

**ADULT SOCIAL CARE AND HEALTH CABINET
COMMITTEE**

Thursday, 3rd December, 2015

10.00 am

**Darent Room, Sessions House, County Hall,
Maidstone**



AGENDA

ADULT SOCIAL CARE AND HEALTH CABINET COMMITTEE

Thursday, 3 December 2015 at 10.00 am
Darent Room, 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,
Mrs V J Dagger, Mr P J Homewood and Mrs C J Waters

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

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UNRESTRICTED ITEMS

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

A - Committee Business

A1 Introduction/Webcast announcement

A2 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 11 September 2015 (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 Director of Public Health.

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

B1 Commissioned Services for Adult Carers of Vulnerable Adults (decision number 15/00102) (Pages 21 - 30)

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 comment on and either endorse or make a recommendation to the Cabinet Member on the proposed decision to re-commission the short breaks service for adult carers of vulnerable adults across Kent for a further two years, until 31 March 2018.

B2 Integrated Adult Learning Disability Commissioning Section 75 Agreement (decision number 15/00101) (Pages 31 - 38)

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 comment on and either endorse or make a recommendation to the Cabinet Member on the proposed decision to enter into a Section 75 agreement with the seven Kent Clinical Commissioning Groups which will agree arrangements for integrated commissioning for adults with a learning disability.

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

C1 Adult Social Care Transformation and Efficiency Partner Update (Pages 39 - 50)

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 on progress on the implementation phase of the Adult Social Care Transformation Portfolio, including the work with the Efficiency Partner, Newton Europe. The report also provides a brief update on other significant commissioning activity included in the Directorate's Business Plan 2015/16.

C2 Helping Vulnerable Adults into Employment (Pages 51 - 84)

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 on the services available to help vulnerable adults into employment in Kent and the Kent performance against national indicators to see how well the Council is doing in relation to other authorities.

C3 Update on Formal Consultation on In-house Residential Provision for Older People (Pages 85 - 88)

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 on progress of the formal consultation on the future of the County Council's four older persons residential care homes; the Dorothy Lucy Centre, Maidstone, Blackburn Lodge, Sheerness, Kiln Court, Faversham and Wayfarers, Sandwich.

C4 Commissioning of Domestic Abuse Support Services (Pages 89 - 118)

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 on the proposed reshaping of Domestic Abuse services, and to endorse the commencement of a procurement process to commission an integrated Domestic Abuse service across Kent, based upon the plans provided.

D - Monitoring

D1 Adult Social Care Performance Dashboard (Pages 119 - 136)

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, outlining progress against targets set for key performance and activity indicators for September 2015 for Adult Social Care.

D2 Public Health Performance - Adults (Pages 137 - 142)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Director of Public Health, outlining the performance against indicators of commissioned services which specifically relate to adults, and selected Public Health Outcome Framework indicators.

D3 Work Programme (Pages 143 - 150)

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

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 has been taken as it could not reasonably be deferred to the next scheduled meeting of the Adult Social Care and Health Cabinet Committee. The decision followed the County Council's decision-making procedure as set out in Appendix 4 part 7 of the constitution.

E1 Older People's Residential and Nursing Contract Guide Price (decision number 15/00089) (Pages 151 - 176)

E2 Kent County Council's Local Account for Adult Social Care for 2014/15 (Pages 177 - 230)

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 on the final version of the Local Account for Adult Social Care for 2014/ 2015.

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, 25 November 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.

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 Friday, 11 September 2015.

PRESENT: Mr C P Smith (Chairman), Mrs A D Allen, MBE, Mr H Birkby, Mr D L Brazier (Substitute for Mr G Lymer), Mrs P Brivio, Mr R E Brookbank, Mrs P T Cole, Mr P J Homewood, Mr S J G Koowaree, Mr T A Maddison, Mrs C J Waters and Mrs J Whittle (Substitute for Mrs V J Dagger)

ALSO PRESENT: Mr G K Gibbens

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

UNRESTRICTED ITEMS

32. Apologies and Substitutes (Item A2)

1. Apologies for absence had been received from Mrs V J Dagger and Mr G Lymer.
2. Mr J Whittle was present as a substitute for Mrs Dagger and Mr D L Brazier was present as a substitute for Mr Lymer.

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

Mr T Maddison declared an interest as a Trustee of Invicta Advocacy.

34. Minutes of the meeting held on 10 July 2015 (Item A4)

1. RESOLVED that the minutes of the meeting held on 10 July 2015 are correctly recorded and they be signed by the Chairman.
2. Under Minute 16, Mr Maddison asked about Members being sent a copy of the letter written to the Minister in response to the publication of the ADASS report 'Distinctive, Valued, Personal – Why Social Care Matters: The Next Five Years'. Mr Ireland undertook to look into this.

35. Meeting dates for 2016/17 (Item A5)

RESOLVED that the dates reserved for meetings of this committee in 2016 and early 2017 be noted, as follows, all meetings to commence at 10.00 am at County Hall:-

Thursday 14 January 2016
Thursday 10 March 2016
Tuesday 10 May 2016
Tuesday 12 July 2016
Tuesday 11 October 2016
Tuesday 6 December 2016

Thursday 26 January 2017
Tuesday 14 March 2017

36. Verbal updates
(Item A6)

Adult Social Care

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

14 July – Visited Swaleside Prison – he had met the Governor to discuss how best to meet the care and support needs of prisoners, which the County Council was now obliged to do under the Care Act.

9 September – interview on Radio Kent about funding for adult social care. He had also written to the Minister asking for adult social care to have special consideration in the comprehensive spending review in November. Mr Ireland added that decisions about social care funding would be critical in the shaping the County Council's ability to meet growing demand, and any major reduction in funding would have many implications.

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

Future Arrangements for Supporting Vulnerable Adults Board – this multi-agency board had recently agree to appoint an independent chairman, and the position would shortly be advertised.

Winter pressures – preparation for winter 2015/16 would start shortly, with liaison with NHS colleagues.

Adult Public Health

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

23 July - Attended and spoke at the Kent Healthy Business Awards at Oakwood House, Maidstone – these awards had attracted a good level of interest from Kent businesses.

11 September – Health Visitors welcome event at Sessions House, Maidstone. All Members were invited to attend this event.

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

Dr Faiza Khan appointed as Interim Deputy Director of Public Health – Dr Khan received the committee's congratulations.

Update on Kent Drug and Alcohol Services 'Turning Point'- current contracts would expire in March 2016, and new tendering activity would commence soon.

Update on Department of Health in-year savings from the Public Health allocation 2015/16 - this had been a major consultation in the summer, for which the outcome was currently awaited. It had been assumed that the same percentage saving would be applied to all local authorities in the UK, and Kent's savings targets was expected to be around £4million.

5. He responded to comments and questions, as follows:-

- a) the County Council had taken on drug and alcohol services quite recently and had inherited some historic shortfall against performance targets; and
- b) Kent expected to have a reduction to its public health budget but the actual amount may be less than expected. It was known that the Department of Health's preferred option was a straight percentage cut across all authorities.

