

**SOCIAL CARE AND PUBLIC HEALTH CABINET
COMMITTEE**

Thursday, 10th May, 2012

10.00 am

**Council Chamber, Sessions House, County Hall,
Maidstone**





AGENDA

SOCIAL CARE AND PUBLIC HEALTH CABINET COMMITTEE

Thursday, 10 May 2012, at 10.00 am Ask for: Theresa Grayell
Council Chamber, Sessions House, County Telephone: 01622 694277
Hall, Maidstone

Tea/Coffee will be available 15 minutes before the start of the meeting

Membership (13)

Conservative (11): Mr C P Smith (Chairman), Mrs A D Allen, Mr R E Brookbank,
Mr N J D Chard, Mrs V J Dagger, Mr K A Ferrin, MBE,
Mr C Hibberd, Mr M J Jarvis, Mr J D Kirby, Mr P W A Lake and
Mr A T Willicombe

Liberal Democrat (1): Mr S J G Koowaree

Labour (1) Mr L Christie

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UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

A. Committee Business

A1 Introduction/Webcast Announcement

A2 Substitutes

- A3 Election of Vice-Chairman
- A4 Declarations of Members' Interest in items on today's Agenda
- A5 Minutes of the Meeting held on 29 March 2012 (Pages 1 - 2)
- A6 Dates of Future Meetings

To note that the following dates have been reserved for meetings of this Committee:-

Thursday 12 July 2012, 10.00 am
Friday 14 September 2012, 10.00 am
Friday 9 November 2012, 10.00 am
Friday 11 January 2013, 10.00 am
Wednesday 24 April 2013, 10.00 am

B. Key or Significant Cabinet or Cabinet Member Decision/s for Recommendation or Endorsement

- B1 12/01905 - Adult Social Care Transformation (Decision to be taken by the Cabinet) (Pages 3 - 56)
- B2 12/01831 - Review of Appledore Reception Centre for Unaccompanied Asylum Seeking Young People (Decision to be taken by the Cabinet Member for Specialist Children's Services) - TO FOLLOW
- B3 11/01747 - Shepway Learning Disability Day Services (Decision to be taken by the Cabinet Member for Social Care and Public Health) (Pages 57 - 86)
- B4 12/01892 - Amendments to the Charging Policy for Home Care and other Non-Residential Services (Decision to be taken by the Cabinet Member for Social Care and Public Health) (Pages 87 - 92)

C. Monitoring of Performance

- C1 no items

D. Other Items for Comment/Recommendation to the Leader/Cabinet/Cabinet Member/s or Officers

- D1 no items

Motion to Exclude the Press and Public for Exempt Item/s

That, under Section 100A of the Local Government Act 1972, the public be excluded from the meeting for the following business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A of the Act.

- E1 12/01904 - Excellent Homes for All (Decision to be taken by the Cabinet) (Pages 93 - 112)

Peter Sass
Head of Democratic Services
(01622) 694002

Tuesday, 1 May 2012

Please note that any background documents referred to in the accompanying papers maybe inspected by arrangement with the officer responsible for preparing the relevant report.

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KENT COUNTY COUNCIL

SOCIAL CARE AND PUBLIC HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Social Care and Public Health Cabinet Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Thursday, 29 March 2012.

PRESENT: Mrs A D Allen, Mr R E Brookbank, Mr L Christie, Mrs V J Dagger, Mr K A Ferrin, MBE, Mr C Hibberd, Mr P J Homewood (Substitute for Mr J D Kirby), Mr M J Jarvis, Mr S J G Koowaree, Mr P W A Lake, Mr C P Smith, Mrs C J Waters (Substitute for Mr N J D Chard) and Mr A T Willicombe

ALSO PRESENT: Mrs P A V Stockell

IN ATTENDANCE: Mr P Sass (Head of Democratic Services)

UNRESTRICTED ITEMS

1. Membership

(Item 1)

The Committee noted its Membership as set out on the agenda.

2. Election of Chairman

(Item 3)

Mrs A D Allen proposed and Mr A T Willicombe seconded that Mr C P Smith be elected Chairman.

Carried

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Decision 12/01905

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

To: **Social Care & Public Health Cabinet Committee - 10 May 2012**

Subject: **Adult Social Care Transformation Programme**

Classification: **Unrestricted**

Summary: This report and the attached Adult Social Care Transformation Programme Blueprint and Preparation Plan set out the Families and Social Care directorate's initial approach to the longer-term transformation of adult social care.

To achieve genuine service transformation which delivers better outcomes for less, we must take a sensible and intelligent approach which delivers a sustainable, improved service. Therefore this paper seeks to advise Members on our proposals for the first stage – while setting out timescales for final proposals.

Recommendations: Members of the Cabinet Committee are asked to consider and either endorse or make recommendations on the decision to be taken by the Cabinet to agree the Adult Social Care Transformation Programme Blueprint and Preparation Plan.

1. Introduction

- (1) This report outlines the approach the Families and Social Care directorate will take in order to contribute towards KCC's overall savings agenda. The directorate has decided not to unilaterally cut spend, but to take a reasoned and planned approach to the redesign and transformation of adult social care. This approach is essential if it is to manage the complexities and interdependencies between the elements of the social care system, as well as the potential risk of making changes to services that could affect vulnerable people. The attached 'blueprint and preparation plan' sets out the initial vision, themes for transformation (coproduced with stakeholders) and next steps. Following a 6 month period of understanding and planning, more concrete plans for the transformation (and how the savings will be achieved) will be available.

2. Financial Implications

- (1) Whilst the overall objective of the adult social care transformation programme is to improve social care outcomes for the people of Kent - the

programme must also contribute towards KCC's overall savings target. This is a huge challenge. A significant amount of work is needed over the coming months to redesign a system which will continue to meet legal requirements, protect vulnerable people and operate effectively on a reduced budget.

3 Bold Steps for Kent and Policy Framework

(1) The transformation programme will redesign adult social care in a way that moves KCC towards becoming a commissioning only authority. The transformation programme will also deliver the following bold steps priorities:

- Priority 1: Improve how we procure and commission services
- Priority 2: Support the transformation of health and social care in Kent
- Priority 7: Build a strong relationship with key business sectors across Kent
- Priority 9: Support new housing growth that is affordable, sustainable and with the appropriate infrastructure
- Priority 11: Improve access to public services and move towards a single initial assessment process
- Priority 12: Empower social service users through increase use of personal budgets
- Priority 13: Establish a Big Society Fund to support new social enterprise in Kent
- Priority 14: Ensure the most robust and effective public protection arrangements
- Priority 15: Improve services for the most vulnerable people in Kent
- Priority 16: Support families with complex needs and increase the use of community budgets

(2) The proposed decision does not relate to a plan or strategy set out in the Council's Policy Framework. The Adult Social Care Transformation programme may have significant impact on the FSC budget or services provided and is therefore included in the forward plan as a key decision.

4. The Report

(1) Following a 3 month period of informal stakeholder engagement, FSC has co-produced an initial Adult Social Care Transformation Programme Blueprint and Preparation Plan (attached). The blueprint and preparation plan sets out the future vision for adult social care, highlights the key transformation themes and outlines the next 6 month phase of work.

(2) From April to June 2012, FSC will carry out 20-30 projects, to understand areas of our business and how they are linked. This will include analysis of activity/productivity costs, outcomes/effectiveness, service user satisfaction, efficiency, value for money, comparisons with other local authorities/providers, strategic fit, etc. The combination of the

understanding gained from this 3 month period will inform how we transform our business and ensure that any strategic decisions (made as part of the transformation programme) will not be made in isolation or be out of alignment with Bold Steps or the transformation vision. Stakeholder input will be an important element in reviewing the strengths, weakness, opportunities and threats of current services.

- (3) Following the period of understanding, there will be a 3 month period of planning (July-September). This will include the development of multiple options appraisals, investment appraisals, more detailed proposals for the transformation of social care and related equality impact assessments. It will also identify how savings will be achieved. Again, stakeholder involvement will be an important element to this work and proposed changes are likely to result in a number of more formal consultations.

5. Conclusions

- (1) Savings of this magnitude cannot be made without transforming the way we commission and deliver services. The adult social care programme will go through a period of understanding and planning (between April - September) in order to fully understand and plan the transformation. Stakeholder engagement will be an important element of the redesign of adult social care. Equality impact assessments will be undertaken on any transformation option under consideration and formal consultations are likely before any transformation changes can be implemented.

6. Recommendations

- (1) Cabinet will be asked to AGREE the Adult Social Care Transformation Programme Blueprint and Preparation Plan
- (2) Members of the Social Care and Public Health Cabinet Committee are asked to consider and either endorse or make recommendations on the decision to be taken by the Cabinet.

7. Background Documents

Adult Social Care Transformation Blueprint and Preparation Plan (v.1.4) - April 2012
Equality Impact Assessment – Initial Screening

8. Contact details

Juliet Doswell, Project Manager, Efficiency Team, FSC
01622 221844 juliet.doswell@kent.gov.uk

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Adult Social Care Transformation Programme Blueprint and Preparation Plan

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

Version: 1.4
Date: 1 May 2012
Authors: Mark Lobban, Director Strategic Commissioning, Families & Social Care
Juliet Doswell, Project Manager, Families & Social Care
Melanie Hayes, Project Manager, Families & Social Care
Samantha Sheppard, Project Manager, Families & Social Care

Acronyms and Glossary

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

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1 Foreword

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

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

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



Graham Gibbens
Cabinet Member
Adult Social Care and Public Health



Andrew Ireland
Corporate Director
Families & Social Care

2 Executive summary

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

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

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

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

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

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

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

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

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

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

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

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

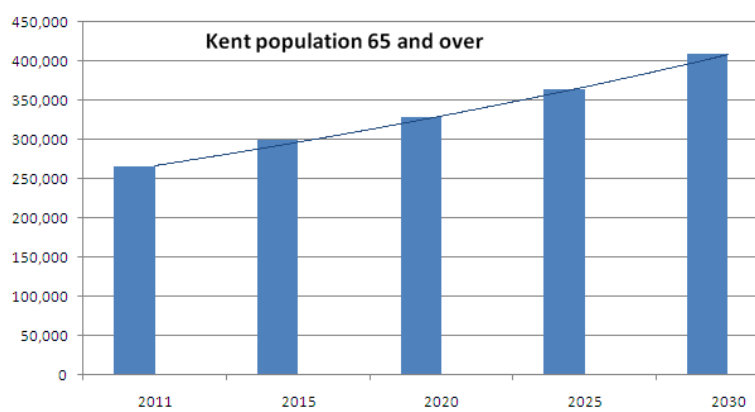
We believe this will be achieved by doing the right things well, at the right time and putting people at the heart of everything we do.

