call 0800 567 7699 or email: info@livewellkent.org.uk

Promoting well-being

Promoting independence

Supporting independence

The Good Day Programme

The Good Day Programme has been running since 2008 and was established in response to the many people in Kent, who wanted to see a change in the way people with a learning disability accessed day services across the county.

The programme develops community-based day opportunities, for people with learning disabilities, commissioned in a way that maximises the use of the same facilities as others in the community. It supports a community approach and supports community partners to improve access, including having more 'Changing Places' so anyone who needs assistance with their personal care can still access their community.

Every person centred review plan is organised around what the person wants to do during their days and will include leisure, social, educational, employment and vocational activities.

Our aim is to help people:

- choose what they want to do during the day, evenings and weekends
- have support when and where they need it
- feel equal citizens of their local community
- have opportunities to lead a full and meaningful life.

The Good Day Programme is in place across all Kent Districts. Some of our highlights for 2015-2016 include:

Dartford

Refurbishment works due to be completed by the end of 2016 have started on Dartford Library. Works include a hub for Dartford and Swanley Community Day Services to utilise, an accessible kitchen and Changing Place.



Dartford and Swanley Community day Service are also working in partnership with the newly refurbished Fairfield Leisure Centre which reopened in February 2016 and now has a Changing Place. We are now running Rebound and Archery sessions from this venue as well as being able to access swimming within the local community.

Gravesham

We are working with Gravesend Adult Education Centre Victoria Centre to develop a community hub to include enhanced access and a Changing Place.

Swanley

Swanley Links had its official opening in July 2016. It was visited by HRH Prince Richard, Duke of Gloucester who saw individuals taking part in Cookery and Reflexology sessions. This hub is in the centre of town which allows individuals to make good use of public transport and it has an accessible kitchen and Changing Place.

Thanet

We have been working in partnership with Hartsdown Leisure Centre and people accessing the service to co-design and develop a purpose built community hub within the leisure centre. The hub offers a range of opportunities in the heart of Margate and improved access to enhanced leisure facilities including:

- A full Changing Place suite with ceiling track hoist and changing bench
- Dedicated space with kitchenette and ceiling track hoist
- Sensory room
- Office facility
- Wi-Fi throughout the community hub

The Learning Disability in-house Community Day Service will occupy the facility during the day and will enable disabled people to have increased access to the Leisure Centre. The community hub will be shared with the community during evenings and weekends; the sensory room can be shared with the community at designated times; in addition, the Changing Place will be accessible to the whole community.

Tonbridge

Riverside Community Day Services – Tonbridge Hub

We moved into our newly refurbished building just off Tonbridge High Street at the end of March after six months 'camping out' in the Tonbridge Youth Hub building. The building has been completely refurbished and offers a light and airy space for the community day service. It is also fully accessible and hosts a Changing Places with an overhead ceiling tracking hoist, an open plan accessible kitchen and we good activity space. It is also located just off Tonbridge High Street and close to all the local amenities such as the Library, Adult Education Centre, Leisure Centre, Swimming

Pool, Bowls Club, Bus and train links and local community groups and Churches.

Swale

Swalecliffe Day Service have been linking with St Alphege Church in Whitstable for a number years. Recently through the allocation of Developer Contribution funds, we have been able to support the church to redecorate the kitchen that is used by a variety of local groups. Swalecliffe Day Service have been involved with supporting this by providing a café three times a week from this kitchen. This has enabled people being supported by Swalecliffe Day Service to be part of the local community while also learning a variety of skills.

We are in the interim stages of developing:

- A community hub within Faversham Pools to include a multi-use dedicated space with sensory facilities and enhanced accessible facilities
- Enhanced facilities at Faversham Library to include a Changing Place and office facilities

Canterbury

There is a Community Day Service at Northgate Ward Community Centre and a Hub at Thanington Resource Centre, both of which have Adult Changing facilities. Local facilities are used as much as possible and we have continued to build links, be involved in activities at the centre and support the community.

The Canterbury service is in the process of working closely with The Prince of Wales Youth Centre to install a kitchen which will be accessible for all people in the community to use. The Day Service will also be able to use the kitchen to deliver sessions to help people develop skills with cooking independently.

For more information, see better Days for people with learning disabilities or call us on 03000 415520 or email gooddayprogramme@kent.gov.uk.