6. The verbal updates were noted, with thanks.

37. Care Act - Power to Delegate Adult Care and Support Functions
(Item B1)

Ms C Grosskopf, Policy Advisor, Strategy Policy and Assurance, and Mr M Thomas-Sam, Strategic Business Advisor, were in attendance for this item.

1. Ms Grosskopf introduced the report and explained that, since the issue had last been reported to the Committee in January 2015, the detail of those functions which could be delegated had changed as the implementation date for some reforms in the Care Act had been delayed until 2020. Ms Grosskopf and Mr Thomas-Sam responded to comments and questions from Members, as follows:-

- a) Kent had the largest number of prisons and hence one of the largest prison populations of any county in the UK. Its prison population was mostly male, with only one prison accommodating women; and
- b) it would take a while for the impact of the changes to be felt and the likely number of social care and support assessments required each year under the Care Act in prisons to become clear. The number of cases identified so far was very low, perhaps around 10 - 12, out of a potential annual caseload of 200 – 250.

2. The Cabinet Member, Mr Gibbens, thanked Members for their comments and support and undertook to take account of them when taking the decision. He emphasised the importance of meeting the social care and support needs of the prison population, a fact which had been reinforced by his recent visit to Swaleside prison on the Isle of Sheppey.

3. RESOLVED that:-

a) the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, that, under Section 79 of The Care Act, the following adult social care and support functions can be delegated:

- 1) assessment and care provision for prisoners,
- 2) carers' assessments and support for carers,
- 3) specialist assessments and support for blind people, and
- 4) specialist assessments and support for deaf people,

be endorsed; and

b) detailed decisions of how these delegations will work in practice will 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.

38. Older People's Residential and Nursing contract
(Item B2)

Ms C Holden, Head of Commissioning (Accommodation Solutions), was in attendance for this item.

1. Ms Holden introduced the report and explained the changes which were being proposed to the contract, and the context for those changes. She responded to comments and questions from Members, as follows:-

- a) the decision would be taken in two stages; the guide price would be determined in November and the contract awarded in February. Demand and price would need to be balanced, and this would take much analysis; and
- b) a forecast of the impact of the changes would be that fewer people would require a residential or nursing placement but those who did would have a greater dependency.

2. The Cabinet Member, Mr G K Gibbens, assured Members that, although he would be taking the first decision (about guide price) before the committee next met in early December, all Members would have an opportunity to see and comment on the proposed decision, as part of the County Council's usual decision-making process. He urged all Members to take the opportunity to read the proposed decision paperwork when it was published and sent to them.

3. RESOLVED that the work on this issue to date be endorsed and continue to the decision stage, as set out in the report.

39. Update on Live it Well - The Kent and Medway Mental Health Strategy, 2014 - 2015
(Item C1)

Ms J Mookherjee, Consultant in Public Health, was in attendance for this item.

1. Ms Mookherjee introduced the report and responded to comments and questions from Members, as follows:-

- a) the proposed split of responsibility between the Health and Wellbeing Board (for governance issues) and this committee (for specific decisions) found general support from the committee. the Health and Wellbeing Board was the natural home of the service while this committee needed to have an overview of commissioning;
- b) much work had gone into modelling demand and capacity as these were complex. *Ms Mookherjee undertook to send more detail of this work to one speaker outside the meeting.* Ms Southern added that this work was multi-agency and linked to prevention and timely discharge to make a whole-system approach;
- c) it was suggested that the Health and Wellbeing Board establish a sub-group to look at the detail of how the service would work; and
- d) Ms Southern confirmed that, although the Health and Wellbeing Board would take on the issue, and joint working was key to the success of the strategy, the County Council would retain its statutory responsibility to deliver mental health services.

2. RESOLVED that:-

- a) the approach to develop a new and updated set of guiding principles for mental health commissioning, based on the previous Live it Well Strategy commitments, and the timescales for the development of the principles across the Kent health economy, be noted;
- b) the move of the governance of mental health 'whole system' commissioning to the Health and Wellbeing Board, as per the timescales set out the report, be endorsed; and
- c) specific decisions on the mental health service remain the business of this committee.

40. Future Direction for "Mind the Gap": Reducing Health Inequalities in Kent
(Item C2)

1. Dr Khan introduced the report, which sought the committee's comments on the work being undertaken. She and Mr Scott-Clark responded to comments and questions from Members, as follows:-

- a) targets against which health inequalities would be measured would change on 30 September 2015. The new targets would look similar to the previous targets but would focus more on specific issues and areas of Kent in which inequalities were particularly hard to address;
- b) Mr Scott-Clark supported a view expressed that work on health inequalities should cover people's whole lifespan, from birth to death. To help achieve this, all services – such as the health visiting and early years services, as

well as housing, employment and education services – would need to be engaged and work together. To reflect this, the public health transformation programme had three sections – Starting Well, Living Well and Ageing Well. Work would focus on areas of Kent which had the poorest record of life expectancy;

- c) Dr Khan explained that work was ongoing to seek to understand why some areas of the population disregarded health messages. One speaker suggested that shock tactics might be needed to convey a message, eg that smoking during pregnancy could result in low birth weight and increased risk of developing a range of illnesses, as many women continued to smoke during pregnancy;
- d) the lifestyle changes necessary to reduce health inequalities would require culture change and much financial and practical investment. County Council Members could be involved in campaigns in their electoral divisions, be aware of the patterns of inequality in their areas and be advised of what they could do to help. Although life expectancy could be increased by addressing health issues, it was important that quality of life should also be improved;
- e) a view was expressed that health improvement campaigns did have some effect in some areas of the county, which had shown improved life expectancy. Dr Khan pointed out that life expectancy had increased generally across the whole of the UK. This was due to improvements in medical science, housing and sanitation;
- f) public messages about health had been very different in the past, eg cigarettes and alcohol had previously been seen as useful aids to relaxation, and cigarettes had previously been thought to improve lung health. Soldiers in the trenches in the first world war were supplied with cigarettes to boost their morale. To achieve the culture change necessary to alter some people's perceptions and ingrained habits could take generations. Past research into changing habits had shown that people had to be told something ten times before they would take sufficient notice to take action;
- g) there was a section of the population which would resist health improvement messages and choose to continue to drink, smoke, use drugs and eat fatty foods, even once they knew the negative effects of these behaviours. The County Council could better direct its efforts to those who wanted to change;
- h) the work currently ongoing to address health inequalities would go a long way to reach the people that it needed to reach; and
- i) it was suggested that the Child Poverty Strategy be reviewed alongside the Mind the Gap plan as the two were closely linked.

2. The Cabinet Member, Mr Gibbens, pointed out that the 'Mind the Gap' plan had been prepared, and work had been ongoing to raise Members' awareness of health inequalities across Kent, long before the County Council had taken over the

public health function in April 2013. However, the gap in Kent was currently widening; Kent's highest and lowest life expectancy rates were both in his electoral division. He suggested the best way forward would be for the County Council to identify and target areas of greatest deprivation. He undertook to ensure that a further report on progress was brought to this committee, but to avoid duplication it would not be repeated at the Children's Social Care and Health Cabinet Committee. Members of that committee could perhaps be invited to attend the meeting of this committee. The Mind the Gap plan had previously been discussed by the full Council and he hoped that this could be repeated.

