ADULT SOCIAL CARE AND HEALTH CABINET COMMITTEE

Thursday, 15th January, 2015

10.00 am

Council Chamber, Sessions House, County Hall, Maidstone

Kent County Council
kent.gov.uk

AGENDA

ADULT SOCIAL CARE AND HEALTH CABINET COMMITTEE

Thursday, 15 January 2015 at 10.00 am
Council Chamber, Sessions House, County Hall, Maidstone

Ask for: **Theresa Grayell**
Telephone: **03000 416172**

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

Membership (13)

Conservative (8):	Mr C P Smith (Chairman), Mr G Lymer (Vice-Chairman), Mrs A D Allen, MBE, Mr R E Brookbank, Mrs P T Cole and Mrs V J Dagger and two vacancies
UKIP (2)	Mr H Birkby and Mr A D Crowther
Labour (2)	Mrs P Brivio and Mr T A Maddison
Liberal Democrat (1):	Mr S J G Koowaree

Webcasting Notice

Please note: this meeting may be filmed for the live or subsequent broadcast via the Council's internet site or by any member of the public or press present. The Chairman will confirm if all or part of the meeting is to be filmed by the Council.

By entering into this room you are consenting to being filmed. If you do not wish to have your image captured please let the Clerk know immediately

UNRESTRICTED ITEMS

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

A - Committee Business

A1 Introduction/Webcast announcement

A2 Apologies and Substitutes

To receive apologies for absence and notification of any substitutes present.

A3 Declarations of Interest by Members in items on the Agenda

To receive any declarations of interest made by Members in relation to any matter on the agenda. Members are reminded to specify the agenda item number to which it refers and the nature of the interest being declared.

A4 Minutes of the meeting held on 4 December 2014 (Pages 7 - 18)

To consider and approve the minutes as a correct record.

A5 Verbal updates (Pages 19 - 20)

To receive a verbal update from the Cabinet Member for Adult Social Care and Public Health, the Corporate Director of Social Care, Health and Wellbeing and the Interim Director of Public Health.

B - Key or Significant Cabinet/Cabinet Member Decision(s) for Recommendation or Endorsement

B1 Updating the Kent and Medway Suicide Prevention Strategy (Pages 21 - 50)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Interim Director of Public Health, note the content of the Strategy and endorse the consultation process and questions which are set out in the report.

B2 Building a Mental Health Core Offer (Pages 51 - 60)

To receive a report from the Cabinet Member for Adult Social Care and Public Health, the Corporate Director of Social Care, Health and Wellbeing and the Interim Director of Public Health and to consider and endorse or make recommendations to the Cabinet Member on the proposed decision to provide grants for one further year, 2015/16, and then award contracts for mental health services, as detailed in the report, from 1 April 2016.

B3 Care Act Implementation - power to delegate Adult Care and Support functions (Pages 61 - 66)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director of Social Care, Health and Wellbeing, and to consider and endorse or make recommendations to the Cabinet Member on the proposed decision to delegate the social care and support functions set out in the report, under section 79 of the Care Act 2014.

C - Items for comment/recommendation to the Leader/Cabinet Member/Cabinet or officers

C1 Budget 2015/16 and Medium Term Financial Plan 2015/18 (Pages 67 - 108)

To receive a report from the Deputy Leader and Cabinet Member for Finance and Procurement, the Cabinet Member for Adult Social Care and Public Health, and the Corporate Directors of Finance and Procurement and Social Care, Health and Wellbeing, to note the draft budget and medium term financial plan and make recommendations to the Cabinet Members on other issues which should be reflected in them, prior to the budget being considered by the Cabinet and County Council.

C2 Drug and Alcohol Service commissioning (Pages 109 - 116)

To receive a report from the Cabinet Member for Adult Social Care and Public Health, the Director of Social Care, Health and Wellbeing and the Interim Director of Public Health on the commissioning of services which aim to reduce the harm of drug and alcohol misuse, and to comment on the issues set out in

the report.

C3 Public Health services - Dynamic Purchasing System (Pages 117 - 122)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Interim Director of Public Health on a new process being used for commissioning public health and adult residential care services.

D - Monitoring

D1 Work Programme (Pages 123 - 130)

To receive a report from the Head of Democratic Services on the Committee's work programme.

D2 Hospital Discharges and Delayed Transfers of Care (Pages 131 - 132)

To receive and note a report from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director of Social Care, Health and Wellbeing on the background to delayed transfers of care.

E - FOR INFORMATION ONLY - Key or significant Cabinet Member Decisions taken outside the Committee meeting cycle

Members are asked to note that the following decision was taken under the urgency procedures as it could not reasonably be deferred to the next scheduled meeting of the Adult Social Care and Health Cabinet Committee. The Chairman and group spokesmen of the Adult Social Care and Health Cabinet Committee and the Scrutiny Committee were consulted prior to the decision being made, in accordance with the urgency procedures set out in paragraph 7.10 of Appendix 4, Part 7, of the Council's Constitution, and any views expressed were taken into account by the Cabinet Member when making this decision.

E1 14/00161 - KDAAT: realignment to Public Health directorate (Pages 133 - 140)

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

Peter Sass
Head of Democratic Services
03000 416647

Wednesday, 7 January 2015

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.

This page is intentionally left blank

KENT COUNTY COUNCIL

ADULT SOCIAL CARE AND HEALTH CABINET COMMITTEE

MINUTES of a meeting of the Adult Social Care and Health Cabinet Committee held in the Darent Room, Sessions House, County Hall, Maidstone on Thursday, 4 December 2014.

PRESENT: Mr C P Smith (Chairman), Mr G Lymer (Vice-Chairman), Mrs A D Allen, MBE, Mrs P Brivio, Mr R E Brookbank, Mrs P T Cole, Mrs M E Crabtree (Substitute for Vacancy), Mr A D Crowther, Mrs V J Dagger, Mr S J G Koowaree, Mr R A Latchford, OBE (Substitute for Mr H Birkby), Mr T A Maddison and Mrs P A V Stockell (Substitute for Vacancy)

ALSO PRESENT: Mr G K Gibbens

IN ATTENDANCE: Mr A Ireland (Corporate Director Social Care, Health & Wellbeing), Mr M Lobban (Director of Commissioning), Mr A Scott-Clark (Interim Director Public Health), Ms P Southern (Director, Learning Disability & Mental Health) and Miss T A Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

1. Apologies and Substitutes
(Item A2)

The Democratic Services Officer reported that Mr R A Latchford was present as a substitute for Mr H Birkby, and that Mrs M E Crabtree and Mrs P A V Stockell were present as substitutes for the two Conservative vacancies on the committee. The second of these vacancies had arisen when Mr A H T Bowles left the committee.

2. Declarations of Interest by Members in items on the Agenda
(Item A3)

There were no declarations of interest.

3. Minutes of the meeting held on 26 September 2014
(Item A4)

RESOLVED that the minutes of this committee's meeting held on 26 September 2014 are correctly recorded and they be signed by the Chairman. One matter arising was addressed later as part of the verbal updates.

4. Meeting Dates for 2015
(Item A5)

The dates reserved for the committee's meetings in 2015 were noted, as follows:-

Thursday 15 January
Tuesday 3 March
Friday 1 May

Friday 10 July
Friday 11 September
Thursday 3 December

All meetings would commence at 10.00 am. If an earlier start time were to be required for any meeting, this would be announced nearer the time.

5. Verbal updates
(Item A6)

Adult Social Care

1. Mr G K Gibbens gave a verbal update on the following issues:-

Key Decisions:
Wellbeing Charge in Extra Care Housing Schemes
Personal Health Budgets – Section 75 agreement
Swale Learning Disability Day Service
Local Account
Adult Social Care Transformation – Phase 2 Design Partner Appointment

Events:
7 October - Consortium for Assistive Solutions Adoption (CASA)/Innovage Final Conference in Brussels
14 October - visited Compaid in Paddock Wood
22 October - spoke at the Kent Seniors Forum at Sessions House
These events had all been very positive, addressing high-profile issues which would help Kent to identify and prepare for the future support needs of an ageing population.
12 November - attended Porch Light 40th Anniversary Conference in Canterbury
12 November - attended Government Office for Science Future of Ageing Meeting at the University of Kent

2. Mr A Ireland then gave a verbal update on the following issues:-

Transformation update – work was currently progressing from phase 1 to phase 2. The issues involved were complex and much work had gone into achieving optimum value. The committee would be given regular updates.
Five Year Forward – emerging strategic direction of NHS and impact on social care – this influential document included some reference to the links between social care and health.
Feedback from staff briefings – briefings for staff around the county had been very positive and had provided an opportunity to debate emerging issues. *Feedback from briefings would be collated and circulated to Members*.

Adult Public Health

3. Mr G K Gibbens gave a verbal update on the following issues:-

Key Decisions:
Health Checks Service - contract extensions

Contract awards for Community Sexual Health Service

Events:
1 October - attended Kent Malnutrition Conference at Ashford International Hotel
10 October - attended Public Health Mental Wellbeing Celebration Day at Sessions House – the aim of World Mental Health day on 10 October was to highlight mental health issues across all age groups and sections of society, as research had shown that one in four people would experience some sort of mental ill health during their lifetime. Early diagnosis was key, and, for young people, GP support and good transition from children's to adults' services was key. He thanked the public health team and Penny Southern and her team for organising this event.
15 October - hosted Professor Chris Bentley's Health Inequalities Briefing for Members at Sessions House - this had highlighted the seven stages of life and the importance of a child's early years. Health inequalities was a huge issue to be tackled and he offered a briefing on health inequalities to any Members who wished to have one.
19 November - spoke at the Wellbeing Symposium at Detling Showground
26 November - attended Environment, Health & Sustainability Conference at Ashford International Hotel

4. Mr A Scott-Clark then gave a verbal update on the following issues:-

Campaigns update – campaigns were currently running for flu jabs, particularly for pregnant women and children aged 2 to 4, novovirus and late HIV diagnosis.
Ebola update Although Ebola remained an ongoing issue in West Africa, the Kent Public Health team continued to work locally with the NHS and Public Health England system to gain assurance that Kent was prepared***.***
Canterbury Christchurch University AGM – Mr Scott-Clark had attended the recent Canterbury Christchurch University AGM. The public health team had supported the university in gaining accreditation for their Masters' degrees in Public Health and various team members were supporting teaching.
Health Checks target – in response to a question on the minutes of the last meeting, Mr Scott-Clark clarified that the key provider, Kent Community Health Trust (KCHT), was currently working towards a target of achieving 50% uptake of invitations to attend a health check, while NHS England aspired to a target of 75% uptake. The County Council was working with KCHT to increase and agree a new, higher target that it would work towards.

5. The verbal updates were noted, with thanks.

6. Smoking Cessation service - proposals for future delivery (decision number 14/00146)
(Item B1)

Dr F Khan, Consultant in Public Health, was in attendance for this item, and
Ms K Sharp, Head of Public Health Commissioning, was in attendance for this and the following items.

1. Dr Khan introduced the report and explained that it was proposed that the existing contract for the smoking cessation service be extended to 31 March 2016.

2. She responded to comments and questions from Members, as follows:-

a) one speaker asked why the contract was being extended despite existing targets not being met. Dr Khan explained that the target, which was prescribed by the Department of Health, did not allow a longer quit period for those smokers for whom the habit was so entrenched that quitting would inevitably take longer. In extending the contract, and in future commissioning, it would be made clear that other targets, such as reduced dosage of tobacco, abstinence and quitting needed to be considered, and that the current target was considered to be no longer fit for purpose. The target also did not take account of deprivation factors; it was known that smokers living in areas of deprivation tended to find it harder to give up;

b) another speaker added that most smokers who would find it easier to quit were likely to have already done so; the next challenge was to tackle smokers for whom the habit was more entrenched;

c) the Kent and Medway Fire and Rescue Authority was a trusted service that was viewed as friendly and accessible, and this popular image could be used to spread advice about the dangers of smoking, in term of the risk of home fires. This would be an alternative way to tackle the issue, with the health benefits being a welcome side effect;

d) one speaker suggested that the reason why Kent was behind on its smoking quit target was that cheap cigarettes were so easily available across the county, having been imported via Kent's ports; and

e) recent community health events and publicity had suggested that the most successful way to give up smoking was the use of e.cigarettes. Perhaps the County Council's current stance, that e.cigarettes were not a reliable way to give up, should be reviewed. It was important that the usefulness and potential contribution of e.cigarettes to smoking quits was clearly understood. Dr Khan explained that new research on this issue was due soon, but the current view was that they were useful as long as they were used as a step to giving up smoking. She added that part of the reason that the targets for quits had not been reached was that smokers were switching to e.cigarettes instead of accessing smoking cessation services.

3. The Cabinet Member, Mr Gibbens, thanked Members for their comments and undertook to take account of them when taking the decision.

4. RESOLVED that:-

a) the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to extend the contract with Kent Community Health Trust for the smoking cessation service to 31st March 2016, after taking account of this committee's comments, be endorsed; and

b) the timeline for tendering the service be agreed.

7. Adult Healthy Weight commissioning plan (decision number 14/00148)
(Item B2)

Ms M Varshney, Consultant in Public Health, was in attendance for this item.

1. Ms Varshney introduced the report and emphasised that, as many aspects of weight management were outside the control of County Council, as commissioners of the service, it was vital that all partners collaborate effectively to address issues at a local level. Ms Varshney responded to comments from Members, as follows:-

a) one speaker praised the effectiveness of a weight loss course that he had attended and recommended it as way of controlling weight;

b) the appendix to the report mentioned the extension of the consultation to include healthy weight services for children. In such services, it was vital that parents were given feedback so they could make appropriate lifestyle adjustments for their family, as part of the preventative agenda;

c) an example of local schemes which could be introduced was an 'outdoor gym', a selection of fitness equipment which the public could use, free of charge, which had been installed by a parish council. Good partnership working would promote, and ensure best use was made of, such facilities. Health walks were another local initiative put in place by parish and district councils. Ms Varshney agreed that, by working closely with local partners, all the facilities that they each ran would be available to the overall campaign, and the areas of the population which could most benefit from these facilities could be identified;

d) one speaker referred to the previous provision of a gym in the basement of Invicta House, County Hall, and *Ms Varshney undertook to check if this facility was still available and advise the committee;* and

e) the County Council should retain its role as a co-ordinator of these various local services.

2. The Cabinet Member, Mr Gibbens, thanked Members for their comments and undertook to take account of them when taking the decision.

3. RESOLVED that:-

a) the approach for developing a system-wide strategy for Healthy Weight in Kent, and a revised commissioning timeline, be supported; and

b) the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to extend the contracts for Tier 1 and Tier 2 weight management services to 31 January 2016, after taking account of this committee's comments, be endorsed.

8. Tendering outcomes for Community Sexual Health Services (decision number 14/00143)
(Item B3)

1. The Chairman asked Members of the Committee if, in discussing the report, they wished to make reference to the information set out in the exempt appendix to it,

which was included at the end of the agenda, at item F1. Some Members confirmed that they wished to ask questions about some of the information in the appendix.

2. Accordingly, it was RESOLVED that discussion of this item take place in closed session. It is recorded below, in Minute 19.

9. Extending the current contract for Health Trainers from March 2015 to January 2016 (decision number 14/00147)
(Item B4)

5. Ms Sharp introduced the report and explained that it was proposed that the existing contract for the health trainers service be extended to January 2016, to allow time to review work streams and identify any duplication of work between the County Council and its partners. The aim was to achieve one workforce and one contact point for use by the public and professional partners. She responded to comments and questions, as follows:-

a) the health trainers service was praised for its good public engagement, and the extension of the service was supported by speakers; and

b) asked about the risks which were listed in the report against options A and B, Ms Sharp explained that one risk was more immediate than the other, and one option allowed a longer period in which to prepare.

6. The Cabinet Member, Mr Gibbens, thanked Members for their comments and undertook to take account of them when taking the decision.

7. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to extend the contract with Kent Community Health Trust to provide health trainers to 31st January 2016, after taking account of this committee's comments, be endorsed.

10. Local Welfare Assistance future options
(Item B5)

Ms M Anthony, Commissioning and Development Manager, was in attendance for this and the following item.

1. Ms Anthony introduced the report, which followed on from the committee's discussion at an earlier meeting, and explained that the current 2-year pilot of the Kent Support and Assistance Service (KSAS) would continue to receive government funding until the end of the current financial year only, in common with similar schemes run by other local authorities across the UK. The outcome of a challenge by the London Borough of Islington to the Government's decision to cease funding was due shortly. The report set out three options for future funding, of which, option 3 was recommended. Ms Anthony and Mr Ireland responded to comments from Members, as follows:-

a) in response to a concern about compromising existing support to the families covered by the County Council's statutory responsibilities, Mr Ireland explained that those statutory responsibilities under care and childcare legislation pre-dated the current funding arrangement and would

continue after whatever change came in at the end of this financial year. Ms Anthony added that KSAS had been very effective in supporting many families who were at the edge of, but not covered by, that legislation. The recommended option would allow the County Council scope to offer increased support where needed. Monitoring of the effects of this sort of service delivery over an 18-month period had shown good potential to benefit service delivery. The County Council's newly-acquired responsibilities allowed it to provide assistance to a wider cohort of service users than was covered by its statutory responsibilities. Monitoring of the effects of this wider service delivery over an 18-month period had shown that option 3 would make the most of the community assets available;

b) concern was expressed about the ramifications of this change upon the staff employed at the County Council's call centre. Ms Anthony responded that discussion with the call centre was ongoing, with the aim of securing the best future arrangement for its involvement; and

c) support for option 3 was expressed by other speakers as it would benefit community-based provision and allow flexibility.

2. RESOLVED that:-

a) the comments and concerns raised by Members in debate be noted and taken into account; and

b) option 3 for further work and development of a full business case be endorsed, with a view to a formal decision on the issue being taken in the future by the Cabinet Member for Adult Social Care and Public Health.

11. Provision of support to socially-excluded groups
(Item B6)

1. Ms Anthony introduced the report and explained that the Supporting People service had brought together disparate existing resources, and the ongoing County Council transformation programme offered a timely opportunity to review the service. She emphasised that the parts of the Supporting People service for which the County Council was responsible included only the support elements.

2. The Chairman clarified with Ms Anthony that the committee was being asked to give in-principle support for a review of commissioning arrangements, and would have an opportunity at a future meeting to consider the issue, prior to a formal decision being taken by the Cabinet Member.

3. Ms Anthony responded to comments from Members, as follows:-

a) the County Council would work with other agencies, eg the probation service, to shape future commissioning, and district councils were also keen to work with the County Council;

b) the proposed changes were supported as a way of avoiding future increases in costs, if greater support were to be needed for a service user;

c) a view was expressed that district councils were better placed to deliver housing-related support; and

d) a speaker who had had first-hand experience of Supporting People budgeting commented that some issues blurred the boundaries between various benefit entitlements and hence made calculations complex.

4. RESOLVED that:-

a) the information provided about the preventative services for socially-excluded groups be noted; and

b) in-principle support be given, taking into account the comments set out above, to the County Council continuing to support these groups with such services, to enable future work to be done to re-shape services.

12. Care Act Implementation - Eligibility Criteria for Adult Care and Support (decision number 14/00134)
(Item B7)

Mr M Thomas-Sam, Strategic Business Advisor, and Ms C Grosskopf, Strategic Policy Lead for the Care Act Programme, were in attendance for this and the following item.

1. Mr Thomas-Sam introduced the report and reminded Members of the huge scale of the change to social care policy enshrined in the new Care Act, which had consolidated and changed much existing legislation. There would be national and local media campaigns early in 2015 to raise public awareness of the changes, and all current service users and stakeholder partners would be written to. In addition, staff would be given extensive training to help them learn the new legislation and switch to applying the new rules and criteria when undertaking care assessments. A briefing for elected Members had been arranged for 15 January, to which all elected Members had been invited.

2. Mr Thomas-Sam and Mr Ireland responded to comments from Members, as follows:-

a) Mr Thomas-Sam clarified that the previous eligibility criteria had focussed on minimising the risks to a person's independence, while the new national eligibility criteria had changed this focus to concentrate more on outcomes;

b) the retention of the manager discretion element of the assessment process was welcomed, and Mr Thomas-Sam agreed that it was important in any social care legislation that there should be an ability to address cases of exceptional need. Mr Ireland added that there would always be some people who had needs which the County Council would meet, even though they did not fit within the new eligibility criteria;

c) the appeal process by which service users could challenge their assessments needed to be easily accessible. Mr Thomas-Sam explained that a new national appeal system would be established, relating solely to

the implementation of the Care Act, however, the form of this would not be announced until early in 2015;

d) Mr Ireland explained that the County Council needed to come to a view on the new national eligibility criteria for two reasons; firstly, because it was not lawful for any local authority to set its eligibility criteria at a higher level than the national minimum and, secondly, because the extent to which the Council believed that the new criteria represented a change to legislation would determine what level of public consultation it needed to undertake. The Council would need to form this view early, so that, if public consultation were needed, this could be undertaken as early as possible. It was clear that there was some level of change between the old and new criteria, and the need for extensive staff training and adjustment to a new regime added to the extent of the adjustment which needed to be undertaken; and

e) Mr Thomas-Sam reminded Members that existing service users who had been assessed against the current criteria would be unaffected and would be passported to the new national eligibility criteria in April 2015.

3. The Cabinet Member, Mr Gibbens, thanked Members for their careful consideration of the issues set out in the report, and for their comments, which he assured them he would take account of when taking the decision. He emphasised the scale of the change represented by the new Care Act – the single largest change to social care since 1948 - and said that the extensive work the County Council had undertaken in the past to its social care policy and assessment process had placed it in the best possible position to accommodate the current changes. He was determined that Kent should maintain its excellent record and reputation in this field. He paid tribute to and thanked Mr Thomas-Sam and Ms Grosskopf for the huge amount of work they had undertaken in analysing and processing the extensive content and complexity of the Care Act legislation and its impact on the Council's policy setting.

4. RESOLVED that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, that the County Council adopt the national minimum eligibility criteria for determining which adults with care and support needs meet Kent's eligibility criteria, from 1 April 2015, after taking into account the comments made by this committee, be endorsed.

13. Care Act Implementation - Charging and Deferred Payments (decision numbers 14/00135 and 14/00136)
(Item B8)

RESOLVED that the decisions proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, that:-

a) the County Council exercise its power under Section 14 of the Care Act 2014 to charge, from 1 April 2015, for the same services for which it currently charges, as at 31 March 2014 (decision number 14/00135); and

b) the County Council adopt, from 1 April 2015, both the mandatory and discretionary elements of the proposed Deferred Payments scheme (as set

out in Sections 34 and 35 of the Care Act 2014), and the current Temporary Financial Assistance scheme, and for new clients on 31 March 2015 (decision number 14/00136),

be endorsed.

14. Self-Assessment Framework
(Item C1)

1. Ms Southern introduced the easy-read report and explained that it was being presented to the committee so Members could see how their views on services for people with learning disabilities fed into the overall policy and service delivery. The action plan for Winterbourne View was in its second year, and work on this would continue into 2015. She responded to comments and questions from Members, as follows:-

a) speakers praised the extensive work which had gone into preparing the action plan in what was a difficult area of work;

b) the past year had been the first to which the self-assessment process had applied, and the County Council had been very honest in its assessment of its service delivery. Two areas of performance were currently rated red but were approaching the threshold for amber and were expected to achieve amber by the end of the current financial year; and

c) in response to a question about 36 service users having been assessed as needing to move from Winterbourne View into the community, Ms Southern reassured the committee that this did not necessarily mean those 36 people had been inappropriately placed at Winterbourne View. For many of them, delays to the planned discharge had been caused either by there being no suitable service to discharge them to, or by the body which had placed them at Winterbourne View (for some, NHS England, for some, clinical commissioning groups) delaying their discharge from some other reason. The two threads needed to be addressed in tandem.

2. The Cabinet Member, Mr Gibbens, commented that the easy-read report and action plan had been welcomed and had received much positive support from GP colleagues when reported to the Kent Health and Wellbeing Board on 19 November. He said he encouraged the principle of producing information in an easy-read format and that all future reports referring to learning disability services should be prepared in this format. He thanked Ms Southern and her team for the clarity of the information set out.

3. RESOLVED that the 2013/14 national comparison action plan, including the progress made on performance rated red, the way in which Kent is approaching the 2014/15 joint health and social care self-assessment framework, the Kent action plan for Winterbourne View and the wider issues for learning disability in Kent, be noted.

15. Adult Social Care Performance Dashboard for September 2014
(Item D1)

Ms S Smith, Head of Performance for Adult Social Care, was in attendance for this item.

1. Ms Smith introduced the report and, in response to a question about the target for the number of Promoting Independence Reviews, currently rated as red, explained that the prescribed target had not been reached as the cohort of service users for whom such reviews were applicable was limited. The outcome, however, still showed a high number of such reviews being completed.

2. RESOLVED that the Adult Social Care performance dashboard be noted.

16. Public Health Performance - Adults
(Item D2)

Ms K Sharp, Head of Public Health Commissioning, was in attendance for this and the following items.

1. Ms Sharp introduced the report and commented that the level of chlamydia screening was below target but that this would be boosted by the recently-awarded revised contract for the delivery of community sexual health services.

2. RESOLVED that the current performance and actions taken by public health be noted.

17. Work Programme
(Item D3)

1. The Democratic Services Officer introduced the report and reminded Members of its purpose as an ongoing *aide memoire* of upcoming business and a tool by which any Member of the committee could propose an item for future consideration.

2. RESOLVED that the committee's work programme for 2015 be agreed.

18. Motion to Exclude the Press and Public for Exempt Business

The Committee resolved that, under Section 100A of the Local Government Act 1972, the press and 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.

EXEMPT ITEM (Open Access to Minutes)

19. Tendering outcomes for Community Sexual Health Services
(Item F1)

1. Ms Sharp introduced the report and reminded the Committee that, in the first round of tendering, no suitable bids had been received to deliver lots 1, 2 and 7, so tendering for these outstanding lots had been repeated. In the second round, the original lot 7 had been incorporated into the revised requirements for lots 1 and 2.

The Council had engaged with both current and new providers, and the 'hub and spoke' model it had adopted had been designed to increase the level of productivity expected from the new services. In addition, the Council was working with NHS England to ensure that HIV services were fully integrated into sexual health across the whole county.

2. The unrestricted report had set out the outcome of the first round of tendering and the tendering process followed for the second round, and the exempt appendix to the report listed those bidders who had successfully met the criteria in the specification and to whom it was proposed that contracts for lots 1 and 2 be awarded.

3. Ms Sharp responded to comments and questions from Members, as follows:-

a) concern was expressed about the very limited number of bidders, out of those expressing an interest, which had ultimately been able to meet the specification criteria, and that this may indicate a lack of suitable providers available to deliver such services. Ms Sharp explained that some of those bidders would be involved in some part of the service delivery, in collaboration with the successful bidders. The highly-specialised, clinical nature of the required services would inevitably limit the number of providers qualified and able to take on such work. In addition, some of those potential providers would be deterred from bidding because of the sensitivities around the content of the work. Mr Scott-Clark added that the highly clinical nature of the service meant that it needed to be led by consultants, to ensure that suitable quality and standards could be maintained, and the NHS was the only body which employed such consultants; and

b) in response to a further question about sub-contracting services, Ms Sharp explained that the lead providers, to whom it was proposed to award contracts, would take on the overall accountability for service delivery but would arrange for some other organisations to deliver elements of it.

4. RESOLVED that:-

a) the identities of the providers to which sexual health service contracts had been awarded in the first round of tendering (for lots 3 to 6) be noted;

b) the identities of the providers which had received the highest scores from the tender evaluation in the second round of tendering (for lots 1 and 2) be noted; and

c) the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to award contracts to the bidders identified in the exempt appendix to the report, to deliver community sexual health services for lots 1 and 2, after taking account of this committee's comments, be endorsed.

By:	Mr G K Gibbens, Cabinet Member for Adult Social Care and Public Health
	Mr A Ireland, Corporate Director of Social Care, Health and Wellbeing
	Mr A Scott-Clark, Interim Director of Public Health
To:	Adult Social Care and Health Cabinet Committee – 15 January 2015
Subject:	**Verbal updates by the Cabinet Member and Corporate Directors**
Classification:	Unrestricted

The Committee is invited to note verbal updates on the following issues:-

Adult Social Care

Cabinet Member for Adult Social Care and Public Health – Mr G K Gibbens

Decisions

1. Strategic Efficiency and Transformation Partner

Events

1. 23 December 2014 – Chairman's Tour
2. 20 January 2015 – will speak at conference in London about combatting loneliness and isolation

Corporate Director of Social Care, Health and Wellbeing – Mr A Ireland

1. Hospital discharge
2. Association of Directors of Adult Social Services (ADASS) Policy Day

Adult Public Health

Interim Director of Public Health – Mr A Scott-Clark

1. Media campaigns

This page is intentionally left blank

From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

Andrew Scott-Clark, Interim Director of Public Health

To: Adult Social Care and Health Cabinet Committee

Date: 15 January 2015

Subject: Updating the Kent and Medway Suicide Prevention Strategy

Classification: Unrestricted

Past pathway: This is the first committee by which this issue will be considered.

Future pathway: Key decision by Cabinet Member

Electoral Division: All

Summary:

Kent County Council is a lead partner within the Kent and Medway Multi-Agency Suicide Prevention Strategy Group. The Group is responsible for the oversight and implementation of the current Kent and Medway Suicide Prevention Strategy which runs from 2010-2015.