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

3 Challenges faced by adult social services

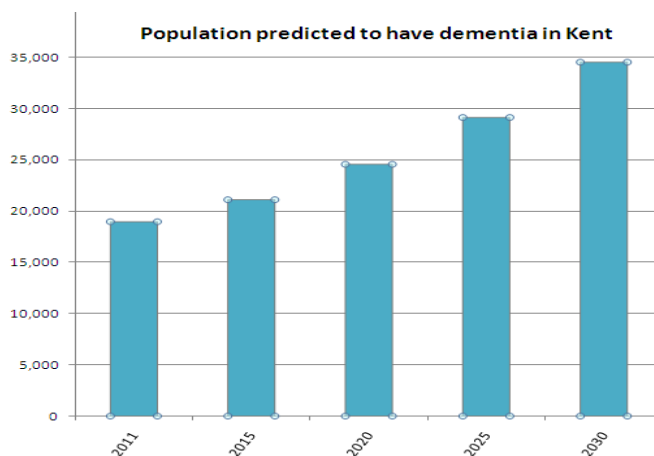
3.1 Demographic challenges

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



Source: Projecting Older People Population Information System (2010)

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



Source: Projecting Older People Population Information System (2010)

3.2 Financial challenges

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

3.3 Summary

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

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

4 Meeting our challenges through transformation

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

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

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

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

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

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

5 The vision for adult social care in Kent

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

Vision Statement

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

We will achieve this by:

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

5.1 Re-designing adult social care in Kent

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

By 2015 we aim to be only directly responsible for:

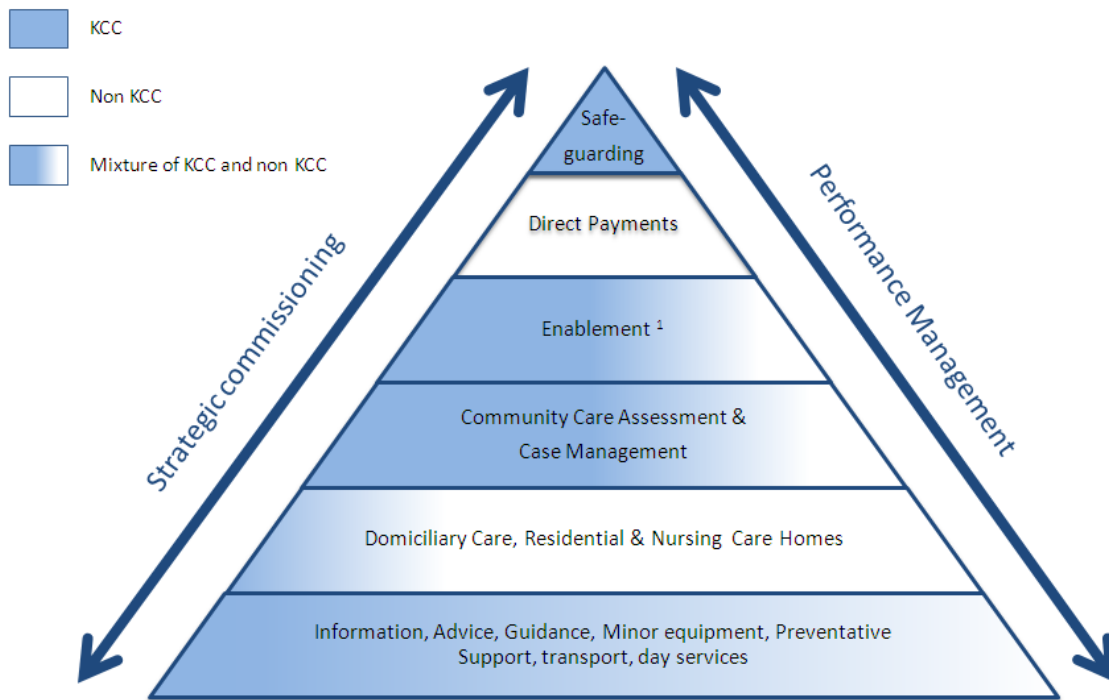
- Safeguarding vulnerable adults and statutory duties regarding adult protection
- High risk case management (where it cannot be done effectively by anybody else)
- Quality assuring the work others do on our behalf
- Strategic commissioning (contracting and market shaping) and joint commissioning
- Performance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

Design objectives include:

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

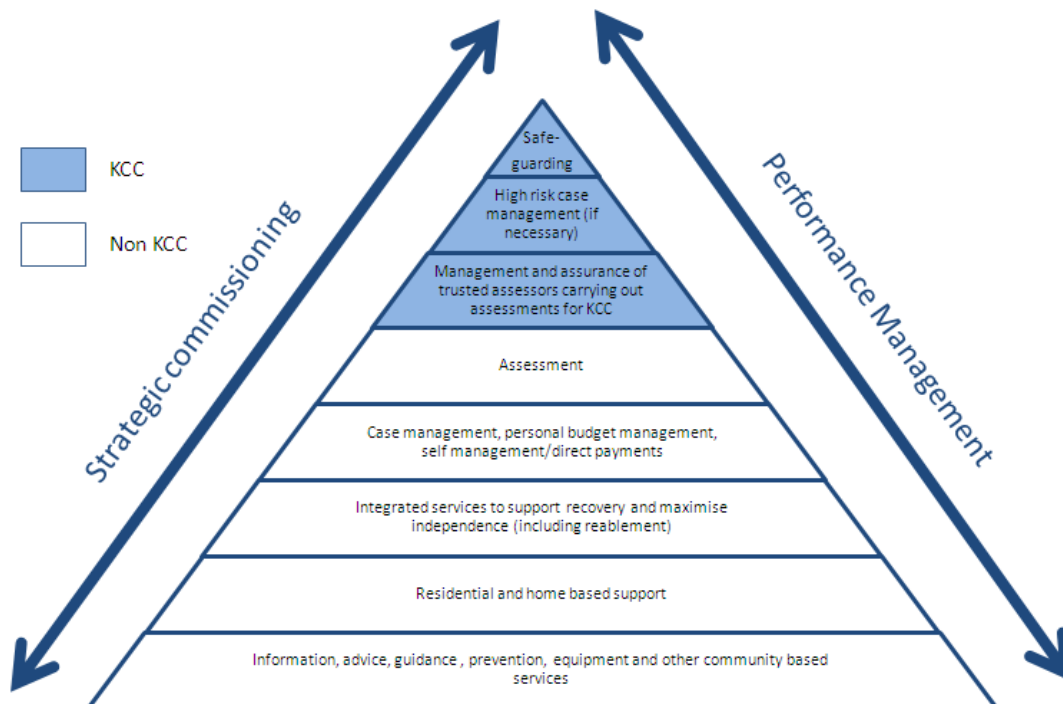
So that our clients benefit from a cohesive and effective system we will work with the “whole system” of health and social care.

An illustration of Families and Social Care (adults) now



¹ 85% In-house Enablement, 15% external enablement

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



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

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

The transformation programme will:

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



Bold Steps for Kent

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

6 Transformation themes

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

1

Prevention, independence and wellbeing

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

2

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

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

3

Support at home and in the community

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

4

Place to live

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

5

Every penny counts

Ensuring all spend provides value for money.

6

Doing the right things well

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

1

Prevention, independence and wellbeing

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

The vision for this theme is:

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

What success looks like:

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

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

Evidence of Success:

Increase in self assessments and use of community and voluntary services

High usage of self management tools

Evidence that prevention is delivering the required outcomes

Reduction in KCC activity/spend

Key Principles:

Demand Management

Prevention

Personalisation

Localism

Self management (where possible)

Partnership working

Prevention, Independence & Wellbeing

Bold Steps:

1. Improve how we procure and commission services

2. Support the transformation of health & social care

7. Building strong relationships with business

15. Improve services for the most vulnerable

2

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

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

The vision for this theme is:

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

What success looks like:

No long term care decisions made during crisis situations

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

Evidence of success:

Reduction in spend by removing duplication in the assessment processes

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

Key Principles:

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

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

Bold Steps:

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

3

Support at home and in the community

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

The vision for this theme is:

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



4

Place to live

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

The vision for this theme is:

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



5

Every penny counts

Ensuring all spend provides value for money.

The vision for this theme is:

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



6

Doing the right things well

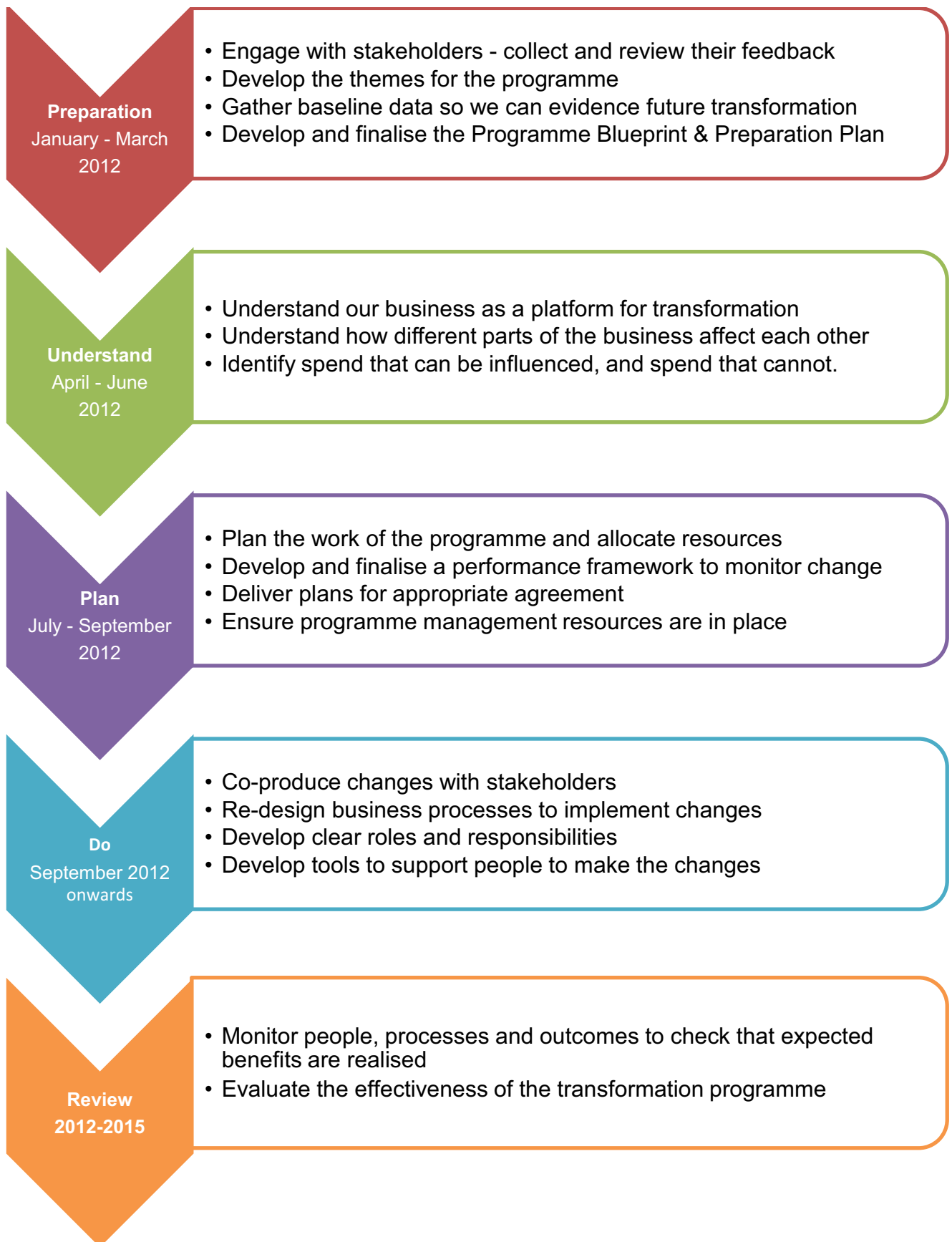
Ensuring the right processes are in place and applied consistently