3. RESOLVED that the proposed direction of travel and timescales for developing a new health inequalities plan for Kent be endorsed.

41. Kent Sheds Update
(Item C3)

Ms J Mookherjee, Consultant in Public Health, was in attendance for this item.

1. Ms Mookherjee introduced the report and reminded Members that Kent had the largest Sheds programme of all authorities in the UK, having 20% of the UK total number of Sheds.
2. Members referred to Sheds in their divisions and spoke of the good community support given to them locally. The inclusion of both men and women in Sheds worked well and was supported. Members who did not have a Shed in their area were encouraged to help establish one. The initiative was generally welcomed as excellent.
3. RESOLVED that the information set out in the report be noted, and the Sheds programme in Kent be welcomed and supported across Kent by Members.

42. Care Act Phase 2 - Delay of Introduction of Funding Reform until April 2020: Presentation
(Item C4)

Mr M Thomas-Sam, Strategic Business Adviser, was in attendance for this item.

1. Mr Thomas-Sam presented a series of slides (included in the published agenda pack) which set out the Government's announcement in July to delay the implementation of some areas of the Care Act, and explained the context of them. 90% of the Care Act had so far been implemented and the new practices and training that these required had been put into place. Staff had received training to ensure that they understood the new law and could help the public to understand it, and had the skills to support the necessary changes in their work practice. He also addressed the likely impact should the planned changes in phase 2 of implementation not go ahead. There was a substantial funding gap between the Government's funding allocation and the forecast of costs of the ongoing increase in demand, new legal responsibilities and the added cost of the national living wage. He responded to comments and questions from Members, as follows:-

- a) the delay in introducing various elements was based on the Secretary of State's advice, but the County Council had been part of the research group which had influenced the decision; and
- b) although 90% of the Act had so far been implemented, the outstanding areas were substantial and would have an impact on a large number of people. Concern was expressed that their introduction may ultimately be delayed further, beyond 2020.

2. RESOLVED that the information set out in the presentation be noted.

43. An Active Travel Strategy for Kent
(Item C5)

Mr D Joyner, Transport and Safety Policy Manager, was in attendance for this item.

1. Mr Joyner introduced the report and responded to comments and questions from Members, as follows:-

- a) cycling routes were provided round the county for leisure use but not necessarily for home-to-school or home-to-work use. Projects such as Cyclopark encouraged sport cycling, but people wishing to use that facility had to drive there. In some areas in Kent, cycling was simply not possible due to the density of traffic;
- b) in Holland, France and other European countries, cycling was accepted as a mainstream form of transport, but the UK had never given priority to cycling, seemingly to avoid the work and costs of providing infrastructure and facilities. Until this need was accepted, nothing could be achieved. Mr Joyner advised Members that government funding was available to support initiatives to encourage walking and cycling. The Active Travel Strategy should help Kent to access some of this funding;
- c) the joint working between Directorates to develop the strategy was welcomed;
- d) the 'walking bus' initiative, in which school children would assemble at an agreed point and walk to school together, accompanied by an adult supervisor, no longer seemed to be in place. For some children, walking to school presented a number of practical challenges, and being unable to walk to school was linked to health inequalities;
- e) one initiative to encourage primary school children to walk to school was to present an inexpensive trophy to the class in which the greatest proportion of children had walked to school in a week or a month. Members could encourage such projects in their local schools by contributing some money from their individual grants. Some schools had constructed scooter shelters to encourage pupils to travel by scooter; and
- f) sites such as Ebbsfleet garden city were an example of changing culture, away from reliance on private vehicles and towards cycling and walking. These facilities could be extended further to include the nearby Ebbsfleet

station. Mr Scott-Clark added that Healthy Towns sought to ensure that healthy transport options were incorporated in town planning when any new development or regeneration was planned.

2. RESOLVED that the Active Travel Strategy for Kent be endorsed, and Members' comments on the issues set out in the report be noted by the Cabinet Member in taking the decision.

44. Kent County Council's Local Account for Adult Social Care 2014 - 2015
(Item D1)

Ms S Smith, Head of Performance and Information Management, was in attendance for this item.

1. Ms Smith introduced the report and explained that the intention was that a cross-party group of Members meet in October to consider a final draft of the Local Account document before the Cabinet Member signed off the final version for publication during November.

2. The Chairman said that he was disappointed by the suggestion that the document would be signed off and published without having been considered at a meeting of the Cabinet Committee. He said he did not support decisions being taken outside the Cabinet Committee process where this could be avoided, and did not want to encourage the establishment of Sub-Committees. The Committee then discussed the possible options for considering the Local Account document. Mr Lobban pointed out that, due to the need to publish the finished document by the end of the year, the Cabinet Committee would have limited time to discuss it. Mr Ireland added that the cross-party Member group model had worked well in the past.

- a) speakers supported the Chairman's view but sympathised with the aims of the officers in proposing that course of action;
- b) the possibility of using social media to publicise and consult on the document was raised. It was important that the document reached the people who were most concerned with its content;
- c) having a retrospective report on the document in December would not be much help to the committee; it needed to see the draft before it was signed off, so all Members could have input into it;
- d) the possibility and usefulness of the committee having an additional special meeting in October was then discussed, with the 3 December meeting then receiving the final document in December; and
- e) publishing in January would simply be too late and would look bad, so the Committee was limited to accepting the offer of a cross-party sub-group this year and improving the process and timing in time for next year.

3. The Cabinet Member agreed that, ideally, the whole Cabinet Committee should have the opportunity to consider the document, but December would be very late for the document to be published. He explained that he had supported the planned cross-party meeting in October and undertook that he and Ms Smith would

provide feedback on that meeting to any Member who was unable to attend. He emphasised the importance of the document as an annual record of the County Council's work in adult social care and stated his commitment that next year's document would be prepared early enough to be considered at a meeting of the whole Cabinet Committee before being signed off and published.

4. The Chairman supported this and asked Members if they were happy to proceed on the basis of what the Cabinet Member had suggested; a cross-party Member group meeting in October to consider the final draft, the Cabinet Member signing off the decision in November and the sign-off being reported to the Cabinet Committee in December.

5. RESOLVED that a cross-party group of Cabinet Committee Members meet during October to review a final draft version of the Local Account document, which could lead to a recommendation to the Cabinet Member for Adult Social Care and Public Health to publish the Local Account.

45. Kent and Medway Safeguarding Adults Annual Report, April 2014 - March 2015
(Item D2)

Ms K Stephens, Interim Kent and Medway Safeguarding Adults Board Manager, was in attendance for this item.

1. Ms Stephens introduced the report and, with Mr Ireland, responded to comments and questions from Members, as follows:-

- a) alerts about cases of neglect highlighted that this was an ongoing area of risk, eg in terms of avoiding bed sores;
- b) the report presented data for the number of incidents, by area, in 2014/15, with the total compared to the total for 2013/14, but the latter was not broken down by area so the figures could not be compared effectively;
- c) the report did not mention that community wardens had won an award, but could include this sort of positive information. The Community Safety Unit was part of the Supporting Vulnerable Adults Board (SVAB);
- d) it would be useful to be able to compare figures quoted for alerts, broken down by ethnic group, to the proportions of the care populations which fell into those groups, to see if any one group appeared to be more at risk than any other. *Ms Stephens undertook to supply more detailed information to the questioner outside the meeting;* and
- e) as many alerts arose at care homes, so the figures for the geographical spread of cases were skewed by the location of care homes. It was suggested that, as 38% of alerts originated in homes, Members could perhaps look into getting permission to visit homes to look into the potential issues for themselves.