Promoting well-being

Promoting independence

Supporting independence

Strategic Commissioning



Reviewing for better outcomes

Commissioning is incredibly important to the success of KCC and the transformation of services within Social Care, so we need to be absolutely certain we're doing it right. We have undertaken a four week assessment on the work we do and the way we do it – specifically around the way we manage change (projects) and delivery (contracts). We are currently reviewing the final assessment and those findings will shape how we design our service in the future

Home Care Services

Home care services are provided by care workers to people in their own home, so they can be supported to live independently and can manage activities of daily living. Home care services are delivered by home care agencies on our behalf and are arranged through the Kent County Council Home Care contract. This is managed by Strategic Commissioning who work closely with home

care agencies and Adult Social Care teams. The Home Care contract has been in place since June 2014. We have reviewed the contract to find out what areas have gone well and any key areas for improvement. We have also reviewed some of the processes and systems that support the contract to see if there are better ways of working. Towards the end of 2016, we will speaking to people who receive home care services to find out their experiences of the service. This work will help to inform future commissioning activity we undertake regarding our Home Care contract.

Learning Disability Integrated Commissioning

KCC and Kent Clinical Commissioning Groups (CCG) have entered into a new integrated commissioning arrangement for learning disability with effect from 1st April 2016. Across Kent, there has been a successful track record of integrated health and social care community teams for people with a learning disability for a number of years, so it was a natural progression to move to an integrated commissioning arrangement between us.

KCC commissions the majority of support received by people with a learning disability and moving forward an integrated arrangement will ensure integrated care and support is provided to people with a learning disability.

Kent Support and Assistance Service

Kent Support and Assistance Service (KSAS) joined the Strategic Commissioning division in Adult Social Care in October 2015. KSAS offers short term support and home essentials to those who are in a crisis, to try and help people stay in their local community.



- Has excellent record keeping detailing peoples' health and wellbeing
- Knows and understands the people in their care and delivers personalised care.

Older Person's Residential and Nursing Care Home contracts

We reviewed the contract we had in place for Older Persons Residential and Nursing Care homes and let a new contract which commenced in April 2016. We also reviewed the way we were making placements for people into care homes and extended the placements team so that there is better information for people and their families in making decisions on long term care.

A good care home in Kent has a number of equally important features:

- Maintains dignity in all aspects of care
- Has a caring, compassionate and competent workforce
- Holds the resident central to decisions
- Is warm, clean and odour free
- Meets the nutritional and hydration needs of the individuals
- Keeps people safe from harm
- Offers a wide variety of activities that are tailored to the individual resident
- Has a Dementia sensitive design
- Is well run with a dedicated visible manager

Comments, compliments and complaints



We welcome feedback on the services that we provide and on the services we arrange for people but might be provided by another care provider. Hearing people's views on the services helps us to identify where improvements are required as well as where things are going well.

Each year we analyse the complaints and enquires that we have received to identify any lessons we need to learn and need to communicate to staff.

In 2015-16 we received:

- 662 Complaints
- 403 Enquiries
- 523 Compliments.

Of the Complaints:

- 198 were not upheld
- 151 were partially upheld
- 222 were upheld
- 29 were withdrawn
- 50 were passed to team
- 12 other.

Some of the main reasons for complaints included:

- Communication issues
- Disputed decisions
- Delays
- Charging disputes.

The key themes and issues arising from complaints are anonymised and discussed at management meetings and at the Quality and Practice meetings for practitioners. Some of the topics covered in 2015/16 included:

- The provision of workshops and information for staff on the use of a new Unified Communications Telephone system. The new system was introduced in 2015 but there were some teething problems with people encountering difficulties getting through to the person they wanted to speak to. The workshops and information helped to address the problems and the number of complaint about this issue significantly decreased.
- It was apparent that a number of complaints occurred where staff had left and there has been a gap before they were replaced. In the interim some service users were without a key worker and were unclear who to contact if they had any queries. Each Learning Disability Team was asked to put arrangements in place to respond to queries if a member of staff left or had to take leave unexpectedly.
- One complaint highlighted the need for closer working between different services when completing an assessment. In the one case there were different perspectives taken by the Community Adult Social Care Team, the Sensory Team and the Mental Health Team this resulted in different views regarding what should be included in the person's Care and Support Plan. Following the complaint, one service took the lead with support from the others to ensure a joined up assessment and care plan.

