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To: Adult Social Services Policy Overview and Scrutiny Committee –
17 November 2009

Subject: **KENT ADULT SOCIAL SERVICES – PUBLIC INVOLVEMENT AND
CONSULTATIONS REPORT**

Classification: Unrestricted

Summary: The purpose of this report is to provide information to Members on current and future developments in Public Involvement across the Directorate and to inform Members of the consultations undertaken during 2008/09 as well as those planned for 2009/10.

Introduction

1. (1) The purpose of this report is to provide information on the main aspects of public involvement, including consultations within Adult Social Services over the last 12 months. It also provides Members with an update on the key areas of development on both existing and future work and highlights how the Directorate intends to further embed and extend involvement processes within our services.

(2) Effective public involvement ensures that not only do public services reflect and respond to the views and concerns of local people, but that people feel involved in and responsible for improving their quality of life.

(3) Involvement is more than simply consultation; it is a continuous process that requires commitment at all levels, not just within the Directorate, but across other KCC directorates, partners and the local community. Effective involvement identifies needs, determines priorities and agrees actions. Progress is subsequently reviewed to monitor progress and outcomes.

National Policy Context

2. (1) The government has pledged to promote active citizenship and community engagement at all levels and in all policy areas. This has led to community engagement being at the core of the Local Government Modernisation Agenda.

(2) The Local Government and Public Involvement in Health Act 2007 places a duty on Local Authorities to involve local people. With effect from April 2009, all local authorities have to comply with the new statutory duty to 'inform, consult and involve' people if there are plans to make changes to any services (section 138 of the Local Government and Public Involvement in Health Act).

(3) It provides that where a best value authority, such as Kent County Council, considers it appropriate for 'representatives of local persons', or of local persons of a particular description, to be involved in the exercise of any of its functions they should be:

- provided with information about the exercise of the function
- consulted about the exercise of the function
- involved in another way.

(4) At the heart of the new 'Duty to Involve' is the aspiration to, "ensure that local people have a greater opportunity to have their say about local issues and helping to shape service delivery in their area" and also to, "embed a culture of engagement and empowerment". The statutory guidance, 'Creating Strong, Safe and Prosperous Communities' reinforces the duty of Local Authorities to involve local people thereby giving them the opportunity to comment on and have real influence on local services.

(5) Kent Adult Social Services (KASS) has a key role to play in the delivery of the council's services and is able to utilise the existing mechanisms available to the Directorate in meeting the 'Duty to Involve'. With the breadth of involvement activity that currently exists within the Directorate, KASS is ideally placed to continue to "inform, consult and involve" people in its business.

(6) The government's White Papers, 'Our health, our care, our say' and 'Putting People First' are key drivers for KASS. It is clear that the individual should be at the centre of future service design, having a much greater influence over the decision making process. This aspiration provides the individual with greater choice and therefore control over their needs and how these are met.

(7) One of the key aspects of the new 'Equality Framework for Local Government' is the extent of the council's engagement with local communities from different diversity backgrounds, including how this involvement impacts upon priorities and the services the council delivers. (Kent is aiming for 'Excellent' by the end of 2010/11)

(8) In April 2009, the Comprehensive Area Assessment (CAA) replaced the Comprehensive Performance Assessment (CPA), placing much greater emphasis on the individual's perspective and personal experience.

(9) The government has a clear focus on empowering the public in order that their influence can make a real difference to public services. However, this can only be achieved by providing people with opportunities whereby they can influence and change both current and future services.

Local Context

3. (1) Active Lives, the vision for social services in Kent, continues to signify KASS' commitment to ensure that service users, carers and the public are actively involved in the design and delivery of services. Following workshops, held in the summer of 2009, the Kent Strategy is being developed to provide an action plan that illustrates how the vision will be implemented within the Directorate.