2. The Cabinet Member, Mr Gibbens, assured Members that the safeguarding of vulnerable adults was a top priority for the County Council. He thanked Mr Ireland

and the officer team for the responsibility they took on and the work they undertook across the county in this challenging area of work.

3. RESOLVED that the information set out in the report, and Members' comments on it, be noted

46. Annual Equality and Diversity Report 2014 - 2015

(Item D3)

Ms M Harrison, Transformation and Pioneer Integration Programme Manager, OPPD, was in attendance for this item.

1. Ms Harrison introduced the report and responded to comments and questions from Members, as follows:-

- a) the increase in access hours for Older People's and Physical Disability services were welcomed;
- b) the importance of easy-read documentation, eg for those with learning disabilities and for those whose first language was not English, was emphasised; and
- c) it was important to be aware that adults with learning disabilities did not always enjoy the same opportunities as their peers, eg they could not stay out late at social events if staff were not available to accompany them after that time.

2. RESOLVED that:-

- a) the proposed changes to equality objectives be agreed; and
- b) the committee receive revised objectives in 2016, and an annual report, in order to comply with Public Sector Equality Duty (PSED) and ensure progress against County Council objectives.

47. Work Programme

(Item D4)

RESOLVED that the committee's work programme for 2015/16 be agreed.

48. 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 paragraphs 3 and 4 of Part 1 of Schedule 12A of the Act.

EXEMPT ITEM (Open Access to Minutes)

49. Accommodation Strategy Review - next steps

(Item F1)

Ms C Holden, Head of Commissioning (Accommodation Solutions), was in attendance for this item.

1. Ms Holden introduced the report and explained that the committee was being given the opportunity to comment on the proposals before the start of the formal public consultation. She responded to comments and questions from Members, as follows:-

- a) the next step for each of the options listed would be to meet with the staff and service users concerned to talk through the impacts upon them;
- b) one of the homes which was part of the consultation had only one permanent resident who had lived there for a very long time and had been happy to stay on as the home was familiar; and
- c) some areas of the county, eg the Isle of Sheppey, had no nursing care or extra care housing provision, so the aim was to incentivise the market to establish alternative provision in those areas. Mr Ireland added that the issues arising in the current consultation were the same as those arising in similar previous consultations. However, there was more scope now to address them.

2. The Cabinet Member, Mr Gibbens, assured Members that no-one who needed a service would be left without one, but that service would be updated.

3. RESOLVED that the proposals for consultation set out in the report 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, Director of Public Health

To: Adult Social Care and Health Cabinet Committee –
3 December 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

1. 8 October – Lyn Romero, Chief Social Worker at the Department of Health, visited County Hall
2. 13 October – Attended the Kent Learning Disability Partnership Awards at County Hall, Maidstone
3. 14, 15 & 16 October – Attended the National Children & Adult Services Conference in Bournemouth (at which, the Rt Hon Alistair Burt MP spoke)
4. 20 October – Attended Canterbury & Coastal Rethink Carers Support Group for World Mental Health Day
5. 10 November – Attended the South East Mental Health Commissioning Network at the Holiday Inn, Guildford
6. 17 November – Attended the Kent Dementia Awards at County Hall, Maidstone

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

1. Advocacy Contract Award
2. Community Mental Health and Wellbeing Service Tender Update
3. Visit to Teams at Kroner House – Autism and Sensory, Shared Lives and Mental Health

Adult Public Health

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

1. 18 September – Attended the Public Health England Conference at Warwick University (at which, Jane Ellison MP spoke)
2. 22 September – Attended the Joint Strategic Needs Assessment Workshop at the Hilton Hotel, Maidstone
3. 19 October – Attended ‘Everybody Active, every day: one year on’ conference at The Oval Cricket Ground in London

Director of Public Health – Mr A Scott-Clark

1. Public Health England Conference
2. Association of Directors of Public Health Conference
3. Public Health Consultation
4. Drugs and Alcohol update

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

Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing

To: Adult Social Care and Health Cabinet Committee – 3 December 2015

Decision No: 15/00102

Subject: **COMMISSIONED SERVICES FOR ADULT CARERS OF VULNERABLE ADULTS**

Classification: Unrestricted

Past Pathway of Paper: Social Care Health and Wellbeing DMT/ CCG Accountable Officers - 4 November 2015

Future Pathway of Paper: Cabinet Member decision

Electoral Division: All

Summary: The Short Breaks contract supports adults who care for other vulnerable adults, including older people, people with a learning disability or people with mental health problems. It is jointly funded by Health and Kent County Council (KCC) and has been in place for three years. The contract is coming to its natural end on 30 April 2016. However, funding has been identified to re-commission the service for a further two years until 31 March 2018.

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

- a) **CONSIDER** and **ENDORSE**, or **MAKE RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health with regards to the re-commissioning of short breaks services for adult carers of vulnerable adults across Kent for a further two years, until 31 March 2018
- b) the Cabinet Member for Adult Social Care and Public Health will be asked to take the decision (Appendix 1) to re-commission the short breaks for adult carers of vulnerable adults and delegate authority for the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to authorise the letting of the contract.

1. Introduction

- 1.1 Carers make a significant contribution to the health and social care economy and their important role has been identified at a national level. KCC has new duties towards carers under the Care Act 2014 and the Five Year Forward View commits the NHS to find new ways to support carers, to build on the new rights created by the Care Act and to help some of the most vulnerable carers.
- 1.2 There is widely accepted evidence that carers contribute £119bn to the UK economy each year by supporting vulnerable people to remain outside of formal services for longer¹. A report by the Association of Directors of Adult Social Services concluded: “There is significant evidence ... that suggests that investment in carers’ services to support them in their caring role is financially beneficial for social care and sees a significant return on any investment made”. However we also know that carers are more likely to be in poor health themselves and to be economically deprived. The Kent Health and Wellbeing Strategy recognises the importance of maintaining carers to continue their caring roles and particularly highlights the need to support carers of people with dementia by *increasing the numbers of carers assessments and carers accessing short breaks*.
- 1.3 Carers play a pivotal role in supporting those they care for to achieve their outcomes and enabling them to remain living in their own home. Carers have repeatedly told us that accessing regular short breaks and access to breaks in a crisis is key to supporting them to continue in their caring role, whilst enabling them to have a life of their own and reducing the likelihood of carer breakdown.
- 1.4 Research carried out by the Personal Social Services Research Unit in Kent in 2012 showed that 31% of residential or nursing home admissions are caused by carer breakdown and although it is harder to evidence links between preventative community based work and whole systems outcomes there has been a reduction in care home admissions since we strategically commissioned carers’ services in 2013.