The vision for this theme is:

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



7 Planning the transformation programme



7.1 Next Steps

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

7.2 Understand Phase: April – June 2012

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

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

Potential 'understand' projects

We will gain a clear understanding of current:

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

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

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

7.3 Planning Phase: July to September 2012

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

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

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

7.4 Performance Management and Benefit Realisation

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

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

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

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

7.5 Programme Management and Governance Arrangements

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

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

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

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

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

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

8 Stakeholder engagement and feedback

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

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

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

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

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

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

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

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

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

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

8.1 Equality Impact Assessment

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

9 Transformation and integration of Health and Social Care

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

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

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

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

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

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

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

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

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

1. Prevention, independence and wellbeing

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

2. Recovery, independence and assessment

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

3. Support in the community

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

4. Place to live

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

5. Every penny counts

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

6. Doing the right things well

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

10 Adult social services: background information

10.1 Statutory Duties of Adult Social Services

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

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

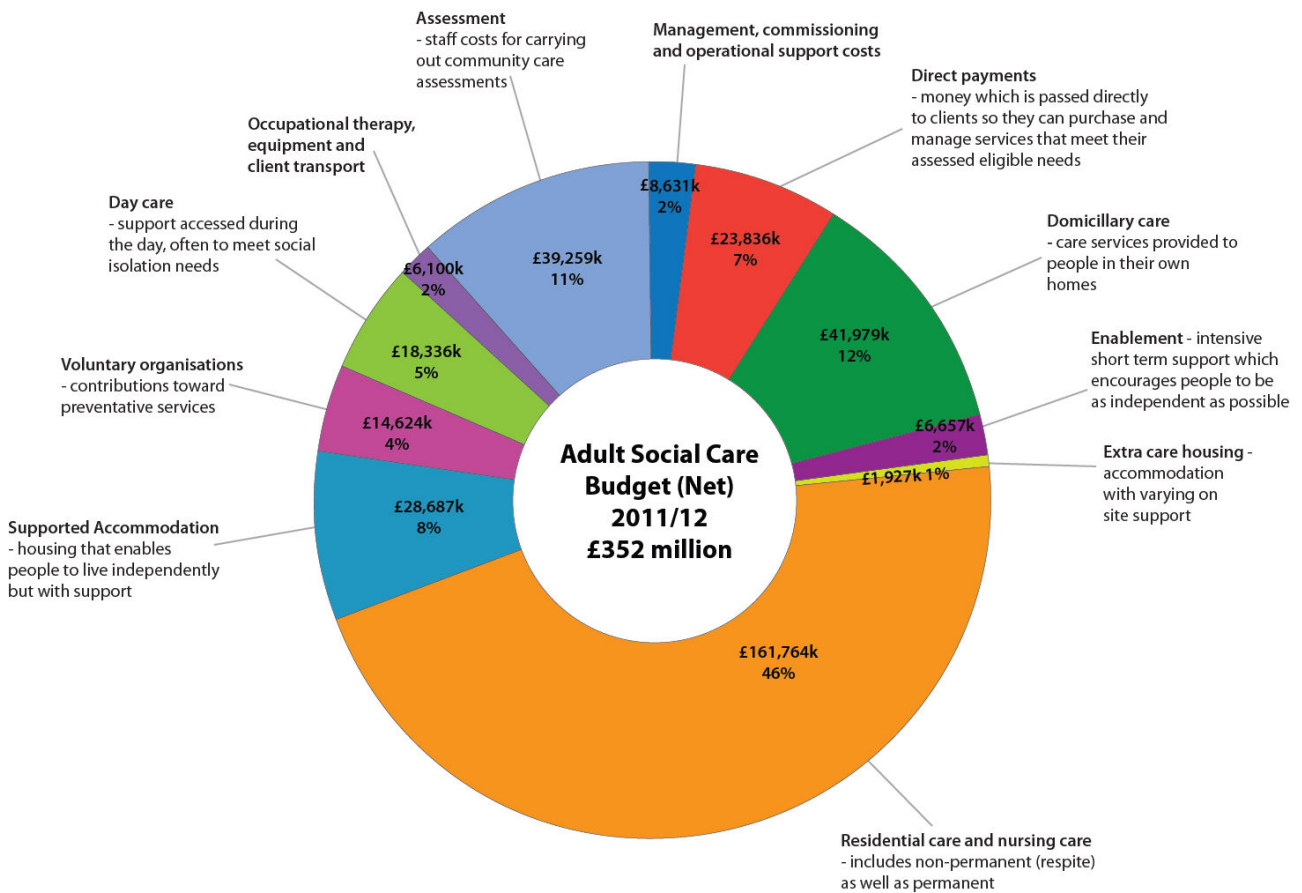
However, not all of the above duties have to be provided directly by the Council. The Duty to assess and provide services currently lies wholly with the Local Authority.

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

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

10.2 Financial Data

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

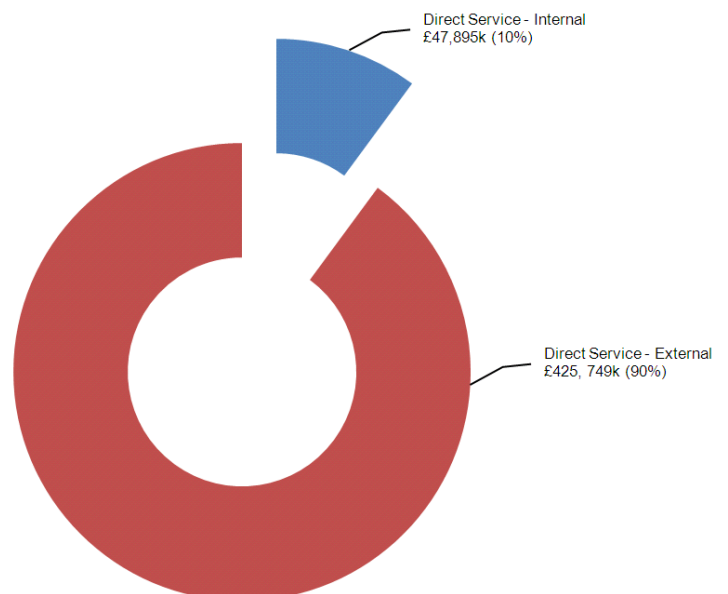


Note: Approximately 7% of residential/nursing activity and spend is non-permanent (respite)

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

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

Note: Based on gross budget 2011/12



10.3 Activity data

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

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

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

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

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

Appendix 1: Stakeholder events

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

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

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

Appendix 2: Stakeholder Feedback

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

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

Service users and carers

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

Providers

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

Staff

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

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

Service users and carers

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

Providers

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

Staff

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

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

Service users and carers

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

Providers

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

Staff

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

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

Service users and carers

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

Providers

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

Staff

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

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

Service users and carers

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

Providers

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

Staff

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

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

Service users and carers

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

Providers

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

Staff

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

Appendix 3: Services provided or commissioned by Adult Social Care

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

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

Appendix 4: Equalities Impact Assessment

KENT COUNTY COUNCIL - EQUALITY IMPACT ASSESSMENT Summary of Initial Screening - Adult Social Care Transformation Programme

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

Completed by: Samantha Sheppard (Efficiency Manager)

Date of Initial Screening: 23 January 2012

Date of Initial Screening: 23 January 2012

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

Equality Impact Assessment Action Plan

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

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

KENT COUNTY COUNCIL
EQUALITY IMPACT ASSESSMENT

Initial Screening

Directorate: Families and Social Care

Name of service

Transformation Programme

Type

Transformation of delivery of Adult Social Care.

Responsible Owner/ Senior Officer

Mark Lobban, Director of Strategic Commissioning

Completed by: Samantha Sheppard (Efficiency Manager)

Date of Initial Screening

23 January 2012

| Version | Author | Date | Comment |
|----------------|-------------------|-------------|---|
| V01 | Samantha Sheppard | 23.01.12 | |
| V01 | Samantha Sheppard | 23.01.12 | Updated on advice of Equalities Officer |
| V03 | Samantha Sheppard | 01.05.12 | Updated on advice of Equalities Officer |
| | | | |
| | | | |

Screening Grid

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

Part 1: INITIAL SCREENING

Context

KCC is expecting to have to make savings of up to £200m between 2012 and 2015. A significant portion of these savings will need to be found from within Adult Social Care.

The focus to date has been on achieving short term efficiencies. However, savings of this magnitude will only be achieved through transformation. This requires a high level review and redesign of how social care is currently delivered. It will be fundamental to focus on many key activities at the same time, understanding the relationship and interdependencies between them and ensuring that they are done well and within required timescales. The Adults' Transformation Programme will be how Families and Social Care (FSC) achieve this.

This initial screening has been carried out to identify any characteristics or considerations that need to be taken forward as the plans to transform adult social care take shape.