On the 11th July 2014, this Committee agreed that officers should begin the process of updating the Suicide Prevention Strategy. This paper provides an update on the development of the draft 2015-2020 Strategy and outlines a proposed consultation process.

Recommendation(s):

The Adult Social Care and Health Cabinet Committee is asked to:

1. Note the contents of the draft 2015-2020 Kent and Medway Suicide Prevention Strategy and Action Plan
2. Endorse the proposed consultation process for the Strategy and Action Plan
3. Endorse the proposed consultation questions

1.0 Introduction

1.1 The effect of someone committing suicide is devastating for families and friends of the individual concerned. The impact can be felt across the whole community.

1.2 There were 182 coroner verdicts of suicide or death by undetermined causes[1] relating to deaths in Kent and Medway during 2013. This is an increase from

[1] Undetermined cause is a category of coroner verdict that is counted along with suicide by the Office of National Statistics and is regarded as 'probable suicide'

145 in 2012[2]. Most suicides in Kent are committed by men aged between 30 and 60.

1.3 The rate of suicide is a Public Health Outcomes Framework indicator.

- The national rate is 8.8 suicides per 100,000
- In Kent the rate is 9.2 suicides per 100,000[3]

1.4 Due to the premature nature of deaths by suicide there is a very high cost in terms of years of life lost (i.e. deaths under the age of 75). Between 2011and 2013 there were approximately 4,000 years of life lost due to suicides in Kent and Medway.[4]

1.5 In July 2014, this Committee agreed that officers should begin the process of updating the Kent and Medway Suicide Prevention Strategy. Since that time there have been a number of developments. These are detailed below:

- A draft strategy has been written and has been through initial consultation stages with members of the multi-agency Kent and Medway Suicide Prevention Steering Group (see section 3.1 for membership)
- A draft Action Plan to accompany the 2015-2020 Strategy has been developed
- A detailed statistical analysis has been carried out including looking at rates of suicide by different occupation groups and by country of birth
- An Equality Impact Assessment has been undertaken and submitted to the Equality and Diversity Team
- Due to an increase in suspected suicides in Kent prisons, the issue has been prioritised and discussions with NHS England and the National Offender Management Service have taken place to examine whether additional measures are needed. This will be reflected in the Action Plan accompanying the Strategy

1.6 The draft Strategy (containing a summary of the data) and the draft Action Plan are attached as part of this paper. There are six strategic priorities in the Draft Strategy. Most reflect the national approach but local data and need has also shaped the priorities for action. These are summarised below:

i. Reduce the risk of suicide in key high-risk groups
ii. Tailor approaches to improve mental health and wellbeing in Kent and Medway
iii. Reduce access to the means of suicide
iiii. Provide better information and support to those bereaved or affected by suicide

[2] Figures provided by KMPHO, and are higher than previously stated due to the time lag in some cases due to the length of time it takes to reach a coroner's verdict. In complicated cases the inquest process can take years.
[3] Suicide rates per 100,000 between 2011-13 http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000044/pat/6/ati/102/page/0/par/E12000008/are/E10000016 (England, 2004)
[4] KMPHO, 2014 Suicide Update

v. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
vi. Support research, data collection and monitoring

2.0 Current strategic context for mental health and suicide prevention in Kent

2.1 Since the development of the 2010-2015 Kent and Medway Suicide Prevention Strategy, the context of mental health service commissioning has changed greatly. CCGs have replaced PCTs and have assumed system leadership of commissioning mental health services, KCC remains the lead for social care and KCC Public Health leads on prevention and wellbeing. Health and Wellbeing Boards have been established and commissioning arrangements in relation to the criminal justice system, and drug and alcohol treatment services have also changed considerably since 2010.

2.2 The current strategy for mental health commissioning in Kent is the “Live It Well” strategy which is also due for a refresh in 2015.

2.3 When considering the Suicide Prevention Strategy, it is important to note that it forms part of a wider mental health strategy which has the involvement and leadership of many partners.

3.0 Proposed consultation process

3.1 The Kent and Medway Suicide Prevention Steering Group contains representatives from KMPT, Kent Police, CCGs, Network Rail, KCC Coroners Team, voluntary support groups, mental health charities and individual carer representatives. The development of the draft Strategy has been led by the Steering Group and it is on the guidance of the Steering Group that Public Health has produced this draft Strategy.

3.2 The next stage in the development of the Strategy is to consult with partners and the public.

3.3 This paper proposes that the wider public consultation comprises three different elements;

i. Publishing the draft strategy on-line and asking for comments (to run from mid-January – end of March 2015) (Draft questionnaire attached to this paper)
ii. Holding a consultation event designed to enable survivors, carers and members of bereaved families (and their representatives) to provide their comments in a supportive and open environment (February 2015)
iii. Holding a second consultation event designed to examine the prevalence and services relating to self-harm within Kent (March 2015)

Recommendation:

The Adult Social Care and Health Cabinet Committee is asked to:
1. Note the contents of the draft Strategy and Action Plan
2. Endorse the proposed consultation process for the 2015-2020 Kent and Medway Suicide Prevention Strategy and Action Plan
3. Endorse the proposed consultation questions

4. Background documents - none

5. Contact details

a. Report Authors
- Jess Mookherjee, Public Health Consultant
  jessica.mookherjee@kent.gov.uk

- Tim Woodhouse, Public Health Programme Manager
  tim.woodhouse@kent.gov.uk

b. Relevant Director
- Andrew Scott-Clark, Interim Director of Public Health
  03000 416659
  Andrew.scott-clark@kent.gov.uk

Action needed	Lead agency/ contact	Estimated completion date
This draft Action Plan will be used as the basis for consultation and is likely to be amended as a result of the responses to the consultation.		
Priority 1: To reduce risk in key high risk groups		
The Kent and Medway Suicide Prevention Steering Group has identified the following key high risk groups within Kent: • Those in contact with mental health services • Those who have self harmed • Offenders • Middle aged and older men • High risk occupation groups such as construction, agriculture and road transport drivers		
1) KMPT to implement and continually review their suicide prevention strategy	KMPT	Ongoing
2) Support and promote the Kent and Medway Crisis Care Concordat - Work with partners to implement the Concordat and associated action plan to support people in crisis due to a mental health condition	Kent Police	Ongoing
3) KCC Public Health to lead a consultation event to examine the prevalence and services relating to self-harm	KCC Public Health	Spring 2015
4) Review the current statistics relating to suspected suicides in Kent prisons and consider what more can be done to prevent future suicides	National Offender Management Service, NHS England	Early 2015
5) Develop appropriate interventions to promote good male mental health	Public Health	Ongoing
6) Establish contact with appropriate representatives within each high risk occupation group and consider what interventions may be appropriate to reduce the risk of suicide	Public Health	Spring / summer 2015
Priority 2: Tailor approaches to improve mental health and wellbeing in Kent and Medway		
As well as including wellbeing interventions aimed at the whole population, the Kent and Medway Suicide Prevention Steering Group has identified the groups which may need additional support to improve their mental health and wellbeing. • Socially excluded and deprived groups • BME communities • Domestic abuse victims and survivors • Women during and after pregnancy • Young people leaving care • Children and young people • Students • Older people (especially those who have recently lost long term partners)		

Action needed	Lead agency/ contact	Estimated completion date
• People who misuse drugs and alcohol • Veterans • LGBT • People experiencing financial crisis • People experiencing relationship difficulties • Offenders/ex-offenders		
7) Roll out the Five / Six Ways to Wellbeing campaigns in Medway / Kent respectively	Public Health	Ongoing
8) Commission free to access Mental Health First Aid training	Public Health	Ongoing
Include an action in relation to each of the groups identified following the public consultation and confirmed within the strategy		
PRIORITY 3: Reduce access to the means of suicide		
9) Agencies such as Network Rail, Kent Police and Kent County Council to identify trends in methods and locations of suicide and suicide attempts.	All agencies	Ongoing
10) Relevant agencies to take appropriate measures in relation to common suicide methods and at identified hotspots	All agencies	Ongoing
PRIORITY 4: Provide better information and support to those bereaved or affected by suicide		
This priority will be a particular focus within the consultation process. Key principles and additional activities will be added to this section as a result of the consultation		
11) Ensure that the support pack "Help is at Hand" is distributed to as many frontline staff in appropriate occupations (eg health, police) as possible	Public health?	Ongoing
PRIORITY 5: Support the media in delivering sensitive approaches to suicide and suicidal behaviour		
12) Invite representatives from the Kent media to a suicide reporting workshop to discuss how to further improve local reporting of suicide and suicidal behaviour	Public Health	Ongoing
PRIORITY 6: Support research, data collection and monitoring		
13) Prepare and present updated suicide statistics and trends based on research and statistics provided from all relevant agencies, service providers and other available sources	KMPHO	Ongoing

Draft questions to be included in the public consultation for the draft 2015-2020 Suicide Prevention Strategy

Once finalised these questions and the appropriate answer options will be formatted into a web based survey to make it as easy to complete as possible. Other formats will be available for non-computer users.

Review of the 2010-2015 strategy

The review of the 2010-2015 strategy (on page 11 and 12 of the draft strategy) highlighted a number of positive developments over the last five years.

Q1a Are you aware of any other developments (not highlighted in the review of the 2010-2015 strategy) which should be recognised here?

Q1b The review of the 2010-2015 strategy highlighted that improvements can be made in the following areas:

i. Developing new systems for monitoring and improving the reporting of suicide coverage in the media
ii. Implementing the results of evidence reviews around suicide and older people and suicide and debt
iii. Examining the relationship between self-harm and suicide

Do you agree that improvements can be made in the areas mentioned above?

Q1c What specific actions can be taken in relation to any of the above areas?

Q1d Are there any other areas where you believe improvements can be made?

Priorities for the new strategy

The Suicide Prevention Steering Group believes that it is appropriate to adopt the national priorities below as the priorities for the Kent and Medway Suicide Prevention Strategy.

i. Reduce the risk of suicide in key high-risk groups
ii. Tailor approaches to improve mental health and wellbeing in Kent and Medway
iii. Reduce access to the means of suicide
iv. Provide better information and support to those bereaved or affected by suicide
v. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
vi. Support research, data collection and monitoring

Q2a Do you agree that we should adopt the national priorities as stated above?

Reducing the risk of suicide in key high risk groups

The Kent and Medway Suicide Prevention Steering Group has identified the following key high risk groups:

- Those in contact with mental health services
- Those who have self harmed
- Offenders
- Middle aged and older men

- High risk occupation groups

Q3a Are these the appropriate high-risk groups you would like to prioritise in the Kent and Medway Suicide Prevention Strategy?

Tailor approaches to improve mental health and wellbeing in Kent and Medway
As well as including wellbeing interventions aimed at the whole population, the Kent and Medway Suicide Prevention Steering Group has identified the groups which may need additional support to improve their mental health and wellbeing.

- Socially excluded and deprived groups
- BME communities
- Domestic abuse victims and survivors
- Women during and after pregnancy
- Young people leaving care
- Children and young people
- Students
- Older people (especially those who have recently lost long term partners)
- People who misuse drugs and alcohol
- Veterans
- LGBT
- People experiencing financial crisis
- People experiencing relationship difficulties
- Offenders/ex-offenders

Q4a Are these the groups that you would like to see identified in the new strategy?

Reduce access to the means of suicide
Q5 How can we reduce suicides in Kent and Medway by controlling access to the means of suicide?

Provide better information & support to those bereaved or affected by suicide
Q6 What is the best way of providing information and support to those bereaved or affected by suicide?

Equality Impact Assessment
Q7 We have completed an Equality Impact Assessment (EqIA) to see if this service change could affect anyone unfairly. We welcome your views on the assumptions we have made and the conclusions we have drawn.

KENT AND MEDWAY MULTI-AGENCY SUICIDE PREVENTION STRATEGY 2015-2020

Draft V.9
December 2014

Acknowledgments

Thanks to all the members of the Kent and Medway Suicide Prevention Steering Group for their support in developing this strategy. Full details of the group are listed in Appendix xx *(To be added in final draft of the strategy).*

Thanks too, to all those groups and individuals who responded to the consultation to the draft strategy that was held between xxx and xxx 2015. *(To be added in final draft of the strategy).*

Contents

1. *Introduction*

1.1 Every suicide is a tragic event which has a devastating impact on the friends and family of the victim, and can be felt across the whole community. While the events and circumstances leading to each suicide will be different, there are a number of areas where action can be taken to help prevent loss of life.

1.2 This strategy is a continuation of work undertaken as a result of the 2010-2015 Kent and Medway Suicide Prevention Strategy. While there has been progress in many areas, sadly suicide still accounts for approximately 1% of all deaths in Kent and Medway every year.

1.3 This strategy combines evidence from suicides in Kent with national research and policy direction. It is clear from both local and national experience that suicide prevention is not the sole responsibility of one agency; most progress can be made when the public sector, charities and companies work together to deliver a range of measures.

1.4 This is why this strategy has been developed by the Kent and Medway Suicide Prevention Steering Group which consists of a range of partners doing what they can (both individually and together) to reduce the number of suicides in Kent and Medway. A wider consultation exercise was also held between November 2014 and January 2015 to ensure that the widest number of individuals and organisations have their chance to input. A review of the responses to the consultation can be seen in Appendix *xx (To be added in final draft of the strategy).*

1.5 To ensure that this strategy does not discriminate unfairly against any particular group within Kent and Medway, an equality impact assessment was also undertaken during the drafting process. Full details can be seen in Appendix *xx (To be added in final draft of the strategy).*

1.6 The Suicide Prevention Steering Group will co-ordinate the delivery of the action plan and monitor progress against the strategic priorities at regular meetings and by providing updates to the Health and Well Being Boards of Kent and Medway.

2. *National policy context*

2.1 Since the publication of Kent and Medway's 2010-2015 Suicide Prevention Strategy in 2010, the Coalition Government has published the *Preventing Suicide in England*[1] national strategy in 2012 and a '*One Year On'* progress report in January 2014[2]. The priorities contained within the 2012 national strategy match the strategic priorities within the *Kent and Medway Suicide Prevention Strategy 2010-15* very well, however the '*One Year On'* national progress report identified six issues which will need further examination in a Kent and Medway context. These are;

- Self-harm
- Supporting people's mental health in a financial crisis
- Helping people affected or bereaved by suicide
- Improve wellbeing and access to services for middle aged men
- Improve wellbeing and access to services for children and young people

[1] *Preventing suicide in England; A cross-government outcomes strategy to save lives*
[2] *Preventing suicide in England: One year on*

- Improve data and information from coroners

2.2 In September 2012 the Department of Health published "*Prompts for local leaders on suicide prevention*"[3] which is a checklist of questions designed to aid the development and implementation of local suicide prevention policies.

2.3 Other relevant policy developments have included Public Health England publishing the *Public Health Outcomes Framework 2013-2016*[4] in November 2013 (which includes indicators on both suicide and self-harm), and the National Institute for Health and Care Excellence (NICE) issuing new guidance on self-harm in June 2013[5].

2.4 In April 2014, the Coalition published an update to its mental health strategy[6]. It seeks 'Parity of Esteem' for people with mental health disorders and recommends that public services should reflect the importance of mental health in their policy planning by putting it on a par with physical health.

2.5 In 2014, The World Health Organisation produced a global report on suicide prevention (WHO 2014). It highlights that suicide occurs all over the world and can take place at almost any age. Globally, suicide rates are highest in people aged 70 years and over, although this does vary depending on the country. The report is a call for action to address suicide and it emphasises the importance of reducing access to means of suicide and ensuring that there is responsible reporting of suicide in the media and early identification and management of mental and substance use disorders in communities and by health workers in particular. WHO Member States have committed themselves to work towards the global target of reducing the suicide rate in countries by 10% by 2020.

2.6 In August 2014 the Chief Medical Officer's Annual Report on Public Mental Health Priorities found that "It is increasingly apparent that suicide prevention in geographical areas must have sound backing from local authorities, including public health. Such agencies can provide the stimulus for important local initiatives and their evaluation".[7]

2.7 Most recently, (September 2014) Public Health England has published "*Guidance for developing a local suicide prevention action plan*". The document gives local authorities further advice about how to develop a suicide preventing action plan, monitor data and trends as well as improving mental health in the area.

2.8 The development of this strategy has been shaped by the themes and principles contained within these documents.

3. Kent policy context

3.1 Since the development of the 2010-2015 Kent and Medway Suicide Prevention Strategy the context of mental health commissioning has changed greatly. CCGs have replaced PCTs and have assumed system leadership of mental health services, KCC remains the lead for social care and KCC Public Health leads on prevention and well-being. Health and Wellbeing Boards have been established and Commissioning

[3] *Department of Health Prompts for local leaders on suicide prevention*
[4] *Public Health Outcomes Framework 2013-2016*
[5] *NICE Guidance Quality Standard 34 self-harm*
[6] *Making mental health services more effective and accessible*
[7] *Chief Medical Officers Annual Report p 243*

arrangements in relation to the criminal justice system, and drug and alcohol treatment services have also changed considerably.

3.2 The current strategy for mental health commissioning is the "Live It Well" strategy. This is also due for a refresh in 2015.

3.3 When considering the Suicide Prevention Strategy, it is important to note that it forms a part of a wider mental health strategy.

4. Current statistics

4.1 There has been an increase in the annual number of people taking their own life in Kent and Medway. This section sets out a number of statistics relating to those suicides and the information has been used to shape the strategic priorities contained in Section 5 of this strategy.

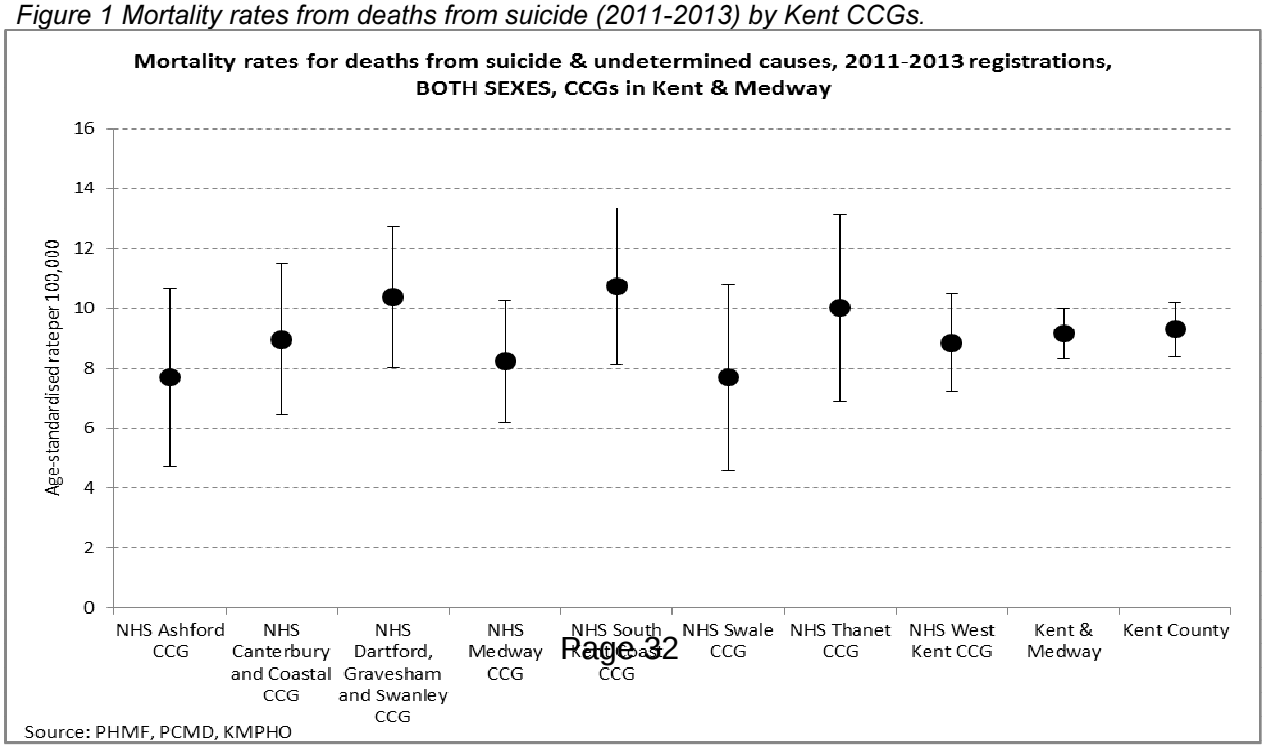
Table 1: Annual number deaths from suicide and undetermined causes, CCGs in Kent & Medway, both sexes, 2002-2013 registrations

Area	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
NHS Ashford CCG	13	9	3	11	7	9	4	6	7	7	5	14
NHS Canterbury and Coastal CCG	12	16	16	16	16	17	10	20	13	14	15	21
NHS Dartford, Gravesham and Swanley CCG	22	28	27	16	18	22	8	21	15	23	23	28
NHS Medway CCG	23	12	20	21	23	22	14	19	14	13	20	31
NHS South Kent Coast CCG	17	26	20	27	13	20	12	19	18	25	22	18
NHS Swale CCG	4	7	16	8	12	5	8	11	9	3	8	13
NHS Thanet CCG	9	15	15	8	12	17	11	13	8	17	14	9
NHS West Kent CCG	39	35	31	39	36	36	35	42	30	30	38	48
Kent & Medway	**139**	**148**	**148**	**146**	**137**	**148**	**102**	**151**	**114**	**132**	**145**	**182**

Source: PHMF, PCMD, KMPHO

4.2 The data in Table 1 shows the number of deaths from suicide and undetermined causes for the different Clinical Commissioning Groups (CCGs) across Kent and Medway. There was a considerable increase in the overall number of suicides in 2013 compared to any of the previous years. The rates for suicide across Kent CCG's (Fig 1) show that Thanet, South Kent Coast and Dartford, Gravesham and Swanley CCG's have higher rates than the Kent average. However these rates mask the gender differences in suicide. Males are more likely to commit suicide then females (Figs 2 & 3).

Figure 1 Mortality rates from deaths from suicide (2011-2013) by Kent CCGs.



4.3 There is a big difference between the rates of males and females who commit suicide. The rate for males in Kent (2011-13) is 15 deaths per 100,000 people. For females, it is 4 deaths in 100,000. This is the reason that it is important to ensure prevention services are targeted to men, who traditionally are low users of services such as talking therapies.

4.4 For males the rates are higher in Canterbury and Coastal, Dartford, Gravesham and Swanley CCG, South Kent Coast and Thanet CCGs. Rates for females are highest in West Kent and Ashford CCGs.

Figure 2. Numbers of deaths from suicide and undetermined causes, Kent & Medway, by year of registration and gender, 2002-2013

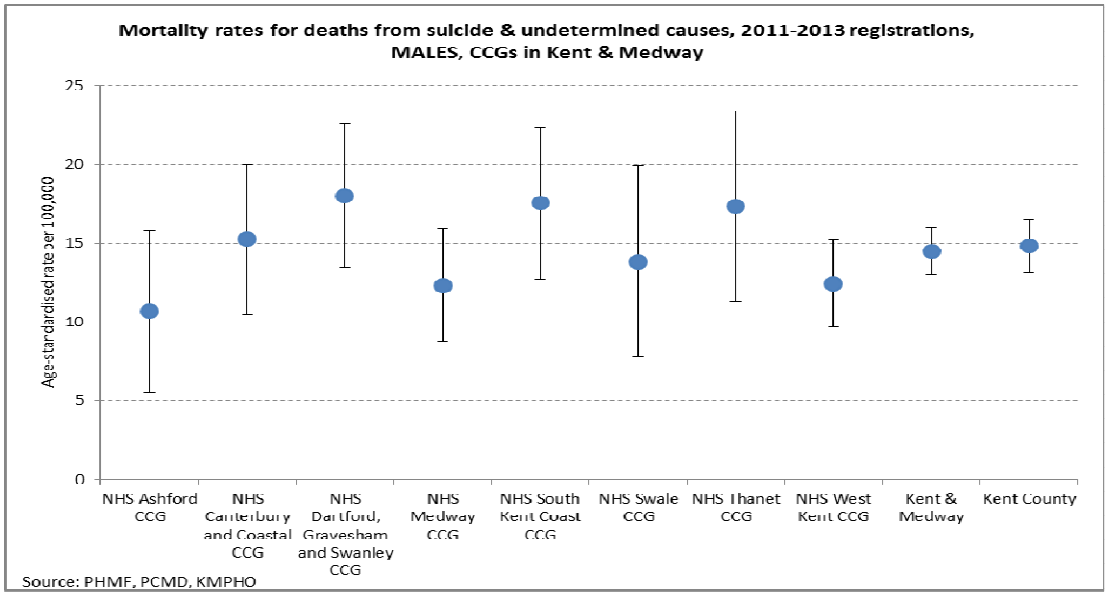
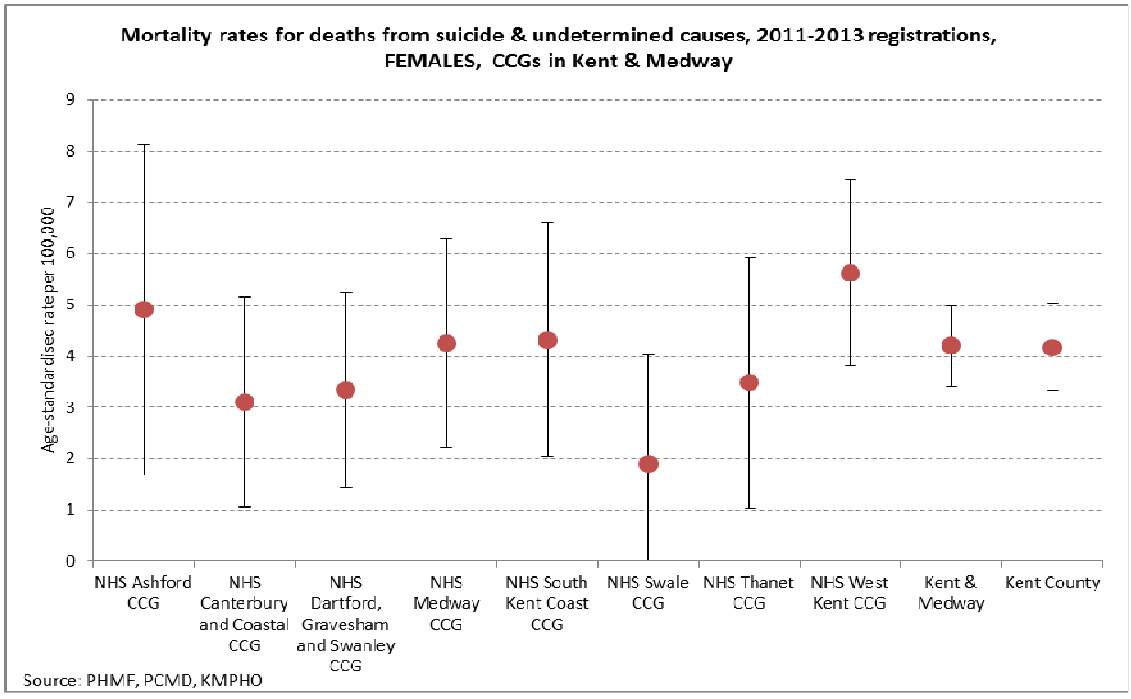


Figure 3: Mortality rates for suicide and undetermined causes, 2011 – 2013 (pooled), CCGs in Kent and Medway, FEMALES



4.5 Gender and age

Figures 4 and 5 show the number of deaths from suicide and undetermined causes for Kent & Medway, by age band and gender between 2002-2013 and the number of deaths from suicide and undetermined causes, Kent & Medway, by age band and gender. The data show that the suicide numbers are considerably higher in men for all age categories. The highest numbers are in men aged between 40 and 54 years old.