2. Short Breaks service to Adult Carers

- 2.1 KCC and the seven Clinical Commissioning Groups (CCGs) in Kent have been working in partnership to co-commission carers’ services since April 2013.
- 2.2 On 1 November 2013 an 18 month contract (plus a one year optional extension) was awarded to the local carers’ charity Crossroads Care Kent to provide a suite of new services to widen the preventative offer to carers, aiming to avoid hospital and residential care home admission.
- 2.3 The Short Breaks contract provides for the delivery of practical help through planned and unplanned breaks in the home which are delivered to the ‘cared for’ for the benefit of the carer. The contract includes:

¹ Buckner and Yeandle, 2011.

2.3.1 Planned sitting services (short breaks) of three hours per week to 400 carers of vulnerable adults.

Losing touch with friends, colleagues and family members can cause carers to become socially isolated. Almost half of carers reported that they had lost touch with friends and experienced difficulties in their relationship with their partner due to their caring role. A major contributory factor was the lack of practical help². The planned breaks service provides regular opportunities for carers to maintain social networks outside of the caring role. It promotes carer resilience by supporting them to achieve their own outcomes, improve wellbeing and maintain the caring role for longer.

2.3.2 An urgent 24hr crisis response service with the additional funding from CCGs to target those caring for people with dementia.

Caring can be a fulfilling role but it can have negative effects, with 84% of carers reporting they feel more stressed due to caring³. Carers are also at greater risk of suffering from depression and combined with increased stress levels the potential for the caring situation to breakdown is high. Carer breakdown not only impacts on the carer but also the cared for person and without the right support at the right time the default intervention is often a hospital or residential home admission.

The 24hr crisis service responds within two hours of referral and works to stabilise the caring situation by providing replacement care in the persons' own home and avoiding most costly residential and hospital services. In 2014/15 the crisis service prevented 119 hospital and 220 residential care home admissions.

2.3.3 Health appointment service which provides replacement care to enable a carer to attend their own health appointments.

Many carers are unable to find the time for medical check-ups and treatment and those providing round the clock care are more than twice as likely to be in bad health than non-carers⁴. The health appointment service provides carers with a single point of access to book their own replacement care and provides peace of mind that the person they care for will be supported. This service provides opportunities for carers to look after their own health to prevent conditions from deteriorating which leads to more costly health and social care services being required in the longer term.

3. Financial Implications

3.1 Carers' services have been commissioned as universal, preventative services, free at the point of delivery because they help avoid the costs of a residential, nursing or hospital admission.

² Alone and Caring (Carers UK)

³ State of Caring 2015 (Carers UK)

⁴ Census 2011

3.2 The current Short Breaks contract has used all available extension periods and expires on 30 April 2016. A budget of £800k per annum is available from KCC for the short breaks service for the next two years. CCGs are seeking their own governance regarding the £700k they have invested in previous years. If CCGs continue to invest in the service, the total value of the contract will be £3m over the two years.

4. Links to KCC's Strategic Framework

4.1 Carers' support services contribute to KCC's Strategic Outcome: Older and vulnerable residents are safe and supported with choices to live independently and the following Supporting Outcomes:

- Families and carers of vulnerable and older people have access to the advice, information and support they need
- Residents have greater choice and control over the health and social care services they receive
- The health and social care system works together to deliver high quality community services

5. Impact on residents

5.1 Last year the service provided 11,800 hours of urgent support to 474 carers and delivered 40,444 hours of planned breaks to 400 carers. The health appointments service delivered 1,603 hours to 275 carers.

5.2 Some example Case Studies are showcased in Appendix 2.

6. Legal Implications

6.1 The Care Act 2014 makes clear that carers have the same rights as those they care for and should have access to the support they need. Local Authorities must offer carers an assessment based on the appearance of need and have a duty to meet unmet eligible needs. Local authorities must also provide or arrange services that help prevent people developing needs for care and support or delay people deteriorating so that they would need ongoing care and support.

7. Equality Implications

7.1 None

8. Other Options Considered

8.1 Do nothing: the services provided through this contract will end. This will mean the Local Authority's capacity to meet its statutory responsibilities to carers will be limited. This would result in more carers going into crisis and increasing admissions to care homes and hospitals. 400 people will lose their planned break each week.

9. Recommendations

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

- a) **CONSIDER** and **ENDORSE**, or **MAKE RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health with regards to the re-commissioning of short breaks services for adult carers of vulnerable adults across Kent for a further two years, until 31 March 2018
- b) the Cabinet Member for Adult Social Care and Public Health will be asked to take the decision (Appendix 1) to re-commission the short breaks for adult carers of vulnerable adults and delegate authority for the Corporate Director for Social Care, Health and Wellbeing, or other nominated officer, to authorise the letting of the contract.

10. Background Documents

Buckner and Yeandle, 2011

<http://circle.leeds.ac.uk/files/2012/08/110512-circle-carers-uk-valuing-carers.pdf>

Alone and Caring (Carers UK)

<http://www.carersuk.org/for-professionals/policy/policy-library/alone-caring>

State of Caring 2015 (Carers UK)

<https://www.carersuk.org/for-professionals/policy/policy-library/state-of-caring-2015>

Census 2011

<http://www.ons.gov.uk/ons/guide-method/census/2011/index.html>

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

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

DECISION NO:

15/00102

For publication

Key decision

Affects all electoral divisions and expenditure of more than £1million

Subject: COMMISSIONED SERVICES FOR ADULT CARERS OF VULNERABLE ADULTS

Decision:

The Cabinet Member for Adult Social Care and Public Health will be asked to:

- **AGREE** to the re-commissioning of short breaks/sitting services for adult carers of vulnerable adults
- **DELEGATE** authority to the Corporate Director for Social Care, Health and Wellbeing or other nominated officer to authorise the letting of the contract.

Any Interest Declared when the Decision was taken: None expected.

Reason(s) for decision:

The short breaks service makes a significant contribution to the health and wellbeing of adult carers and supports the County Council to fulfil its duties towards carers under the Care Act 2014.

The short breaks contract supports adults who care for other vulnerable adults, including older people, people with a learning disability or people with mental health problems. It is jointly funded by Health and Social Care and the Clinical Commissioning Groups (CCGs) and has been in place for three years.

The contract is coming to an end on 30 April 2016 but funding has been identified to re-commission the service for a further two years until 31 March 2018.

Financial Implications:

The current contract value is £1.5m per annum which includes a contribution of £700k per annum from Clinical Commissioning Groups. The contract will be re-commissioned for two years from 1 May 2016 to 31 March 2018.

Legal Implications:

The Care Act 2014 makes clear that carers have the same rights as those they care for and should have access to the support they need. Local Authorities must offer carers an assessment based on the appearance of need and have a duty to meet unmet eligible needs. Local authorities must also provide or arrange services that help prevent people developing needs for care and support or delay people deteriorating so that they would need ongoing care and support.

Equality Implications:

None

Cabinet Committee recommendations and other consultation:

The proposed decision will be discussed at the Adult Social Care and Health Cabinet Committee on 3 December 2015, and the outcome of this will be included in the decision paperwork which the Cabinet Member for Adult Social Care and Public Health will be asked to sign.

There will be a recommendation report to accompany the decision.

Although the services being delivered will remain the same engagement is planned through Carers' forums and at provider events.