Aims and Objectives

The transformation programme is an opportunity to modernise the way that we do business, achieve savings and achieve improved outcomes for service users. This will likely result in changes to the services we deliver and commission. It will also involve changes to internal systems and processes in order to facilitate changes to service delivery.

Ultimately, this approach will enable service users to receive more personalised services within their local community.

Beneficiaries

Eligible service users and their carers will benefit from services which are designed to support their needs, and provide increased choice and control in the support that they receive.

KCC will benefit from meeting its equality duties, by improving outcomes for individuals who use its services and from becoming a more efficient and cost effective provider.

Consultation and data

Stakeholders, including staff, service users, carers and providers, will be involved in shaping the transformation programme throughout its duration. This will likely involve different levels of engagement with different stakeholder groups at different stages of the process (detailed in Transformation Programme Engagement Strategy).

Initial early engagement events will take place during February and March 2012. Please see below for details.

| Stakeholder Group | Service | |
|--|---|--|
| | Learning Disability / Mental Health | Older People / Physical Disability / Sensory Services |
| Staff | Director level: involved in visioning meetings. Head of service level: involved in visioning and initial engagement events. All other staff: engaged through local team meetings, KNET page with information and questionnaire. | |
| Service users | Focus group | Engagement through existing service user forums |
| Carers | Engagement through carers support organisations. | Utilisation of feedback from significant engagement prior to transformation. |
| Private providers | Engagement event for all providers of learning disability and mental health services. | Series of events to involve preventative service providers, residential and nursing service providers and domiciliary providers. |
| Voluntary and Community Sector providers | Will be invited to the above provider events. | |
| Housing Partners | A joint engagement event is being held for housing providers. | |
| Health Partners | Health commissioners and partners have been invited to the provider events. | |

The focus of the early engagement phase will be to generate ideas from stakeholder groups about how to transform our service delivery through removing bureaucracy, expanding best practice, investing in preventative services and enabling people to self-manage. The feedback provided will then be used to inform a blueprint for change.

As the transformation programme continues it is likely that engagement will also consist of co-production and consultation. For example,

| Stakeholder Group | Level of engagement |
|--|---|
| Staff | Regular communication through KNET Engagement through roadshows occurring throughout the programme Full consultation once proposals for change are identified |
| Service users | Continued engagement through existing service user forums Full consultation once proposals for change are identified |
| Carers | Continued engagement through carers support organisations Full consultation once proposals for change are identified |
| Private providers | Continuing engagement to identify proposals for change Co-production of proposals for change and future service models with identified providers Full consultation once proposals for change are formalised |
| Voluntary and Community Sector providers | As above |
| Housing Partners | As above |
| Health Partners | As above |

Co-production may necessarily involve restricted stakeholder involvement. However, engagement processes will aim to involve a wide range of stakeholder. Formal consultation on specific proposals will only occur following approval from Corporate Directors and Cabinet Member and will involve all stakeholders affected by the proposal.

Potential Impact

Initial screening notes that all service users are likely to be impacted by a transformation of adult social care.

The nature of the change is yet to be identified. The programme will enter into an Understand Phase (April – June 2012) and then a Planning Phase (July – September 2012). Future service options will be considered during the later phase.

It is difficult to determine whether certain characteristics will be impacted more than others. However, we will undertake to understand the proportions of our total number of service users and staff that meet each of the protected characteristics. This will enable us to understand more clearly whether any specific group is likely to be disproportionately impacted by change. This information will be considered within the programme as a whole and will be used to inform the development of options and Equality Impact Assessments for individual projects.

Option 3 – Full Impact Assessment **YES/NO**

Only go to full impact assessment if an adverse impact has been identified that will need to undertake further analysis, consultation and action

Equality Impact Assessment Action Plan

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

By: Graham Gibbens - Cabinet Member, Adult Social Care & Public Health
Andrew Ireland - Corporate Director, Families and Social Care

To: Social Care & Public Health Cabinet Committee – 10 May 2012

Subject: **OUTCOME OF FORMAL CONSULTATION ON A NEW SERVICE MODEL FOR LEARNING DISABILITY DAY SERVICES IN THE SHEPWAY DISTRICT**

Classification: Unrestricted

Summary: Following a consultation programme in 2008 of “What Makes a Good Day” - a plan to improve days for people with learning disabilities, a decision was made to refresh previous strategies with a new strategy which aimed to improve services for people with learning disabilities during the day, evening and weekends.

The Good Day Programme (GDP) was set up to implement the new strategy by providing a countywide framework and support for local programmes of change to improve services for people with learning disabilities.

On the 10 October 2011 the Cabinet Member for Adult Social Care and Public Health granted approval to the GDP to consult on a proposed New Service Model for Learning Disability Day Services in Shepway.

The Council is required to undertake a consultation with Service Users, and all other relevant stakeholders on the impact of a change or variation to a service and consider the findings of the consultation before coming to a final decision. Consultation on the New Service Model for Learning Disability Day Services in Shepway was undertaken between 22 November 2011 and 28 February 2012.

This report presents the results of the consultation, considers its outcomes and any equality impact.

Recommendations: Social Care and Public Health Cabinet Committee is asked to consider and either endorse or make recommendations on the decision to be taken by the Cabinet Member for Adult Social Care & Public Health to implement the New Service Model for Learning Disability Day Services in Shepway.

Introduction

1. (1) Kent County Council's (KCC) modernisation of Day Services for Adults with Learning Disabilities is an integral part of the transformation towards more personalised services reflecting the vision and strategy contained within "Valuing People Now" and KCC's "Active Lives". In 2008 following consultation of "What Makes a Good Day" - a plan to improve days for people with learning disabilities, a decision was made to refresh previous strategies with a new strategy; to improve services for people with learning disabilities during the day, evening and weekends. The Good Day Programme (GDP) was set up to implement the new strategy by providing a countywide framework and support for local programmes of change to improve services for people with learning disabilities.

(2) With the implementation of 'Bold Steps' KCC is keen to see the development of sustainable community resources in partnership with the private, voluntary sector and social enterprise; and aims to evolve fully into a commissioner of community care services rather than a facilitator or provider of them. The Good Day Programme has incorporated these aims and objectives in the planning of proposed future service models, assisting in fulfilling these desired outcomes.

(3) On the 10 October 2011 the Cabinet Member for Adult Social Care and Public Health granted approval to the GDP to consult on a proposed New Service Model for Learning Disability Day Services in Shepway.

(4) In line with "Valuing People Now", KCC's "Active Lives" and "Bold Steps" the New Service Model will be based on personalisation, with everyone having choice and control over the shape of their support through the use of direct payments and personal budgets. This person centred approach will uphold the principles and standards of the Good Day Programme.

The principles for the new service model are to develop services which will enable people to:

- Choose what they do during days, evenings and weekends
- Have the right flexible support
- Be equal citizens in their community
- Have opportunities to lead a full and meaningful life.

The new service model will offer people a range of facilities, activities and opportunities in their local community within inclusive settings.

Full details of the proposed New Service Model for Learning Disabilities in Shepway are detailed in Appendix 1.

(5) The Council is required to undertake a consultation with Service Users and all other relevant stakeholders on the impact of a change or variation to a service and consider the findings of the consultation before coming to a final decision. The purpose of this report is to provide the results and outcomes of the consultation. It also considers if there is any impact on equalities within the new service model.

(6) Consultation on the New Service Model for Learning Disability Day Services in Shepway was undertaken from 22 November 2011 to 28 February 2012

(14 weeks). The decision in relation to this new service model was included in the Forward Plan in October 2011 covering the period 1 November 2011 to 30th April 2012.

- (7) The consultation was carried out to:
- (i) Inform people about the details of the proposed New Service Model for Shepway Learning Disability Day Services.
 - (ii) To invite the views and comments of Service Users, their Family/ Carers and other relevant stakeholders who have an interest in the service.

(8) Consultation has been extensive, and involved Service Users, Family/ Carers, Staff, Trade Unions, Advocacy, Residents, District Partnership Groups, Community Partners, Integrated teams, Parish Councillors and KCC Members in a series of consultation meetings and events.

Policy Context

2. (1) Valuing People - March 2001 / Valuing People Now 2007

Valuing People is the government's plan for making the lives of people with learning disabilities, their families and carers better. It was written in 2001 and it was the first White Paper for people with learning disabilities for 30 years.

It is based on people having:

- their rights as citizens
- inclusion in local communities
- choice in daily life
- real chances to be independent

The modernisation of day services for people with learning disabilities is seen as a major part of the implementation of Valuing People

(2) Think Local, Act Personal Next Steps for Transforming Adult Social Care

This is a proposed sector wide partnership agreement moving further towards personalisation and community based support. This document sets down the thinking of policy direction in adult social care.

The priority for adult social care is to ensure efficient, effective and integrated partnerships and services that support individuals, families and the community.

It requires commissioners to reduce duplication across the system, improve outcomes, engage in targeted joint prevention interventions and provide information and advice for people using the services to make the most appropriate choices to

meet their outcomes. Commissioners should draw upon voluntary and community action and facilitate an environment where various models of commissioning and purchasing can emerge to support people to make more personalised choices.

The two main focus of reform are:

- A community-based approach for everyone
- Personalisation

(3) **The Good Day Programme KCC's strategy for improving days for people with learning disabilities.**

(4) **Bold Steps for Kent – The Medium Term Plan to 2014/15**

This sets out three clear aims for Kent County Council over the medium term:

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

Overview of the current Shepway Learning Disability Day Service

3. (1) Shepway Resource Centre (SRC) is a KCC day service providing activities for adults with learning disabilities who have varying levels of abilities. Activities include: art and craft, access to libraries, cycling, life skills, sports activities (e.g. Bowls, gym and Keep Fit), Garden maintenance, Sensory Activities, Pottery, drama, photography, I.T., model making, cooking and literacy skills. These activities are based on the choices of individuals who access the services and the skills of the staff team. The SRC in recent months place an emphasis on community participation with approximately 65% of activities taking place within the local community.

There is currently several community based projects operating from the SRC day service:

(2) **A conservation and gardening project** in partnership with the Kent Wildlife Trust at New Romney. The project is based at Romney Marsh Visitor Centre. SRC Service Users taking part in the project already access this directly from home.

(3) **A partnership with the Community Network in Cheriton** (owned and run by United Response) is in place. The network offers hobby activities, learning and social based sessions to all members of the local community. It is a place where people have the opportunity to take part in activities or just meet up with their existing friends or make new friends. Service Users run a self advocacy/speaking up group in association with the Community Network.

(4) **The Bridge Centre in Hythe** is a small KCC owned building used as resource centre for people with learning and physical disabilities. People with complex and high support needs accessing the SRC service are supported from The Bridge Centre.