(2) KASS is committed to enabling service users, carers and the public to have every opportunity to share their views, experience and aspirations to ensure that services fit with peoples' needs and wishes. Achieving this throughout the Directorate is an ongoing process and takes place via a number of different mechanisms, some of which include:

- Forums – including older peoples'; disability; deaf; carers; mental health; domiciliary care
- Service user groups – including county wide OT user groups; Learning Disability Partnership Groups
- Policy Development – services users have been heavily involved in the development of the 'User Involvement in Recruitment' and Information Advice and Guidance' policies'
- Recruitment – service users/carers are involved in recruitment process for staff, i.e. shortlisting, formal panel, workshop
- Training – service users and carers deliver training to staff
- Lessons learned from complaints are fed into service development and into business planning processes
- Strategy development – Later Life
- Areas and individual teams proactively engage with service users and carers.

Consultations

4. (1) One method of involving people is consultation and attached is a schedule detailing the consultations that were undertaken during 2008/09 (Appendix 1), together with some of those proposed for 2009/10 (Appendix 2). Outcomes from the 2008/09 consultations are detailed below:

(2) The Home Care Survey commenced in February 2009 and covered all those people in receipt of home care services up to December 2008. Kent agreed to participate in the extended version of the survey. Regrettably, the Personal Social Service Research Unit (PSSRU) from the University of Kent identified problems with the data spreadsheets when trying to analyse the results. Consequently, the final report from the survey is not expected until March 2010. However, when received, the results from the survey will be fed into the commissioning cycle. Similarly, the final version of the Carers Survey is also awaited from the PSSRU.

(3) The feedback from the Ashford Day Services Review indicated that the majority of people involved in the consultation supported the continuing development of a wider, more diverse range of services, which would be integrated within the community. This would provide people with more choice and control over what they do during the day, evenings and weekends. The findings from the consultation have provided valuable information to significantly inform and influence the planning and commissioning of the new service.

(4) The review of Day Services at Faversham Day Opportunities Centre and Doubleday Lodge did not take place due to a change in priorities and timescales. A decision has not yet been made on when these reviews will take place.

(5) The findings from the consultation meetings of West Kent LD Opportunities at Branches Out and Yeoman's will form a separate report that will be presented to Members for a decision.

(6) The Kent wide surveys of public satisfaction and licensee satisfaction did not take place due to a lack of resources, both financial and staffing. The position of these proposed surveys is to be reviewed in early 2010.

(7) The recommendations from the Towards Equity and Access Project have resulted in two service user reference groups being established, together with an action plan for East and West Kent. This includes the development of local outreach services, deaf awareness training for GPs and involvement in developing a Kent based interpreting service.

(8) Service users have been involved in an ongoing steering group contributing ideas and the perspective of the deaf community into the development of a sign language service as a result of the Interpreting Project. In particular a customer care document has been produced based on peoples' feedback.

(9) The Mental Health Survey in relation to Kent and Medway NHS and Social Care Partnership Trust highlighted the following areas for improvement:

- to continue to do better at ensuring service users have confidence in their psychiatrist and that time allocated to discuss their condition and treatment is sufficient
- to improve the quality and clarity of information provided to service users and carers, friends and family about their medication, who their care co-ordinator is, that they have a care plan and how to contact services out of hours.

(10) An action plan has already been implemented. Every service user will receive a 'patient information pack', which features a comprehensive set of information about their care and can be used throughout their treatment to collate important information. A programme of 'customer care' training has been established for staff to ensure that on every contact with service users focus remains on doing everything possible to make their care and treatment as satisfactory as possible. The programme will also be applied to staff not directly involved with clinical care.

(11) Work on the Supporting People Involvement Strategy has been deferred into 2009/10. It was delayed until the appointment of an Involvement Officer, which has subsequently taken place.

Public Involvement initiatives within Kent Adult Social Services

5. (1) Involving the public at the earliest possible opportunity is key to ensuring that the feedback received is fed into planning, commissioning and delivering of services and therefore has a real influence in the decision making process. Set out below are some of the involvement initiatives that have either taken place or are planned for the future.

(2) The Directorate Involvement Group (DIG), as a sub group of the Strategic Management Team (SMT), has Directorate wide membership together with representation from health colleagues in Kent. One of the main roles of the group is to promote good practice and drive forward the involvement agenda across KASS. Health membership of the group also encourages partnership working and a more joined up approach to involving, what is often, a shared group of people.

A workshop was held in September 2009 to ask service users and carers if they would be interested in being part of the group and if so, in what format. The feedback from this event is being collated and a separate report will be presented to SMT on the findings and suggested action. The group's current workplan is reflected in this report.