Any alternatives considered:

Allow the contracts to end. However evidence shows that 31% of residential or nursing home admissions are caused by carer breakdown. A reduction in community based preventative services is likely to result in increasing pressure on carers which in turn is likely to lead to an increase in residential, nursing care or hospital admissions.

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

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signed

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date

Case Studies

Case Study – Short Breaks

Social Services Crisis: Husband and wife, wife has Chronic Obstructive Pulmonary Disease (COPD) and needs constant oxygen and husband is elderly. Husband fell from roof while making repairs due to storm damage and broke ribs. He could not lift or bend down. No existing care package as they were managing. Service supported for 5 weeks to do what they needed including help with eating and drinking to allow time for recovery. No on-going care package needed and our service has ended.

Outcome: Avoided more expensive short term residential placement

Health Referral – Crisis: Cardiac Nurse and Community Matron from Deal telephoned. Unable to send a patient with oedema and heart failure to hospital, as wife with Parkinson's needs care. Support provided within ¾ hr and care/support arranged over Christmas until care package arranged to commence 3rd January.

Outcome: Avoided costly hospital admission

Health Appointment: Carer was able to telephone the provider direct to book replacement care services to enable her to attend an urgent hospital appointment in London to receive critical treatment for a rare tumour on her leg.

Outcome: Improved health and wellbeing for carer. Relieved the stress by knowing the person she cared for would be supported.

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

Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing

To: Adult Social Care and Health Cabinet Committee - 3 December 2015

Decision No: 15/00101

Subject: **INTEGRATED ADULT LEARNING DISABILITY COMMISSIONING SECTION 75 AGREEMENT**

Classification: Unrestricted

Past Pathway: SCHWB DMT/Accountable Officer Meeting – 4 November 2015
Clinical Commissioning Group (CCG) Governance Committees February 2014 and September 2015
Adult Social Care and Health Cabinet Committee – 10 July 2015
Kent Health and Well Being Board – 18 November 2015

Future Pathway: Kent Learning Disability Partnership Board – January 2016
CCG Governance Committees - January 2016
Adult Social Care and Health Cabinet Committee – January 2016
Cabinet Member decision

Electoral Division: All

Summary: The Integrated Commissioning project was established to develop integrated commissioning arrangements between Kent County Council and the seven Kent Clinical Commissioning Groups (CCGs) for Adults with a Learning Disability.

This report sets out the final recommendations which will be used to develop the Section 75 agreement. The Section 75 agreement will be presented to this Committee on 10 January 2016 to give Members an opportunity to comment on it prior to proposed implementation in April 2016.

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

- a) **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision as set out in Appendix A for Kent County Council to enter into a Section 75 agreement with the seven Kent CCGs which will agree arrangements for integrated commissioning for Adults with a Learning Disability.

b) the Cabinet Member for Adult Social Care and Public Health delegate authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to arrange sealing of the contract.

1. Introduction

- 1.1 This report describes the proposed integrated commissioning arrangement for Adult Learning Disability between Kent County Council (KCC) and the seven Clinical Commissioning Groups (CCGs) in Kent, which if approved in January would become operational from 1 April 2016 with KCC leading on behalf of the CCGs under a formal Section 75 Agreement.
- 1.2 The purpose of the arrangement is to provide a central point of expertise on Adult Learning Disability for all the partners to the Section 75 Agreement. This will ensure there is a critical mass of limited expertise and knowledge around the commissioning of support and provide a consistent approach to health and social care commissioning for Adults with a Learning Disability across Kent. It will also ensure that the organisational memory of the considerable improvements which have already been achieved in recent years is not lost and continue to be improved.
- 1.3 Key objectives of the arrangement include:
- Establishing an integrated commissioning team hosted by KCC
 - Signing of a Section 75 Agreement, including provision for a pooled budget for Community Learning Disability Teams (CLDTs)
 - Developing a new Alliance Agreement for the provision of integrated Care through the integrated community learning disability teams. This will ensure a collaborative approach between the three providers, KCC, Kent Community Health Foundation Trust (KCHFT) and Kent and Medway Partnership Trust (KMPT) and the commissioners
 - Establishing a sound foundation which may expand in future to include other associated areas of commissioning, e.g. services for disabled children and health funded support packages for adults with learning disabilities.
- 1.4 It is proposed that the Section 75 Agreement will make provision for a pooled budget for the funding associated with the integrated learning disability commissioning teams. The final contributions for each partner will be set out in the Section 75 Agreement.
- 1.5 This would mean that the KCC staffing budget for the CLTDs would form part of a pooled budget. Thus any plans for future spending on CLDTs would be developed in consultation with the CCGs through the Section 75 Learning Disability Partnership Board. The Section 75 Agreement will set out the governance arrangements for decision making of the Section 75

Learning Disability Partnership Board to ensure it is consistent with governance arrangements of the partner organisations.

2. Policy Framework

- 2.1 The integrated commissioning arrangement is consistent with the council's Strategic statement, "Increasing Opportunities, Improving Outcomes". The integrated commissioning arrangement for learning disability will help to achieve the strategic outcomes for both children and young people and older and vulnerable adults. A core principle of the Learning Disability Commissioning Specification is '*to put the individual with a learning disability at the centre of decision making, giving them more choice and control over their lives*'. The pooled resource will ensure a joined up approach to reducing the inequalities and disadvantage faced by people with a learning disability and help the health and social care system to work together to deliver high quality community services.

3. Commissioning Arrangements

- 3.1 As outlined in the previous preliminary report since the publication of Valuing People 2001, there has been a history of close collaboration between the council and health colleagues in Kent around the commissioning of services for Adults with a Learning Disability. This has continued through the health re-provision work, the nationally mandated transfer of commissioning and more recently the Transforming Care (Winterbourne) programme.
- 3.2 A more formal integrated commissioning arrangement is a logical progression and important step to ensure a continued consistent approach across a system of eight commissioning organisations. Since April 2015, two health commissioning staff members have been seconded to KCC in preparation for a more formal arrangement, this had proved to be successful.
- 3.3. The following options for learning disability commissioning have been considered:
- Status quo – the current health seconded members of staff are employed by the South East Commissioning Support Unit (SECSU). Prior to the secondment SECSU was commissioned by the CCGs to provide learning disability commissioning support. These options are no longer available as having reviewed existing arrangements with SECSU, the CCGs have decided on different arrangements and in return SECSU have re-organised their business and employing staff in the long term to provide learning disability expertise would no longer be consistent with their business model.
– The status quo is therefore no longer an option.
 - KCC and each CCG to make their own arrangements for learning disability commissioning. The council would continue to commission social care for people with a learning disability and has sufficient staff with knowledge and

expertise to do this. The CCGs would be faced with either doing their own learning disability commissioning (including Winterbourne) or possibly sharing some expertise among them. This option is likely to lead to fragmentation and lack of consistency across the county. It would make it far more difficult for the council to collaborate with seven different CCGs and there would be a real risk to the integrated community learning disability teams, that work so well across the county. This option would counter the national policy and advice for integrated commissioning in learning disability. – This option was discounted by the CCGs and KCC.