(5) **Phase 2 in New Romney** is where a group of SRC Service Users use a local resource within the Marsh Academy. Phase 2 has a selection of hobby activities, and activities supported by music technology.

(6) Out of 327 people known to the Shepway Learning Disability Team, 88 people access Shepway Day Services.

(7) Shepway Day Services has a Service Level Agreement (SLA) of 60 places per day; this has reduced over the last few years from an original SLA of 110. Of the 88 people accessing the day service each week there is currently an average attendance of 47 people per day.

(8) There is an active and thriving Private and Voluntary Sector (see table below) within the Shepway district, offering a wide and developing range of services and potential future partnerships. Many of these are accessed using Direct Payments.

| Private and Voluntary Sector LD Service providers operating in the Shepway district |
|--|
| Home Farm Trust |
| Mencap |
| Life Skills Centre (Folkestone) |
| Martello Day Service |
| Adept Education & Training |
| Chinook |
| Denny Dawn |
| Romney Warren Gardening Project |
| Romney Marsh Vocational Centre |

4. Consultation and Communication

(1) The consultation undertaken by KCC followed the 'Procedure for Consultation on the Modernisation/Variation or Closure of Establishments and Services provided and managed by Families and Social Care. In order to maximise stakeholder involvement the consultation was undertaken over a 14 week period from 22 November 2011 to 28 February 2012.

(2) 550 consultation packs were distributed to all stakeholders. The consultation pack contained:

- A letter outlining the consultation proposal
- The proposal for the New Service Model
- A Consultation Questionnaire
- Copy of the presentation delivered at the consultation meetings
- Timetable of consultation meetings and events
- Better Days leaflet – setting out the principles and aims of the Good Day Programme

The consultation pack was also published on the kent.gov.uk website along with an on line version of the questionnaire.

(3) An independent Advocacy service was involved throughout the consultation period for all Service Users at Shepway Learning Disability Day Service; offering a range of workshops, group meetings and individual 1:1 meetings. They supported Service Users to understand the proposals and to develop and express their view point.

Outcome of the consultation and issues raised.

(4) Of the 550 questionnaires distributed, 109 questionnaires (20%) were returned from the following stakeholders groups:

| | |
|---|-----------|
| Person with a learning disability through advocacy | 80 |
| Person with a learning disability independently with carer support | 18 |
| Family/Carer | 8 |
| Employee | 1 |
| Provider | 1 |
| Information not given | 1 |

(5) People have expressed mixed views within the consultation. Service users were generally more positive towards the new service model. A summary of the main findings from Service Users and carers is shown below:

Service Users

- Most people who use the service were not concerned with possibly losing the building. Activities and the things they do at the SRC were important.
- The location of the SRC limits access to the local community, being situated on an industrial estate.
- The majority of Service Users did not have a response for activities they did not like in the community.
- There was a sense of concern about whether they would continue to have the same staff support and transport.
- Most people enjoy the activities on offer in the Community Network, Phase 2 and The Bridge Centre. The opportunity to access other community based activities and get out of the building was welcomed.
- There were some concerns about the limited space, and accessibility within the Community Network.

Family Carers

- Some carers have had a long association with Shepway Resource Centre and understandably value the security and safety of the building. There were some fears around change and loss of an environment which is filled with security and memories.
- Some parent/carers have seen the Service User they care for thrive and enjoy the activities and access to the community and have welcomed the change.
- Some parent/carers thought the proposal to move away from the Shepway Resource Centre may also mean the staff team would no longer be available to support within the hubs in the New Service Model.
- There is a feeling by a minority of parent/carers that the changes are being forced upon Service Users.
- Parent/carers reinforced the importance of the service and the enjoyment the person they care for gains from attending the day service. Many carers were reassured and were in agreement with the changes when they attended one of the Road Shows and had the proposal fully explained.

Comprehensive details of the outcome of the consultation are attached in Appendix 2.

Financial Implications

Capital

5. (1) Capital funding of £425K for the new service model in Shepway will be provided through the GDP Capital Plan allocation as approved by Project Approval Group (PAG) and set out in the current KCC Medium Term Plan.

Revenue

(2) There is a commitment set out in the GDP strategy approved by Members to recycle the current revenue associated with Shepway Learning Disability Day Service into the new service model. This will be incrementally transferred over time as in line with the phased implementation plan.

Legal Implications

6. (1) The public sector equality duty created by section 1 of the Equality Act 2000 came into force on 5 April 2011. The section provides that:

"an authority to which this section applies [which includes county councils] must, when making decisions of a strategic nature about how to exercise its functions, have due regard to the desirability of exercising them in a way that is designed to reduce the inequalities of outcome which result from socio-economic disadvantage"

(2) Section 149 of the Act provides that:

A public authority must, in the exercise of its functions, have due regard to the need to

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

(3) Attention is drawn to the equality duties. The county council may have formed a provisional view, but it is essential that the possibility that the consultation process may affect that view is acknowledged. The decision, when it is taken, should pay due regard to the equality impact assessment, and must relate whatever decision is made to that assessment and, if it is not following it, or if it is choosing not to accept the views of those consulted, it must record the reasons for doing so. A proper assessment of alternative proposals or of actions that could be taken to mitigate the effect of the new service model must be considered.

Equality Impact Assessments

7. (1) There is a requirement on all public bodies to comply with the 'due regard' duties. The council must take into account the impact of the decision to implement the new service model and consider practical measures that might lessen the impact on existing and new service users. The consideration of equality issues must inform the decisions reached. The impact assessment can assist in ensuring that the decision-maker comes to a decision with reference to 'due regard' and is able to do so in a considered and informed manner.

(2) In line with equality duty and KCC's Equality Impact Assessment Policy, an assessment was carried out during the formation stage of the new service model. The impact assessment was later revised when the consultation closed and following the analysis of the consultation response to address issues that arose during the formal consultation process. The Equality Impact Assessment (EIA) for Shepway Learning Disability Day Services is in addition to the overarching Good Day Programme EIA which is reviewed periodically.

(3) It is recognised within the equality impact assessment that we will need to make sure accessibility of all new venues has been assessed, new facilities developed and local policies enhanced through GDP capital funding; and ensure this meets the requirements of the Disability Discrimination Act and inclusive Access.

(4) Full Adult Changing Facilities will be placed in a variety of buildings to increase accessibility for individuals with a learning disability and for disabled people in the wider community. Designated rooms will also be required within identified community buildings to provide an area to maintain privacy and dignity for those requiring additional support.

(5) In addition to this a comprehensive specification detailing all requirements will be adhered to when identifying all potential community buildings. The specification was drawn up with a variety of stakeholders, including people with a learning disability.

(6) It is considered that other specific groups with protected characteristics (based on gender, ethnicity, religion or belief and sexual orientation) will not be disadvantaged by the changes.

(7) The equality impact assessment will be included within the implementation plan with further screening taking place and the assessment updated as appropriate throughout the project.

Sustainability Implications

8. (1) The new model for future services is based on personalisation, with everyone having choice and control over the shape of their support. This person centred approach by providing people with what they want; people will choose to continue to be supported through the new model. From the results of the consultation there is a strong sense of valuing the staff team therefore also ensuring long term sustainability of the service.

(2) The GDP capital investment in the development of sustainable community resources in partnership with the private, voluntary sector and social enterprise/community interest companies will also provide sustainability for the future. We will make better use of the existing revenue by redirecting the revenue spent on the current building into personalised support and increased direct payments.

(3) It is important to note, evidence from “Valuing People Now” and other learning disability groups highlights that a lot of young people leaving school do not want to go to large traditional style building based services. This has meant that there are now fewer new people wanting Shepway Day Opportunities as their chosen service. As a result the number of people using the current service continues to fall. Therefore in its current form the service is not sustainable long term.

Alternatives and Options

9. (1) During the consultation period no additional alternatives or options were presented by stakeholders to the Project Team.

Response to the consultation

10. (1) Kent County Council’s (KCC) modernisation of Day Services for Adults with Learning Disabilities is an integral part of the transformation towards more personalised services reflecting the vision and strategy contained within “Valuing People Now”

(2) Where we have implemented community based services in other parts of the county people with a learning disability have valued the new opportunities, embraced the range of choices and felt part of their local communities.

(3) 91% of Service Users accessing the service provided some form of feedback on the proposal during the consultation process. The outcomes of the consultation questionnaires have highlighted that the majority of service users value

the current range of activities available in the community and wish to sustain and increase the availability of community based activities for the future.

(2) Of the 550 stakeholders who received a consultation pack in total 24% gave their views. Only 3.5% (19) of Carer's gave their views and comments on the proposals through completing a questionnaire or attending a Road Show during the consultation period. A small number of these carers expressed anxieties about the loss of the Shepway Learning Disability Day Service building.

(3) Financially, staff and carers have been reassured by the fact that cost saving is not the driver behind the proposal. Initial indications are that the revised community model is affordable within the existing revenue allocation. Set up costs in terms of equipping new venues will be incurred and further capital will need to be invested in order to secure appropriate community facilities. The model is financially viable and crucially it enables KCC to redirect resources away from outdated buildings towards the front line.

(4) The advocacy input to all Service Users has enabled KCC to be satisfied that increasing the range of community activities is something that all Service Users have requested. However they have also made it clear that change and the need for reassurance and support is crucial when implementing the new model. It is therefore crucial that the Project Team listens to the concerns and ensures the changes are implemented in a phased basis. The re configured service will be planned carefully with some parallel running of both new and old.

(5) Comments from people with a learning disability and their carers are that they value their friendships. As a result of this we will ensure that this is given priority within individual support plans so that friendships are maintained and developed. The new service model will incorporate the scheduling of regular social events. In addition a "Pick & Mix" approach to activities will be considered so that long term friendships can be maintained and flexibility promoted.

(6) People have asked for improved access to facilities and equipment especially for those people with complex needs. With this in mind we will make sure the community hubs will offer shared space for people with a learning disability and a place to meet up and take part in inclusive activities. Capital funding will be provided through the GDP Capital Strategy Plan to enhance or provide suitable space within these community buildings and to provide equipment and facilities to meet people's needs, including: sensory and therapeutic equipment and Adult Changing facilities.

Recommendations

11. (1) The Cabinet member for Adult Social Care and Public Health will be asked to APPROVE:
- a) the development of new resources within Shepway to be known as Community Hubs, which when fully developed and used to the satisfaction of service users will eventually lead to the closure of the segregated service currently run in the Shepway Learning Disability Day Service building.
 - b) the implementation of the new service model for learning disability day services within the Shepway District, as outlined in this report.
- (2) Members of the Social Care and Public Health Cabinet Committee are asked to consider and either endorse or make recommendations on the decision to be taken by the Cabinet Member for Adult Social Care & Public Health.