Figure 4 Numbers of suicide by year of registration and gender

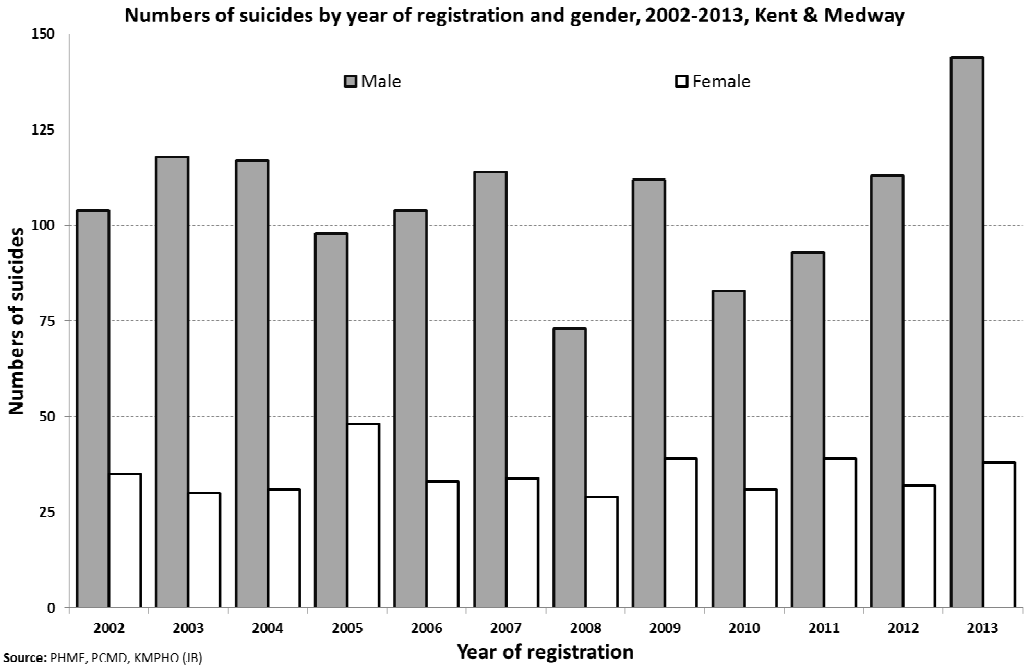
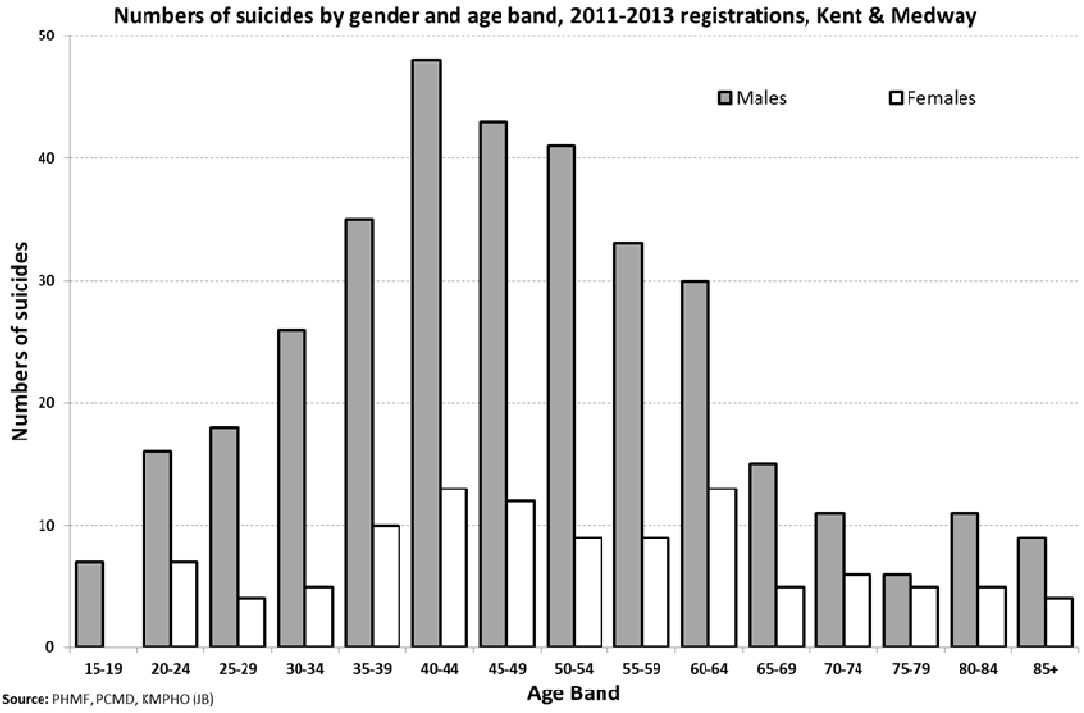


Figure 5: Numbers of deaths from suicide and undetermined causes, Kent & Medway, by age band and gender, 2011-2013 registration.



4.6 Country of birth

Coroners do not currently record ethnicity on death certificates, however they do record country of birth. While this is not a good indication of ethnicity, in order to see if there were any notable trends, the Kent and Medway Public Health Observatory has examined the country of birth of 1730 individuals in Kent who took their life between 2002 and 2013. The vast majority were born in England, and the next two most frequent countries of birth were Scotland and Wales. However eleven people born in Poland, nine born in India, and eight born in Germany have killed themselves in Kent between 2002 and 2013.

4.7 As part of the implementation of this strategy, the Steering Group will monitor suicide statistics relating to country of birth and work with other agencies (both locally and nationally) to try and improve the ability to assess the risk of suicide within ethnic groups within Kent.

4.8 Occupation

The coalition Government's 2012 Preventing Suicide in England strategy identified that "some occupational groups are at particularly high suicide risk. Nurses, doctors, farmers and other agricultural workers are at higher risk probably because they have ready access to the means of suicide and know how to use them."[8]

4.9 However it goes on to say that "Risk by occupational group may vary regionally and even locally. It is vital that the statutory sector and local agencies are alert to this and adapt their suicide prevention interventions and strategies accordingly."[9]

4.10 It is for this reason that during the preparation of this Strategy, the Kent and Medway Public Health Observatory examined the occupation (as written by the Coroner on the death certificate) of 1730 individuals in Kent who took their life between 2002 and 2013.

4.11 The following table groups the occupations into categories, and shows that the highest numbers of suicides are within the "Professional and managerial" and the "Construction, transport and building trades" categories.

Table 2 Occupations of suicide victims in Kent between 2002-2013 – Source KMPHO

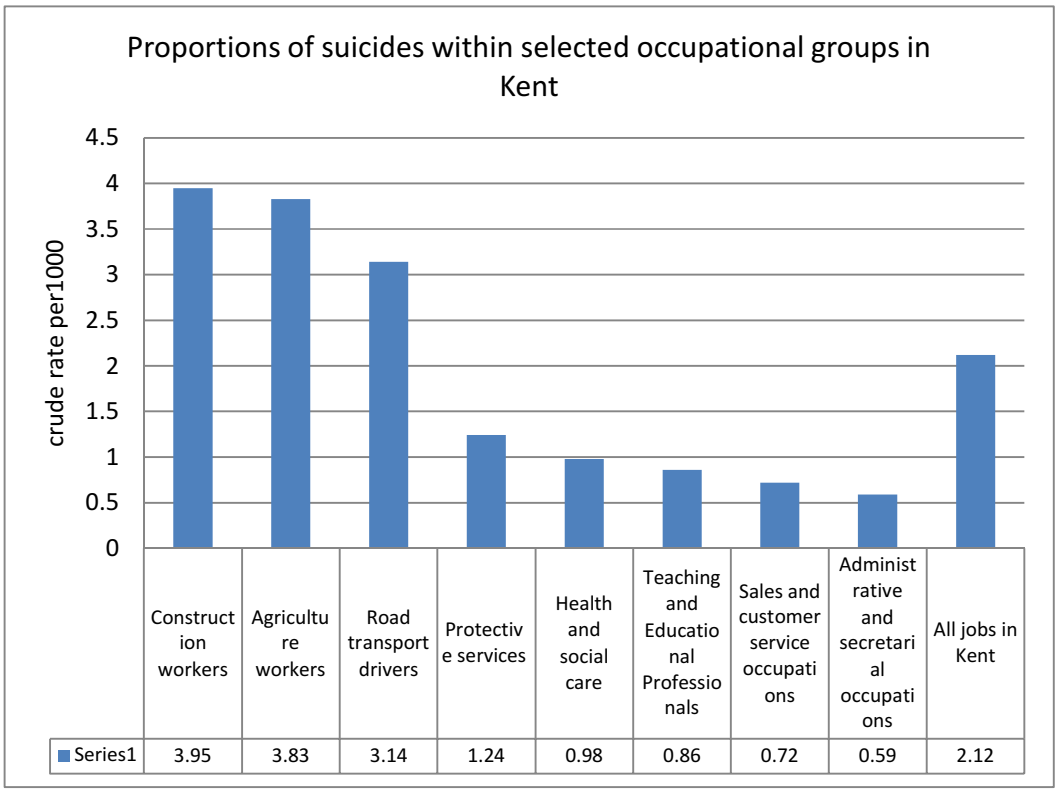
Occupation type	Numbers of suicides in Kent between 2002 and 2013
Professional and managerial	497
Construction, transport and building trades	462
Sales, services and administration	290
Health and personal services	105
Leisure, media and sport	74
Agriculture	50
Protection services	42
IT, Science and Engineering	41
Unknown	169
Total	**1730**

[8] P.19 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216928/Preventing-Suicide-in-England-A-cross-government-outcomes-strategy-to-save-lives.pdf

[9] Same reference as 7

4.12 It is important to note that these are *numbers* rather than *rates* and do not take into account the scale of the differences within these occupations in Kent. The chart below matches the numbers of suicides with the number of people within each occupation in Kent (as taken from the 2011 Census) to calculate a crude rate. Although this data should be met with some caution, it does give an indication of which occupations are more vulnerable.

Fig 6 Proportion of suicides within selected occupational groups in Kent 2002-13



Source: Kent Public Health 2014 and the 2011 Census

4.13 Figure 6 shows that construction workers had the highest rates of suicide of any occupation group between 2002-13, closely followed by agricultural workers. Road transport drivers also had a rate well above the average for all jobs in Kent. Agricultural workers were one of the high risk occupations identified nationally, however construction workers and road transport drivers were not. Health workers in Kent have a comparatively low rate despite being one of the nationally highlighted high risk occupation.

4.14 <u>Method of suicide</u>

Figure 7 shows the total numbers of deaths from suicide and undetermined causes broken down by method. It compares the 2004-2008 period with 2009-2013. The data show that between 2009-2013, there were more suicides via hanging and jumping in comparison to 2004-2008, although there were fewer people taking their own life via gas and smoke.

Figure 7 *Total numbers of deaths from suicide and undetermined causes, comparing 2004-8 with 2009-13, males and females, main suicide method, Kent and Medway*

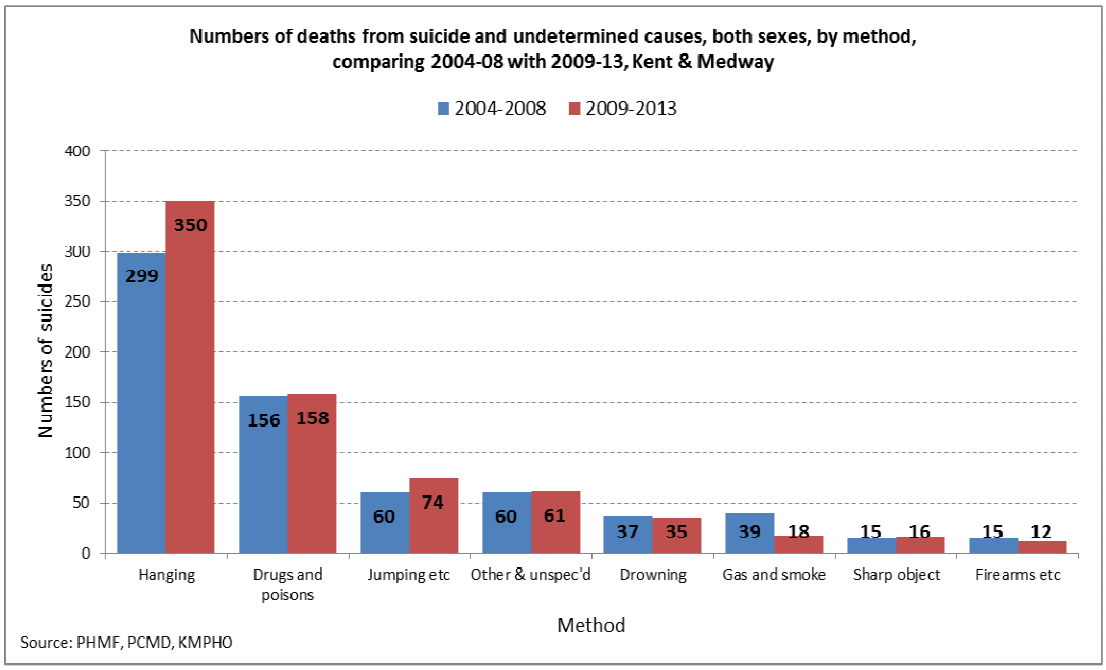


Figure 8 shows the annual average numbers of deaths from suicide and undetermined causes from selected causes for males and females between 2002 and 2013.

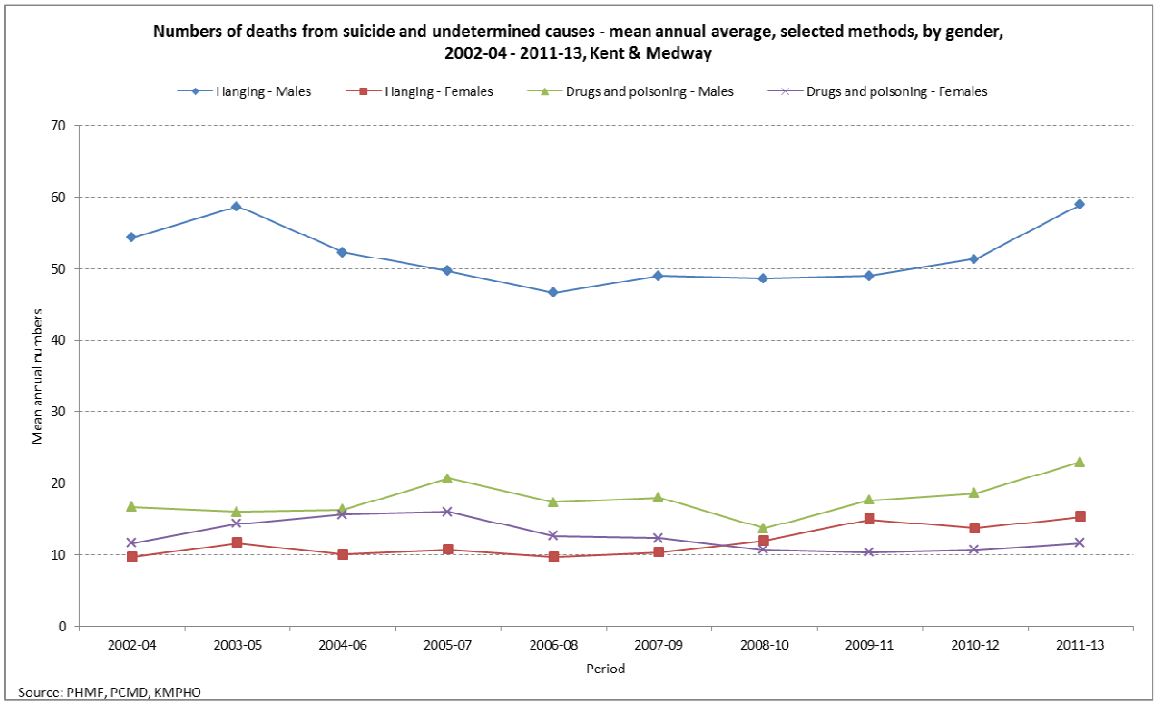


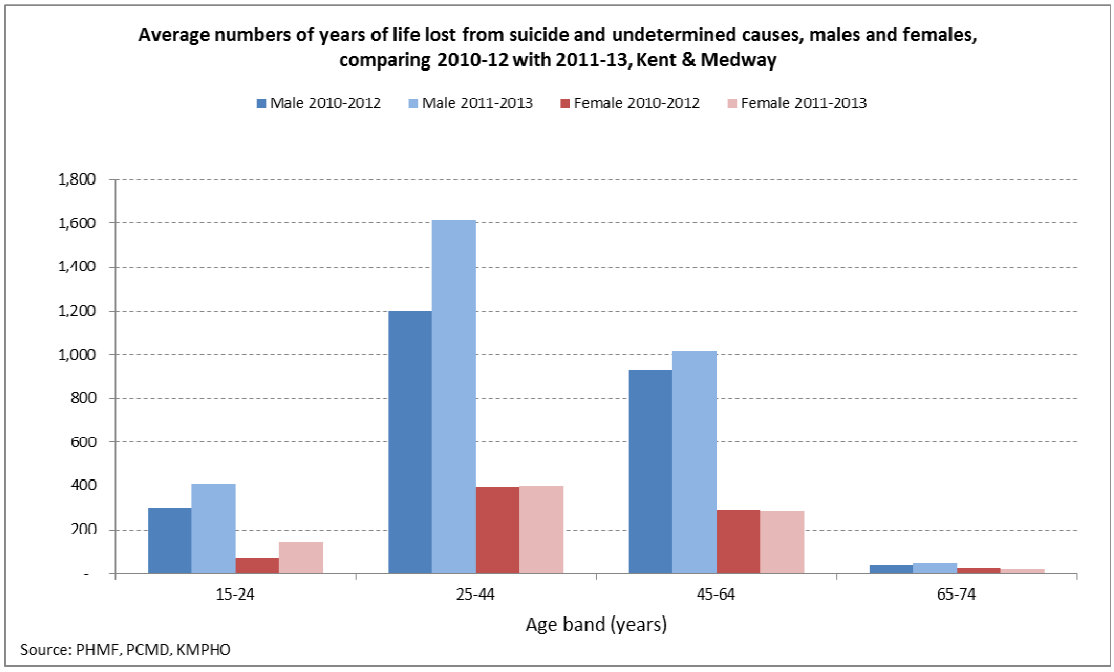
Figure 8: Annual average numbers of deaths from suicide and undetermined causes, 2002-4 – 2011-13, males and females, main suicide method, Kent and Medway

4.15 Years of life lost

Figure 9 shows the annual average years of life lost from suicide and undetermined causes, males and females comparing 2010-12 with 2011-13. As one would expect, the average years of life lost is considerably greater in younger men aged between

25-44 years old. However, the number of life years lost in men in this age group increased by 33% in 2011-13.

Figure 9: Annual average years of life lost from suicide and undetermined causes, males and females comparing 2010-12 with 2011-3, Kent and Medway



4.16 Self harm

Not everyone who self harms is suicidal, and not everyone who takes their own life self harms first. However for some people self harm can be an indicator that they are suffering from depression or another mental illness. Across England the average rate of admissions as a result of self harm amongst 10-24 year olds is 346.3 per 100,000. Table 3 shows that the Kent rate in the same time period was 364.2, and increased in the following year.

Table 3 Age-Standardised Rate (ASR) per 100,000 10-24 year olds for hospital admissions as a result of self-harm

Persons	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014
	ASR	ASR	ASR	ASR	ASR
NHS Ashford CCG	306.7	314.7	282.0	260.7	440.9
NHS Canterbury & Coastal CCG	397.1	409.8	374.8	313.7	395.0
NHS Dartford, Gravesham & Swanley CCG	405.5	428.7	395.8	360.2	354.9
NHS South Kent Coast CCG	462.1	376.3	386.7	496.8	506.3
NHS Swale CCG	516.6	379.5	485.2	233.0	311.7
NHS Thanet CCG	541.2	627.9	618.0	473.7	475.5
NHS West Kent	479.5	399.8	376.1	365.1	439.8
Kent	443.2	415.2	400.5	364.2	416.3

5. Review of 2010-2015 Strategy

5.1 The 2010-15 Kent and Medway Suicide Prevention Strategy focused on the following priorities;

- To reduce risk in key high risk groups
- To promote wellbeing in the wider population
- To reduce the availability and lethality of suicide methods
- To improve the reporting of suicidal behaviour in the media
- To ensure appropriate monitoring of suicide statistics and audit of services.

5.2 During the lifetime of the strategy, progress in relation to each of the priorities has included the following;

- **To reduce risk in key high risk groups**
    - Men's sheds, and other men's health groups, have been established across Kent and Medway to being men together to put their practical skills to good use and encourage them to be more socially active and improve mental wellbeing
    - Primary Care Mental Health link workers have been commissioned in Kent to provide extra support to people with mental health conditions in the community
    - KMPT have developed a suicide prevention strategy and action plan. A number of actions have been completed including a ligature audit with appropriate actions implemented, a GRIST risk assessment tool (a psychological model of how people think and reason) being piloted and training on Applied Suicide Intervention Skills has been delivered
    - Kent Drug and Alcohol Action Team serious incident review panel have reviewed all cases of suicide in contact with alcohol and drug services at the time of death
    - Research has been conducted into Suicide and Older People within Kent by Canterbury Christ Church University
    - Health professionals in Kent and Medway have been offered a variety of training around self-harm awareness and suicide prevention (safe assessment, triage, providing an immediate response).

- **To promote wellbeing in the wider population**
    - Kent County Council has commissioned Sevenoaks Area Mind to deliver a series of free to access Mental Health First Aid training courses. These courses are designed to help people recognise mental health problems and encourage someone to seek help
    - Free to access psychological support is available across Kent and Medway through the IAPT 'Talking therapies' programme
    - Kent County Council and Medway Council have both launched wellbeing programmes to help people take little steps and make a big difference to their wellbeing. (Kent has Six Ways to Wellbeing, while Medway has Five Ways to Wellbeing)
    - "Help is at Hand" suicide bereavement support packs have been distributed across Kent and Medway including to GP surgeries for people bereaved by suicide
    - ASIST (Applied Suicide Intervention Skills Training) has been delivered in Medway and Kent
    - SAFE is a youth-led project delivered by Voluntary Action Within Kent (VAWK). It seeks to raise awareness of mental health, reduce suicide, break down stigma, and encourage young people to talk about their feelings,

recognise the danger signs and to seek support - if and when they need it. SAFE has been set up within three Medway schools with the help of volunteers from the Upper Years and Sixth Form.

- **To reduce the availability and lethality of suicide methods**
    - Work has been undertaken with local agencies to identify hotspots and take appropriate action to minimise further suicides. Examples include, Kent County Council working with Samaritans regarding sign installation at a bridge over the M20 in Ashford and Medway Council has put up Samaritans signage and is also considering further hardening measures at Brook car park in Chatham.

- **To ensure appropriate monitoring of suicide statistics and audit of services.**
    - Relationships with National Rail, Kent Police, KMPT and the Coroner have been developed and improved and agencies regularly share statistics (where appropriate) so that trends can be monitored.

5.3 There is potential to continue to make improvements in a number of areas through the 2015-2020 strategy including;

- Developing new systems for monitoring and improving the reporting of suicide coverage in the media
- Implementing the results of evidence reviews around suicide and older people and suicide and debt
- Examining the relationship between self-harm and suicide.

6. Strategic priorities

6.1 When deciding on the strategic priorities, consideration has been given to both local statistics, and national guidance. While local insight will shape how each priority is delivered within Kent and Medway, the Kent and Medway Suicide Prevention Steering Group has agreed that there is nothing particularly different about suicidal behaviour locally which would mean that national objectives would not be appropriate here. Therefore the strategic priorities that this strategy adopts mirror the national areas for action almost exactly. They are as follows;

i. Reduce the risk of suicide in key high-risk groups
ii. Tailor approaches to improve mental health and wellbeing in Kent and Medway
iii. Reduce access to the means of suicide
iv. Provide better information and support to those bereaved or affected by suicide
v. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
vi. Support research, data collection and monitoring

6.2 More details about how each of these strategic priorities will be shaped and delivered in Kent and Medway is given below, and they form the structure for the draft action plan which is attached to this report.

6.3 Priority i. Reduce the risk of suicide in high-risk groups

The national strategy identified the following high risk groups as priorities for action:

- Young and middle aged men
- People in the care of mental health
- People with a history of self-harm
- People in contact with the criminal justice system
- Specific occupational groups such as doctors, nurses, veterinary workers, farmers and agricultural workers.

6.4 A year after the national strategy was launched, the coalition published their *One Year On* report which identified that middle age men (aged 35-54) were now the group with the highest suicide rate. The One Year On report also suggested that Children and Young People should also now be a particular focus for national prevention work.

6.5 Having considered the nationally identified high-risk groups as well as local data, the Kent and Medway Suicide Prevention Steering Group have been identified as of particular concern in Kent:

- Those in contact with mental health services
- Those who have self harmed
- Offenders
- Middle aged and older men (targeting unemployed and routine and manual occupation groups)
- High risk occupation groups such as construction, agriculture and road transport drivers

6.6 A key part of the public consultation will be to ask whether these are the right high-risk groups to be identified. More detail on each of the selected high risk groups will be added after the consultation process

6.7 Priority ii. Tailor approaches to improve mental health and wellbeing in Kent and Medway

Not everyone who has a mental illness will be suicidal, and not everyone who takes their own life will have been diagnosed with a mental illness. Therefore as well as ensuring that mental health services provide the best possible support to those they come in contact with, wider support to improve the mental health and well-being of other groups and the general population is needed.

6.8 The Live It Well mental health strategy is designed to improve mental health across Kent and Medway. As well as helping people stay well, it focuses on ensuring that people with mental health needs – which will be one in four of us at some point in our lives – get the care they need. It sets out a vision for promoting mental health and well-being, intervening early and providing personal care when people develop problems, and focusing on helping people to recover.

6.9 The Live it Well strategy is supplemented by a detailed website (www.liveitwell.org.uk) which is an excellent source of information, help and guidance and is designed to help people connect with their local communities. It also provides the contact details of over 400 charities, community groups and supports services which provide help to individuals with a wide range of mental health issues.

6.10 As part of the Live it Well strategy, Kent County Council has launched the Six Ways to Wellbeing and Medway Council has launched the Five Ways to Wellbeing campaign. Both campaigns are designed to raise the levels of wellbeing by helping individuals to make small actions which make a big difference to their mood and mental resilience.

6.11 The campaigns are based on research undertaken by the New Economics Foundation Scientific (2010). The research points to five steps that can improve mental wellbeing. They are;

- Taking notice
- Connecting
- Giving
- Keep learning
- Being active

6.12 Kent's Six Ways of Wellbeing also include Caring (for the planet) as an additional step.

6.13 In addition to campaigns aimed to improve the mental health of the whole population, the Steering Group identified the following groups are at particular risk of poor mental health and therefore need specific activities to address their needs. Groups which aren't on the list will not be ignored, and the list will be reviewed regularly.

- Socially excluded and deprived groups
- BME communities
- Domestic abuse victims and survivors
- Women during and after pregnancy
- Young people leaving care
- Children and young people
- Students
- Older people (especially those who have recently lost long term partners)
- People who misuse drugs and alcohol
- Veterans
- LGBT
- People experiencing financial crisis
- People experiencing relationship difficulties
- Offenders/ex-offenders

6.14 A key part of the public consultation will be to ask whether these are the right groups to be identified. More detail on each of the selected groups will be added after the consultation process

6.15 Priority iii Reduce access to the means of suicide

Research has shown that work to reduce the availability and lethality of suicide methods is effective in preventing deaths. Suicidal intent can fluctuate with time and therefore actions which make it more difficult for people to take their own life can prevent deaths by deterring suicide until the level of intent subsides.

6.16 At the national level, restrictions on the amount of paracetamol products which can be bought in one transaction, and the fitting of catalytic converters on cars as

standard, have been credited with reducing the number of suicides by poisoning and inhalation respectively.

6.17 At a local level, the Suicide Prevention Steering Group includes members from KMPT and Network Rail, two organisations who continue to take action to prevent individuals from taking their own lives.

A case study from KMPT will be included in the final strategy

A case study from Network Rail will be included in the final strategy

6.18 The Suicide Prevention Steering Group will regularly monitor statistics concerning the method and location of suicides in Kent to establish whether further action is needed to reduce the access to particular means of suicide.

6.19 Priority iv Provide better information and support to those bereaved or affected by suicide

Research has shown that family and friends bereaved by suicide are at an increased risk of mental health and emotional problems (Qin et al 2002). There is evidence (De Groot et al. (2007) that suggests referral to specialist bereavement counselling and support can be helpful for people who pursue help.

6.20 It is therefore vital to have in place effective and timely emotional and practical support for families bereaved or affected by suicide to support recovery and reduce the risk of longer-term emotional distress.

6.21 Voluntary sector charities and organisations can be particularly effective in supporting bereaved families and GPs, primary care professionals and other agencies need to be attentive to the vulnerability of family members and aware what support is available.

6.22 Post-suicide interventions for schools have also been created by organisations such as the Samaritans and Voluntary Action Within Kent. The SAFE initiative encourages young people within their schools to consider their mental health and signpost those who would like to seek more support. Through peer to peer support and signposting, the project aims to break down the stigma surrounding mental health.

This priority will be a particular focus within the consultation process. Key principles and activities will be added to this section as a result of the consultation.

6.23 Priority v Support the media in delivering sensitive approaches to suicide and suicidal behaviour

The media have a significant influence on behaviours and attitudes and there is evidence that the reporting and portrayal of suicide can lead to copycat behaviour among young people and those at risk (Owens et al. 2011).

6.24 It is important that the media is supported to raise awareness to prevent suicides. For example, campaigns focused on World Suicide Prevention Day could be promoted each year.

6.25 The media also needs to be monitored in relation inappropriate reporting of suicide and support should be given to help them improve their coverage.

6.26 While social media and some internet sites have been used to promote suicidal ideology, the internet can also be used as an opportunity to reach out to vulnerable individuals who would otherwise be reluctant to seek support. It can also expand the availability of sources to support vulnerable people online. This strategy advocates responsible use of social media and the internet to support vulnerable people.

6.27 The Suicide Prevention Steering Group will continue to develop relationships with representatives of the media in order to develop new systems for monitoring and improving the reporting of suicide coverage in the media.

6.28 Priority vi Support research, data collection and monitoring

6.29 Ensuring that there is reliable and timely data on suicides and self-harm is vital when deciding how to prioritise actions. The Suicide Prevention Steering Group will regularly review and share available data on suicides in Kent and Medway to be sure that the correct priorities are being addressed.

6.30 The Group will also utilise other data sources that are not routinely or systematically reported. This is likely to include data from the coroner's office, Kent Police, Network Rail and Kent and Medway Social Care Partnership Trust (KMPT). The data should be regularly monitored by key partners and relevant actions will be taken.