(3) In March 2009, events were held on consecutive Saturday's in East and West Kent to provide the public with information on current initiatives, including the modernisation agenda – ALfA, with a focus on Self Directed Support, Making Experiences Count – the new single complaints process across health and social care and the Kent Local Involvement Network. Local health colleagues, together with voluntary sector organisations were invited to these events, which were held under the banner of, "Information Fayres". The events were advertised using various methods including, local newspapers, "park and ride" tickets and the use of flyers circulated via GP surgeries, voluntary organisations, libraries etc.

(4) The events were of an informal nature offering people the opportunity of visiting at a time convenient to them and were held at the weekend to encourage attendance. Overall, the events were a success, in terms of the public who visited and the feedback from participants, although attendance figures for the West Kent event, held in Maidstone, were lower than expected. This may have been due to the location, which although within the main footfall of the town, the entrance to the venue was not ideal. Posters were placed locally to navigate the public, but this did not seem to impact upon the numbers who visited.

Self Directed Support

(5) One key focus within this project has been to raise public awareness of the changes that are taking place and what this means for current and future users of services. At the same time, it is crucial that people have the opportunity to influence service decisions where appropriate. To date the following elements of user involvement have been implemented within the project:

- Service users, together with the public have been involved in various workstream group meetings. i.e. Brokerage and User Led Organisations Sounding Board; Single Assessment Process Group
- Presentations to various groups
- Carers involved in Carer Assessment consultation process. Carers Reference Group and Carers Advisory Groups set up
- Service users and carers involved in developing Information, Advice and Guidance Policy
- Learning Through Experience workshops [ongoing] (made up of 2/3 staff and 1/3 service users/carers)
- Service users/carers involved in Business Process Quality Review
- Provider visits
- Evaluation of enablement tenders
- Service user/carers reference group to develop Positive Risk Management Policy
- Information Fayre's (as mentioned in paragraph 5. (3))
- Kent Show 2009
- Provider Conference

Service user and carer involvement in recruitment and selection

(6) This policy was implemented in 2005 and encourages teams to involve service users and carers in their recruitment processes. This may take the form of shortlisting candidates for interview, preparing questions for candidates, participating in formal interview panels or taking part in supplementary workshops.

(7) Protocols and frequently asked questions (FAQs) have been produced to assist staff with this initiative. An information pack has been developed for service users and carers involved in the process, covering topics such as, confidentiality equality and diversity issues as well as general information on the process itself. It is the responsibility of the recruiting manager to ensure that those involved in the process have read and understood the contents of the information pack.

(8) Questionnaires are circulated at the end of the recruitment process to those individuals involved. These are analysed to ascertain whether there are any areas of the process that need to be revised. As a result of feedback, an easy read version of the questionnaire is to be developed.

(9) East Kent Customer Care is proposing to introduce a system to assist teams in finding sufficient volunteers to participate in staff recruitment. The proposal intends to recruit a pool of people, geographically covering all areas of East Kent, who are subsequently provided with training on staff recruitment. Customer Care will hold the individuals details on a database from which staff can request participants when recruiting, thereby providing staff with easier access to suitable volunteers. It is anticipated that this will increase the number of teams adopting this recruitment initiative.

Payment policy and implications

(10) For several years the Directorate has adopted the policy of reimbursing service users, carers and the public for out of pocket expenses, including replacement carer costs when they are involved with KASS. KASS has previously considered its position on extending this to include reimbursement to service users and carers for their time where they are involved in specific areas of work, such as drafting policies and recruitment of staff.

(11) A draft policy in recognition of time spent on specific areas of work has been considered by DIG previously and it was recognised that such a policy has financial implications, not only for the Directorate, but also on the individuals themselves for taxation and benefit purposes. Within the Directorate, it is difficult to estimate the true costs, but as an example, the likely costs for involving users in the recruitment of staff for a half day period would be in the region of £25 per service user/carers, exclusive of out of pocket expenses. This is based on payment at a rate of £5 per hour.