- In the Quality and Practice meetings there was a reminder to staff of the need to ensure people requiring residential care are provided with a booklet and letter that explains the charging arrangements. Some service users and carers were unclear of the charging arrangements to pay for care.
- Some of the complaints received were from or on behalf of individuals complaining about the quality of care provided by care providers. These complaints were shared with the social care commissioning service so that they could be taken into account as part of contract monitoring visits to address any concerns.

Feedback from service users and carers does help us to improve our services and people are entitled to complain if they are not happy with the service they have received. A person can complain on their own behalf or with the help of someone else such as a relative, carer, friend or advocate. We may need to seek consent from an individual if someone is making a complaint on their behalf. A member of our complaints team can assist if help is needed in making a complaint or if an advocate is needed.

The Kent Adult Social Care "Have Your Say" leaflet provides more information about the Adult Social Care complaints procedure and further information can be found on the Kent County Council website.

We also welcome compliments when people make contact to commend the service or the work of an individual. Set out below are a few examples of the compliments we have received over the past year.

"The Enablement Workers have been brilliant and we can't fault them."

"I would just like to say a massive thank you for the help you have provided for my mother."

"I would like to say how lucky my sister is to have Paula in our lives. She has had a very bad time of things over the past few years."

"I would like to draw your attention to the faultless and exceptional caring services being provided to my severely disabled cousin."

"The Case Manager responds to requests for help. She clarifies the way forward and empowers others. Her work is flawless; she has a clear vision of what was required for success. She made us feel as though we were her only client."

"I wrote to thank you for the prompt and efficient service."

"Thanks you for looking after my mother. Despite the Dementia she has always said how caring you all were."

Adult Safeguarding Unit

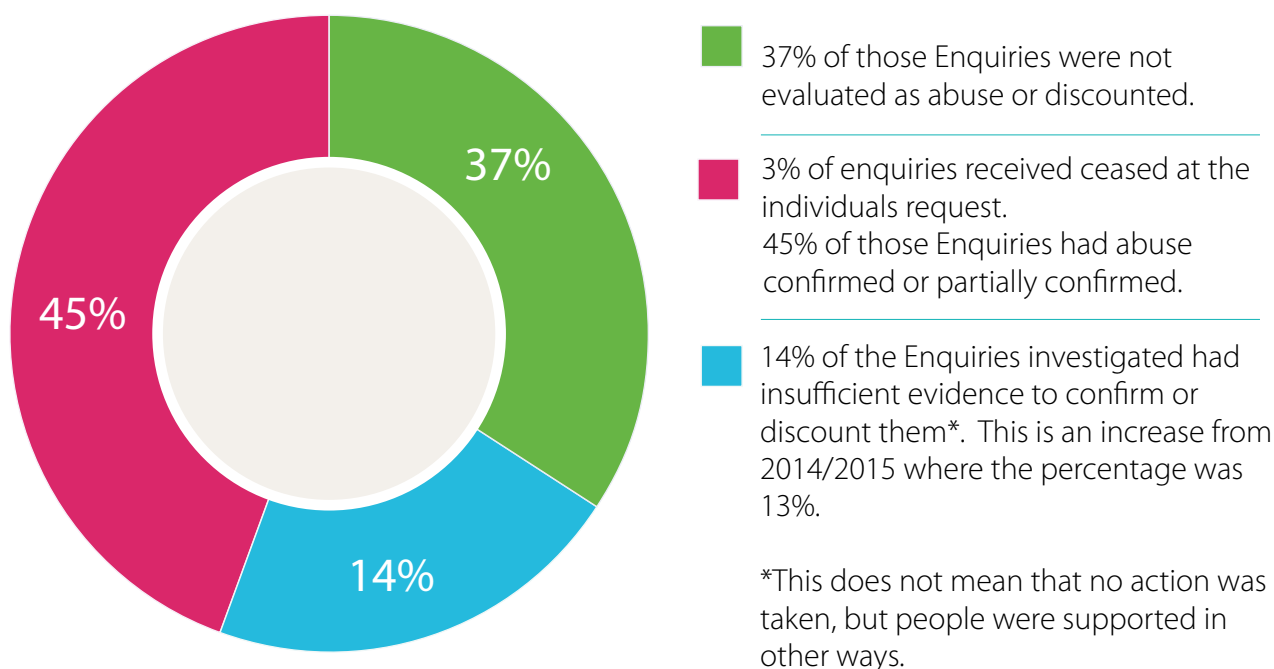
Safeguarding (see glossary) is about protecting children, young people and adults at risk from abuse or neglect. Abuse is a breach of a person's rights and may be a single act or happen repeatedly over a period of time. Abuse may be deliberate but may also happen as a result of poor care practices or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

Facts and figures

We have seen a significant increase in the number of Safeguarding Concerns received.