6.31 Having an awareness of the research that has been conducted around suicide prevention is also fundamental to improve understanding of risk groups and developing and evaluating interventions that can be effective in preventing suicides. This awareness can be improved by utilising working relationships with academic institutions, who could disseminate relevant research, journal articles, reports and publications to key stakeholders working to prevent suicides in Kent and Medway.

6.32 For example, Canterbury ChristChurch have recently undertaken an evidence review on older people and suicide. This work has been presented to the Steering Group and has been considered as part of this strategy development process.

Appendix 1 Trends in suicide rates by CCG

Figures x-x show the trends in mortality from suicide and undetermined causes from between 2002 and 2013 for the different CCGs across Kent and Medway. The highest numbers are in South Kent Coast and Thanet, and the lowest in Ashford and Medway, although no CCG areas are statistically higher or lower than any others for the given time period.

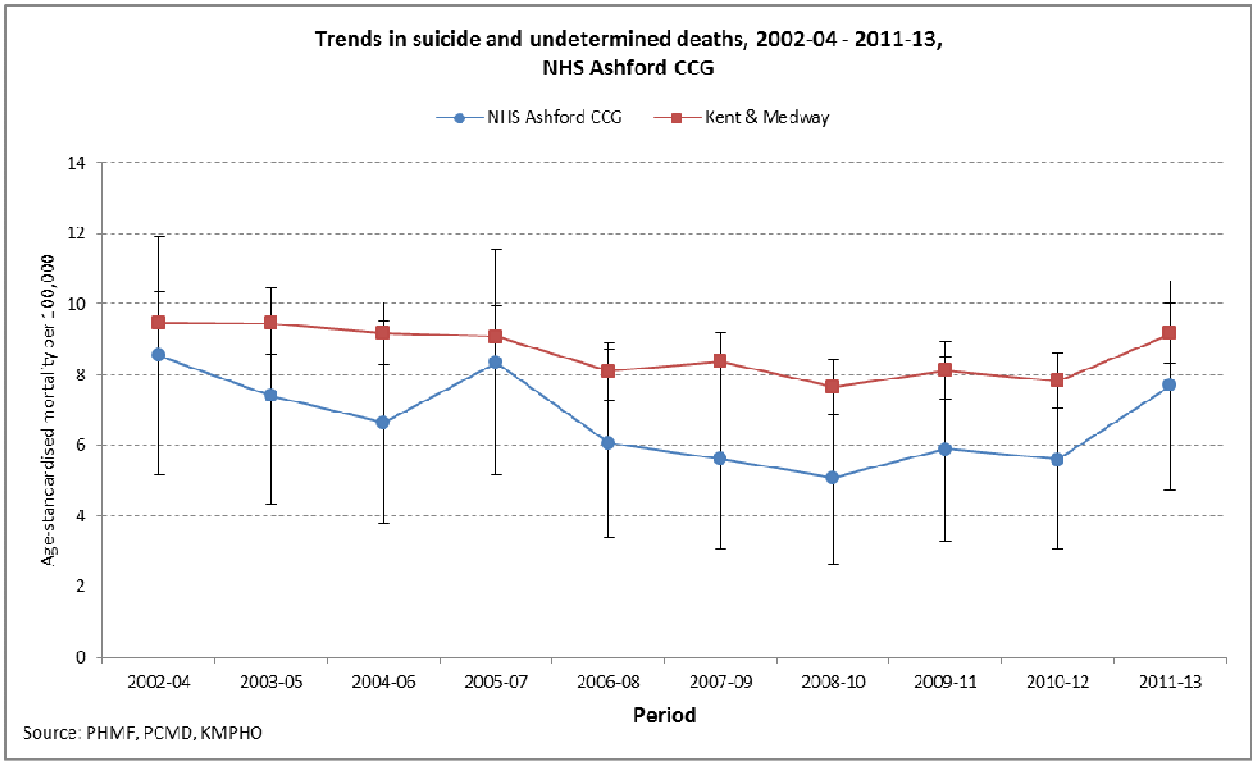


Figure : Trends in mortality from suicide and undetermined causes, 2002-4 – 2011-13, NHS Ashford CCG

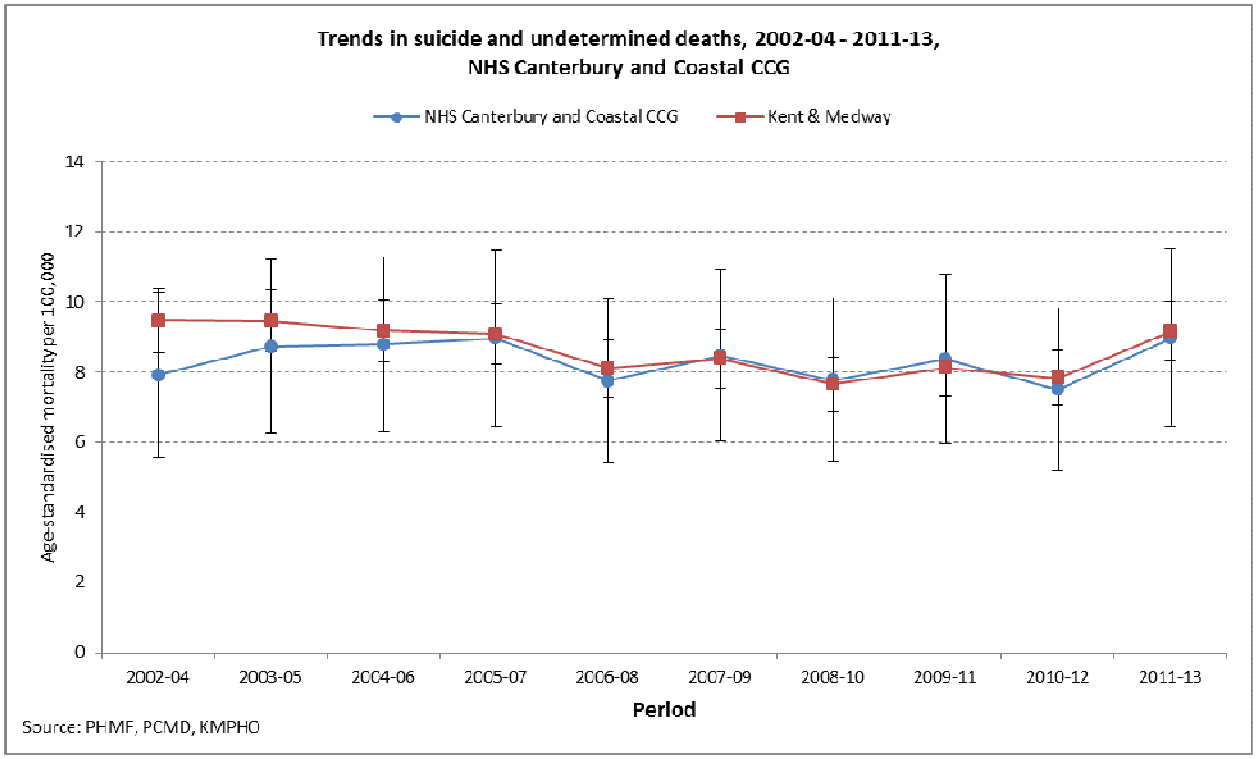


Figure :Trends in mortality from suicide and undetermined causes, 2002-4 – 2011-13, NHS Canterbury and Coastal CCG

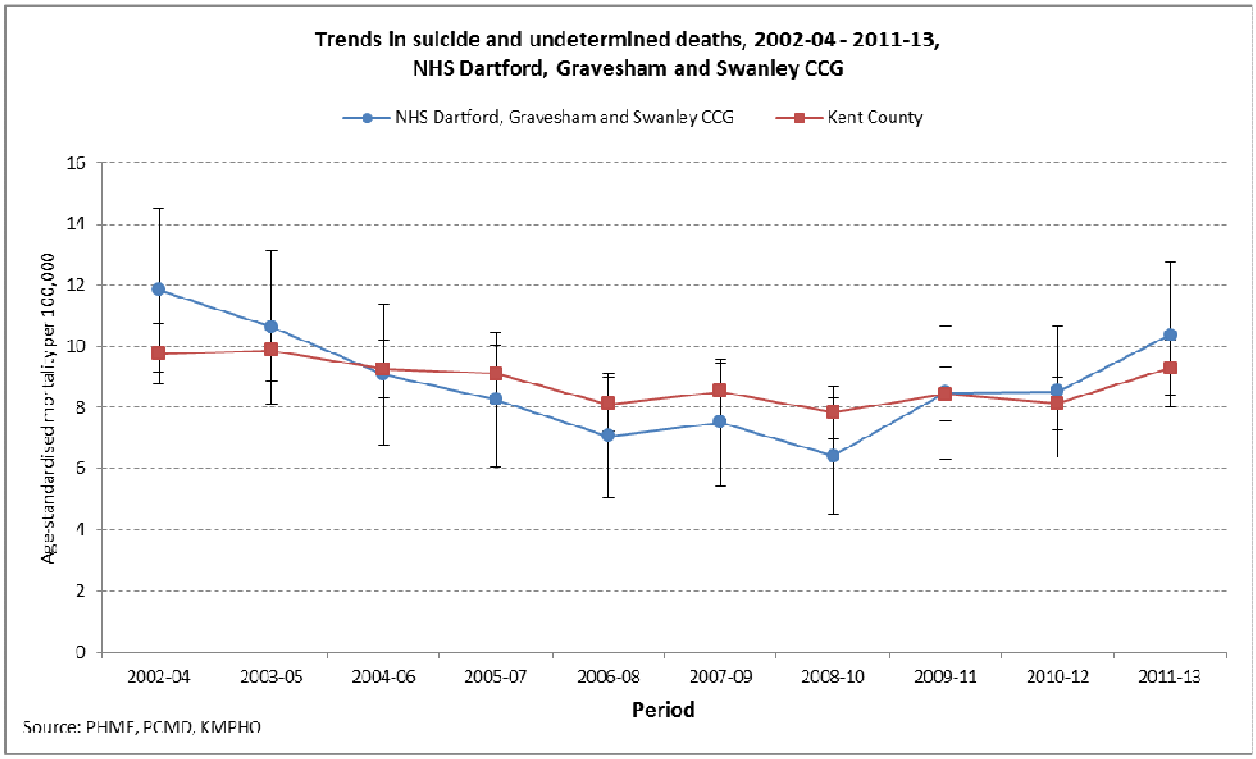


Figure :Trends in mortality from suicide and undetermined causes, 2002-4 – 2011-13, NHS Dartford, Gravesham and Swanley CCG

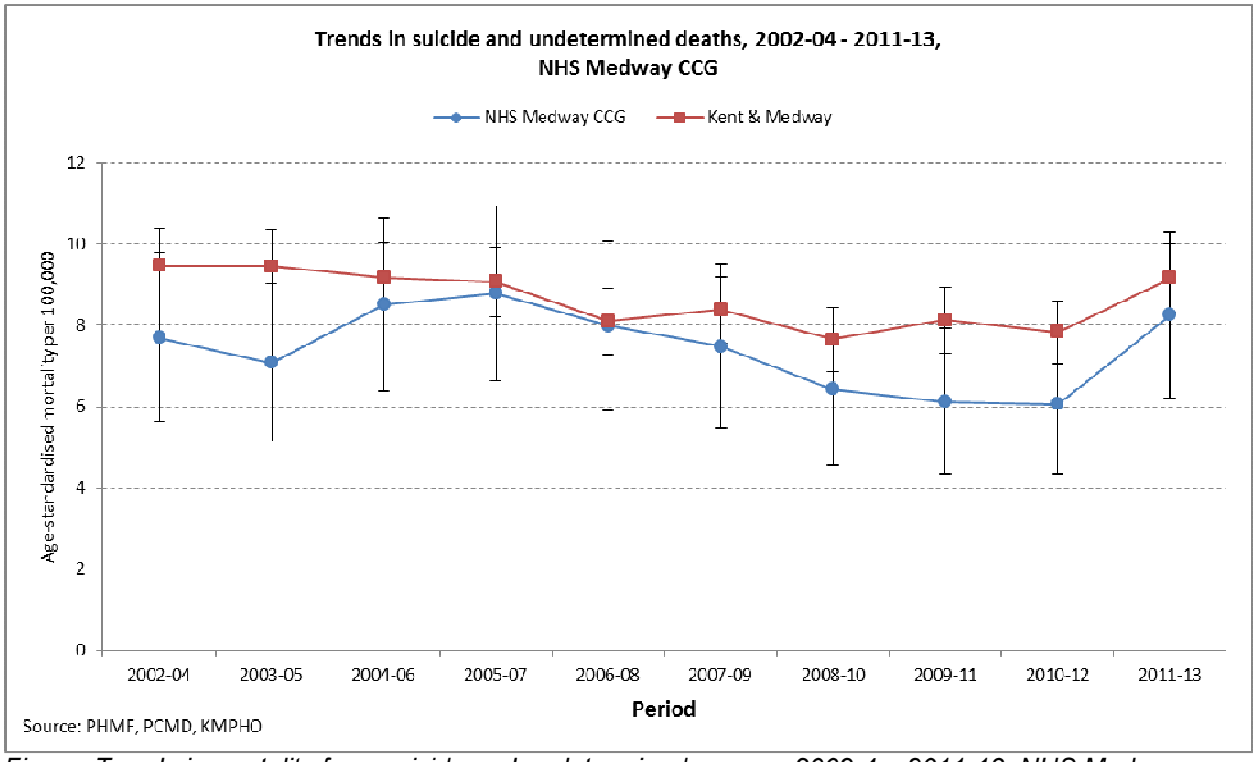


Figure :Trends in mortality from suicide and undetermined causes, 2002-4 – 2011-13, NHS Medway CCG

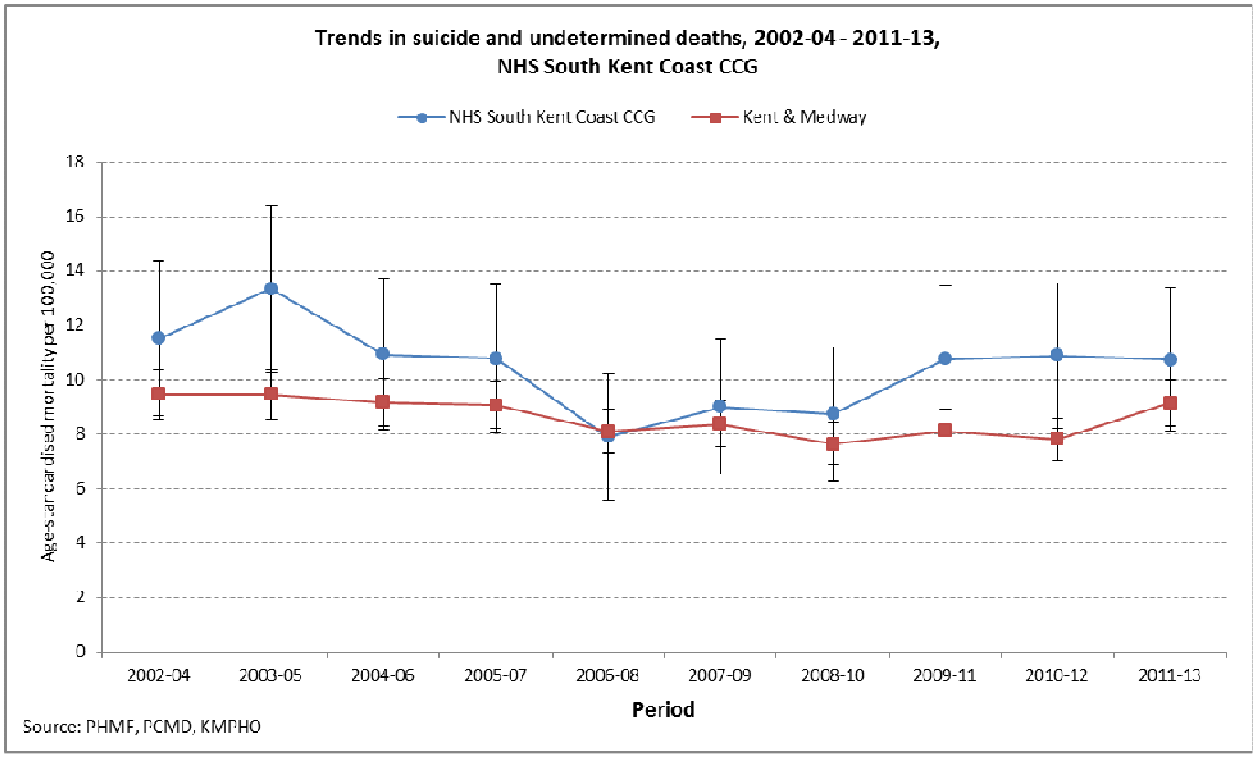


Figure :Trends in mortality from suicide and undetermined causes, 2002-4 – 2011-13, NHS South Kent Coast CCG

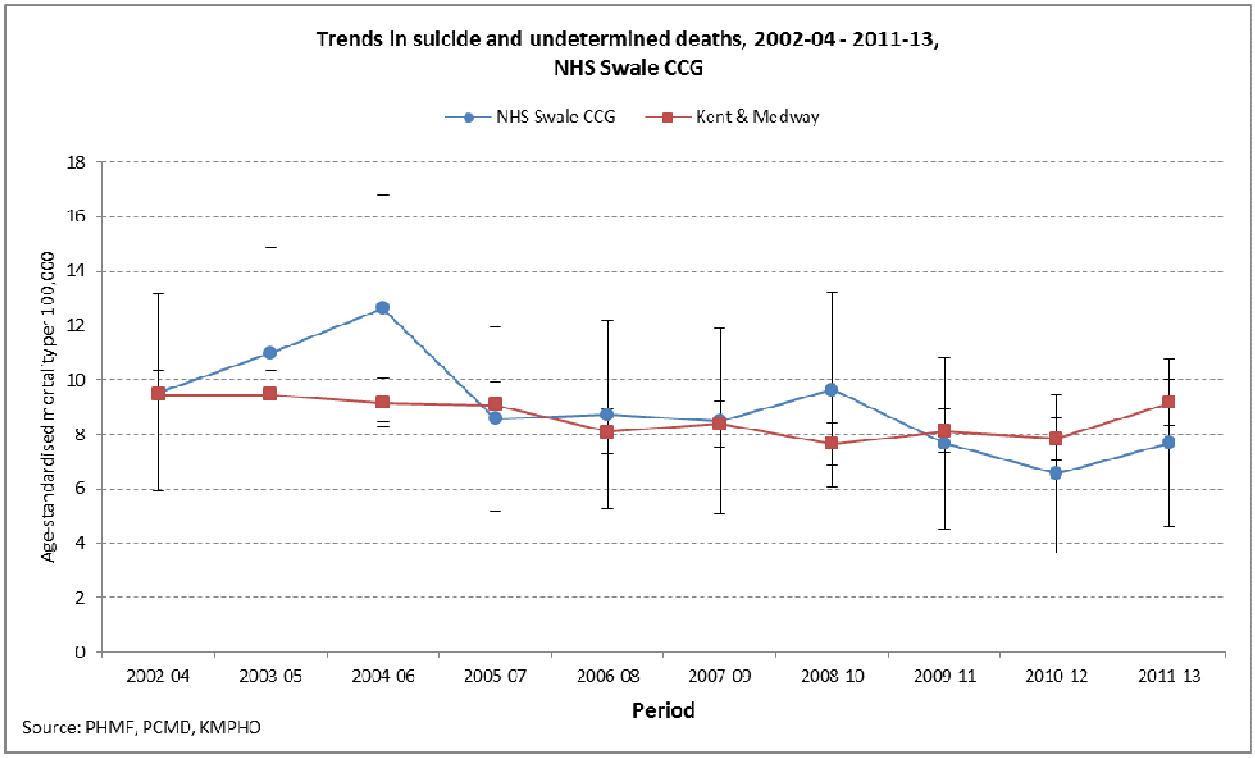


Figure : Trends in mortality from suicide and undetermined causes, 2002-4 – 2011-13, NHS Swale CCG

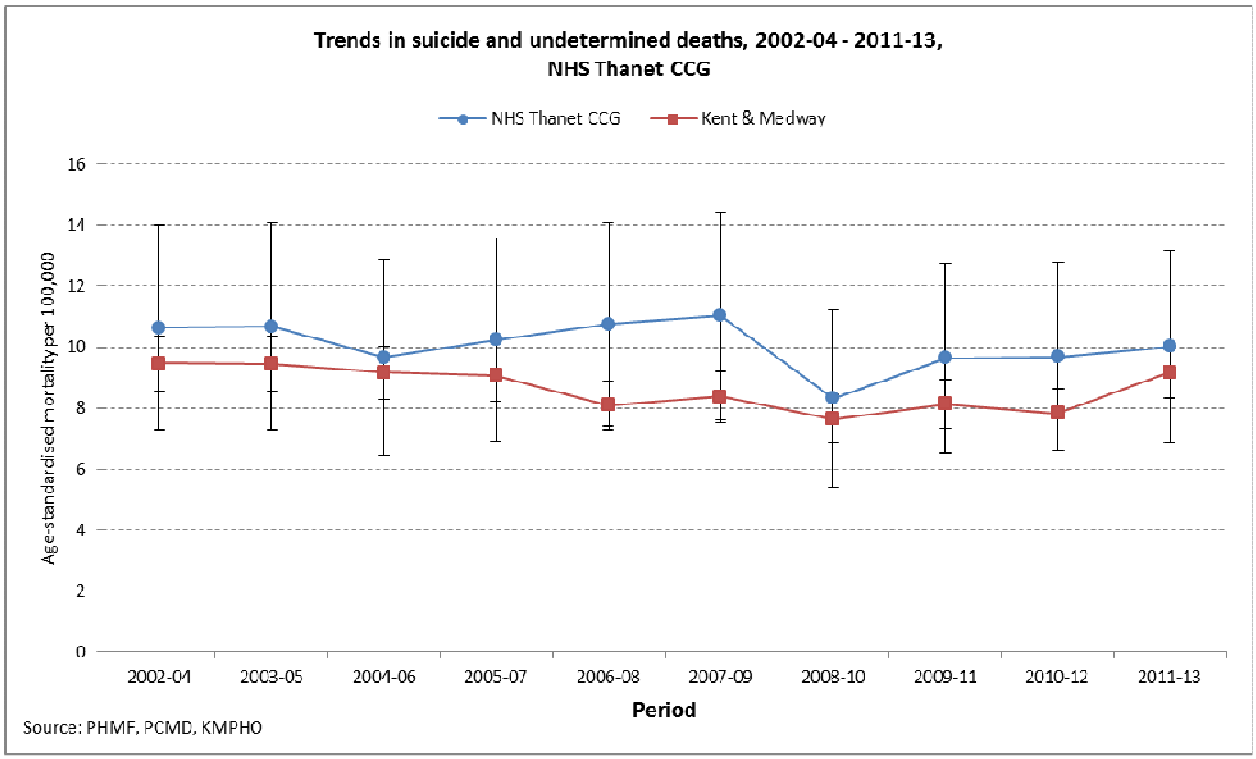


Figure : Trends in mortality from suicide and undetermined causes, 2002-4 – 2011-13, NHS Thanet CCG

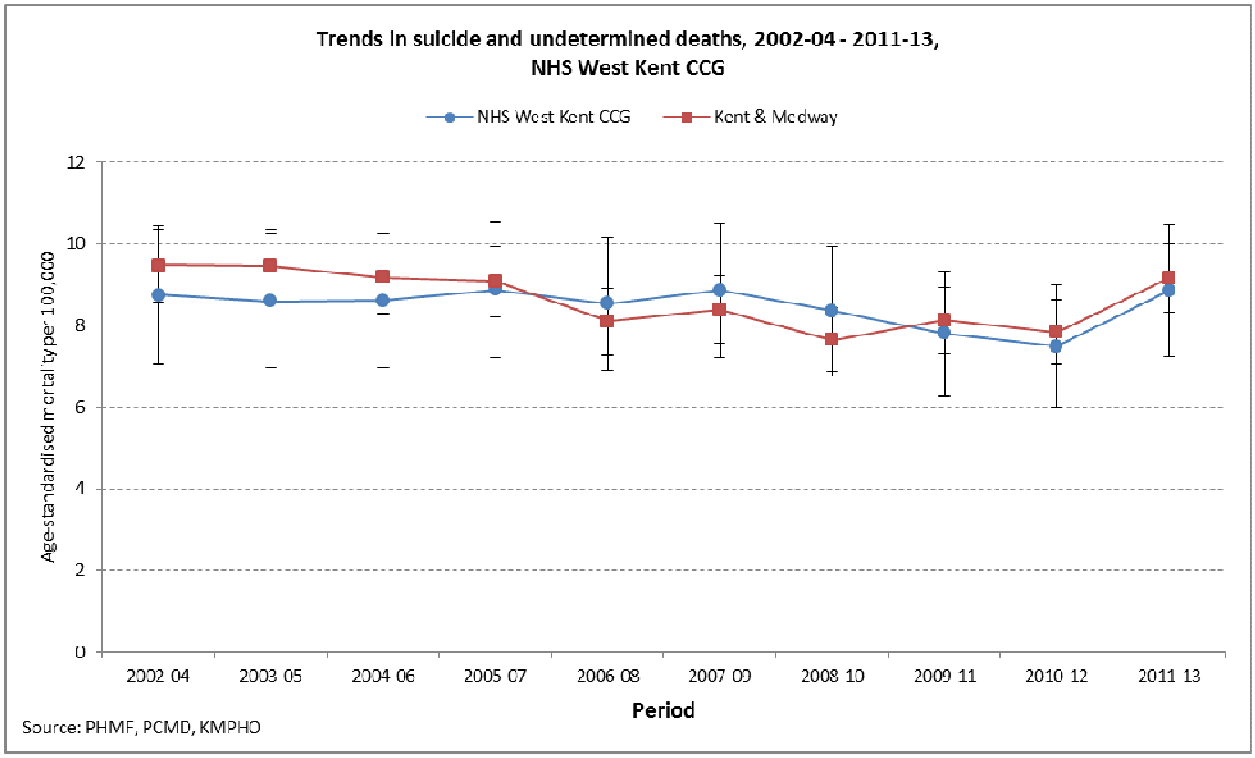


Figure : Trends in mortality from suicide and undetermined causes, 2002-4 – 2011-13, NHS West Kent CCG

The rest of the Appendices will be completed within the final Strategy

Appendix 2 Membership of the Kent and Medway Suicide Prevention Steering Group
Appendix 3 Review of responses to the public consultation as part of the development of this strategy
Appendix 4 Equality Impact Assessment

This page is intentionally left blank

By: Graham Gibbens, Cabinet Member, Adult Social Care & Public Health
Andrew Ireland – Corporate Director for Social Care, Health and Wellbeing
Andrew Scott-Clark, Interim Director of Public Health

To: Adult Social Care and Health Cabinet Committee

Date: 15th January 2015

Subject: BUILDING A MENTAL HEALTH CORE OFFER

Classification: Unrestricted

Past pathway: Follows on from the Building Community Capacity programme presented to 11th July 2014 Adult Social Care & Health Cabinet Committee

Future pathway: Key decision by Cabinet Member

Electoral Division: All

Summary:
Kent County Council (KCC) is responsible for providing prevention and early intervention services for mental health. These services help prevent entry into formal social care and health systems, reduce suicide and prevent negative health outcomes associated with poor mental health. Current services within the Core Offer are funded jointly by KCC and Clinical Commissioning Groups (CCG's), to the value of £3.68 million

There is a need to re-shape these services to meet increasing demand, re-balance investment, enable us to become Care Act compliant and provide a consistent offer. A business case has been developed to explain the need for a "Primary Care and Wellbeing Service". The implementation of this will result in moving away from grant funded services, lead to a co - designed new model of service and result in a procurement of a new service, anticipated to start in April 2016.

It is proposed to include £3.68 million in the core offer using the investment currently within employment services, informal community services, primary care community link workers, peer brokerage and service user expenses.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to:

1. **Support the approach for developing a Primary Care and Wellbeing service and the proposed commissioning timeline.**

2. **Comment and either endorse or make recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to**

provide grants for one further year, 2015/16, and then award contracts for mental health services as detailed in the paper, from the 1st of April 2016.

3. To agree the commencement of a procurement process for the primary care and wellbeing service.

1. Introduction

1.1 The purpose of this paper is to explain the vision to transform mental health and wellbeing services and create a Primary Care and Wellbeing Service". The approach will use investment in a more effective way to ensure Parity of Esteem for people experiencing mental health problems. The approach offers a unique opportunity to commission joined up services across social care, public health and CCG's, reducing duplication and ensuring best value across the whole spectrum of wellbeing. KCC are leading this piece of work but will continue to work collaboratively with CCG's.

1.2 A core offer of support will be co-produced for people living with mental health needs in Kent communities. The new approach will put a greater focus on outcomes and engage people in innovative ways to achieve these outcomes. Services will be person centred and champion positive mental wellbeing within communities, by viewing service users as assets and encouraging them to play an active part in their communities.

2. Background

2.1. **National context**: Mental health is the largest single cause of disability and represents 23% of the national disease burden in the UK. Mental illness costs the UK economy £70–£100 billion per year; and only 25% of people with mental illness are receiving treatment. There is an unacceptably large 'premature mortality gap' resulting in huge health inequalities. (People with mental illness die on average 15 to 20 years earlier than those without, often from avoidable causes.)

2.2. **Kent Context:** There are an estimated 205,000 people living with common and severe mental illness in Kent communities. Around 5,000 to 7,000 of these will need a clearly defined care programme of support to avoid relapse and promote recovery. The rest will need variable, lower intensity support to stop them reaching a crisis point and unnecessarily entering into health and social care systems.