(12) It is clear that reimbursing people for their time will have budgetary implications. Replicating a payment policy of £5 per hour for specific areas of work undertaken throughout the Directorate would in all likelihood be untenable, particularly given the current and future economic climate. SMT have therefore decided to remain with the current policy of reimbursement only of out of pocket expenses, including replacement carer costs.

Public Involvement Database

(13) The database aims to log all involvement activity within the Directorate, providing a single point to capture all evidence and outcomes which are easily accessible. The internal audit of public involvement, which took place in the summer of 2008, commented that, "KASS has set up many channels of communication to ensure service users have the opportunity to be engaged in a dialogue about their services. Giving service users the power to make decisions about the services they receive is central to the work carried out in the Directorate and the future direction." The database remains a key source for tracking this information and identifying gaps.

(14) The auditors also noted that the proposed enhancements to the database would make it easier for staff to post their own activity. A revised data input section and reporting wizard has been developed in the last eight months to facilitate this. All staff have access to the database, which enables staff to share good practice and print reports to monitor activity. The public can access the database via the public involvement website, which provides the opportunity for the public to participate in activities registered on the site.

(15) Reports will be produced and presented to the Directorate Involvement Group, both to monitor county wide activity and therefore identify gaps which need addressing.

Strategy

(16) As part of the workplan for the next year in partnership with the public we will be reviewing our Public Involvement Strategy. The core objectives within the existing document remain relevant, but one of the actions following the Independence, Wellbeing and Choice Inspection is the need to review the public involvement strategy. Work is already underway to review the strategy and two events are planned for October – one in East and one in West. During November, the public involvement team in HQ will be attending various service user forums/groups to gather feedback. It is anticipated that drafting of the revised strategy will start in early 2010 once all feedback has been collated. The Directorate Involvement Group will play a key role in ensuring the strategy is coherent in meeting the key principles of the 'Duty to Involve'

Newsletter

(17) The 'Step by Step', public involvement newsletter is published four times a year and has a wide circulation, including electronic copies to staff and hard copies for the public. Distribution of the newsletter includes libraries, Gateways and GP surgeries and it can also be viewed online on the public involvement website. The publication aims to advertise opportunities for people to be involved in KASS services on a level that suits them. It also raises awareness of news items and events that are happening within Kent.

Staff training

(18) The audit, mentioned in the section 5. (10) above, emphasised the need for continual development of staff and commented that, "The Directorate should:

- Increase the visibility and scope of public involvement training within the current workforce development programme. Use this training to emphasise the guidance and frameworks that currently exist and the importance of staff posting their own activity on the public involvement database; and/or:
- Have regular workshops/seminars, such as those conducted in September 2007, [The focus of the workshops was to raise awareness of current initiatives with staff and service users showcasing good practice within each area] to develop capacity within the Directorate.”

(19) With effect from January 2009, the policy team have delivered training on public involvement and customer care as part of the KASS induction programme that is attended by all new staff. Evaluations forms indicate that this is well received. An additional half day course on these two key areas of training are delivered via four courses held annually as part of the core induction programme.

(20) All Customer Care Teams will be working together in the coming months to deliver customer care training to all teams across Kent. This will be a rolling programme to ensure that staff receive this training every 2-3 years as a refresher course, ensuring their skills and knowledge are up to date.

(21) Following the successful involvement of mental health service users in the design and delivery of mental health training for staff (SUCSES Project), this initiative has been extended to include service users from all client groups (TREND) on other areas of training, including Approved Social Worker training. Service users /carers currently deliver training to new staff as part of the KASS Induction Day. This precedes the session delivered by the policy team on public involvement and further reinforces the Directorate’s commitment to this area of work. Ongoing support is provided to all trainers.

Information – Out and About project

(22) The Public Involvement Team implemented a pilot of the “Out and About” project, as a means of reviewing the public’s current awareness and preferences for information provision. Team members visited local shopping areas to talk to the public about the services that Kent Adult Social Services provides. The team were mindful of the fact that there is a balance to be made between increasing public awareness of KASS services and the ever increasing pressure on resources.