3,906 Safeguarding Enquiries were received during 2015/16 compared to 2014/15 when there were 3,273.



What should you do if you suspect or have witnessed an adult at risk 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 Medway.

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

'Making Safeguarding Personal' has been integrated into adult safeguarding, ensuring that the adults at risk are at the centre of our practice. We are currently reviewing feedback mechanisms to ensure they are fit for purpose.

A multi-agency package of workshops for safeguarding leads across Kent and Medway was delivered in 2016, to promote the Self Neglect (see glossary) Policy and Procedures.

Extensive work has been undertaken by KCC and multi-agency partners, many of them being led by the Kent and Medway Safeguarding Adults Board (see glossary), for example:

- An Independent Chair was appointed for the Board
- The Policy, Protocols and Guidance document has been updated in line with Care Act guidance
- The Self Neglect Policy and Procedures were developed
- Protocols for Kent and Medway to safeguarding adults who are at risk of sexual exploitation, modern slavery and human trafficking were developed
- Making information accessible to all
- A Citizens Group is being established
- There is a quality assurance programme in place to ensure adult safeguarding practice is of a high level
- Safeguarding Adult Reviews have been undertaken. The final reports and action plans can be found at www.kent.gov.uk and search **Safeguarding Adult Reviews**

The implementation of the Care Act placed safeguarding adults on a statutory footing and emphasised through Making Safeguarding Personal the importance of ensuring that the victim is at the centre of the Enquiry. New policies and procedures were introduced and there has been an increase in reporting. In the light of these significant changes, next year we will take stock and review our safeguarding processes to ensure that they are effective and focused on the victim.

A Safeguarding Adults and Mental Capacity Act Development Framework has been implemented to support practitioners at all levels. This will help increase knowledge, skills and understanding of their roles and responsibilities within Adult Safeguarding, Mental Capacity Act and the Deprivation of Liberty Safeguards (see glossary) ensuring Practitioners have up to date skills.

As part of the national Transforming Care Programme (see glossary), we have continued to integrate Health and Social Care to prevent inappropriate hospital admissions for people with learning disabilities experiencing mental health issues or episodes of challenging behaviour that could be managed within the community.

Adult Social Care and Community Wardens are ensuring that victims are supported and we have a range of preventive strategies to try and stop people becoming victims in the first place.

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.

An 'easy read' safeguarding guide for adults with learning disabilities who may be at risk is also available and more information can be found at: www.kent.gov.uk/adultprotection

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 Well-being. 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.

Deprivation of Liberty Safeguards: Deprivation of Liberty Safeguards aim to prevent the unlawful detention of adults in hospitals and care settings who lack capacity to choose where they live and/or to consent to care and treatment.

Direct Payment: Direct Payments are cash payments to individuals who have been assessed as having eligible social care needs. 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.

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.

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.

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 Well-being Board (HWB): The Kent Health and Well-being Board leads and advises on work to improve the health and well-being 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 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.

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

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

National Transforming Care Programme: A programme of work led jointly by NHS England, the Association of Adult Social Services (ADASS), the Care Quality Commission (CQC), Local Government Association (LGA), Health Education England (HEE) and the Department of Health (DH) to improve services for people with learning disabilities and/or autism, who display behaviour that challenges, including those with a mental health condition.

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.

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): 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/ Social Care 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.

Self-Neglect: This is described as “the inability (intentionally or non-intentionally) to maintain a socially and culturally acceptable standard of self-care with the potential for serious consequences to the health and well-being of those who Self-Neglect and perhaps to their community”.

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

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

Getting in Touch

There are several ways for you to contact us.

For non-urgent telephone 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 that 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 and website

You can email us with queries or questions about any of our services or information.
Email: social.services@kent.gov.uk or see our website at:
www.kent.gov.uk/careandsupport

For more information on the Local Account
email: kentlocalaccount@kent.gov.uk
www.kent.gov.uk and search 'local account'

This document is available in alternative formats and languages. Please call: 03000 421553 Text relay: 18001 03000 421553 for details or email alternativeformats@kent.gov.uk