2.3. **Key drivers for change:**

- **Strategic:** National and local divers for action include No Health without Mental Health, Live It Well Strategy, Health and Wellbeing Strategy, Facing the Challenge, Preventing Suicide in England
- **Statutory Responsibilities:** The Care Act makes it a requirement to deliver early intervention and preventative services for adults with mental health needs

- **Demand Management**: The prevalence of mental illness is increasing and a change is needed to help manage demand for mental health services now and in the future
- **Financial**: The proposed approach recommends a move away from grants to contracts, helping Commissioners to measure the impact of the services, ensure a greater transparency and equity over allocation of funding

3. Current services

There are a range of jointly funded services detailed below:

Grant funded services: are provided by the voluntary sector and aim to support individuals with mental health needs to integrate back into their communities. These are joint funded to the value of £4.9 million by KCC (Adult Social Care and Public Health) and CCGs. (Some of these grants will continue outside of the mental health core offer) These are annually awarded through 68 individual grants which are due to end on 31st March 2015.

Current services include:

- Informal day services
- Employment services
- Peer brokerage
- Service user forums
- Advocacy services
- Information advice and guidance services

Primary Care Community Link Worker Service: Is jointly funded by Adult Social Care, Public Health, and CCG's for a two year period. This was a two year competitively let contract, which is due to expire in October 2015. This service provides early intervention support to individuals with mental health distress to help them access community resources and to promote social inclusion. This service has already demonstrated improved outcomes for individuals.

4. A new approach: Mental Health Core Offer- Primary Care Wellbeing Service

4.1 The vision is to transform current services into a Primary Care and Wellbeing Service by April 2016. The aim is to provide a consistent core offer of support through person centred services which champion mental wellbeing within communities. This will include a holistic wrap around primary care service to support those with greatest need living in Kent communities. The model needs to sit outside of secondary mental health services to ensure that there is no role dilution. It will form a key part of an integrated pathway across the voluntary sector, primary care mental health and social care and include public health initiatives to ensure there is appropriate, equitable, timely and cost effective interventions for vulnerable people in the community.

4.2 The new model will be co-produced with stakeholders, service users, their carer's and the public in order to help us determine what is valued and needed for Kent residents to remain well and supported in their local communities. Significant engagement work has already begun which has included a number of stakeholder events, consultation with Mental Health Action Groups and an insight

gathering piece of work with people who do not current use mental health services, but may require support.

4.3 There are a number of benefits to the proposed approach. These include:

- Improved outcomes for individuals
- A consistent set of outcomes which will lead to a level of support designed to promote recovery and integration back into people's communities
- More effective use of resources by removing duplication between services
- Greater transparency of the allocation of funding - distribution will be based upon need and activity and will be awarded using a competitive process
- Improved transition through the pathway between well-being services, primary care, and secondary care as well as facilitating discharge from secondary services
- Improved transition from adolescent services to adult mental health
- Services that are person centred and co-designed with a no wrong door approach
- The ability to measure the impact of the services and hold providers to account (by moving from grants to contracts)

4.4 New services will be outcome focused and have clear performance indicators that link to the Public Health Outcomes Framework. All public health outcomes link to high level indicators of healthy life expectancy and reduction in mortality and difference in life expectancy and healthy life expectancy between communities.

5. Procurement approach

5.1 Further work will take place to develop a model and procurement approach for the new service by moving from grant to contracts, Commissioners will be better able to measure the impact of services. The anticipated approach is to move to 4 area based contracts and to enable current providers to form a delivery network, led by a Strategic Partner. The contract design will make it possible to vary investment levels in the future, it is anticipated that some CCG's may want to invest additional resources to meet demands in their geographical area.

5.2 Current providers will have the opportunity to be part of the delivery network but some providers may not be successful. The approach to procurement will aim to ensure variation and diversity in the delivery network and help to ensure the value added by the voluntary sector is not lost. Support has been put in place to enable the voluntary sector to understand the changes and commissioning process. This support will be ongoing.

5.3 The model may be significantly different from the current service provision depending on the outcome of co-production activity and any changes will need to be carefully managed to ensure the aspirations and changes are understood and concerns quickly addressed. The process will be overseen by a multi-agency steering group to which all funders will be invited to be part of.

5.4 Equality Impact Assessments have been completed on individual grants and on the totality of this transformation programme and do not indicate negative equalities implications through this change. This document will continue to be

reviewed as part of this transformation process and be owned by the steering group.

6. Next steps

6.1 A number of grants and contracts will be extended to 31st March 2016 to allow sufficient time to develop the new model and procurement approach. These are as follows:

- Grant funded services as described in 3.1 (1 year extension)
- Primary Care Community Link Worker service as described in 3.2 (6 month extension)
- Contract with Kent and Medway NHS and Social Care Partnership Trust for the provision of Vocational Advisors (1 year extension)

A minimum of six months' notice will also be given around any changes in grant funded services in line with the Kent Compact.

7. Conclusions

This transformative approach will help create a core offer of services that support individuals, their carers and communities. It will help create Parity of Esteem for those suffering from poor mental health and enable them to become more resilient and find solutions for support within their communities. The vision is to commission a service that challenges the stigma of mental illness and creates the environment where people with mental health needs will recover, thrive and are accepted in their communities. Members will be kept informed of progress as services are redesigned into strategic partnerships in order to meet current and future demand.

8. Recommendations

The Adult Social Care and Health Cabinet Committee is asked to:

1. Support the approach for developing a Primary Care and Wellbeing Service and the proposed commissioning timelines

2. Comment and either endorse or make recommendations to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to provide grants for one further year, 2015/16, and then award contracts for mental health services as detailed in the paper, from the 1st of April 2016.

3. To agree the commencement of a procurement process for the Primary Care and Wellbeing Service

Contact Details

Report Authors:
Karen Sharp, Head of Public Health Commissioning
Sue Scamell, Commissioning Manager Mental Health

Relevant Directors:
Andrew Scott – Clark, Acting Director of Public Health
Penny Southern, Director of Learning Disabilities and Mental Health

Employment Services
Blackthorn Trust Ltd
Kent and Medway Partnership Trust Vocational Advisors
Social Enterprise (Kent) Ltd
MCCH Society Ltd - Maidstone
MCCH Society Ltd - DGS Service
MCCH Society Ltd - Folkestone
Rethink Thanet Way Project
Shaw Trust - Ashford
Shaw Trust - Dover and Folkestone
Shaw Trust - Swale
Shaw Trust - Tonbridge
Shaw Trust - Herne Bay
Winfield - Maidstone
Winfield – DGS
Winfield – Tunbridge Wells

Informal Community Services
Ashford & Tenterden Umbrella Centre
Canterbury Umbrella Centre
Faversham Umbrella Centre
Folkestone & District Mind
Herne Bay Umbrella
Hythe Umbrella
Maidstone Mind
MCCH - Ashford
MCCH - Dover, Deal
MIND - DGS
Richmond Fellowship Thanet
Richmond Fellowship Sandwich
Sevenoaks Area Mind
Together
Tunbridge Wells Mental Health Resource
Whitstable Umbrella Centre

Service User Expenses and Peer Brokerage
Canterbury and District Mental Health Forum -East Kent
Invicta Advocacy- North Kent
Sevenoaks Area Mind- West Kent
Canterbury and District Mental Health Forum
MCCH - Signpost Kent

Others
Porchlight Primary Care Community Link Workers
Sahayak Information and Support- Rethink
Maidstone Cruse
Personal Development Fund Sevenoaks Mind

Ashford and District Volunteer Bureau
Deal Pathfinders Social Club
Garden Gate Project
Moving In Fund KMPT

KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TAKEN BY	DECISION NO.
Graham Gibbens, Cabinet Member for Adult Social Care and Public Health	TBC

If decision is likely to disclose exempt information please specify the relevant paragraph(s) of Part 1 of Schedule 12A of the Local Government Act 1972

Subject: MENTAL HEALTH CORE OFFER

Decision:
As Cabinet Member for Adult Social Care and Public Health, I:

AGREE to fund the Mental Health Core Offer services by grant funding for 2015/16 as set out in the recommendation report

AGREE to the development of a Mental Health Core Offer - Primary Care & Wellbeing Service, with contracts to commence from the 1 April 2016.

DELEGATE the authority to the Corporate Director, Social Care Health and Wellbeing, or other suitable officer, to undertake such actions as necessary to implement this decision.

Any Interest Declared when the Decision was Taken None expected

Reason(s) for decision, including alternatives considered and any additional information
The Care Act 2014 makes it a requirement for the council to deliver early intervention and preventative services for adults with mental health needs. The move from grant funding to contracts will ensure that there will be:

- Consistent set of expected outcomes for services
- Greater emphasis on promoting recovery and integration back into people's communities
- Greater transparency of the allocation of funding with distribution being based upon need and will be awarded using a competitive process
- Improved transition between services

All of which will lead to improved outcomes for individuals.

Background Documents:
There will be a recommendation report from Corporate Director to the Cabinet Member for Adult Social Care and Public Health

Cabinet Committee recommendations and other consultation:
Will be discussed at the 15 January 2015 Adult Social Care & Health Cabinet Committee.

Any alternatives considered:
The alternative is to maintain the current arrangement for awarding annual grants.

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer: None expected

....
signed date

FOR LEGAL AND DEMOCRATIC SERVICES USE ONLY

Decision Referred to Cabinet Scrutiny				Cabinet Scrutiny Decision to Refer Back for Reconsideration				Reconsideration Record Sheet Issued				Reconsideration of Decision Published
YES		NO		YES		NO		YES		NO		

From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

Andrew Ireland, Corporate Director Social Care Health and Wellbeing

To: Adult Social Care and Health Cabinet Committee
15 January 2015

Decision No: 14/00137

Subject: **CARE ACT IMPLEMENTATION – POWER TO DELEGATE ADULT CARE AND SUPPORT FUNCTIONS**

Classification: Unrestricted

Future Pathway of Paper: Recommendation Report to the Cabinet Member

Electoral Division: All

Summary: This report follows on from the previous reports on the Care Act that were presented to the Adult Social Care and Public Health Cabinet Committee on 26 September 2014 and 4 December 2014 and sets out the detail of the Key Decision on the Delegation powers within the Care Act that is required to be made in readiness for April 2015. In summary, it is recommended that KCC exercises its power to delegate for the purposes of fulfilling the new duties to prisoners, carers and for the purposes of assessing self-funders for the care costs cap.

This issue was discussed along with other Key Decisions at the 22 October 2014 Adults Transformation Board meeting.

The Cabinet Committee is asked to consider and endorse, or make recommendations to the Cabinet Member Adult Social Care on the proposed decision that the following adult social care and support functions can be delegated from April 2015 under Section 79 of The Care Act 2014:

1) Assessment and care provision for prisoners
2) Assessment of self-funders (existing and on-going) for the purposes of the cap on care costs.
3) Carers' assessments and administration of some aspects of support for carers.

1. Introduction

1.1 The Care Act 2014 received Royal Assent in May this year. It will be implemented in two stages starting in April 2015 with the introduction of the new legal framework. The majority of the reforms will come into effect in April 2015 but the key 'Dilnot' reforms (cap on care costs and raising of the capital threshold) and new rights for self-funders in relation to care homes will not be instituted until April 2016 (subject to final decisions by the Government).

2. Delegation of Care and Support Functions

2.1 Section 79 of the Care Act gives local authorities the power to delegate most of the care and support functions it has under Part 1 of the Act or under section 117 of the Mental Health Act 1983 (after-care services). The only exceptions relate to promoting integration with health services, cooperating with partners, safeguarding and decisions about which services to charge for.

2.2 Delegation of functions does not absolve the local authority of responsibility for these functions and it still remains legally accountable for the way in which the functions are carried out or failed to be carried out. The local authority can, therefore, impose strict conditions on how a third party organisation undertakes the function that has been delegated to it.

2.3 If the local authority chooses to exercise its power under Section 79, it is able to determine the extent to which it delegates the function in any particular case, i.e. it can delegate all or part of a function. For example the carrying out of an assessment could be delegated with the final decision kept in-house or also delegated.

2.4 Delegation under Section 79 of the Care Act is strictly speaking distinct from commissioning, arranging or outsourcing procedural activities related to a function. Legal advice has been requested on how this will work in practice with the specifc functions being considered for delegation, in particular the requirements relating to procurement. This will be available to the Cabinet Member before the decision on delegation is taken.

2.5 It is the view of the directorate that the local authority is likely to want to exercise this power in order to effectively implement the requirements of the Act in a timely and cost effective manner. Initially it is believed this would be in the following areas:

- Assessment and care provision for prisoners (new duty from April 2015 under section 76 of the Act).
- Assessment of self-funders (existing and on-going) for the purposes of the cap on care costs. Early assessment of existing self-funders may take place from October 2015, although the cap is only applicable from April 2016.
- Carers' assessments and administration of some aspects of support for carers.

In the future it may be deemed necessary to consider other areas for delegation as implementation plans precede. If this proves to be the case further papers will be brought to future Cabinet Committees.

2.6 Due to the timescales involved, it is recommended that the Cabinet Member take a decision that delegation of the above functions can take place in principle, but that the detailed decisions of how this will work in practice can be taken by the Corporate Director for Social Care, Health and Wellbeing after full discussion in each case with the Adult Transformation Board and Cabinet Member.

3. Recommendations

3.1 Recommendation:

The Cabinet Committee is asked to consider and endorse, or make recommendations to the Cabinet Member Adult Social Care on the proposed decision that the following adult social care and support functions can be delegated from April 2015 under Section 79 of The Care Act 2014:

1) Assessment and care provision for prisoners
2) Assessment of self-funders (existing and on-going) for the purposes of the cap on care costs.
3) Carers' assessments and administration of some aspects of support for carers.

4. Background documents:

Care Act 2014
Statutory Regulations 2014 – released October 2014
Statutory Guidance 2014 – released October 2014

5. Appendices

Appendix 1: Draft Record of Decision

6. Report authors:

Christine Grosskopf,
Strategic Policy Lead for the Care Act Programme,
Policy & Strategic Relationships,
(Programme Policy Lead)
01622 696611 (7000 6611)
chris.grosskopf@kent.gov.uk

Relevant Director:
Andrew Ireland, Corporate Director Social Care, Health and Wellbeing
01622 696083
andrew.ireland@kent.gov.uk

Appendix 1 – Draft Record of Decision

DECISION TAKEN BY	DECISION NO.
Graham Gibbens, Cabinet Member for Adult Social Care and Public Health	**14/00137**

If decision is likely to disclose exempt information please specify the relevant paragraph(s) of Part 1 of Schedule 12A of the Local Government Act 1972

Subject: Delegation of Care and Support Functions under the Care Act 2014

Decision:

As Cabinet Member for Adult Social Care and Public Health, I AGREE: that the following adult social care and support functions can be delegated from April 2015 under Section 79 of The Care Act 2014:

- Assessment and care provision for prisoners
- Assessment of self-funders (existing and on-going) for the purposes of the cap on care costs.
- Carers' assessments and administration of some aspects of support for carers.

Any Interest Declared when the Decision was Taken **None**

Reason(s) for decision, including alternatives considered and any additional information:

Section 79 of the Care Act gives local authorities the power to delegate most of the care and support functions it has under Part 1 of the Act or under section 117 of the Mental Health Act 1983 (after-care services). The only exceptions relate to promoting integration with health services, cooperating with partners, safeguarding and decisions about which services to charge for. Delegation of functions does not absolve the local authority of responsibility for these functions and it still remains legally accountable for the way in which the functions are carried out or failed to be carried out. The local authority can, therefore, impose strict conditions on how a third party organisation undertakes the function that has been delegated to it. If the local authority chooses to exercise its power under Section 79, it is able to determine the extent to which it delegates the function in any particular case, i.e. it can delegate all or part of a function. For example the carrying out of an assessment could be delegated with the final decision kept in-house or also delegated.

It is the view of the Social Care, Health and Wellbeing Directorate that the local authority is likely to want to exercise this power in order to effectively implement the requirements of the Act in a timely and cost effective manner. Initially it is believed this would be in the following areas:

- Assessment and care provision for prisoners (new duty from April 2015 under section 76 of the Act).

- Assessment of self-funders (existing and on-going) for the purposes of the cap on care costs. Early assessment of existing self-funders may take place from October 2015, although the cap is only applicable from April 2016.
- Carers' assessments and administration of some aspects of support for carers.

Due to the timescales involved, it is recommended that the Cabinet Member take a decision that delegation of the above functions can take place in principle, but that the detailed decisions of how this will work in practice can be taken by the Corporate Director for Social Care, Health and Wellbeing after full discussion in each case with the Cabinet Member and the Adult Transformation Board.

Background Documents:
Recommendation report from Corporate Director to Cabinet Member

Cabinet Committee recommendations and other consultation:

The proposed policy will be considered by the Adult Social Care and Public Health Cabinet Committee on 15 January 2015.

Any alternatives considered:
The alternative to exercising the delegation power under the Care Act is to develop policy and procedures for carrying out the new and existing duties by internal staff. This decision is to allow delegation in principle. For each of the functions it is intended to delegate business cases will be developed. These will consider the alternative options in detail.

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:
None.

This page is intentionally left blank

From: John Simmonds, Deputy Leader and Cabinet Member for Finance and Procurement

Graham Gibbens, Cabinet Member for Adult Social Care & Public Health

Andy Wood, Corporate Director for Finance and Procurement

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

To: Adult Social Care & Health Cabinet Committee – 15 January 2015

Subject: Budget 2015/16 and Medium Term Financial Plan 2015/18

Classification: Unrestricted

Summary:
This report sets out the proposed draft budget 2015/16 and Medium Term Financial Plan (MTFP) 2015/18 as it affects Adult Social Care & Health Cabinet Committee. The report includes an extracts from the proposed final draft budget book and MTFP relating to the remit of this committee although (these are exempt until the Budget and MTFP is published until 12th January). This report also includes information from the KCC budget consultation, Autumn Budget Statement and provisional Local Government Finance Settlement as they affect KCC as a whole as well as any specific issues of relevance to this committee.

Recommendation(s):
The Adult Social Care & Health Cabinet Committee is asked to note the draft Budget and MTFP (including responses to consultation and Government announcements) and make recommendations to the Cabinet Member for Finance and Procurement and Cabinet Member for Adult Social Care & Health on any other issues which should be reflected in the budget and MTFP prior to Cabinet on 28th January 2015 and County Council on 12th February 2015

1. Introduction

1.1 Setting the annual budget and three year MTFP remains one of the most important and challenging strategic decisions that the council has to make. Over recent years the council has to tackle the conflicting impact of reduced funding from central government as it seeks to eliminate the budget deficit, rising demand and cost of providing services, and a desire to keep Council Tax increases low. At the same time the Council has also had to respond to significant changes in responsibility passed down from central government and significant changes in the way local authorities are funded. This means the council has had to make unprecedented levels of year on year savings in order to balance the budget.

1.2 This challenge is unlikely to abate for the foreseeable future. When we set the 2014/15 budget and 2014/17 MTFP we anticipated there would be further significant reductions in Revenue Support Grant (RSG) for 2015/16 as a result of the Spending Round 2013 announcements. These reductions were anticipated to be on a similar scale to 2011/12 when the first round of reductions in public spending were front-loaded onto local government. The provisional Local Government Finance Settlement announced on 18th December confirmed that these reductions were as per the amounts we had anticipated (other than some minor technical adjustments which have no material impact).

1.3 The outlook beyond 2015/16 looks equally grim with predictions of further public spending reductions if the Government is to meet its deficit elimination targets, with commentators suggesting that these reductions would see public spending as a proportion of the overall economy reducing to levels not seen since the 1930s. We do not have any Government spending plans beyond 2015/16 so we have no detail where these reductions might be achieved, or if an incoming government may change its stance on levels of spending and taxation. However, whatever the outcome it is clear that any new government is highly unlikely to run a large deficit and that substantial savings will have to be delivered beyond 2015/16.

1.4 Section 2 of the published MTFP provides a much fuller analysis of the national financial and economic context.

2. Financial Implications

2.1 The initial draft budget was published for consultation on 9th October 2014. This set out our forecasts for the overall funding likely to be available for the next 3 financial years, estimated spending based on the current year's performance and future predictions for additional spending demands, and additional savings/income necessary to balance the budget. The funding estimates were unchanged from the 2014/17 MTFP (these were based on the indicative settlement for 2015/16 from central government published at the same time as the 2014/15 settlement) and KCC estimate for 2016/17. The consultation included a new estimate for 2017/18.

2.2 The financial equation presented in the consultation is set out in table 1 below. The consultation identified proposed savings of £85.8m leaving a gap of £7.4m still to be found before the budget is finalised.

Table 1	2015/16			3 years	
Grant Reductions	-£55.8 m	-15.40%		-£118.0 m	-32.60%
Council Tax/Business Rates	£11.5 m	1.99%		£42.0 m	7.20%
Spending Demands	£48.9 m	5.20%		£130.0 m	13.80%
Savings	-£93.2 m	-9.90%		-£206.0 m	-21.90%

2.3 As indicated in paragraph 1.2 the provisional Local Government Finance Settlement for 2015/16 was announced on 18th December and was largely unchanged from the previous indicative settlement. There were some minor technical adjustments and changes in business rates which affected both the RSG and business rate top-up, but these will be compensated by changes in other grants. At the time we published the MTFP we had no indicative figures

for other grants outside the main settlement e.g. New Homes Bonus, Education Services Grant (ESG), etc., and thus included our best estimate. These estimates have now been updated from the provisional settlement although the amount for ESG is recalculated during the year to take account of academy transfers (and we have to estimate the impact) and the business rate compensation grant for the changes in business rates included in the Autumn Statement has not yet been announced.

2.4 As well as the provisional settlement, which includes un-ring-fenced grants where the council has complete discretion how the money is spent, there are still a number of ring-fenced grants allocated by government departments. These ring-fenced grants are announced both before and after the provisional settlement according to individual ministerial decisions. The County Council's financial strategy is that any reductions (or increases) in ring-fenced grants are matched by spending changes and therefore there is no overall impact on the net spending requirement. This means the County Council will not generally top-up ring-fenced grants from Council tax or general grants.

2.5 At this stage we have not had notification of the Council Tax or business rate tax bases from all districts. The existing MTFP and budget consultation included an estimated 0.5% increase in the Council Tax base and no increase in the business rate base. Under the new funding arrangements introduced in 2013/14 the County Council receives 9% of any increase in the business rate base, and for budget planning purposes this is considered to be marginal and we assume no increase/decrease until we receive the final tax base at the end of January. We are planning to include an updated estimate of the Council Tax base in the final draft budget to be published on 12th January but due to the late settlement and uncertainty around Council Tax referendum thresholds it was not possible to include an update in papers for Cabinet Committees which have to be published before the final draft (and therefore the draft for committees is based on the previous 0.5% assumption). The final draft budget will confirm the intention to increase the KCC precept for all Council Tax bands by 1.99%, increasing the County Council Band D rate from £1,068.66 to £1,089.99.

2.6 Appendix 1 sets out the high level picture of the revised funding, spending and savings assumptions which are proposed for 2015/16 and will be included in the draft MTFP to be published on 12th January, pending any final last minute changes. This appendix is exempt from publication until the final Budget and MTFP is published. There may be further changes to the final draft budget for 2015/16 following final notification of all Government grants and final tax bases (including collection fund balances). As in previous years any changes from the amounts published will be reported to County Council in February. At this stage we have not revised the assumptions for 2016/17 and beyond (despite some very dire forecasts included in the Autumn Statement and accompanying outlook from the Office for Budget Responsibility) until we have more detail following the next spending review.

2.7 Appendix 2 sets out a more detailed extract from the MTFP setting out the main changes between 2014/15 and 2015/16 relating to the remit of ?? Cabinet Committee. This information will be included in the draft MTFP to be published on 12th January, pending any final last minute changes. This appendix is exempt from publication until the final Budget and MTFP is published. The council's budget and MTFP is structured according to

directorate responsibilities. This means presenting information that is relevant to individual Cabinet Committees is not straight forward. We moved from publishing budget information on a Cabinet portfolio basis to a directorate basis for 2014/15 budget. This was introduced to enhance budget planning and control in the difficult financial climate. The information in appendix 2 is based on the budget responsibilities for the following directors/directorates (note this does not include budgets held by Corporate Directors or any unallocated amounts) – *delete as appropriate*:

Adult Social Care and Health Cabinet Committee
ASC&WB Directorate – Director of Older People and Physical Disability
ASC&WB Directorate – Director of Learning Disability and Mental Health
ASC&WB Directorate – Director of Public Health
ASC&WB Directorate – Director of Commissioning

2.8 Appendix 3 sets out an extract from the draft Budget Book setting out the relevant budgets for 2014/15 and 2015/16 for the A to Z entries relating to the remit of Adult Social Care & Health Cabinet Committee. This information will be published on 12th January, pending any final last minute changes. This appendix is exempt from publication until the final Budget and MTFP is published. The information in appendix 3 is based on the budget responsibilities for the same directors/directorates as appendix 2 but does not include budgets for Directorate Management and Support or budgets held by other directors.

2.9 Appendix 4 sets out the draft capital programme for Social Care, Health and Wellbeing Directorate. This appendix is exempt from publication until the final Budget and MTFP is published. Due to the way the capital programme is constructed the budget and funding cannot be broken down into more detail to more closely match the remit of individual cabinet committees.

3. Budget Consultation

3.1 The consultation and engagement strategy for 2014 included the following aspects of KCC activity:

- Press launch on 9th October
- 3 questions seeking views on Council Tax, approach to savings and balancing the 2015/16 budget open from 9th October to 28th November
- On-line budget modelling tool comparing 22 areas of front line spending open from 9th October to 28th November
- A simple summary of 3 year budget published on KCC website
- Web-chat on 24th October with Cabinet and Deputy Cabinet members for Finance & Procurement
- Workshops with business and voluntary & community sectors on 27th November
- Staff workshops
- Presentation and discussion with Kent Youth County Council on 16th November

A full analysis of the responses to the consultation will be reported to Cabinet on 28th January and circulated to members of the Policy and Resources Cabinet Committee in advance. This will also be available as background material for the County Council meeting in February. This section of the report covers the main results from the 3 questions and on-line tool to assist Committees in scrutinising the budget proposals set out in the exempt

appendices. The responses to the 3 questions and on-line tool are set out in appendices 5 and 6. These appendices are not exempt.

3.2 In addition the council employed market research experts to validate the responses with a representative sample of residents via more in depth research and analysis. This included an e-mail survey using the same on-line tool as the Kent.gov.uk website which enables a direct comparison of views between those responding on-line a survey with a representative sample. This analysis in appendix 6 does not highlight any marked differences. The full consultant's report is unlikely to be available in time for cabinet committees but will be available as background material for the full County Council budget meeting in February.

3.3 In total we have received 1,962 responses to the 3 questions and 853 responses to the on-line tool. Although responses to the individual questions were less than last year this is still a high level of engagement compared to previous years when more detailed questions were included. There is no evidence that asking an additional question compared to last year affected responses levels, and the evidence shows that we did not get the same surge of responses at particular times as we had last year. This indicates that we need to find more effective ways to promote awareness throughout the campaign in order to increase response levels. The responses to the on-line tool are higher than last year, which is encouraging. The responses to the 3 questions and the online tool via the Kent.gov.uk website include those from residents and staff. The more detailed analysis has not shown up any marked differences between staff and residents at this stage although more work is needed on this analysis for the final reports.

3.4 The responses to the 3 questions clearly indicate support for a 1.99% Council Tax increase in order to preserve valued services as result of reduction in government funding. This conclusion is fully supported by the market research evidence. Although there is some support for higher increases there is not enough evidence that a referendum would be successful. This too was borne out by the market research and the more in depth analysis. Around ¼ of respondents would prefer a Council Tax freeze. These responses are remarkably consistent with last year's responses.

3.5 The responses to the question on the approach to making savings show support for a mixed approach, with the highest level of support for a transformation approach, but also significant support for efficiency savings and stopping/reducing the lesser valued services. This is similar to responses from last year although the question was phrased in better way to get a clearer picture. Support for restricting access to services continues to receive the lowest support as an approach to savings.

3.6 Responses to the options to close the unresolved gap in the 2015/16 budget showed clear for raising additional income either through increased charging or increasing the Council Tax base through tackling avoidance. We have placed a high priority on the latter and have recently had a successful bid to the Government's £16m anti-fraud fund. We will continue to work with district councils and other major precepting authorities to maximise the tax base. The next most popular option was to deliver further savings and options for higher Council tax increase (in excess of 1.99% already proposed), use of reserves and pay/price freeze were less popular.

3.7 All these results are consistent with the initial analysis from other engagement activities (particularly workshops and market research). The Adult Social Care & Health Cabinet Committee may be interested in the findings from ??? (*insert anything from workshops or market research of particular note for individual committees)*.

3.8 All of the responses above are supported by initial analysis from the market research and other KCC led activities.

4. Specific Issues for Adult Social Care & Health Cabinet Committee

4.1 Appendices 2, 3 and 4 set out the main budget proposals relevant to Adult Social Care & Health Cabinet Committee. These proposals need to be considered in light of the general financial outlook for the county council over the medium term, and in particular the need for significant savings in 2015/16 as a result of the 25% reduction in RSG within the provisional settlement (13% within overall settlement). Committees will also want to have regard to consultation responses in considering budget proposals.