- The preferred option which has been taken forward and upon which this paper is based is for an integrated commissioning arrangement between KCC and the seven CCGs in Kent, which would be hosted and managed by KCC. This would bring the benefits of a central commissioning resource and expertise – but which would take account of local needs. It would ensure consistency in approach, bring economies of scale and protect specialist expertise. It will help to avoid fragmentation and make it easier to work together to deliver integrated care through the CLDTs.

This option will involve KCC hosting an integrated learning disability commissioning team – it has yet to be determined how this will fit with the re-structure of the wider council commissioning teams. It may be a virtual team – as now – with key people who lead on learning disability work. Added to the existing KCC staff will be additional staff with appropriate NHS experience and knowledge of health requirements of learning disability.

- 3.4 There are no implications for the KCC property portfolio. KCC have accommodated the seconded staff this year in Invicta House and this has worked well.
- 3.5 A Section 75 Learning Disability Partnership Board will be established; it is proposed that this be chaired by the Social Care, Health and Wellbeing Director of Commissioning. It is proposed that this be set up in shadow form so that it can be consulted upon the final arrangements and be ready to be operational for April 2016.

4. Financial Implications

- 4.1 A new Section 75 Agreement is being prepared to set out how the integrated commissioning arrangement will operate and describe the respective responsibilities of the partners and the governance arrangements to ensure all partners to the Agreement are fully engaged.
- 4.2 The Section 75 Agreement will make provision for a pooled budget. It has been agreed that this will be developed in stages. The first phase will be the pooling of the respective funding contributions for the Community learning disability teams (including mental health of learning disability). Any additions to the pooled budget would require an amendment to the

Section 75 Agreement and would be taken through the proscribed governance arrangements.

5. Equality Implications

- 5.1 The commissioning specification which will form part of the Section 75 Agreement will address any equality issues – the whole purpose of the arrangement will be to reduce inequalities faced by people with learning disabilities.

6. Legal Implications

- 6.1 A Section 75 Agreement will need to be signed. The County Council's Legal Services team is leading the development of the Agreement and will advise on the process for sealing and signing of the Agreement.

7. Conclusions

- 7.1 Following a track record of collaborative commissioning between KCC and NHS an integrated commissioning arrangement for Adults with a Learning Disability is the next logical step. It will formalise the partnership between KCC and the seven CCGs ensuring that adults with learning disabilities in Kent are served by an experienced and knowledgeable team, maintaining a critical mass of expertise to advise all partners. This project will also ensure that the resources of all partners can be effectively and efficiently used to deliver good quality integrated care for people with learning disabilities and continue to reduce the inequalities which they face.

8. Recommendation(s)

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

a) **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (Appendix A) for Kent County Council to enter into a Section 75 agreement with the seven Kent CCGs which will agree arrangements for integrated commissioning for Adults with a Learning Disability.

b) the Cabinet Member for Adult Social Care and Public Health delegate authority to the Corporate Director for Social Care, Health and Wellbeing, or other nominated officer, to arrange sealing of the contract.

9. Background Documents

Report to Adult Social Care and Health Cabinet Committee – 10 July 2015

10. Report Author

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

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

DECISION NO:

15/00101

For publication
Key decision

Affects more than 1 Electoral Division and expenditure of more than £1m

Subject: INTEGRATED ADULT LEARNING DISABILITY COMMISSIONING
Decision:

The Cabinet Member for Adult Social Care and Public Health will be asked to:

- a) **AGREE** that Kent County Council will enter into a Section 75 Agreement with the seven Kent Clinical Commissioning Groups, which will agree arrangements for integrated adult learning disability commissioning.
- b) **DELEGATE** authority to the Corporate Director for Social Care, Health and Wellbeing or other nominated officer to arrange sealing of the contract.

Any Interest Declared when the Decision was Taken: None expected.

Reason(s) for decision:

Establishing formal integrated commissioning arrangements will provide a consistent approach to learning disability commissioning across Kent and secure integrated and good quality care for Adults with a Learning Disability in Kent.

The integrated commissioning arrangement is consistent with KCC Strategic statement, “Increasing Opportunities, Improving Outcomes” and will ensure a joined up approach to reducing the inequalities and disadvantage faced by people with a learning disability and help the health and social care system to work together to deliver high quality community services.

Financial Implications:

It is proposed that the Section 75 Agreement will make provision for a pooled budget for the funding associated with the integrated learning disability commissioning teams. The final contributions for each partner will be set out in the Section 75 Agreement.

Legal Implications:

KCC Legal Service will lead on developing the Section 75 Agreement, which will then be reviewed and agreed by all relevant parties. KCC will be the lead agency. The Section 75 Agreement will set out the governance arrangements for decision making of a Section 75 Learning Disability Partnership Board to ensure it is consistent with governance arrangements of the partner organisations.

Equality Implications:

The purpose of the arrangement is to consolidate learning disability commissioning expertise to ensure that there is a central point of commissioning advice which will continue to address the inequalities faced by people with learning disabilities.

Cabinet Committee recommendations and other consultation:

A report setting out the future plans for formal commissioning arrangements for these services was discussed at the Adult Social Care and Health Cabinet Committee on 10 July 2015 when the Committee resolved that the information set out in the report be noted.

The proposed decision will be discussed at the Adult Social Care and Health Cabinet Committee on 3 December 2015 and the final Section 75 agreement will be presented to the Adult Social Care and Health Cabinet Committee on 14 January 2016 and the outcome of this included in the decision paperwork which the Cabinet Member for Adult Social Care and Public Health will be asked to sign.

All Clinical Commissioning Group partners have received reports and support the direction of travel.

Any alternatives considered:

There are no other viable options which would deliver an integrated approach.

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

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signed

.....
date

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

To: Adult Social Care and Health Cabinet Committee
 3 December 2015

Subject: **ADULT SOCIAL CARE TRANSFORMATION AND EFFICIENCY PARTNER UPDATE**

Classification: Unrestricted

Previous Pathway of Paper: N/A

Future Pathway of Paper: N/A

Electoral Division: All divisions

Summary: This report provides progress on the implementation phase of the Adult Social Care Transformation Portfolio, including the work with the Efficiency Partner, Newton Europe. The report also provides a brief update on other significant commissioning activity included in the SCHW Business Plan 2015/16.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **COMMENT** on the information provided in the report.

1. Background

1.1 Following the decision to appoint Newton Europe as the Adult Social Care Transformation and Efficiency Partner, a commitment was made to provide the Adult Social Care and Public Health Committee with regular updates.

2. Phase 2 Implementation Update

2.1 Programmes supported by Newton Europe in Phase 2 are:

- Acute Hospital Optimisation (formally Acute Demand)
- Access to Independence (formally Enablement)
- Your Life Your Home (formally Alternative Models of Care)
- Kent Pathways Service (formally Pathways to Independence)
- Shared Lives

2.2 Progress on these programmes is set out in this report.

2.3 Acute Hospital Optimisation (formally Acute Demand)

Approximately 31% of the people who require a KCC supported care package are referred after an acute hospital stay. The aim of the project is to promote independence of individuals leaving an acute setting who may require services on discharge. This will be done by ensuring individuals end up on the best pathway for their needs that promotes wellbeing and independence in a consistent and structured way across Kent.