(23) The project focused on providing the public with basic information about services and gathering feedback on information in general. (E.g. Formats people prefer; where and how they would access information when needed) Four venues were selected covering East and West Kent and the reception received was mixed in terms of the numbers of people approaching the stand. A more positive reception was apparent where the venue was indoors (shopping centre) as opposed to the high street, where bad weather had an impact upon numbers visiting the stand. It is intended to continue with the project in 2010, with further venues including day centres, Adult Education centres and libraries, before reviewing the overall success of the project.

Supporting People

(24) While a part of the Directorate, the Kent Supporting People Team employed a Service User Involvement Officer to drive forward its involvement agenda. The team has set up a service user panel and has involved service users in the following ways:

- recruitment
- tendering
- strategic planning
- a service user conference
- public information provision, including the website and leaflets
- ex service users have been employed by a provider to assist in monitoring and reviewing services
- service users are also enabled to access qualifications via the open college network. The programme funds an innovation and good practice grant to two providers to enhance service user involvement and consultation. The programme is known as, "Experts Through Experience".

Local Involvement Networks (LINKs)

(25) The Local Involvement Networks were introduced as an additional mechanism for giving the public "a stronger local voice in the development of health and social care services", acknowledging the need to strengthen and improve the existing mechanisms for involving and engaging with patients and citizens. The Kent LINK has been operation since December 2008, initially raising awareness of its role and powers.

(26) The role of the LINK is:-

- promoting and supporting the involvement of people in the commissioning, provision and scrutiny of local care services;
- obtaining the views of people about their needs for and their experiences of local care services;
- enabling people to monitor and review the commissioning and provision of local care services;
- conveying peoples' views to organisations responsible for commissioning, providing, managing and scrutinising local care services; and
- recommending how care services can be improved.

(27) LINKs have specific powers to enable them to influence the improvement of local services by:-

- entering specified types of premises and viewing the services provided;
- requesting information and receiving a response within a specified timescale;
- preparing reports and recommendations and receiving a response within the specified timescale; and
- referring matters to an Overview and Scrutiny Committee and receiving a response.

(28) A pool of twenty LINK participants has been recruited to assist with projects that require the LINK to exercise its 'enter and view' powers. Those selected via the process have undergone Criminal Records Bureau and Protection of Vulnerable Adults checks, together with a period of training. No LINK visitor can be authorised without completing all stages of the authorisation process. The final training session took place in September and it is anticipated that the first visits conducted will be on hygiene issues within Kent hospitals.

(29) East and West Kent Customer Care Teams have established good working relationships with the respective area LINK officers and will ensure that every opportunity to work together is harnessed.

Future Initiatives

Customer Service Excellence

6. (1) The new Customer Service Excellence standard was introduced in March 2008 following a detailed review of the Charter Mark. It details criteria around developing an in-depth understanding of customers. This includes consulting customers and using the information gained to design and provide services, the importance of monitoring the outcomes of services and whether customers are satisfied with them.

(2) All directorates within Kent County Council will be applying for Customer Service Excellence and it is anticipated that for all directorates to be fully compliant will take approximately four years. A corporate approach to achieving this standard will give efficiencies in terms of effort as fewer pieces of evidence will be collected by each service. A cross directorate working group was set up in September, which will support the implementation of a KCC wide Customer Service Excellence programme and help KCC achieve whole authority status. This group will report to the Personalisation and Engagement Board.

Conclusion

7. (1) Consultation with service users and the public has enabled the Directorate to:

- Develop strategies/policies: Later Life Strategy; Information, Advice and Guidance policy
- Gain feedback on services and identify areas for service improvement: Deaf Forums; Telehealth user group
- Involve people in the planning and delivery of services: Self Directed Support, Senior Citizens Forums; Learning Disability Partnership Groups
- Identify satisfaction levels, needs and preferences for services: Home Care, Carers, Day Opportunities and Mental Health surveys.

(2) In 2008/09 there has been a broad range of involvement activity with further consultations planned for 2009/10.

(3) There is a clear focus on ensuring the public (including current and future service users) make a difference to services by providing them with opportunities to influence and change current and future services. Involvement of service users and the public is an integral part of the Directorate's business and remains a key feature in the planning, commissioning and monitoring of services.

Recommendations

8. Members are asked to **NOTE** and **COMMENT** on the contents of this report.

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Background documents: None