4.2 *Include any further details within the Autumn Statement/Provisional settlement relevant to individual committees e.g. Public Health, Social Care Act, welfare reform funding, business rates, highways capital, DSG, basic need, etc.*

4.3 *Include anything else for specific committees in the public domain – note the content of appendices are exempt until 12th January and cannot be included in main report.*

5. Conclusions

5.1 The financial outlook for the next 3 years continues to look challenging. The reductions in the provisional settlement for 2015/16 are as severe as we anticipated from the indicative settlement last year, and the only changes relate to marginal technical issues. These make the settlement look slightly better but are offset by changes in other grants outside the settlement which mean the effective reductions are around 13%. We continue to reject the Government's "change in spending power" figures within the settlement. These include some specific grant increases (which bring with them additional spending requirements) and ignore the impact of unfunded and unavoidable spending increases (see below).

5.2 At this stage we have not changed our forecasts for 2016/17 and 2017/18 even some commentators have expressed the view that meeting the deficit elimination objectives up to 2018/19 will require even greater spending reductions that 2010/11 to 2014/15. Nonetheless, committees should be aware of this potential, particularly when considering additional spending demands for 2015/16 which add to the council's base budget, and therefore, future spending levels.

5.3 Appendix 2 includes the latest estimates for unavoidable and other spending demands for 2015/16 and future years. These estimates are based on the latest budget monitoring and activity levels as reported to Cabinet in December (quarter 2). Committees no longer receive individual in-year

monitoring reports and therefore members may wish to review the relevant appendices of the Cabinet report before the meeting.

6. Recommendation(s)

Recommendation(s):
The Adult Social Care & Health Cabinet Committee is asked to note the draft Budget and MTFP (including responses to consultation and Government announcements) and make recommendations to the Cabinet Member for Finance and Procurement and Cabinet Member for Adult Social Care & Health on any other issues which should be reflected in the budget and MTFP prior to Cabinet on 28th January 2015 and County Council on 12th February 2015

7. Background Documents

7.1 Consultation materials published on KCC website
http://www.kent.gov.uk/about-the-council/have-your-say/budget-consultation

7.2 The Chancellor of the Exchequer's Autumn Statement on 3rd December 2014 and OBR report on the financial and economic climate
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/382327/44695_Accessible.pdf
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/382525/December_2014_EFO.pdf

7.3 The provisional Local Government Finance Settlement 2015/16 announced on 18th December 2014
https://www.gov.uk/government/collections/provisional-local-government-finance-settlement-england-2015-to-2016

7.4 Any individual departmental announcements affecting individual committees

8. Contact details

Report Authors
- Dave Shipton, Head of Financial Strategy
- 01622 694597
- dave.shipton@kent.gov.uk

- Michelle Goldsmith, Finance Business Partner
- 03000416159
- michelle.goldsmith@kent.gov.uk

Relevant Directors:
- Andy Wood, Corporate Director Finance & Procurement
- 01622 694622
- andy.wood@kent.gov.uk

- Andrew Ireland, Corporate Director Social Care, Health & Wellbeing
- 03000 416720
- andrew.ireland@kent.gov.uk

This page is intentionally left blank

Appendix A (i) - High Level 2015-18 Budget Summary

2014-15 (revised) £000s	£000s		2015-16 £000s	£000s	2016-17 £000s	£000s	2017-18 £000s	£000s
	954,304	**Revised Base Budget**		**940,313**		**905,648**		**887,206**
		Additional Spending Pressures						
11,472		Pay & Prices	11,363		20,121		16,365	
10,487		Demand & Demographic	8,600		9,800		15,200	
14,369		Government & Legislative	26,813		10,785		0	
0		Base Budget pressures from previous year	9,819		195		0	
20,215		Service Strategies and Improvements	5,787		3,076		3,798	
0		Reduction in grants used for specific purposes	3,418		0		0	
	56,543	**Total Additional Spending**		**65,799**		**43,976**		**35,363**
	24,870	Replacement for use of One-Off Savings		12,557		12,379		2,700
	81,413	**Total Pressures**		**78,356**		**56,355**		**38,063**
		Savings & Income						
		Transformation Savings						
-13,050		Adults Transformation Programme	-14,725		-9,194		-5,088	
-10,622		Children's Transformation Programmes	-5,583		-11,700		-7,600	
-12,708		Other Transformation Programmes	-6,990		-3,922		-3,311	
-5,217		Income Generation	-5,816		-3,865		-3,631	
-14,001		Increases in Grants & Contributions	-23,235		-10,785		0	
		Efficiency Savings						
-9,800		Staffing	-9,512		-2,607		-1,030	
-422		Premises	-2,522		-956		-1,056	
-13,102		Contracts & Procurement	-16,316		-2,565		-4,040	
-3,000		Other	-1,004		-390		-50	
-8,861		Financing Savings	-21,052		-2,700		-1,700	
-4,621		Policy Savings	-6,266		-3,765		-4,535	
	-95,404	**Total Savings & Income**		-113,021		-52,449		-32,041
	0	Unidentified		0		-22,348		-21,704
	940,313	**Net Budget Requirement**		**905,648**		**887,206**		**871,524**
		Funded by						
529,125		Council Tax Yield	548,840		562,606		576,724	
4,018		Council Tax Collection Fund	0		0		0	
46,924		Local Share of Retained Business Rates	47,601		48,800		50,000	
-1,236		Business Rate Collection Fund						
		Un-ring-fenced Grants						
213,092		Revenue Support Grant	159,524		128,000		94,000	
120,634		Business Rate Top-Up Grant	122,939		126,000		129,000	
27,756		Other Un-Ring-Fenced Grant	26,744		21,800		21,800	
	940,313	**Total Funding**		**905,648**		**887,206**		**871,524**

This page is intentionally left blank

Appendix A (ii)
Detailed 2015-16 Budget Plan by Directorate

Heading	Description	Older People & Physical £000s	Learning Disability & Mental £000s	Commissioning £000s	Public Health £000s	Total Adult Social Care & £000s
2014-15 Base	Approved budget by County Council on 13th February 2014	153,194.7	172,598.4	8,516.5	0.0	**334,309.6**
Base Adjustments (internal)	Approved changes to budgets which have nil overall affect on net budget requirement.	747.0	2,017.1	-982.0	-6.3	1,775.8
Base Adjustments (external)	Approved changes to budgets from external factors e.g. grant changes and may affect net budget requirement.	0.0	0.0	0.0	0.0	0.0
Revised 2014-15 Base		**153,941.7**	**174,615.5**	**7,534.5**	**-6.3**	**336,085.4**
Additional Spending Pressures						
Pay and Prices						
Pay and Reward	Additional contribution to performance reward pot and impact on base budget of uplifting pay grades in accordance with single pay reward scheme.	0.0	0.0	0.0	0.0	0.0
Specific Price Increases:						
Non specific price provision	Non specific provision for inflation on other negotiated contracts without indexation clauses	1,182.6	2,242.5	0.0	0.0	3,425.1
Demography	*Additional spending associated with increasing population and demographic composition of the population*					
Adults with Learning Disabilities & Mental Health	Additional client numbers arising from children progressing into adulthood (transitions) and older adults previously cared for by families (provisionals).	0.0	7,200.0	0.0	0.0	7,200.0
Government & Legislative						
Funded by Grants and Contributions						
Public Health	Transfer of 0-5 children's public health commissioning from Health to Local Authorities from 1 October 2015	0.0	0.0	0.0	10,816.0	10,816.0
Care Act Implementation	New costs associated with the implementation of provisions in the Care Act in relation to carers and prisoners which come into force during 2015-16. Funded by new grant income from DCLG and DoH.	1,430.2	474.4	0.0	0.0	1,904.6
Care Act Preparation	New costs associated with additional assessment activity in advance of provisions in the Care Act in relation to cap on care costs and universal deferred payments which come into force in 2016-17. Funded by new grant income from DCLG.	5,606.2	1,042.7	0.0	0.0	6,648.9

Appendix A (ii)
Detailed 2015-16 Budget Plan by Directorate

Heading	Description	Older People & Physical £000s	Learning Disability & Mental £000s	Commissioning £000s	Public Health £000s	Total Adult Social Care & £000s
Better Care Fund (BCF)	Additional support for carers, advocacy and related activity funded out of KCC's element of the BCF pool for Social Care Act	2,310.3	982.2	0.0	0.0	3,292.5
Other						
Deprivation of Liberty Safeguards	Estimated additional assessment costs following Supreme Court judgement in March 2014 in relation to the Mental Capacity Act 2005 or Mental Health Act 1983	0.0	365.0	835.0	0.0	1,200.0
Transfer of equipment costs due to capital grant funding changes	Increase in revenue costs due to general capital funding for adult social care being reduced requiring a revenue contibution to capital to fund minor occupational therapy equipment.	1,028.0	0.0	0.0	0.0	1,028.0
Budget Realignment	*Necessary adjustments to reflect current and forecast activity levels from in-year monitoring reports*					
Early Retirement enhancements	Additional costs from restructuring within OPPD Division and Double Day Lodge residential care home.	238.6	0.0	0.0	0.0	238.6
Removal of Grants						
Welfare Provision	Removal of specific un-ring-fenced grant used to fund Kent Support and Assistance Service	0.0	0.0	3,418.0	0.0	3,418.0
Replace use of one-offs	Impact of not being able to repeat one-off use of reserves and underspends in approved budget for 2014-15	3,696.0	0.0	0.0	0.0	3,696.0
	Total Additional Spending Demands	**15,491.9**	**12,306.8**	**4,253.0**	**10,816.0**	**42,867.7**
Savings and Income						
Transformation Savings						
Adults Phase 1 OP	Continued rollout of phase 1 transformation including improved assessment, care placement decisions and improved contract management	-9,527.6	0.0	0.0	0.0	-9,527.6
Adults Phase 2 OP/PD	New initiatives aimed at promoting better integration with health services including better range of support services for clients leaving hospital	-4,347.7	-250.0	0.0	0.0	-4,597.7
Adults Phase 2 LD/MH	New initiatives aimed at reducing dependence on care services for vulnerable adults	0.0	-600.0	0.0	0.0	-600.0
Income						

Appendix A (ii)
Detailed 2015-16 Budget Plan by Directorate

Heading	Description	Older People & Physical £000s	Learning Disability & Mental £000s	Commissioning £000s	Public Health £000s	Total Adult Social Care & £000s
Client Charges	Uplift in social care client contributions in line with benefit uplifts for 2015-16 and charges for other activity led services	-1,326.8	-127.5	0.0	0.0	-1,454.3
Increases in Grants & Contributions						
Public Health	Transfer of 0-5 children's public health commissioning from Health to Local Authorities from 1 October 2015	0.0	0.0	0.0	-10,816.0	-10,816.0
Care Act	Grants from DCLG and DoH for aspects of preparation and implementation of provisions in the Care Act 2014	-7,036.4	-1,517.1	0.0	0.0	-8,553.5
Better Care Fund (BCF)	Contribution from the BCF pool towards KCC's additional costs with the implementation of the Social Care Act	-2,310.3	-982.2	0.0	0.0	-3,292.5
Efficiency Savings						
Contracts & Procurement						
Commissioning activity/income	Savings on commissioned activity under budgets managed by Director of Strategic Commissioning in Adult Social Care	0.0	0.0	-782.0	-77.0	-859.0
Public Health	Efficiency savings on activities commissioned through the public health team. Savings will enable Public Health Grant to be redirected to achieve better health outcomes	0.0	0.0	0.0	-1,476.4	-1,476.4
Supporting People	Efficiency savings on activities for vulnerable adults and older people through the Supporting People Commissioning Body	-307.8	-34.2	0.0	0.0	-342.0
Policy Savings						
Kent Support and Assistance Service	Removal of base budget for the service as a consequence of removal of funding. Service in future will be commissioned from voluntary sector within existing directorate budget	0.0	0.0	-3,418.0	0.0	-3,418.0
Total savings and Income		**-24,856.6**	**-3,511.0**	**-4,200.0**	**-12,369.4**	**-44,937.0**
Proposed Budget		**144,577.0**	**183,411.3**	**7,587.5**	**-1,559.7**	**334,016.1**

This page is intentionally left blank

Appendix 3 - Director/Division specific A-Z Service Analysis

Older People & Physical Disability

Row Ref	2014-15 Revised Base Net Cost £000s	Service	2015-16 Proposed Budget Staffing £000s	Non staffing £000s	Gross Expenditure £000s	Internal Income £000s	External Income £000s	Grants £000s	Net Cost £000s	Affordable Activity
		Adults and Older People								
		Direct Payments								
1	11,853.4	Older People	0.0	15,092.7	15,092.7	0.0	0.0	0.0	15,092.7	Around 1600 clients will be receiving an on-going direct payment; there will also be a number of one-off direct payments made during the year.
2	11,245.8	Physical Disability	0.0	12,139.9	12,139.9	0.0	0.0	0.0	12,139.9	Around 1,200 clients are expected to be receiving an on-going direct payment; there will also be a number of one-off direct payments made during the year.
		Domiciliary Care								
3	550.0	Older People - In house service (Kent Enablement at Home service)	7,892.1	-193.6	7,698.5	0.0	-7,148.5	0.0	550.0	Domiciliary care provided by the in-house Kent Enablement at Home Service (KEaH) which provides intensive short term support/enablement to people to allow them to regain or extend their independent living skills.
4	19,910.1	Older People - Commissioned service	0.0	13,060.2	13,060.2	0.0	-3,780.5	-202.4	9,077.3	Domiciliary care provided by the independent sector to support approximately 2,000 people to live at home. In addition this service provides a number of small contracts for services primarily with Health, including the night sitting service, recuperative care and rapid response.
5	579.4	Physical Disability - In house service	0.0	579.4	579.4	0.0	0.0	0.0	579.4	Domiciliary care provided by the in-house Kent Enablement at Home Service (KEaH) which provides intensive short term support/enablement to people to allow them to regain or extend their independent living skills.
6	4,094.5	Physical Disability - Commissioned service	0.0	1,461.8	1,461.8	0.0	0.0	-25.9	1,435.9	Domiciliary care provided by the independent sector supporting approximately 200 people to live at home.
		Non Residential Charging Income								
7	-9,628.2	Older People	0.0	0.0	0.0	0.0	-9,480.0	0.0	-9,480.0	Assessed client contributions for people receiving community based services including domiciliary care, supported accommodation, day care and direct payments.

Appendix 3 - Director/Division specific A-Z Service Analysis

Older People & Physical Disability

Row Ref	2014-15 Revised Base Net Cost	Service	2015-16 Proposed Budget							
			Staffing	Non staffing	Gross Expenditure	Internal Income	External Income	Grants	Net Cost	Affordable Activity
	£000s		£000s	£000s	£000s	£000s	£000s	£000s	£000s	
8	-1,389.0	Physical Disability / Mental Health	0.0	0.0	0.0	0.0	-1,327.0	0.0	-1,327.0	Assessed client contributions for people receiving community based services including domiciliary care, supported accommodation, day care and direct payments.
		Nursing and Residential Care								
9	21,757.8	Older People - Nursing	0.0	37,635.9	37,635.9	0.0	-16,250.7	0.0	21,385.2	Around 1,400 clients are provided with this service through the independent sector. This does not include respite services which are included within the Support to Carers budget below.
10	14,295.2	Older People - Residential - In house service	9,708.1	10,227.8	19,935.9	0.0	-3,546.6	-1,922.2	14,467.1	KCC residential services predominately providing long term and recuperative services through 334 residential care/respite beds and 25 nursing care beds.
11	29,704.2	Older People - Residential - Commissioned Service	0.0	56,515.1	56,515.1	0.0	-29,661.4	0.0	26,853.7	Approximately 2,500 permanent clients on average provided with services through the independent sector along with recuperative and other short term placements. This service also provides permanent residential care for preserved rights clients provided through the independent sector. This does not include respite services which are included within the Support to Carers budget below.
12	11,668.3	Physical Disability	0.0	13,579.6	13,579.6	0.0	-1,729.9	0.0	11,849.7	Approximately 300 clients are provided with this service through the independent sector.
		Supported Living								
13	0.0	Older People - In house service	0.0	4,825.0	4,825.0	0.0	0.0	-4,825.0	0.0	Costs associated with the Better Homes Actives Lives PFI project.
14	395.4	Older People - Commissioned service	0.0	400.7	400.7	0.0	0.0	0.0	400.7	Services provided through the independent sector in respect of individuals in supported living and supported accommodation.
15	2,176.3	Physical Disability / Mental Health - Commissioned service	0.0	2,209.3	2,209.3	0.0	0.0	0.0	2,209.3	Services provided through the independent sector in respect of individuals in supported living and supported accommodation.

Appendix 3 - Director/Division specific A-Z Service Analysis

Older People & Physical Disability

Row Ref	2014-15 Revised Base Net Cost	Service	2015-16 Proposed Budget							
			Staffing	Non staffing	Gross Expenditure	Internal Income	External Income	Grants	Net Cost	Affordable Activity
	£000s		£000s	£000s	£000s	£000s	£000s	£000s	£000s	
		Other Services for Adults and Older People								
16	1,113.1	Adaptive & Assistive Technology	0.0	5,741.6	5,741.6	0.0	-3,647.9	0.0	2,093.7	Occupational Therapy & Sensory Disability services working in partnership with Health, Hi Kent and Kent Association for the Blind to provide approximately 70,000 items of equipment. Collaborating with health on the delivery of Telehealth and Telecare services to enable Kent residents to remain living in their own homes by installing equipment in approximately 3,000 homes a year.
		Day Care								
17	822.3	Older People - In house service	663.6	203.7	867.3	0.0	-45.0	0.0	822.3	Day care/day services provided by KCC.
18	945.1	Older People - Commissioned service	0.0	959.1	959.1	0.0	0.0	0.0	959.1	Day care/day services provided by the independent sector.
19	937.5	Physical Disability	0.0	951.1	951.1	0.0	0.0	0.0	951.1	Day care/day services provided by the independent sector.
20	-3,952.7	Other Adult Services	0.0	3,922.3	3,922.3	0.0	-4,179.0	0.0	-256.7	A range of other services including: - approximately 120,000 home delivered hot meals - Providing one-off support to those who have no recourse to Public Funds.
		Social Support								
21	1,003.0	Carers - In house service	1,013.8	-10.5	1,003.3	0.0	-0.3	0.0	1,003.0	KCC residential services predominately providing respite services to support carers across all client groups.
22	3,710.5	Carers - Commissioned service	0.0	13,148.9	13,148.9	-26.9	-6,579.9	-2,825.3	3,716.8	Services supporting carers are provided through the independent sector and the voluntary sector across all client groups.
23	3,175.0	Information and Early Intervention	0.0	3,741.2	3,741.2	-52.8	-513.4	0.0	3,175.0	Social support provided through the voluntary sector and the independent sector in terms of information, early intervention services, low level support and prevention services to try to enable clients to remain independent.
24	3,890.6	Social Isolation	0.0	4,573.4	4,573.4	-194.9	-487.9	0.0	3,890.6	Services providing support to prevent social isolation are provided through the independent sector and the voluntary sector, such as befriending services.

Appendix 3 - Director/Division specific A-Z Service Analysis

Older People & Physical Disability

Row Ref	2014-15 Revised Base Net Cost	Service	2015-16 Proposed Budget							
			Staffing	Non staffing	Gross Expenditure	Internal Income	External Income	Grants	Net Cost	Affordable Activity
	£000s		£000s	£000s	£000s	£000s	£000s	£000s	£000s	
		Housing Related Support for Vulnerable People (Supporting People)								
25	138.5	Adults - Physical Difficulties	0.0	138.5	138.5	0.0	0.0	0.0	138.5	Includes provision for 70 vulnerable adults with physical difficulties to receive support to enable independent living in their own home through the provision of long term supported accommodation, community alarm and floating support.
26	4,199.3	Older People	0.0	3,891.5	3,891.5	0.0	0.0	0.0	3,891.5	Includes provision for 15,000 vulnerable older people to receive support to enable independent living in their own home through the provision of long term supported accommodation, home improvement agency, community alarm and floating support.
27	**133,195.4**	**Total Direct Services to the Public**	**19,277.6**	**204,794.6**	**224,072.2**	**-274.6**	**-88,378.0**	**-9,800.8**	**125,618.8**	
		Assessment Services								
28	20,579.0	Adult's Social Care Staffing	21,699.6	5,786.5	27,486.1	-37.2	-4,892.3	-3,982.8	18,573.8	Social care staffing providing assessment of community care needs undertaken by Case Managers and Mental Health Social Workers.
29	**20,579.0**	**Total Assessment Services**	**21,699.6**	**5,786.5**	**27,486.1**	**-37.2**	**-4,892.3**	**-3,982.8**	**18,573.8**	
		Management, Support Services and Overheads								
		Directorate Management and Support for:								These budgets include the directorate centrally held costs, which include the budgets for, amongst other things, the strategic directors and heads of service.
30	167.3	Social Care, Health & Wellbeing (SCH&W)	167.3	40.0	207.3	0.0	0.0	-40.0	167.3	
31	**167.3**	**Total Management, Support Services and Overheads**	**167.3**	**40.0**	**207.3**	**0.0**	**0.0**	**-40.0**	**167.3**	
32	153,941.7	**TOTAL**	41,144.5	210,621.1	251,765.6	-311.8	-93,270.3	-13,823.6	144,359.9	

Appendix 3 - Director/Division specific A-Z Service Analysis

Learning Disability & Mental Health

Row Ref	2014-15 Revised Base Net Cost £000s	Service	2015-16 Proposed Budget Staffing £000s	Non staffing £000s	Gross Expenditure £000s	Internal Income £000s	External Income £000s	Grants £000s	Net Cost £000s	Affordable Activity
		Adults and Older People								
		Direct Payments								
1	17,075.4	Learning Disability	0.0	17,632.1	17,632.1	0.0	-30.0	0.0	17,602.1	Approximately 1,200 clients are expected to be receiving an on-going direct payment. These people have been assessed as being eligible for social care support, but have chosen to arrange and pay for their own care and support services instead of receiving them directly from the local authority. There will also be a number of one-off direct payments made during the year for such things as items of equipment and respite care.
2	1,208.3	Mental Health	0.0	1,221.5	1,221.5	0.0	0.0	0.0	1,221.5	Approximately 250 clients are expected to be receiving an on-going direct payment; there will also be a number of one-off direct payments made during the year.
		Domiciliary Care								
3	1,144.8	Learning Disability	0.0	979.3	979.3	0.0	0.0	0.0	979.3	Domiciliary care provided by the independent sector supporting approximately 150 people to live at home.
		Non Residential Charging Income								
4	-2,940.0	Learning Disability	0.0	0.0	0.0	0.0	-3,200.1	0.0	-3,200.1	Assessed client contributions for people receiving community based services including domiciliary care, supported accommodation, day care and direct payments.
5	-80.5	Physical Disability / Mental Health	0.0	0.0	0.0	0.0	-81.4	0.0	-81.4	Assessed client contributions for people receiving community based services including domiciliary care, supported accommodation, day care and direct payments.

Appendix 3 - Director/Division specific A-Z Service Analysis

Learning Disability & Mental Health

Row Ref	2014-15 Revised Base Net Cost	Service	2015-16 Proposed Budget							
			Staffing	Non staffing	Gross Expenditure	Internal Income	External Income	Grants	Net Cost	Affordable Activity
	£000s		£000s	£000s	£000s	£000s	£000s	£000s	£000s	
		Nursing and Residential Care								
6	70,268.6	Learning Disability	0.0	81,815.3	81,815.3	0.0	-6,590.9	0.0	75,224.4	Around 1,300 clients are provided with services through the independent sector. This service also provides permanent residential care for preserved rights clients through the independent sector. This does not include respite services which are included within the Support to Carers budget below.
7	6,733.7	Mental Health	0.0	8,050.9	8,050.9	0.0	-1,003.4	0.0	7,047.5	Around 250 clients are provided with services through the independent sector. This service also provides permanent residential care for preserved rights clients through the independent sector. This does not include respite services which are included within the Support to Carers budget below.
		Supported Living								
8	2,154.7	Learning Disability - In house service (Independent Living Scheme)	2,745.5	1,002.9	3,748.4	-446.3	-234.5	-912.9	2,154.7	This service provides support to 140 people through the independent living scheme. The costs associated with the Better Homes Actives Lives PFI project are also included here.
9	3,287.3	Learning Disability - Shared Lives Scheme	265.2	3,312.6	3,577.8	-246.9	0.0	0.0	3,330.9	The Shared Lives scheme places approximately 110 people with non-related Adult Carers.
10	29,318.9	Learning Disability - Other Commissioned Supported Living arrangements	0.0	31,570.1	31,570.1	0.0	0.0	-25.9	31,544.2	Services provided through the independent sector for approximately 900 people in supported living.
11	0.0	Physical Disability / Mental Health - In house service	0.0	107.4	107.4	0.0	0.0	-107.4	0.0	Costs associated with the Better Homes Actives Lives PFI project.
12	1,645.4	Physical Disability / Mental Health - Commissioned service	0.0	1,974.7	1,974.7	0.0	-274.0	-25.9	1,674.8	Services provided through the independent sector in respect of individuals in supported living and supported accommodation.

Appendix 3 - Director/Division specific A-Z Service Analysis

Learning Disability & Mental Health

Row Ref	2014-15 Revised Base Net Cost	Service	2015-16 Proposed Budget							
			Staffing	Non staffing	Gross Expenditure	Internal Income	External Income	Grants	Net Cost	Affordable Activity
	£000s		£000s	£000s	£000s	£000s	£000s	£000s	£000s	
		Other Services for Adults and Older People								
13	383.6	Adaptive & Assistive Technology	411.0	0.6	411.6	0.0	-28.0	0.0	383.6	Occupational Therapy & Sensory Disability services working in partnership with Health, Hi Kent and Kent Association for the Blind to provide approximately 70,000 items of equipment. Collaborating with health on the delivery of Telehealth and Telecare services to enable Kent residents to remain living in their own homes by installing equipment in approximately 3,000 homes a year.
14	1,312.3	Community Support Services for Mental Health - In house service	1,231.4	135.2	1,366.6	0.0	-54.3	0.0	1,312.3	Community outreach services provided by KCC supporting clients with mental health problems.
15	1,495.5	Community Support Services for Mental Health - Commissioned service	0.0	1,870.3	1,870.3	0.0	-373.9	0.0	1,496.4	Community outreach services provided by both the independent and voluntary sector supporting with mental health problems.
		Day Care								
16	6,652.9	Learning Disability - In house service	5,957.6	823.0	6,780.6	-2.2	-125.5	0.0	6,652.9	Day care/day services provided by KCC.
17	6,348.4	Learning Disability - Commissioned service	0.0	7,095.4	7,095.4	0.0	0.0	0.0	7,095.4	Day care/day services provided by the independent sector.
18	76.4	Mental Health	0.0	99.2	99.2	0.0	0.0	0.0	99.2	Day care/day services provided by the independent sector.
19	22.0	Other Adult Services	0.0	22.0	22.0	0.0	0.0	0.0	22.0	A range of other services including: - approximately 120,000 home delivered hot meals - Providing one-off support to those who have no recourse to Public Funds.
		Social Support								
20	2,434.9	Carers - In house service	2,293.9	141.0	2,434.9	0.0	0.0	0.0	2,434.9	KCC residential services predominately providing respite services to support carers across all client groups.
21	623.8	Carers - Commissioned service	0.0	2,404.7	2,404.7	0.0	-825.8	-942.1	636.8	Services supporting carers are provided through the independent sector and the voluntary sector across all client groups.