Appendices:

- Appendix 1: Shepway Learning Disabilities Day Services – New Service Model
- Appendix 2: Detailed responses received throughout the consultation

Background Documents:

- Better Days for people with learning disabilities in Kent.
- Shepway LD Day Services New Service Model Equality Impact Assessment

Contact details

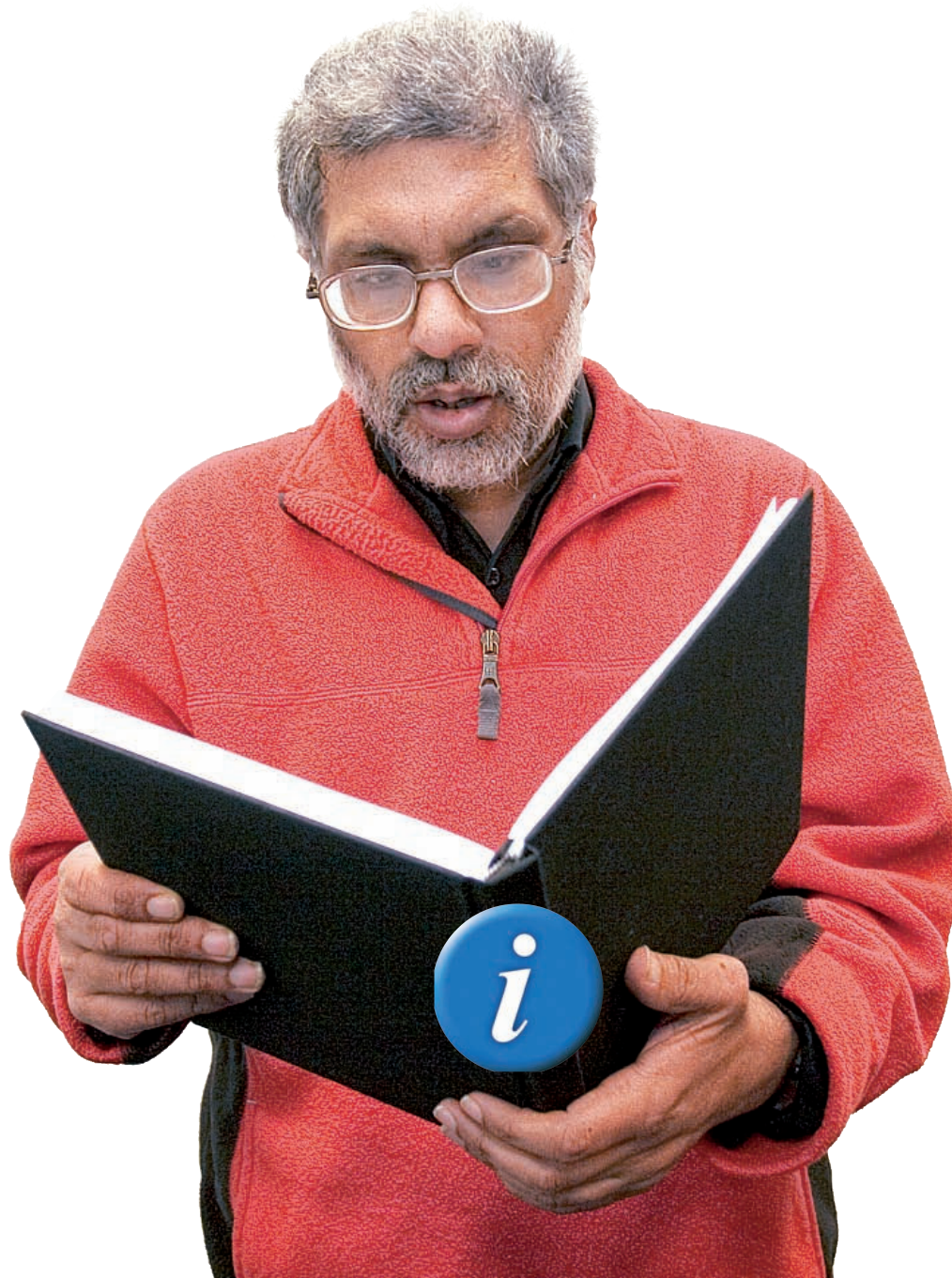
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Learning Disability Services New Service Model

Shepway Day Services Consultation November 2011



Consultation for changes to Shepway Day Services



1. Why are we consulting?

In 2001, the Government produced a White Paper called 'Valuing People'. Its aim was to improve the lives of people with a learning disability.

In January 2009 "Valuing People Now" was produced. This was a review of the original strategy. It acknowledged the progress that had been achieved but it also stated that what is needed through this new strategy is the transformation of the lives of people with learning disabilities and family carers.



It asked for stronger leadership from local authorities and set out four top priorities:

- Personalisation
- Health
- Daytime/employment
- Housing.

In 2010 Kent County Council (KCC) launched 'Bold Steps for Kent', medium term plan to 2014/15. This sets out Kent's aims to evolve into commissioners of community care services rather than as providers of them. KCC is keen to see the development of sustainable community resources in partnership with the private, voluntary sector and social enterprise. The proposed new service model will assist in fulfilling this desired outcome.

As part of Kent's response to 'Valuing People Now' we set up The Good Day Programme so that we could co-ordinate changes in the way day services are delivered to people with learning disabilities and enable people to lead a more full and meaningful life.



The site where the Shepway Resource Centre is currently based has hosted learning disability day services since 1985.

We know that some people have been going to these services for a long time and many feel comfortable and happy with it.

The Shepway Resource Centre no longer meets the current and future requirements for people with learning disabilities. So we propose that Shepway Day Service move off the site altogether and transfer with the existing staff team to community locations instead.

For some time now the Shepway Day Services has been working hard with service users to help them become more involved in the community and to offer people the chance to get involved in a wider range of community based activities.

We are starting a consultation programme and want to know what you think of this proposal.

We would like to hear from:

- everybody who uses any of the existing services
- parents and carers
- people who might want to use any of the services in the future
- other service colleagues, health, education and housing
- staff and union representatives
- the general public.

2. Why does the Shepway Day Services need to change?



- Since 'Valuing People' and 'Valuing People Now', the staff and service users have been using and getting to know a variety of community groups and activities. This has meant that more and more activities have been taking place in different community locations and people have had a chance to take part in a wider range of things
- A lot of younger people leaving school and their parents want something different and are put off by the style and position of the building. They are choosing other independent day services and supported employment.



This has meant that there are now fewer new people wanting the Shepway Resource Centre as their chosen day service. As a result, the number of people using the Shepway Resource Centre has fallen and the building is now too big and empty

- The service relies upon mini buses to get to and from the building, and this makes accessing community activities more difficult. Also it can mean that some people are on the vehicles for over 2 ½ hours a day whilst they travel across the district picking up and dropping off individuals. More suitable transport arrangements are needed for the future to access local services
- In offering a wider choice of community activities a close working relationship has developed between the SRC and The Bridge Centre and over recent months both services have merged with staff coming together to provide one seamless service.
- The design of the building is old fashioned and despite money being spent on it over the years, there are still lots of things that need updating and replacing. Given that we want more community based activities and greater flexibility, we do not think that we should spend large amounts of money on the building, as it is no longer what is needed.



3. What will the new service look like?

Outlined below is the proposed new service model. Below this is a summary explaining each element.

Offer people a range of facilities, activities and opportunities in their local community within inclusive settings.

This will be achieved by:

- increasing opportunities to make Direct Payments more available to enable people to design and purchase a personalised service
- identifying through Person Centred Planning any elements of the current service provided by Shepway Resource Centre and The Bridge Centre that has the potential to become a Social Enterprise
- investing in community hubs in order to stimulate the external market to deliver opportunities within the local community
- providing skilled staff to support people to access services within the local community
- negotiating with residential care providers to deliver or purchase a day service as described in the agreed support plan
- moving away from large congregate and segregate building based services.



Increasing opportunities to make Direct Payments more available to enable people to design and purchase a personalised service.

People currently attending the Shepway Resource Centre and the Bridge Centre will receive a day care review. They will be consulted for their views which will identify, what and how new day services are to be delivered. These services could be purchased from existing and new service providers through personal budgets and individual contracts. Work will need to be undertaken with commissioners and contracting colleagues to commission what people want.

Identifying through Person Centred Planning any elements of the current service provided by both Shepway Resource Centre and The Bridge Centre that has the potential to become a social enterprise.



From the outcomes of Person Centred Planning where it has been identified that people want to retain elements of the current service, these will be considered for their potential in becoming a social enterprise. Those assessed to be feasible for social enterprise specifications will be drawn up and the appropriate service provider appointed through competitive tender.

Supported employment will be key in ensuring that, where appropriate, people have support to move into paid employment both within social enterprises and in the mainstream business market. This is essential to ensure a purpose for individuals, therefore offering greater choice and fulfilment. Additional investment in supported employment to accomplish this will be taken into account through the remodelling of the existing in house learning disability staff group.

Investing in community hubs in order to stimulate the external market to deliver opportunities within the local community.



A number of 'community hub' type facilities will be available close to where people live offering shared space for people with a learning disability and a place to meet up and take part in inclusive activities. Funding will be provided to enhance or provide accessible space, equipment and facilities within these community buildings to meet people's needs, including: sensory and therapeutic equipment and adult changing facilities. With these improved modern facilities in place there will no longer be a need for the existing out dated large segregated building currently occupied by Shepway Resource Centre.

Funding has recently been provided in The Bridge Centre in Hythe to enhance accessible facilities.

A Shepway Community Hub Focus Group has been established to research the local area and identify suitable community hub options.

The proposed community hub locations identified by the focus group are:

- Folkestone Sports Centre
- The Bridge Centre
- The Community Network
- The Marsh Academy Community Centre

Providing skilled staff to support people to access services within the local community.



Suitably skilled staff to support people to access services within their local community will be provided through the remodelling of the existing in house learning disability day services staff group. This remodelled staff group will be restructured to reflect the changes required to deliver community based support in place of building based support. The proposed process of identifying and tendering for potential social enterprises and independent sector day care will result in some appropriately skilled staff transferring to an alternative service provider. The remaining staff group roles will be remodelled to provide a community based support type function. Once this is complete the new model of a community support service will be put forward to the external provider market through a second phase of competitive tender.