Appendix 3 - Director/Division specific A-Z Service Analysis

Learning Disability & Mental Health

Row Ref	2014-15 Revised Base Net Cost	Service	2015-16 Proposed Budget							
			Staffing	Non staffing	Gross Expenditure	Internal Income	External Income	Grants	Net Cost	Affordable Activity
	£000s		£000s	£000s	£000s	£000s	£000s	£000s	£000s	
22	1,274.1	Information and Early Intervention	0.0	2,258.8	2,258.8	0.0	-619.7	0.0	1,639.1	Social support provided through the voluntary sector and the independent sector in terms of information, early intervention services, low level support and prevention services to try to enable clients to remain independent.
23	241.1	Social Isolation	0.0	1,779.8	1,779.8	-1,449.7	-89.0	0.0	241.1	Services providing support to prevent social isolation are provided through the independent sector and the voluntary sector, such as befriending services.
		Housing Related Support for Vulnerable People (Supporting People)								
24	3,386.4	Adults - Learning Difficulties	0.0	3,352.2	3,352.2	0.0	0.0	0.0	3,352.2	Includes provision for 270 vulnerable adults with learning difficulties to receive support to enable independent living in their own home through the provision of long and short term supported accommodation and floating support.
25	2,904.3	Adults - Mental Health	0.0	2,904.3	2,904.3	0.0	0.0	0.0	2,904.3	Includes provision for 500 vulnerable adults with mental health needs to receive support to enable independent living in their own home through the provision of long and short term supported accommodation and floating support.
26	**156,972.3**	**Total Direct Services to the Public**	**12,904.6**	**170,553.3**	**183,457.9**	**-2,145.1**	**-13,530.5**	**-2,014.2**	**165,768.1**	
		Assessment Services								
27	13,087.2	Adult's Social Care Staffing	13,018.0	1,395.1	14,413.1	0.0	-802.7	-523.2	13,087.2	Social care staffing providing assessment of community care needs undertaken by Case Managers and Mental Health Social Workers.
28	**13,087.2**	**Total Assessment Services**	**13,018.0**	**1,395.1**	**14,413.1**	**0.0**	**-802.7**	**-523.2**	**13,087.2**	

Appendix 3 - Director/Division specific A-Z Service Analysis

Learning Disability & Mental Health

Row Ref	2014-15 Revised Base Net Cost	Service	2015-16 Proposed Budget							
			Staffing	Non staffing	Gross Expenditure	Internal Income	External Income	Grants	Net Cost	Affordable Activity
	£000s		£000s	£000s	£000s	£000s	£000s	£000s	£000s	
		Management, Support Services and Overheads								
		Directorate Management and Support for:								These budgets include the directorate centrally held costs, which include the budgets for, amongst other things, the strategic directors and heads of service.
29	4,556.0	Social Care, Health & Wellbeing (SCH&W)	3,299.8	1,723.6	5,023.4	0.0	-250.3	0.0	4,773.1	
30	**4,556.0**	**Total Management, Support Services and Overheads**	**3,299.8**	**1,723.6**	**5,023.4**	**0.0**	**-250.3**	**0.0**	**4,773.1**	
31	174,615.5	**TOTAL**	29,222.4	173,672.0	202,894.4	-2,145.1	-14,583.5	-2,537.4	183,628.4	

This page is intentionally left blank

Appendix 3 - Director/Division specific A-Z Service Analysis

Public Health

Row Ref	2014-15 Revised Base Net Cost	Service	2015-16 Proposed Budget							
			Staffing	Non staffing	Gross Expenditure	Internal Income	External Income	Grants	Net Cost	Affordable Activity
	£000s		£000s	£000s	£000s	£000s	£000s	£000s	£000s	
		Public Health								
1	0.0	Children's Public Health Programmes: 0-5 year olds Health Visiting Service	0.0	10,816.0	10,816.0	0.0	0.0	-10,816.0	0.0	The universal Health Visiting Service has a crucial role in the early years of a child's development providing ongoing support for all children and families. It leads the delivery of the Healthy Child Programme (HCP) during pregnancy and the early years of life, from 0-5 years. It includes the Family Nurse Partnership (FNP) which is an evidence based, preventative programme targeted to vulnerable young mothers aged 19 and under having their first baby. This is a nurse led intensive home-visiting programme from early pregnancy to the age of two. The Health Visiting Service is a universally available service that supports over 90,000 young children between the ages of 0-5.
2	0.0	Other Children's Public Health Programmes	0.0	8,780.2	8,780.2	0.0	0.0	-8,780.2	0.0	This includes universal school nursing, which contributes to screenings and assessments, school-readiness and healthy school provision. Other initiatives are also aimed at children's emotional wellbeing, healthy weight and infant feeding programmes. Approximately 26,500 children will participate in the National Child Measurement Programme.
3	-109.5	Drug & Alcohol services	0.0	15,368.0	15,368.0	0.0	-5,436.4	-10,041.2	-109.6	Includes provision for approximately 5,000 adults across Kent to access structured alcohol and drug treatment services and in excess of 8,000 to receive brief interventions; in excess of 3,000 young people to be engaged by substance misuse early intervention and specialist services. This also covers prescribing related costs for adult and young people substance misusers.

Appendix 3 - Director/Division specific A-Z Service Analysis

Public Health

Row Ref	2014-15 Revised Base Net Cost	Service	2015-16 Proposed Budget							
			Staffing	Non staffing	Gross Expenditure	Internal Income	External Income	Grants	Net Cost	Affordable Activity
	£000s		£000s	£000s	£000s	£000s	£000s	£000s	£000s	
4	0.0	Obesity and Physical Activity	0.0	2,577.3	2,577.3	0.0	0.0	-2,577.3	0.0	Specific cross county healthy weight programmes for adults on weight management, healthy eating and exercise, with the engagement of approximately 3,000 people in specialist weight management services in the community to support overweight and obese individuals to reach and maintain a healthier body mass index (BMI). In addition, advice programmes to support people to change their behaviour to lead to a healthier lifestyle are provided at Healthy Living Centres (either at the four permanent centres or activities delivered across a variety of community settings).
5	0.0	Public Health - Mental Health Adults	0.0	2,374.3	2,374.3	0.0	0.0	-2,374.3	0.0	Access to Early Intervention services across Kent addressing the mental well-being of residents in need, from the workplace all the way through to war veterans in the community. A number of projects will help to identify specific needs in the community including the nationally recognised "Men's Sheds" programme to encourage older men to socialise together and improve their quality of life, and hopefully their levels of general health.
6	0.0	Public Health Staffing, Advice and Monitoring	3,989.1	1,235.7	5,224.8	0.0	-125.0	-5,099.8	0.0	Management, commissioning and operational delivery of core and statutory public health advice and monitoring services to ensure delivery of KCC's responsibilities as a Public Health Authority.

Appendix 3 - Director/Division specific A-Z Service Analysis

Public Health

Row Ref	2014-15 Revised Base Net Cost	Service	2015-16 Proposed Budget							
			Staffing	Non staffing	Gross Expenditure	Internal Income	External Income	Grants	Net Cost	Affordable Activity
	£000s		£000s	£000s	£000s	£000s	£000s	£000s	£000s	
7	0.0	Sexual Health Services	0.0	12,600.0	12,600.0	0.0	-40.0	-14,113.3	-1,553.3	Commissioning of mandated contraception and sexually transmitted infection advice and treatment services. This includes approximately 35,000 15-24 year olds screened for Chlamydia as part of the national screening programme; over 6,000 long acting reversible contraceptive devices inserted, with almost 5,000 being removed; and almost 28,000 first appointments and 7,000 follow up appointments in respect of Genito-Urinary Medicine, both in county and out of county. This includes a gross efficiency saving still to be allocated to other services within the A-Z service analysis where there are embedded public health related activities.
8	0.0	Targeting Health Inequalities	0.0	5,274.0	5,274.0	0.0	0.0	-5,274.0	0.0	Provision of a number of programmes to reduce health inequalities in Kent. This includes the mandated Health Checks programme for adults where approximately 91,000 invites will be issued with the aim of 45,000 residents receiving a Health Check. The provision of Health Trainers will ensure community engagement and access to services. Also includes Health & Social Care Integration and tackling Seasonal Deaths by reducing ill health through emergency and sustainable solutions.
9	0.0	Tobacco Control and Stop Smoking Services	0.0	4,192.5	4,192.5	0.0	0.0	-4,192.5	0.0	Over 9,000 people engaged with mandated adult smoking cessation services and other programmes and pilots, which will focus on prevention, awareness and de-normalisation of smoking, smoke-free environments and partnerships to tackle illicit tobacco.
10	**-109.5**	**Total Direct Services to the Public**	**3,989.1**	**63,218.0**	**67,207.1**	**0.0**	**-5,601.4**	**-63,268.6**	**-1,662.9**	

Appendix 3 - Director/Division specific A-Z Service Analysis

Public Health

Row Ref	2014-15 Revised Base Net Cost	Service	2015-16 Proposed Budget							
			Staffing	Non staffing	Gross Expenditure	Internal Income	External Income	Grants	Net Cost	Affordable Activity
	£000s		£000s	£000s	£000s	£000s	£000s	£000s	£000s	
		Management, Support Services and Overheads								
		Directorate Management and Support for:								These budgets include the directorate centrally held costs, which include the budgets for, amongst other things, the strategic directors and heads of service.
11	0.0	Social Care, Health & Wellbeing (SCH&W)	316.2	704.2	1,020.4	0.0	-209.0	-811.4	0.0	
12	**0.0**	**Total Management, Support Services and Overheads**	**316.2**	**704.2**	**1,020.4**	**0.0**	**-209.0**	**-811.4**	**0.0**	
13	-109.5	**TOTAL**	4,305.3	63,922.2	68,227.5	0.0	-5,810.4	-64,080.0	-1,662.9	

Appendix 3 - Director/Division specific A-Z Service Analysis

Commissioning

Row Ref	2014-15 Revised Base Net Cost	Service	2015-16 Proposed Budget							
			Staffing	Non staffing	Gross Expenditure	Internal Income	External Income	Grants	Net Cost	Affordable Activity
	£000s		£000s	£000s	£000s	£000s	£000s	£000s	£000s	
		Adults and Older People								
		Other Services for Adults and Older People								
1	856.3	Safeguarding	1,562.3	270.5	1,832.8	0.0	-111.1	-124.5	1,597.2	A multi agency partnership/framework to ensure a coherent policy for the protection of vulnerable adults.
2	0.0	Support & Assistance Service (Social Fund)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	This service supports residents, with immediate need and who are in crisis, to live independently by signposting to current services and helping with the purchase of equipment and supplies to ensure the safety and comfort of the most vulnerable in our society. The grant for this service ceases in 2015-16. However, through efficiency savings the service is currently anticipating an underspend of approximately £2.7m in 2014-15. If there is sufficient underspend across the whole Council at the end of the 2014-15 financial year, this £2.7m underspend will be rolled forward and will be available in 2015-16 to enable the Council to maintain support despite the loss of funding (subject to Member approval), whilst alternative longer term solutions are considered.
		Housing Related Support for Vulnerable People (Supporting People)								
3	440.0	Administration	312.3	68.9	381.2	0.0	0.0	0.0	381.2	Provides staffing and other support including commissioners and analysts.
		Public Health								
4	544.2	Drug & Alcohol services	419.2	5.7	424.9	0.0	0.0	0.0	424.9	Includes provision for approximately 5,000 adults across Kent to access structured alcohol and drug treatment services and in excess of 8,000 to receive brief interventions; in excess of 3,000 young people to be engaged by substance misuse early intervention and specialist services. This also covers prescribing related costs for adult and young people substance misusers.
5	**1,840.5**	**Total Direct Services to the Public**	**2,293.8**	**345.1**	**2,638.9**	**0.0**	**-111.1**	**-124.5**	**2,403.3**	

Appendix 3 - Director/Division specific A-Z Service Analysis

Commissioning

Row Ref	2014-15 Revised Base Net Cost	Service	2015-16 Proposed Budget							
			Staffing	Non staffing	Gross Expenditure	Internal Income	External Income	Grants	Net Cost	Affordable Activity
	£000s		£000s	£000s	£000s	£000s	£000s	£000s	£000s	
		Management, Support Services and Overheads								
		Directorate Management and Support for:								These budgets include the directorate centrally held costs, which include the budgets for, amongst other things, the strategic directors and heads of service.
6	2,351.3	Social Care, Health & Wellbeing (SCH&W)	1,934.1	29.9	1,964.0	0.0	0.0	0.0	1,964.0	
		Support to Frontline Services:								
7	3,445.9	Adult's Social Care Commissioning & Performance Monitoring	3,367.0	437.4	3,804.4	-40.0	-441.0	0.0	3,323.4	Responsible for developing and delivering a commissioning strategy and procurement priorities for both Accommodation Solutions and Community Support for all vulnerable adults; responsible for performance monitoring and information services for adults social care.
8	**5,797.2**	**Total Management, Support Services and Overheads**	**5,301.1**	**467.3**	**5,768.4**	**-40.0**	**-441.0**	**0.0**	**5,287.4**	
9	7,637.7	**TOTAL**	7,594.9	812.4	8,407.3	-40.0	-552.1	-124.5	7,690.7	

Appendix 3 - Director/Division specific A-Z Service Analysis

SCH&W Strategic Management & Directorate Budgets

Row Ref	2014-15 Revised Base Net Cost	Service	2015-16 Proposed Budget							
			Staffing	Non staffing	Gross Expenditure	Internal Income	External Income	Grants	Net Cost	Affordable Activity
	£000s		£000s	£000s	£000s	£000s	£000s	£000s	£000s	
		Housing Related Support for Vulnerable People (Supporting People)								
1	7,508.6	Other Adults	0.0	7,421.6	7,421.6	0.0	0.0	0.0	7,421.6	Includes provision for 2,500 other vulnerable adults to receive support to enable independent living in their own home through the provision of short term supported accommodation and floating support.
2	**7,508.6**	**Total Direct Services to the Public**	**0.0**	**7,421.6**	**7,421.6**	**0.0**	**0.0**	**0.0**	**7,421.6**	
		Assessment Services								
3	770.4	Adult's Social Care Staffing	0.0	1,342.9	1,342.9	0.0	-273.5	-299.0	770.4	Social care staffing providing assessment of community care needs undertaken by Case Managers and Mental Health Social Workers.
4	**770.4**	**Total Assessment Services**	**0.0**	**1,342.9**	**1,342.9**	**0.0**	**-273.5**	**-299.0**	**770.4**	
		Management, Support Services and Overheads								
		Directorate Management and Support for:								These budgets include the directorate centrally held costs, which include the budgets for, amongst other things, the strategic directors and heads of service.
5	2,063.3	Social Care, Health & Wellbeing (SCH&W)	918.8	1,304.5	2,223.3	0.0	-160.0	0.0	2,063.3	
		Support to Frontline Services:								
6	**2,063.3**	**Total Management, Support Services and Overheads**	**918.8**	**1,304.5**	**2,223.3**	**0.0**	**-160.0**	**0.0**	**2,063.3**	
7	10,342.3	**TOTAL**	918.8	10,069.0	10,987.8	0.0	-433.5	-299.0	10,255.3	

This page is intentionally left blank

SOCIAL CARE, HEALTH & WELLBEING

SECTION 3 - CAPITAL INVESTMENT PLANS 2015-16 TO 2017-18 BY YEAR

Row Ref			Three Year Budget		Cash Limits 2015-16	2016-17	2017-18	
			£'000		£'000	£'000	£'000	
	Rolling Programmes	**Description of Project**						
1	*Home Support Fund & Equipment**	Provision of equipment and/or alterations to individuals homes	**9,360**		3,120	3,120	3,120	
2	**Total Rolling Programmes**		**9,360**		**3,120**	**3,120**	**3,120**	

Row Ref			Total Cost of Scheme	Previous Spend	Cash Limits 2015-16	2016-17	2017-18	Later Years
			£'000	£'000	£'000	£'000	£'000	£'000
	Individual Projects	**Description of Project**						
	Children's Services:							
3	Transforming Short Breaks	Projects providing additional short break facilities/equipment for children	**550**	480	70			
	Liberi System Enhancements:							
4	ConTROCC	Foster Payment System replacement	**1,315**	759	556			
5	Early Help Module (EHM)	System enhancement to allow secure and timely data sharing	**1,114**	838	276			
	Adults Services:							
6	Wheelchair Accessible Housing	Adaptations to homes to allow wheelchair access	**600**		600			
7	Developer Funded Community Schemes	A variety of community schemes to be funded by developer contributions	**889**		889			

SOCIAL CARE, HEALTH & WELLBEING

SECTION 3 - CAPITAL INVESTMENT PLANS 2015-16 TO 2017-18 BY YEAR

Row Ref	Individual Projects	Description of Project	Total Cost of Scheme	Previous Spend	Cash Limits 2015-16	2016-17	2017-18	Later Years
			£'000	£'000	£'000	£'000	£'000	£'000
	Kent Strategy for Services for Older People (OP):							
9	*Lowfield St (formerly Trinity Centre, Dartford)*	Provision of Community Hub in Dartford for Families & Social Care services	**1,073**	105	968			
10	*OP Strategy - Specialist Care Facilities*	Older Persons Care Provision - Accommodation Strategy	**4,089**		4,089			
11	PFI - Excellent Homes**	Excellent Homes for All - Development of new Social Housing for vulnerable people in Kent	**37,778**	18,707	19,071			
12	*Community Care Centre - Ebbsfleet*	Provision of Community Care Facility at Ebbsfleet	**500**					500
13	*Community Care Centre - Thameside Eastern Quarry*	Provision of Community Care Facility at Thameside Eastern Quarry	**544**					544
	System Enhancements:							
14	Care Act ICT Implementation	To ensure systems are Care Act compliant	**1,312**		1,312			
15	**Total Individual Projects**		**49,764**	**20,889**	**27,831**	**0**	**0**	**1,044**
16	**Directorate Total**		**59,124**	**20,889**	**30,951**	**3,120**	**3,120**	**1,044**

Italic font: these are projects that are relying on significant elements of unsecured funding and will only go ahead if the funding is achieved.

* Estimated allocations have been included for 2016-17 and 2017-18.

** Reflects construction value.

Funded by:	Total Cost of Scheme	Previous Spend	Cash Limits 2015-16	2016-17	2017-18	Later Years
	£'000	£'000	£'000	£'000	£'000	£'000
Borrowing	**0**					
Grants	**8,222**	480	3,502	2,120	2,120	
Developer Contributions	**2,830**		1,786			1,044
Other External Funding	**0**					
Revenue and Renewals	**3,000**		1,000	1,000	1,000	
Capital Receipts	**7,294**	1,702	5,592			
PFI	**37,778**	18,707	19,071			
Total:	**59,124**	**20,889**	**30,951**	**3,120**	**3,120**	**1,044**

SOCIAL CARE, HEALTH & WELLBEING

SECTION 3 - CAPITAL INVESTMENT PLANS 2015-16 TO 2017-18 BY FUNDING

Row Ref				2015-18 Funded By:									
		Three year budget		Borrowing	PEF2	Grants	Dev Contrs	Other External Funding	Revenue & Renewals	Capital Receipts	PFI	Total 2015-18	
		£'000		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
	ROLLING PROGRAMMES												
1	*Home Support Fund & Equipment**	**9,360**				6,360			3,000			9,360	
2	**Total Rolling Programmes**	**9,360**		**0**	**0**	**6,360**	**0**	**0**	**3,000**	**0**	**0**	**9,360**	
				2015-18 Funded By:									
		Total cost of scheme	Previous Spend	Borrowing	PEF2	Grants	Dev Contrs	Other External Funding	Revenue & Renewals	Capital Receipts	PFI	Total 2015-18	Later Years
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
	INDIVIDUAL PROJECTS												
	Children's Services:												
3	Transforming Short Breaks	**550**	480			70						70	
	Liberi System Enhancements:												
4	ConTROCC	**1,315**	759							556		556	
5	Early Help Module (EHM)	**1,114**	838							276		276	
	Adults Services:												
6	Wheelchair Accessible Housing	**600**					600					600	
7	Developer Funded Community Schemes	**889**					889					889	
	Kent Strategy for Services for Older People (OP):												
9	*Lowfield St (formerly Trinity Centre, Dartford)*	**1,073**	105				241			727		968	
10	*OP Strategy - Specialist Care Facilities*	**4,089**					56			4,033		4,089	
11	PFI - Excellent Homes	**37,778**	18,707								19,071	19,071	
12	*Community Care Centre - Ebbsfleet*	**544**											544
13	*Community Care Centre - Thameside Eastern Quarry*	**500**											500

SOCIAL CARE, HEALTH & WELLBEING

SECTION 3 - CAPITAL INVESTMENT PLANS 2015-16 TO 2017-18 BY FUNDING

Row Ref				2015-18 Funded By:									
		Total cost of scheme	Previous Spend	Borrowing	PEF2	Grants	Dev Contrs	Other External Funding	Revenue & Renewals	Capital Receipts	PFI	Total 2015-18	Later Years
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
	INDIVIDUAL PROJECTS												
	System Enhancements:												
14	Care Act ICT Implementation	**1,312**				1,312						1,312	
15	**Total Individual Projects**	**49,764**	**20,889**	**0**	**0**	**1,382**	**1,786**	**0**	**0**	**5,592**	**19,071**	**27,831**	**1,044**
16	**TOTAL CASH LIMIT**	**59,124**	**20,889**	**0**	**0**	**7,742**	**1,786**	**0**	**3,000**	**5,592**	**19,071**	**37,191**	**1,044**

Italic font: these are projects that are relying on significant elements of unsecured funding and will only go ahead if the funding is achieved.

* Estimated allocations have been included for 2016-17 and 2017-18.

Analysis of the responses to the 3 consultation questions

In total 1,979 responses were submitted. Generally the views expressed remained largely consistent throughout the 51 day consultation period

Question 1: Council Tax			
To preserve the most valued services (especially those we aren't required to provide by law) we are planning to raise additional income through council tax (note this would not entirely remove the need for savings as this would require a 19% increase in council tax). What would you prefer? Please select one option only:			
	Frequency	Percentage	Valid Percentage
a) I don't want an increase in council tax and the council should make more savings to balance the budget.	484	24%	25%
b) I'd accept a minimal increase of 1.99% (1.99% would increase band C charge by £19 a year –the maximum increase allowed without a referendum).	876	44%	44%
c) I'd accept a rise between 2% to 5% rise in order to protect more services from the reductions in funding (this would require a referendum and each 1% would increase band C charge by £9.50 a year).	450	23%	23%
d) I'd accept an increase in excess of 5% to provide greater protection for council services.	159	8%	8%
Left blank / No response	10	1%	
Total	**1979**	**100%**	**100%**

Question 2: Savings over the next three years			
What approaches should we adopt to making these savings? Please tick one or more options:			
	Frequency	Percentage	Valid Percentage
a) Find more efficient ways to deliver the same level of service at a lower cost e.g. by buying in more services from the private and voluntary sectors, sharing services with other public agencies, etc.	770	26%	26%
b) Transform services so they are delivered in a different way with the same or better outcomes at reduced cost e.g. rely more on digital services rather than telephone or face to face contact, support social care clients so they can avoid residential care.	998	34%	34%
c) Remove or stop services which are least valued by Kent residents as identified through evidence-based research.	759	26%	26%
d) Restrict access to services to only the most needy	254	9%	9%
e) None of the above	144	5%	5%
Left blank / No response	20	1%	
Total	**2945**	**100%**	**100%**

Note respondents could choose more than 1 option for this question hence the higher number of responses

Question 3: balance of savings for 2015/16			
We have yet to identify around £7.5m of the savings estimated to be needed to balance the 2015/16 budget. What approach do you think the council should take to close this gap? Please select one option only:			
	Frequency	Percentage	Valid Percentage
a) Increase council tax by a further 1.5% (in addition to the 1.99% already mentioned). Note – this would require a formal and binding referendum which could cost in the region of £1.5m.	176	9%	9%
b) Use money held in the council's reserves. Note – our level of reserves is low compared with other similar councils.	167	8%	9%
c) Raise additional income from other sources e.g. charges for services, tackling council tax avoidance, etc.	842	43%	43%
d) Deliver more savings from the areas identified in question 2.	365	18%	19%
e) Introduce a pay / price freeze for KCC staff / suppliers.	236	12%	12%
f) Other (please specify)	175	9%	9%
Left Blank / No response	18	1%	
Total	**1979**	**100%**	**100%**

This page is intentionally left blank

Analysis from 853 responses to on-line budget tool and 514 responses to consultants e-mail survey using the same tool

		Overall Appeal
GROWTH, ENVIRONMENT & TRANSPORT	100 miles of road gritted in bad weather over the course of the winter	**8.59%**
ADULT SOCIAL CARE	2 ½ weeks of residential care for one older person whose needs are judged substantial or critical and who cannot meet the full costs themselves	**8.40%**
ADULT SOCIAL CARE	69 hours of home care for an older person whose needs are judged moderate or substantial and who cannot meet the full costs themselves	**8.18%**
SPECIALIST CHILDREN'S	2 weeks of foster care for a child who cannot live safely at home, provided by a KCC registered foster carer	**7.66%**
SPECIALIST CHILDREN'S	1 week of foster care for one child who cannot live safely at home and whose needs are greater than those that can be met by a KCC registered foster carer	**7.19%**
GROWTH, ENVIRONMENT & TRANSPORT	30 average sized potholes in the road repaired	**6.61%**
GROWTH, ENVIRONMENT & TRANSPORT	10 tonnes of waste disposed of, enough to support 17 average Kent Households	**5.75%**
ADULT SOCIAL CARE	4 days of residential care for one adult with learning disabilities whose needs cannot be met by family or other carers	**5.42%**
EDUCATION & YOUNG PEOPLE	1 week's support for 150 children in children's centres	**5.32%**
SOCIAL CARE	1 week of social worker time for the assessment of vulnerable adults or children	**5.23%**
ADULT SOCIAL CARE	100 hours of support and assistance for vulnerable people not assessed as needing formal care packages to help promote their independent living	**5.06%**

		Overall Appeal
ADULT SOCIAL CARE	4 weeks of Learning Disability Direct Payments to someone with learning disabilities to enable them to live more independently	**3.96%**
GROWTH, ENVIRONMENT & TRANSPORT	22 faulty street lights investigated and repaired	**3.62%**
GROWTH, ENVIRONMENT & TRANSPORT	Keeps a household waste recycling centre open for a day	**2.72%**
GROWTH, ENVIRONMENT & TRANSPORT	Approximately 500 fare paying journeys on subsidised bus routes which are considered "socially necessary but uneconomic routes"	**2.58%**
EDUCATION & YOUNG PEOPLE	2 days of specialist advisor support for a school identified as failing by Ofsted	**2.72%**
EDUCATION & YOUNG PEOPLE	4 children given free transport on buses or trains to and from their nearest secondary school for one term, where the school is more than three miles from their home	**2.13%**
EDUCATION & YOUNG PEOPLE	1 child with Special Educational Needs transported by taxi to and from school for 9 weeks	**2.06%**
EDUCATION & YOUNG PEOPLE	62 attendances by a young person at their local youth centre or interactions with a youth worker in their local community	**1.95%**
GROWTH, ENVIRONMENT & TRANSPORT	3 annual bus passes for young people aged 11 - 15 to access educational or recreational activities via free bus travel across Kent Monday to Friday	**1.74%**
CORPORATE	Responding to 280 email or telephone calls to the KCC Contact Centre	**1.55%**
GROWTH, ENVIRONMENT & TRANSPORT	430 separate library visits, enough for 16 regular library users over the course of a year	**1.53%**

From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health
Andrew Scott-Clark, Interim Director of Public Health
Andrew Ireland, Director of Social Care Health and Wellbeing

To: Adult Social Care and Health Cabinet Committee
15 January 2015

Subject: Drug & Alcohol Service Commissioning

Classification: Unrestricted

Future Pathway of Paper: none

Electoral Division: All

Summary: The report provides the Cabinet Committee with an overview of the work of the Kent Drug and Alcohol Action team (KDAAT). KDAAT transferred on 1 October 2014 into Public Health, following a transfer into the Social Care Health and Wellbeing Directorate in April 2014.

The report outlines action required for the integration of KDAAT into Public Health, including the urgent decision taken on the 18 December 2014.

Recommendation:

The for Adult Social Care and Health Cabinet Committee is asked to:

a) Note the report and attached Record of Decision

1. INTRODUCTION

1.1 The purpose of this report is to inform the Cabinet Committee of the recent transfer of the KDAAT responsibilities and team from Strategic Commissioning to Public Health, as part of the Top Tier Transformation review. It provides background information on the role and responsibilities of KDAAT and describes the services that have transferred and related performance. The report also provides detail about the recent urgent decision taken by the Cabinet Member for Adult Social Care and Public Health.

2. BACKGROUND

2.1 KDAAT is one of 151 drug and alcohol action teams (DAATs) across England. All are formed and funded by a variety of local and national organisations which aim to reduce the harm of drug and alcohol misuse on individuals, families and communities.

2.2 As a partnership, Kent Drug and Alcohol Action Team (KDAAT) makes sure a wide range of services are available and easily accessible to Kent residents.

2.3 The role of KDAAT is to:

- Undertake needs assessments for substance misuse services in Kent
- Plan and commission services to meet those needs.
- Monitor performance and outcomes of drug and alcohol treatment services in Kent.
- Communicate plans, activities and performance to key stakeholders.
- Work with partners to deliver shared national and local priorities and targets relating to drug and alcohol misuse.

2.4 KDAAT is hosted by the County Council and is overseen by an Executive Board chaired by Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing. The Board liaises with the Adult and Young People Joint Commissioning Groups and elected Members and partner organisations to set the strategic direction for the partnership and to identify and deliver commissioning strategies.

2.5 The KDAAT team is responsible for the day to day implementation of the strategies, working closely with Public Health colleagues in the County Council and in partner organisations.

3. CURRENT SERVICES

3.1 The following substance misuse contracts are currently in place in Kent and the commissioning has therefore transferred to the Public Health Directorate:

- East Kent Integrated Substance Misuse Service for Adults
- West Kent Integrated Substance Misuse Service for Adults
- Young Persons Early Intervention and Specialist Treatment Service
- Kent and Medway Prison Drug and Alcohol Treatment.

3.2 Adult Services

Adult substance misuse services are provided, both in the community and in custodial settings (prison and police custody). Services are delivered through fixed site hubs across Kent. In addition, satellites operate in, but are not limited to, GP surgeries, Healthy Living Centres and Gateways, along with Roving Recovery Vehicles in East Kent. Over 37 pharmacists provide supervisory dispensing and Needle and Syringe Programmes (NSPs) in partnership with community services.

Early Intervention work includes:

- Assertive Outreach
- Brief interventions and enhanced brief interventions in service settings testing and satellites
- Harm Minimisation Interventions – Blood Borne Viruses (BBV) screening and vaccination including dry blood spot
- Needle and Syringe Programmes
- Referral to smoking cessation

Structured Treatment work includes:

- Arrest Referral Scheme
- Alcohol Treatment Requirement
- Drug Rehabilitation Requirement
- Alcohol and Cannabis Diversion Scheme
- Drug Testing on Arrest
- Structured Psycho-social interventions
- Intensive Key working
- Structured Group work programmes
- Harm Minimisation Interventions
- Pharmacological Interventions
- Community Detoxification
- Ambulatory Detoxification
- Access to inpatient stabilisation and detoxification
- Access to Residential Rehabilitation
- Access to mutual aid and recovery communities including Alcoholics Anonymous, Narcotics Anonymous and Smart
- Recovery groups.
- Tailored Interventions to improve social functioning and enhance life skills
- Family-focused interventions (including support to carers/significant others)
- Initiatives to promote general physical improvement.

3.3 Children's Services

Early Intervention services for young people are provided on a one-to-one basis in youth hubs, integrated settings and in a group work basis in schools, youth offending services and children's homes. Both Early Intervention services and specialist treatment are offered.

Early Intervention work with Children includes:

- One-to-one brief interventions (linked to key referral pathways i.e. Police)
- Group work including RisKit, targeted at those who are likely to engage in risk-taking and problematic behaviour

Specialist Treatment work includes:

- One-to-one psycho-social interventions
- Intensive one-to-one support
- Specialist Prescribing
- Work with parents / carers
- Sexual health screening
- Smoking cessation

4. PERFORMANCE

4.1 Performance of these services is generally strong and continues to improve.

4.2 The key metric within the Public Health Outcomes Framework (PHOF) for substance misuse treatment services concerns the proportion of all in treatment (opiate and non-opiate users are counted separately) who left drug treatment successfully and did not re-present for treatment within 6 months. This outcome demonstrates a significant improvement in health and well-being and aligns with the Government strategy of increasing the number of individuals recovering from addiction.

4.3 Presented annually in the PHOF, this measure is however, monitored monthly. The most recent figures available on the PHOF show Kent as significantly better on this outcome than national, at 10.9% for opiate clients and 49.2% for non-opiate clients in 2012, compared to national at 8.2% and 40.2%, respectively. Kent has decreased from previous levels of 14.6% for opiate clients in 2010 and 2011 but remained stable for non-opiate clients. Monthly figures which use rolling 12 month data from April 2012 onwards show little variation from 10% for opiate clients and a slight variation between 45% and 50% for non-opiate clients.

4.4 Future reporting will expand further on this measure and explore how Kent compares to other similar local authorities and trend data, with a focus on Kent's position compared to the top quartile range for comparator local authorities.

5. ACTIONS RESULTING FROM TRANSFER OF COMMISSIONING

5.1 As part of the work to implement the transfer of these services to the Public Health Directorate, an internal audit of the contracts has been carried out. Officers have assessed the documentation in place relating to current service delivery and a detailed action plan is in progress to address a series of governance and contract issues

5.2 Several variations to the East and West Kent contracts and the Young Persons Early Intervention and Specialist Treatment Service contract need to be formally authorised for signature, for completeness. The budget for services provided under these contracts and related variations have been agreed on a yearly basis as part of the annual budget by County Council.

5.3 The Cabinet Member has recognised the gravity of this issues and consequently took an urgent decision, under statutory and local procedures, to agree that all necessary actions should be taken and any unsigned documentation necessary to the efficient, effective and lawful delivery of contracts already in place be signed or sealed as necessary. The Record of Decision is Appendix A.

5.4 The Cabinet Member has also commissioned a review of governance arrangements relating to KDAAT, to ensure that all proposals put forward by

the Board are not only discussed at Joint Commissioning Boards and other partnership bodies but are also considered by the Adult Social Care and Health Cabinet Committee to ensure that the expertise of Members is fully utilised.

6. FINANCIAL IMPLICATIONS

6.1 The funding allocated to drug and alcohol services is, like all services, agreed as part of the budget by the County Council. In recent years, this budget has then been allocated by the KDAAT Board, in consultation with relevant partners. The detail of the budget will be reviewed as part of the transfer arrangements.

6.2 Both the East and West Kent contracts are due to come to an end in 2016, when Members will be fully involved in any decision regarding continued, alternative or extended provision.

7. LEGAL IMPLICATIONS

7.1 The County Council's Legal Services have been fully involved in the recent urgent decision process.

8. CONCLUSIONS

8.1 The transfer of KDAAT to Public Health has not been without challenges, but the mechanisms are now in place to ensure that KDAAT continues to provide excellent services for those people who rely on them in Kent. In addition, new management arrangements are being put in place to strengthen future service planning, decision making and monitoring.

8.2 Substance misuse services being provided to adults in East and West Kent and to young people countywide, to deliver good performance and outcomes for Kent residents, continue to be strong. The realignment to sit within the Public Health Directorate offers further opportunity to integrate the services with wider public health outcomes.

9. RECOMMENDATION:

Recommendation:

The Adult Social Care and Health Cabinet Committee is asked to:

a) Note the report and attached Record of Decision

10. BACKGROUND DOCUMENTS - None

11. CONTACT DETAILS

Report author:

Karen Sharp
Head of Public Health Commissioning
Email: Karen.sharp@kent.gov.uk
Tel: 0300 333 6497

Relevant Directors:

Andrew Scott-Clark, Interim Director of Public Health
Andrew Ireland, Director of Social Care, Health and Wellbeing.

Appendix A

KENT COUNTY COUNCIL – RECORD OF DECISION

DECISION TAKEN BY	DECISION NO.
Cabinet Member for Adult Social Care and Public Health	**14/00161**

If decision is likely to disclose exempt information please specify the relevant paragraph(s) of Part 1 of Schedule 12A of the Local Government Act 1972

Subject: : KDAAT – Realignment to Public Health Directorate

Decision:

As Cabinet Member for Adult Social Care and Health, I agree:

a) To authorise the signing or sealing as necessary any unsigned documentation required for the efficient, effective and lawful delivery of contracts already in place and relating to services already being delivered, as set out in the report, and retrospectively endorse those projects and contracts urgently to reduce any legal or constitutional risk to the Council.

b) That the Corporate Director for Social Care, Health & Wellbeing, or other delegated officer, undertake the necessary actions to implement this decision.

Any Interest Declared when the Decision was Taken

None

Reason(s) for decision, including alternatives considered and any additional information

As part of the work to implement the transfer of KDAAT services to the Public Health Directorate, officers have assessed the documentation in place relating to current service delivery. Some of the documentation is currently unsigned and without authorisation from the Cabinet Member it would remain so, thereby leaving the Council at risk from not having complied with its decision-making processes. Several variations to the East and West Kent contracts and the Young Persons Early Intervention and Specialist Treatment Service contract itself, although already being delivered, need to be signed, for completeness and in order to have the strongest protection from any, unlikely, legal challenge.

Background Documents:
None

Cabinet Committee recommendations and other consultation:

The 15th January 2015 Adult Social Care and Public Health Cabinet Committee will receive a report on the decision.

Local and statutory procedures for urgency have been undertaken and a briefing held with opposition group leaders.

It was considered that the decision could not be deferred in order to undertake the normal procedures owing to the extended risk that the Council would be exposed during the delay.

06/decisions/glossaries/FormC

Any alternatives considered: None - Legal Services have confirmed that the decision is required and that this should be taken as soon as possible to reduce risk to the Council.
Any interest declared when the decision was taken and any dispensation granted by the Proper Officer: None

signed

18 December 2014

date

By:	Graham Gibbens Cabinet Member, Adult Social Care and Public Health Andrew Scott-Clark, Interim Director of Public Health
To:	Adult Social Care and Health Cabinet Committee
Date:	15th January 2015
Subject:	Public Health Services – Dynamic Purchasing System
Classification:	Unrestricted
Past pathway:	This is the first committee by which this issue will be considered.
Future pathway:	Key decision by Cabinet Member
Electoral Division:	All

Summary

The Social Care, Health and Wellbeing Directorate is making increasing and effective use of Dynamic Purchasing Systems (DPS) to streamline commissioning and take advantage of changes and developments in the market place for public health services and for adult residential care.

Members of the Committee are asked to

i. Note the opportunities presented by increased use of a DPS for commissioning social care, health and wellbeing services for Kent.

ii. Raise awareness of the Public Health DPS and Residential Care DPS wherever possible and encourage potential providers to apply to join if they are interested in bidding to provide these services.

1. Introduction

1.1. The purpose of this paper is to inform the committee about the use of Dynamic Purchasing Systems (DPS) across the Social Care, Health and Wellbeing Directorate.

2. Background

2.1. As the County Council move towards becoming a strategic commissioning authority, it becomes increasingly more important that it fully explores a wide range of procurement mechanisms to ensure that commissioned services are delivered in the most effective manner, ensure value for money and best support the needs of the local economy through the appropriate consideration of local value.

2.2. The Select Committee on Commissioning highlighted the need to broaden the opportunities for small and medium sized enterprises (SMEs) and voluntary, community sector and social enterprise (VCSE) sector providers to bid to provide public services on behalf of the County Council.

2.3. The Social Care, Health and Wellbeing directorate is committed to innovative commissioning and will work with the market to support its development, diversification and, where appropriate, creation in order to drive up quality and / or deliver savings.

3. Dynamic Purchasing Systems

3.1. A key part of this innovative commissioning approach has been the exploration and utilisation of a DPS in the key service areas of Public Health and Adult Residential Care.

3.2. A DPS is traditionally a system used for buying commodities. It effectively works as an approved provider list for a specified range of services. Its dynamic nature enables new providers to join the approved list, as and when they have fulfilled the criteria detailed in the original procurement exercise. This is different from more tradition procurement methods where there is a fixed time period in which providers can join the procurement.

3.3. By having an approved provider list, it allows commissioners to purchase goods and services more quickly, rather than conducting a full tender exercise each time and it has the additional benefit of encouraging bids from a far wider range of providers than is often the case with lower value requests for quotations. New providers can apply to join the DPS at any time, which enables commissioners to take advantage of rapidly changes in the market such as emergence of new service providers. It is important to note that, in setting up the DPS, the range of services and potential value of the total range need to be specified within the original Official Journal of the European Union (OJEU) advertisement.

3.4. The key requirements of any DPS are:

- All DPS procurement processes can be conducted electronically, which can have the benefit of reducing the timescale for responses.

- All call off contract opportunities that are tendered will be through the DPS but the original requirement must be advertised in the Official Journal of the European Union (OJEU)

- Contract opportunities must be advertised for at least 15 days before bidders on the DPS are invited to tender for the work.

- The DPS should not normally extend beyond 4 years although contracts tendered through the DPS may extend beyond this timeframe e.g. a contract awarded in the last year of the DPS may be in place for 4 years.

- The DPS must remain open for new providers to join at any time.

4. Public Health Services DPS

4.1. The County Council's Public Health team established a new DPS in September to help stimulate the market for provision of public health services and to promote greater innovation in service delivery.

4.2. By January 2015, the County Council had admitted 22 different organisations to the DPS. The proportions slightly change as new organisations join, but at time of writing, 44% were from the VCSE sector, 25% were from the public sector and the remainder from the private sector.

4.3. 63% were Kent-based organisations. This take-up demonstrates a good level of interest in provision of public health services and provides a solid foundation for on-going market development and shaping to help drive innovation and improvement in public health.

4.4. Public Health has already advertised new contract opportunities for:

- Provision of specialist classes (postural stability) to prevent falls among older people
- Supply of Smoke-Free Home resource packs for distribution through Children's Centres across Kent
- Provision of advice, support and training for health and social care staff to promote healthy lifestyles for people with learning disabilities.

4.5. A number of other contract opportunities are planned for early 2015, including:

- Identification and Brief Advice (IBA) in primary care for people drinking alcohol at harmful or hazardous levels
- Provision of targeted interventions designed to reduce health inequalities in identified local areas.

5. Adult Residential Care DPS

5.1. The Council has set up Dynamic Purchasing Systems for the purchase of long term residential and/or nursing placements for older people between October 2014 and March 2016.

5.2. The tender to join a DPS is typically a one-stage process, with sections covering qualification, technical and commercial criteria. However, for this service, the Council has set a 'Usual/Guide Price' which is based on what price the Council expects to pay for each client.

5.3. The original tender to join the DPS (prior to October 2014) was, therefore a two-stage process, with deadlines for providers to respond by for each stage. Stage one of the process required providers to submit the required the qualification and cost data (in the form of a pre-determined cost model designed by the Council). The Council then analysed the cost of providing this service, based on the data submitted and governance, then agreed the Council's new 'Usual/Guide Price'.

5.4. The Council's new 'Usual/Guide Price' for this service was then publicised (as a Key Cabinet Decision) before the invitation to tender for stage two was published.

Providers that submitted compliant responses to stage one of the process were then invited to stage two of the process (including technical and commercial criteria). When the DPS commenced in October 2014, the tender process reverted to a one-stage process; new tender applications would require identical data to original tender applications, but deadlines no longer applied.

5.5. The advert for tenderers to join the DPS, which is published on the Kent Business Portal, specifies that the Council will not accept any new applications after September 2015 (as it is expected that at this time the Council will advertise the tender opportunity for the service starting in April 2016).

5.6. The maintenance of a DPS can be resource-intensive (i.e. the processing and evaluation of new tender applications, governance, award and issuing of new DPS Agreements). For this service, the Council has agreed to process new tender applications on a weekly basis (see the advert on the Kent Business Portal for more details, the address for which is www.kentbusinessportal.org.uk).

5.7. When the Council needs to purchase a long-term residential or nursing placement for an older person, the Council has to publish a mini-competition opportunity, inviting all the providers, which successfully bid for the appropriate lot (e.g. geographical or residential/nursing needs), to participate in accordance with the DPS Agreement. Providers are able to bid based on the assessed needs of the individual .

5.8. These mini-competitions are facilitated by the Kent Business Portal and must be managed consistently and in accordance with the DPS Agreement so that the Council remains open, fair and transparent when spending the Council's money.

6. Conclusion

6.1. The Social Care, Health and Wellbeing Directorate in KCC is making increasing and effective use of Dynamic Purchasing Systems to streamline commissioning and take advantage of changes and developments in the market place for public health services and for adult residential care.

6.2. The flexibility of the DPS offers a number of benefits for commissioners including less paperwork than is often associated with traditional procurement processes. More important though are the financial benefits associated with drawing on the skills, expertise and innovation of a wider range of service providers in some important new service areas.

6.3. The DPS offers significant flexibility in managing the total commissioning resource. It enables commissioners to be more agile in responding to the needs of citizens and service users by contracting efficiently and effectively with providers who are best placed to deliver improved outcomes for Kent.

7. Recommendations

7.1. Members of the Committee are asked to:

i. Note the opportunities presented by increased use of a DPS for commissioning social care, health and wellbeing services for Kent.

ii. Raise awareness of the Public Health DPS and Residential Care DPS wherever possible and encourage potential providers to apply to join if they are interested in bidding to provide these services.

8. Background documents

None

9. Contact Details

Report Authors
Karen Sharp, Head of Public Health Commissioning
Karen.Sharp@kent.gov.uk

Clare Maynard, Category Manager – Care
Clare.maynard@kent.gov.uk

This page is intentionally left blank

From: Peter Sass, Head of Democratic Services

To: Adult Social Care and Health Cabinet Committee – 15 January 2015

Subject: **Work Programme 2015**

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: Standard item

Summary: This report gives details of the proposed work programme for the Adult Social Care and Health Cabinet Committee.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to consider and agree its work programme for 2015.

1. Introduction

1.1 The proposed Work Programme has been compiled from items on the Forthcoming Executive Decisions List, from actions arising from previous meetings and from topics identified at agenda setting meetings, held six weeks before each Cabinet Committee meeting, in accordance with the Constitution, and attended by the Chairman, Vice-Chairman and the Group Spokesmen. Whilst the Chairman, in consultation with the Cabinet Member, is responsible for the final selection of items for the agenda, this item gives all Members of the Cabinet Committee the opportunity to suggest amendments and additional agenda items where appropriate.

2. Terms of Reference

2.1 At its meeting held on 27 March 2014, the County Council agreed the following terms of reference for the Adult Social Care and Health Cabinet Committee:- '*To be responsible for those functions that sit within the Social Care, Health and Wellbeing Directorate and which relate to Adults. The functions within the remit of this Cabinet Committee are:*

Strategic Commissioning Adult Social Care
Quality Assurance of Health and Social Care
Integrated Commissioning – Health and Adult Social Care
Contracts and Procurement
Planning and Market Shaping
Commissioned Services, including Supporting People
LASAR (Local Area Single Assessment and Referral)
KDAAT (Kent Drugs and Alcohol Action Team)

Older People and Physical Disability
Enablement
In-house Provision – residential homes and day centres
Adult Protection

Assessment and Case management
Telehealth and Telecare
Sensory services
Dementia
Autism
Lead on Health integration
Integrated Equipment Services and Disability Facilities Grant
Occupational Therapy for Older People

Transition planning

Learning and Disability and Mental Health
Assessment and Case management
Learning Disability and mental health In-house Provision
Adult Protection
Partnership Arrangement with the Kent and Medway Partnership Trust and Kent Community Health NHS Trust for statutory services
Operational support unit

Health - when the following relate to Adults (or to all)
Adults' Health Commissioning
Health Improvement
Health Protection
Public Health Intelligence and Research
Public Health Commissioning and Performance

2.2 Further terms of reference can be found in the Constitution at Appendix 2, Part 4, paragraph 21, and these should also inform the suggestions made by Members for appropriate matters for consideration.

3. Work Programme 2015

3.1 An agenda setting meeting was held on 4 December 2014, at which items for the January meeting were agreed and future agenda items planned. The Cabinet Committee is requested to consider and note the items within the proposed Work Programme, set out in the appendix to this report, and to suggest any additional topics that they wish to considered for inclusion to the agenda of future meetings.

3.3 When selecting future items the Cabinet Committee should give consideration to the contents of performance monitoring reports. Any 'for information' or briefing items will be sent to Members of the Cabinet Committee separately to the agenda, or separate member briefings will be arranged where appropriate.

4. Conclusion

4.1 It is vital for the Cabinet Committee process that the Committee takes ownership of its work programme to help the Cabinet Member to deliver informed and considered decisions. A regular report will be submitted to each meeting of the Cabinet Committee to give updates of requested topics and to seek suggestions of future items to be considered. This does not preclude

Members making requests to the Chairman or the Democratic Services Officer between meetings for consideration.

5.	**Recommendation:** The Adult Social Care and Health Cabinet Committee is asked to consider and agree its work programme for 2015.

6. Background Documents

None.

7. Contact details

Report Author:
Theresa Grayell
Democratic Services Officer
03000 416172
theresa.grayell@kent.gov.uk

Lead Officer:
Peter Sass
Head of Democratic Services
03000 416647
peter.sass@kent.gov.uk

This page is intentionally left blank

Last updated on: 5 January 2015

ADULT SOCIAL CARE AND HEALTH CABINET COMMITTEE – WORK PROGRAMME 2015/16

Agenda Section	Items
3 MARCH 2015	
B – Key or Significant Cabinet/Cabinet Member Decisions CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS	• **Domiciliary Care Review** – *10 min presentation* • **Adults' Rates and Charges 2015/16**
C – Items for Comment/Rec to Leader/Cabinet Member	• **Transformation and Efficiency partner update –** *regular six-monthly (report of latest procurement stage)to include staffing and training to meet future needs* • **Health Inequalities update** • **Update on the progress of learning disability day services (those which have been modernised)** – requested by George Koowaree at September mtg • **Live it Well Strategy refresh**
D – Monitoring	• **Adult Social Care Performance Dashboards** now to alternate meetings • **Public Health Performance Dashboard – include update on Alcohol Strategy for Kent** now to alternate meetings • **Business Planning/Strategic Priority Statement** • **Work Programme**
E – for Information - Decisions taken between meetings	
1 MAY 2015	
B – Key or Significant Cabinet/Cabinet Member Decisions CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS	• **Suicide Prevention Strategy** – key decision following consultation
C – Items for Comment/Rec to Leader/Cabinet Member	
D – Monitoring	• **Risk Registers** • **Work Programme**
E – for Information - Decisions taken between meetings	
10 JULY 2015	
B – Key or Significant Cabinet/Cabinet Member Decisions CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS	• **Integrated Community Equipment Service (ICES) contract award**

C – Items for Comment/Rec to Leader/Cabinet Member	
D – Monitoring	• **Adult Social Care Performance Dashboards** now to alternate meetings • **Public Health Performance Dashboard** now to alternate meetings • **Work Programme**
E – for Information - Decisions taken between meetings	
11 SEPTEMBER 2015	
B – Key or Significant Cabinet/Cabinet Member Decisions CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS	
C – Items for Comment/Rec to Leader/Cabinet Member	
D – Monitoring	• **Local Account Annual report** • **Complaints and Compliments annual report** • **Safeguarding Vulnerable Adults annual report** • **Work Programme**
E – for Information - Decisions taken between meetings	
3 DECEMBER 2015	
B – Key or Significant Cabinet/Cabinet Member Decisions CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS	
C – Items for Comment/Rec to Leader/Cabinet Member	
D – Monitoring	• **Adult Social Care Performance Dashboards** now to alternate meetings **and mid-year business plan Monitoring** • **Public Health Performance Dashboard** now to alternate meetings • **Work Programme**
E – for Information - Decisions taken between meetings	
JANUARY 2016	
B – Key or Significant Cabinet/Cabinet Member Decisions CURRENT/FUTURE DECISIONS AND	

Last updated on: 5 January 2015

MONITORING OF PAST DECISIONS	
C – Items for Comment/Rec to Leader/Cabinet Member	• **Budget Consultation and Draft Revenue and Capital Budgets**
D – Monitoring	• **Work Programme**
E – for Information - Decisions taken between meetings	

This page is intentionally left blank

From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

Andrew Ireland, Corporate Director Social Care Health and Wellbeing

To: Adult Social Care and Health Cabinet Committee
15 January 2015

Subject: **Hospital Discharges and Delayed Transfers of Care**

Classification: For information

Electoral Division: All

Summary: Provides the background to delayed transfers of care.

1. Introduction

1.1 Members will be aware of the national media reports of seasonal pressure on NHS acute services and in particular the pressure on Hospital Accident & Emergency departments. In some reports, part of the pressure is attributed to delays in transferring people who are medically fit to be discharged from hospitals either to their home or to an alternative care setting. These delayed transfers of care (DTOC) can be caused by delays within the hospital itself, or by delays in arranging suitable care in the community or a combination of both.

1.2 The position of hospitals in Kent has been recently raised by members and in particular whether social care delays are contributing to any local issues. In Kent the significant majority of such DTOCs have been attributed to health delays although this is a continuously evolving picture.

1.3 The figures on DTOCs are coordinated by the health Clinical Commissioning Groups (CCGs) but then need to be validated by KCC. This is essential both because the figures are retrospectively reported nationally but also because social care arrangements are made by the patient's home authority. For some Kent hospitals a significant number of their patients are from outside Kent, notably from Medway or London boroughs.

2. Current position

2.1 There has been very close working between KCC and both the local hospitals and the CCGs in drawing up Winter Pressure plans. There is daily liaison by KCC's Assistant Directors with health colleagues on the local positions and the plans have been in force since before Christmas.

2.2 Initial feedback from the CCGs about the festive period is that although there was significant pressure due to increased activity at A&Es and in particular increased admissions of people aged over 75, the Kent hospitals have been coping so far. They have been very pleased with the support that has been provided by KCC, in particular by the Social Care Teams based in the hospitals in facilitating timely and appropriate

discharges. This has included having KCC staff working in the hospitals over Christmas and New Year's Day. There is however an awareness that the winter pressure is likely to continue for several weeks more and the situation will need ongoing monitoring and coordination.

2.3 Given the short notice for the request for this paper and the time lag in getting numerical data from health and then validating it, Andrew Ireland, Corporate Director will give a further verbal update at the meeting.

3. Background Documents

None

4. Report authors:

Relevant Director:
Andrew Ireland, Corporate Director Social Care, Health and Wellbeing
01622 696083
andrew.ireland@kent.gov.uk

From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health
Andrew Scott-Clark, Interim Director of Public Health

To: Adult Social Care and Health Cabinet Committee
15th January 2015

Subject: Decision number: 14/00161 – KDAAT Realignment to PH Directorate

Classification: Unrestricted with exempt appendix

Past Pathway of Paper: Cabinet Member Key Decision

Future Pathway of Paper: None

Electoral Division/s: All

FOR INFORMATION ONLY

Summary: The attached urgent decision was taken between meetings as it could not reasonably be deferred to the next programmed meeting of the Adult Social Care and Health Cabinet Committee for the reason(s) set out in paragraph 1.2 below.

Recommendation(s): The committee asked to note that Decision no 14/00161– KDAAT Realignment to Public Health Directorate, was taken in accordance with the process set out in paragraph 7.10 of Appendix 4 Part 7 of the Council's constitution.

1. Introduction

1.1 In accordance with the County Council's decision-making procedure rules, all significant or Key Decisions must be listed in the Forthcoming Executive Decision List and should be submitted to the relevant Cabinet Committee for endorsement or recommendation prior to the decision being taken by the Cabinet Member or Cabinet.

1.2 For the reasons set out below, it was not possible to delay the decision for discussion by the Cabinet Committee prior to it being taken by the Cabinet Member. Therefore, in accordance with the process set out in the Council's Constitution, the Chairman and Group Spokespersons for this Cabinet Committee, the Chairman and Spokesmen for the Scrutiny Committee and the local Members affected were informed prior to the decision being taken and their views were recorded on the Record of Decision (attached at Appendix A). After the decision was taken, it was published.

2. Background

2.1 As part of the work to transfer the Drug and Alcohol services to the Public Health Directorate, officers have assessed the performance of services and the documentation in place relating to current contracts. The performance of services is good, however, an internal audit of Kent Drug and Alcohol Action Team (KDAAT) highlighted that a number of actions in relation to the contract and governance needed to be taken and an action plan addressing these issues is underway.

2.2 Several variations to the East and West Kent contracts and the Young Persons Early Intervention and Specialist Treatment Service contract, needed to be formally authorised for signature, for completeness. The budget for services provided under these contracts and related variations have been agreed on a yearly basis as part of the annual budget by County Council.

3. Action Taken

3.1 The Cabinet Member has recognised the gravity of this issue and consequently took an urgent decision, under statutory and local procedures, to agree that any unsigned documentation necessary to the efficient, effective and lawful delivery of contracts already in place be signed or sealed, as necessary. The Record of Decision is attached as Appendix A.

3.2 The Cabinet Member has also commissioned a review of governance arrangements relating to KDAAT, to ensure that all proposals put forward by the Board are not only discussed at Joint Commissioning Boards and other partnership bodies but are also considered by the Adult Social Care and Health Cabinet Committee to ensure that the expertise of Members is fully utilised.

3.3 The deadlines and dates of the Adult Social Care and Health Cabinet Committee meant that reporting the document to the committee prior to it being taken would have delayed the decision. To delay the decision would have left the Council at risk from not having complied with its internal decision-making processes, as some of the contract documentation was found to be unsigned, and, without authorisation from the Cabinet Member it would remain so.

4. Recommendation

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to note that Decision no 14/00161: KDAAT Realignment to Public Health Directorate was taken in accordance with the process set out in paragraph 7.10 of Appendix 4 Part 7 of the Council's Constitution, as set out in the attached record of decision.

5. Background documents: none

6. Contact details:

Karen Sharp
Head of Public Health Commissioning
Email: Karen.sharp@kent.gov.uk
Tel: 0300 333 6497

APPENDIX A

KENT COUNTY COUNCIL – RECORD OF DECISION

DECISION TAKEN BY	DECISION NO.
Cabinet Member for Adult Social Care and Public Health	**14/00161**

If decision is likely to disclose exempt information please specify the relevant paragraph(s) of Part 1 of Schedule 12A of the Local Government Act 1972

Subject: : KDAAT – Realignment to Public Health Directorate

Decision:

As Cabinet Member for Adult Social Care and Health, I agree:

a) To authorise the signing or sealing as necessary any unsigned documentation required for the efficient, effective and lawful delivery of contracts already in place and relating to services already being delivered, as set out in the report, and retrospectively endorse those projects and contracts urgently to reduce any legal or constitutional risk to the Council.

b) That the Corporate Director for Social Care, Health & Wellbeing, or other delegated officer, undertake the necessary actions to implement this decision.

Any Interest Declared when the Decision was Taken

None

Reason(s) for decision, including alternatives considered and any additional information

As part of the work to implement the transfer of KDAAT services to the Public Health Directorate, officers have assessed the documentation in place relating to current service delivery. Some of the documentation is currently unsigned and without authorisation from the Cabinet Member it would remain so, thereby leaving the Council at risk from not having complied with its decision-making processes. Several variations to the East and West Kent contracts and the Young Persons Early Intervention and Specialist Treatment Service contract itself, although already being delivered, need to be signed, for completeness and in order to have the strongest protection from any, unlikely, legal challenge.

Background Documents:
None

Cabinet Committee recommendations and other consultation:

The 15th January 2015 Adult Social Care and Public Health Cabinet Committee will receive a report on the decision.

Local and statutory procedures for urgency have been undertaken and a briefing held with opposition group leaders.

It was considered that the decision could not be deferred in order to undertake the normal procedures owing to the extended risk that the Council would be exposed during the delay.

06/decisions/glossaries/FormC

Any alternatives considered: None - Legal Services have confirmed that the decision is required and that this should be taken as soon as possible to reduce risk to the Council.
Any interest declared when the decision was taken and any dispensation granted by the Proper Officer: None

.....
signed

18 December 2014
.....
date

This page is intentionally left blank

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

Document is Restricted

This page is intentionally left blank