Negotiating with residential care providers to deliver/ provide or purchase a day service as described in the agreed support plan.

There are a relatively high percentage of people currently accessing Shepway Resource Centre and the Bridge Centre who live in residential care, 30%. Negotiations will take place with individual people and their residential care providers to identify where it is more beneficial for the person to have their residential care provider deliver or purchase day care opportunities as an alternative choice to Shepway Resource Centre and The Bridge Centre.



Moving away from large congregate and segregate building based services.

A number of 'community hub' type facilities will be available close to where people live offering shared space for people with a learning disability and a place to meet up and take part in inclusive activities. Capital funding will be provided to enhance/provide accessible shared space.

This will provide equipment and facilities to meet people's needs, including: sensory and therapeutic equipment and adult changing facilities. With these improved modern facilities in place there will no longer be a need for the existing out dated large segregated building currently occupied by Shepway Resource Centre.

Some of the community based services will include:

- colleges and adult education
- Community Network
- community resource centres
- Folkestone Sports Centre
- local community groups
- private and voluntary service providers
- social enterprise opportunities
- sport and leisure centres
- supported employment
- The Bridge Centre
- The Marsh Academy Community Centre.

We recognise the importance to people of maintaining and developing existing and new friendships. Particular attention will be given to ensure people continue to meet their friends and have opportunities to make new friends.

What it might look like for John:



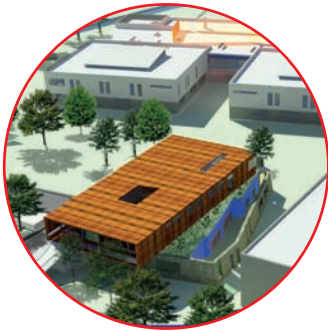
The Bridge Centre



Folkestone Sports Centre



Community Network



The Marsh Academy Community Centre



Meeting with friends



Personal Interests



Private and voluntary service providers



Work opportunities



4. What happens next?

We have planned that this consultation will take 14 weeks, as we want to make sure that as many people as possible are included.

There will be a range of ways for people to get involved and tell us what they think, including:

- individual meetings
- information road shows
- a questionnaire that will be available online and at these meetings

This means that your views will be gathered by 28 February 2012 and we will bring all these different responses together in a report that we will be published in April 2012.

5. Questions and answers

Here are some questions we thought you might ask:



Will I still get the same level of service?

- Yes.
The changes will affect where activities take place and if anything open up more opportunities- we do not aim to reduce the service people receive, instead we aim to make it much more person centred.



Where will the new service be?

- We know where people live and using this information we will look at places that are central, accessible and affordable
- There will also be a central office base.



How will this new service be better?

- Planning the service around your views will ensure that what is provided is wanted and working with you and local community groups will make the service more inclusive
- A new community based service will be more flexible and person centred, as it will make accessing wider opportunities easier and open up more choices.



What will this mean for the staff?

- The service will continue to be provided by the existing staff team, ensuring a good level of service
- The whole team will have access to an office and management support and will continue to have access to a full training programme.



How will the new service promote safety?

- For some time now we have been accessing a variety of community facilities and so have worked in partnership to put successful systems in place, raise awareness and encourage good practice
- Contract and monitoring performance
- Care Management reviews
- Safeguarding vulnerable adults policy and procedures.



How will transport needs be met?

- It is our aim to develop a service that is more accessible and personalised. Your Care Manager will discuss any needs on an individual basis.
- Through Care Management review.



Are these changes being made to save money?

- No
We aim to use the current budget differently, which means that the budget will be used to support people more flexibly instead of spending it on buildings. If any efficiency is achieved through the new service model then this will save money.



If you have further questions or comments there will be opportunities to share these in the following ways:

- consultation meetings and events
- completing the questionnaire
- logging on to the website www.kent.gov.uk/learningdisability
- emailing: GoodDayProgramme@kent.gov.uk



This questionnaire is available in alternative formats and can be provided in a range of languages.

Please contact us on 08458 247 100

Appendix 2 - Detailed responses received through the consultation questionnaire

Question 1

Please tell us what you Like and don't like about the service provided at the Shepway Learning Disability Day Service.

| Comments | Like | Dislike |
|--|------------|-----------|
| Swimming | 1 | 3 |
| Arts and crafts | 10 | 3 |
| Newsletter Group | 1 | |
| Sensory and Snooze Room | 6 | |
| Folkestone Sports Centre | 1 | |
| Gardening | 7 | |
| Pottery | 15 | |
| Music | 5 | 1 |
| Trying new things/different activities | 4 | 1 |
| Shepway Resource Centre | 13 | 1 |
| Spa | 8 | 3 |
| Familiar Faces/Friends and surroundings | 19 | |
| Cookery | 15 | |
| Drama | 2 | 1 |
| Out and About/Socialising/local activities | 15 | |
| Pool | 2 | |
| Exercises | 8 | |
| Model making | 2 | 1 |
| Light house | 1 | 2 |
| Atmosphere of a big group | 1 | |
| Computers/typing | 2 | |
| Bowls | 3 | |
| Dancing | 3 | |
| Singing | 3 | |
| Photography | 3 | |
| Life Skill | 2 | |
| Sport | 1 | |
| Walking | 1 | 2 |
| Recycling | 1 | |
| Staff | 1 | 1 |
| Being bored and left alone | 0 | |
| Sewing | 4 | |
| Conservation | 1 | |
| Space to move around/safe environment | 1 | |
| Gym | 2 | |
| Gardening | | 2 |
| Loud noises and large groups | | 2 |
| Total | 164 | 23 |

Question 2

Please tell us what you like and don't like about the services provided in the community.

| Comments | Like | Dislike |
|---|-----------|-----------|
| Sensory | 1 | 2 |
| Music | 4 | |
| Speaking up Group | 1 | |
| Friends | 8 | |
| Hobby Group | 1 | |
| Knitting Group | 1 | |
| Dancing/Exercise/Walking | 5 | 1 |
| See me Hear me Group | 1 | |
| Conservation | 7 | |
| Computers | 6 | |
| PHASE 2 | 9 | 2 |
| Cooking | 2 | |
| Pool/Snooker | 3 | |
| New activities | 2 | |
| Art and crafts | 4 | |
| Swimming | 2 | 1 |
| Library visits/shops/Going out | 19 | 1 |
| Bowling | 5 | 1 |
| Work | 1 | 1 |
| Other (busy roads/staying in/having individual support) | | 3 |
| Bridge Resource Centre | 10 | |
| Community hubs | 2 | |
| Gardening | 1 | |
| Life skills | 1 | |
| Shopping | 1 | |
| Socialising | 1 | |
| Gardening | 1 | |
| Gym | | 2 |
| Shopping | | 2 |
| Lack of provision and change | | 4 |
| Total | 99 | 20 |

Question 3

Please tell us how you think the proposals for a community based service may affect you?

| Comments | Number of responses |
|--|---------------------|
| Want activity in Lydd to continue | 1 |
| Don't like the Shepway Resource Centre | 1 |
| Concerns about activities in the future | 6 |
| Like being at Bridge Centre | 6 |
| Familiarity of people needed | 1 |
| Would like to try different activities in hubs | 36 |
| Don't mind changes | 3 |
| Will miss building/staff/friends | 7 |
| Unsure about changes | 5 |
| Total | 66 |

Question 4

What worries you about the changes?

| Comments | Number of responses |
|---|---------------------|
| Fine about changes/not worried | 23 |
| Worried about the changes | 15 |
| Worried about activities if not attending the Resource Centre | 6 |
| Like to keep safe | 1 |
| Like to keep routine | 3 |
| Need more information about changes and having a choice | 4 |
| Total | 52 |

Question 5

What could be done to make you feel better about the changes?

| Comments | Number of responses |
|--|---------------------|
| Provide transport/travel support | 4 |
| Stay at the day centre | 3 |
| Do more cooking | 1 |
| More information on the changes | 18 |
| Need a quiet environment | 1 |
| Stay with friends | 6 |
| Continue activities at the Bridge Centre and PHASE 2 | 4 |
| Nothing, everything is fine | 5 |
| Total | 42 |

Question 6

Please tick the boxes you are most interested in? [Already do]

| Activity/Service | Already Do | Would like to do |
|--|------------|------------------|
| Computing | 38 | 33 |
| Cookery | 59 | 25 |
| Reading and writing | 29 | 18 |
| Exercise and sport | 52 | 32 |
| Music | 61 | 20 |
| Gardening/conservation | 24 | 11 |
| Art and craft | 61 | 20 |
| Drama | 16 | 21 |
| Health and wellbeing | 17 | 24 |
| District Partnership Group | 28 | 15 |
| Pottery | 47 | 22 |
| Travel training | 11 | 19 |
| Meeting friends | 77 | 19 |
| Access to library, museum and interesting places | 55 | 20 |
| Speaking up groups, student committee | 27 | 18 |
| Help to get a qualification | 4 | 21 |
| Advice on local resources e.g. benefits, job opportunities, education, housing | 3 | 14 |
| Work experience placements | 7 | 20 |
| Horseriding | 9 | 33 |
| Sensory and therapeutic sessions | 43 | 16 |
| Cycling | 13 | 21 |
| Daily living skills | 35 | 17 |
| Rambling | 29 | 21 |
| Total | 745 | 480 |

Question 7

Please tell us if there is anything else you would like to do or you feel is important.

A few people identified:

| |
|--|
| 1:1 support for some people for 'Key activities' that are important to them. Identifying who those people are. |
| Access to swimming pool, Spa, Singing and Dancing, Snoozelem, Golf, Bowling/Bowls, Fishing, Pool, basket ball, hockey, Keep Fit, netball, curling, photography(currently on offer) |
| Access to facilities at the sports centre especially for those people with complex needs that require specialist manual handling equipment. |
| It is important to people to maintain friendships with the people they know now |
| Horse riding-many people commented that Horse riding is too expensive. |

Question 8

The new modernised service could assist people in getting ready for work.
Please tick the boxes that apply to you.

| | Yes | No |
|---|-----|-----|
| Would you like to work | 32 | 45 |
| Would you like to do voluntary work | 37 | 47 |
| Would you be interested in hearing more about supported employment and work | 38 | 46 |
| Total | 107 | 138 |

Question 9 – Direct Payments

| Direct Payments | Yes | No |
|---|-----|----|
| I already have a direct payment | 18 | 51 |
| I would be interested in hearing more about direct payments | 20 | 17 |
| Total | 38 | 68 |

Question 10

If you would like to say anything else or make additional comments about Shepway Learning Disability Day Service please write here

- 'Want to know more about the sports center.'
- 'Some will need space at Community Hubs to be able to relax and get out of wheelchairs.'
- 'Worried and upset if SRC closes. Would like to see and feel new hubs. I might agree to changes but might not like it when it happens and refuse to go'.
- 'I would like to do something with Animals. I do not like:-staying in the same place, community Network, swimming, spa, college, and colouring.'
- 'Coffee Machine, Mini Buses- what will happen to them? Will I still have jobs to do?
- 'When the centre goes I would still like the opportunity that I have cooking, snooze, spa and keep fit.'
- 'Really enjoy cooking and drama, and would miss these if I could not do them again.'
- 'Spa/hoist at the swimming pool requires full assessment in meeting individuals needs.'
- 'I like the Bridge.'

- 'I like to try new things but need support from all around me.'
- 'Want them to keep it safe.'
- 'I am going to miss it. I will miss having a laugh with the staff and my friends.'
- '..... family are very important to her and they go out and do a lot together, pantomimes, trips to London, Holidays.'
- 'It is good here at SRC.'
- 'More information to staff to ease worries.'
- 'I would like to work in a cafe or music shops.'

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Decision 12/01892

By: Graham Gibbens, Cabinet Member, Adult Social Care & Public Health
Andrew Ireland, Corporate Director, Families and Social Care

To: Social Care & Public Health Policy Cabinet Committee – 10 May 2012

Subject: **AMENDMENTS TO THE CHARGING POLICY FOR HOME CARE AND OTHER NON-RESIDENTIAL SERVICES**

Classification: Unrestricted

Summary: This report notes that it is intended to make amendments to the Charging Policy for home care and other non-residential services. This is because it has proved impractical to invoke the charge as set out in the original decision.

The report also informs Members that the implementation of the other elements of Phase 2 has been re-scheduled to come into effect from Monday 23 July 2012.

For decision: The Cabinet Committee is asked to consider and either endorse or make recommendations on the Cabinet Member decision to amend the Charging Policy for home care and other non-residential services to exclude service users and services for people attending grant funded organisations and transport from the Charging Policy for home care and other non-residential services as approved under decision 11/01645.

Introduction

1. (1) The purpose of this report is to inform the SCAPHCC of the intention to make amendments to the Kent County Council's (KCC) Charging Policy for home care and other non-residential services. This was discussed at the 30 March 2012 Adult Social Care & Public Health Policy & Overview Committee and comments by the members of the POSC have also informed this updated report. The report also informs the Committee on the Phase 2 implementation of the policy.

(2) The Cabinet Member for Adult Social Care and Public Health took a decision (11/01645) on 23 September 2011 to implement changes to the Charging Policy for home care and other non-residential services in two phases. The first phase from 12 December 2011 and the second from April 2012.

(3) Phase 1 of the changes involved increasing the amount of 'available income' taken into account for charging purposes and reducing the standard weekly amount allowed for the Disability Related Expenditure.

(4) Phase 2 of the changes involves bringing in aspects of mental health, day care and transport services under the charging policy in the same way as all other non-residential services.

(5) The policy was introduced in stages with changes relating to the amount of 'available income' taken into account for charging purposes and, a reduction of the

standard weekly amount allowed for the Disability Related Expenditure first to be implemented. The first part of the changes to the KCC's Charging Policy for home care and other non-residential services came into effect from Monday 12 December 2011. The second phase relates to aspects of mental health, day care and transport services, which were planned for implementation from April 2012.

(6) The report explains why it is planned to make amendments to the Charging Policy for home care and other non-residential services. The reasons are because it has proved impractical to invoke the charge as set out in the original decision as KCC only pays a contribution towards the full cost of the support that is received from a grant funded organisation. We are therefore not able to make a charge on an individual basis. Furthermore, on cost effective grounds, transport is also to be excluded from the charging policy. The result of the planned amendments is that service users and services for people attending grant funded organisations and transport would be excluded from the Charging Policy for home care and other non-residential services as approved under decision 11/01645.

(7) The report also brings Members up to date on the implementation of the other elements of Phase 2 which are now scheduled to come into effect from Monday 23 July 2012.

(8) Should the Cabinet Member for Adult Social Care and Public Health approve the recommendation, it is proposed that service users either attending grant funded organisations (such as Age Concern) and/or receiving transport will not be charged by Kent County Council for either of those particular elements of their care.

Policy Context

2. (1) The legal framework within which councils may recover some charges in respect of home care and other non-residential services is based on section 17 of the Health and Social Services and Social Security Adjudications Act 1983.

(2) Fairer Charging Policies for Home Care and other non-residential Social Services (2003) and the Fairer Contributions Guidance (2010) provide further guidance by the Department of Health. The 2010 'Fairer Contributions Guidance' supplements the earlier guidance and does not replace it.

(3) KCC considers prevention and early intervention as central to its transformational programme and the support to voluntary organisations is regarded as one of the important components of targeted investment to promote the health and wellbeing of the community.

Amendments to the Charging Policy for Home Care and other non – residential services

3. (1) It is now deemed impractical to proceed with the application of charges for people attending grant funded organisations such as Age Concern because the grant that each provider receives does not cover the actual cost of running that particular service. Therefore, the amount that KCC pays constitutes a contribution only. It is not possible for us to accurately calculate on an individual basis the cost of a service user attending these day centres by grant funded organisation which creates a significant risk of challenge by

individuals on the basis that we are charging them more than we are actually paying for the service they are receiving.

(2) Additionally, it has been decided that transport is also to be excluded from the charging policy on cost effective grounds. This is because it is not possible to accurately calculate the cost for each individual user, and in the case of grant funded organisations KCC may not be fully contributing to the service. Furthermore, with anticipated low numbers the cost of both assessment and recovery may exceed the value of likely income to be achieved.

(3) Should the Cabinet Member for Adult Social Care and Public Health approve the recommendation, it is proposed that service users either attending grant funded organisations (such as Age Concern) and/or receiving transport will not be charged by Kent County Council for either of those particular elements of their care.

(4) Consequently, Phase 2 of the implementation will only include:

- Relevant day care (other than grant funded), including those receiving in – house services, those receiving directly commissioned independent sector day care for all service user groups and those receiving a direct payment which is used for day activities
- Mental Health Community Support, supported accommodation and direct payments.

4. (1) As mentioned earlier in paragraph 1.4 above, the implementation of the other elements of Phase 2 are now scheduled to come into effect from Monday 23 July 2012, subject to approval of the Cabinet Member. A number of reasons have contributed to this position. These include:

- The need for Finance to having focus on achieving the deadline for Phase 1 which was achieved within the expected time. Financially, this was the greatest contributing part of the savings.
- The numbers of service users affected were greater than originally anticipated.
- Various issues were also identified with data quality and it was not possible for Finance to begin the financial assessment until all relevant data is entered on the SWIFT client database.

5. (1) People using non - residential services broadly fall into three categories.

- (a) Firstly, there are those who are financially assessed as not required to make any contribution towards the cost of the service they receive, approximately 4 in 10.
- (b) Secondly, people who are financially assessed to make some contribution towards the cost of the service they receive. The majority of people in this category, approximately 5 in 10 would have been assessed to pay the maximum contribution according to the national rules, to arrive at a figure of 'available income', after certain allowances.
- (c) Thirdly, people financially assessed to pay the full cost of the service they receive, approximately 1 in 10, as a result of having savings above the threshold of £23,250 or the cost of the service is less than their assessed

charge. The value of the home is not taken into account when calculating the charge.

Financial Implications

6. (1) The estimated loss of income is £247K, however this calculation is based on the original estimates of £700K for day care and £160K for mental health. As all of the costs of the care packages are not yet on the system it is not possible to confirm how accurate the original estimate of £860K was. The loss of income will be balanced by other areas of the budget within the Directorate. Service users who are subject to a charge will not be charged more to make up the reduced income.

Legal Implications

7. (1) The following contain the legal provisions that enable councils to arrange community care services. In general, councils may provide community care services to individual adults with needs arising from physical, sensory, learning or cognitive disabilities, or from mental health needs. In this regard, councils' responsibilities to provide such services are principally set out in the:

- National Assistance Act 1948
- Health Services and Public Health Act 1968
- Chronically Sick and Disabled Persons Act 1970
- National Health Service Act 2006
- Mental Health Act 1983

(2) Councils also have a power to provide services to carers under the Carers and Disabled Children Act 2000.

(3) Democratic Services have confirmed that the decision to amend the policy falls within the meaning of 'important category, it is necessary therefore to take this forward through the established governance process.

Equality Impact Assessments

8. (1) There are no specific equality and diversity implications from the proposed amendments. The revision is in line with impact assessment carried out in relation to decision 11/01645 that made changes to the Charging Policy for home care and other non-residential services.

(2) In response to a specific query, it is confirmed that Direct Payment recipients and people that KCC directly provides or arranges support services (managed support) will be treated equally by this proposed amendment. The process for assessment of need and financial assessment of ability to pay is the same whether the individual will accept the offer of direct payments or have managed support.

Sustainability Implications

9. (1) There are no specific sustainability implications.

Risk and Business Continuity Management

10. (1) Operational Task and Finish Implementation Group is responsible for the implementation Phase 2 of the policy changes. The necessary information for the public and staff would be made available accordingly.

Conclusion

11. (1) This report informs this Committee of the intention to make amendments to the Charging Policy for home care and other non-residential services. The reason for this is that it has proved impractical to bring into effect the charge as set out in the decision 11/01645, as KCC is not able to make a charge on an individual basis for people attending grant funded organisations. Transport is also to be excluded from the charging policy on the ground of cost effectiveness. Service users and services set out in paragraph 3.2 above would therefore be excluded from the charging policy.

(2) As mentioned earlier in paragraph 1.4 above, the implementation of the remaining elements of Phase 2 are now scheduled to come into effect from Monday 23 July 2012, subject to approval of the Cabinet Member.

Recommendations

12. (1) The Cabinet Member for Adult Social Care and Public Health will be asked take a decision to amend the Charging Policy for home care and other non-residential services as approved under decision 11/01645, to:

a) exclude service users and services for people attending grant funded organisations and Transport from the Charging Policy for home care and other non-residential services.

b) re-schedule the implementation of the other elements of Phase 2 to come into effect from Monday 23 July 2012.

(2) Members of the Social Care & Public Health Cabinet Committee are asked to consider and either endorse or make recommendations on the decision to be taken by the Cabinet Member for Adult Social Care & Public Health.

Background Documents:

Charging Policy for Home Care and other Non-residential Services (Decision No. 11/01645).

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Agenda Item E1

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