2.3.1 Current Activities – what has been achieved

The adult social care teams at Darent Valley Hospital, Medway Foundation Trust and Queen Elizabeth the Queen Mother Hospital have begun running daily team reviews of open cases to support and standardise decision making. The sustainability of the newly embedded processes at William Harvey Hospital is being driven by the Short Term Pathway Team Lead, supported by Newton Consultants.

The current results from implementation are that, relative to the baseline period (Financial Year 2014-15), we are helping to avoid:

- 6.2 Short Term Beds (STBs) / Week = 322 STBs annually
- 6.0 Long Term Beds (LTBs) / Week = 312 LTBs annually

Note – this performance needs to be sustained for a year for this to actually result in the saving, but it has been sustained since June so far.

2.3.2 Next Steps

Implementation commenced in November 2015 at Kent and Canterbury Hospital, and engagement with Tunbridge Wells Hospital and Maidstone General Hospital teams will begin towards the end of December 2015.

2.3.4 Case Study

Mr A was admitted to hospital. His wife lives in a care home. Mr A has not been in receipt of any form of support in the community prior to admission. He indicated he would like to be discharged from hospital into the same care home as his wife. The KCC hospital team received a referral asking for him to be placed in residential care. Mr A did not appear eligible for a residential placement on discharge from hospital.

The referral exemplifies the challenge for case workers of expectations set with patients for them to be discharged into a long-term placement. After peer reviews amongst the KCC hospital team, with support from Senior KCC staff, Mr A was discharged home, not requiring any support, with details of who to contact in the community if needs or situation deteriorates. He has support from his daughter and the ability to visit his wife in the care home.

2.4 Access to Independence – (Formally Enablement)

The Access to Independence project aims to create more time for the Kent Enablement at Home (KEAH) teams so they can provide more support to more service users. A focus will be on goal/target based enablement. The KEAH Team have three key priorities:

1. Everyone should get the best chance to be independent through structured delivery of enablement
2. Everyone who can benefit from the service should have access to it. We should try our best to never turn someone away
3. To deliver the support service users need, efficiently and we should adjust our operational practices to best meet this need

They will meet these priorities by:

- sharing best practices / knowledge between teams introducing input from Occupational Therapy and Case Managers, to help achieve best outcomes
- setting enablement goals which aim for the greatest level of independence possible for a service user
- actively managing the visit time with service users, ensuring they are working towards the end goal of enablement in a structured way
- enabling the team to make more informed scheduling decision through the use of a tool which has been designed to show the actual length of time calls with service users' take
- reducing unnecessary service user visits by mapping and tracking a clear end goal to enablement and by managing the transition to increased independence for those who have met their enablement goals
- using an independence tool to score service users' progress and ability on a number of daily activities during the enablement period. The scores are used to reflect if the service user has improved, remained the same or declined between the start and end of enablement.
- highlighting and learning from the reasons where outcomes have not been achieved

2.4.1 Current Activities – what has been achieved

Roll out is coming to a close in Ashford with the team working hard towards fully owning and sustaining the changes to improved practice and process.

The team in Ashford have sustained the improved outcomes meaning that instead of 75% of service users not requiring any ongoing domiciliary support now 88% have no ongoing care requirements. This means that there are an additional 100 service users every year that will be enabled to independence in Ashford alone. Replicating these results across the county will help an additional 1000 people per year avoid ongoing care after Enablement. The Supervisors' weekly meetings have commenced in Canterbury, Shepway, Dover and Thanet and Dartford, Gravesham and Swanley, who are now working towards learning and embedding the new ways of working. Support has been provided by Senior Practitioners and Occupational Therapists

(OTs). On one day in November the Canterbury team identified four service users who could become independent and agreed a plan to get them there. Before this forum was set up, it would be expected that all of these people would have gone on to receive ongoing care.

2.4.2 Next Steps

South Kent Coast & Thanet KEAH teams started training through November. Roll out will reach West Kent in the New Year; in the meantime teams are preparing and sharing best practice to make the roll out as sustainable as effective as possible.

2.4.3 Case Studies

(1) Mrs AC, a 73 year old living alone prior to a hospital visit, during which her right leg was amputated below the knee, was discharged home following the end of her treatment with a package of enablement.

Enablement started with three calls per day to support Mrs AC with personal care and food preparation. The initial target and expectation was that an ongoing package of two calls per day would be required following enablement.

With Occupational Therapist involvement and senior support to the supervisors goals for Mrs AC were developed and reviewed on a weekly cycle. This new focus on goal setting and enabling activities meant Mrs AC regained independence in her personal care and food preparation. The ongoing package has been reduced to three calls per week; a reduction from initial target of two calls per day.

(2) Mrs H, an 82-year-old lady, required some additional support in order to achieve independence after being discharged from the hospital following admission with weakness, paroxysmal atrial fibrillation, shortness of breath and anaemia. She was given a package of enablement. After being with the enablement service for 12 days Mrs H is now able to wash and get dressed in the morning independently. Furthermore, these services enabled her to prepare her own food and to take pleasure in eating again

2.5 Your Life Your Home (YLYH) – (Formally Alternative Models of Care)

There are currently over 1,200 adults with a learning disability in residential care. Approximately 350 of these people's needs can be met in alternative settings that will allow them to lead more independent lives. Alternative accommodation that may be more suitable includes:

- a flat with shared communal areas with other service users
- own or shared housing
- shared living with a family

2.5.1 Current Activities

The pilot phase covering South West Kent (SWK) and Ashford and Shepway commenced in November 2015 and will run until January 2016. A new tool is being developed to aid easier identification of suitable alternative accommodation. A briefing for local Members and cross party political leads within the pilot areas was held on the 16 November 2015; the presentation will be available on the Members' portal in due course.

2.5.2 Next Steps

The performance of processes and tools will be reviewed as part of the pilot phase, and will be rolled out to the remaining localities. The main constraint to how quickly this happens will depend on the learnings from the pilot and the availability of suitable accommodation.

2.6 Kent Pathways Service – (Formally Pathways to Independence)

The Kent Pathways Service (KPS) project aims to improve service user's independence and reduce their care requirements. This is achieved through 6-12 weeks of intensive training by helping service users to learn new or re-learn skills after a change in their circumstances.

The KPS service has been created after a pilot programme ran for 12 months in Dover and Thanet identified demand for such a service for over 500 existing service users as well as referrals to a future sustained service for new service users who have had a change in circumstance.

2.6.1 Current Activity – what has been achieved

- The trial location was Dover and Thanet. During November the team started working with Canterbury to fully implement KPS utilising the East Kent team.
- During November /December KPS is being rolled out in Mid Kent – Ashford, Shepway, Swale
- The current target is 916 successful referrals (some Service Users will be referred more than once as they will be trained in different skills). A successful referral is either a reduction in package cost by improving Service Users' needs or an avoidance of a future cost because the package was planned to increase prior to the review through the Kent Pathways Service

2.6.2 Next Steps

- Roll out will commence in January 2016 in Maidstone, Maidstone, Malling and South West Kent moving across to Dartford, Gravesend and Swanley in February 2016, with full rollout completed by March 2016.

2.6.3 Case Studies

(1) The story of Paul: *“The Pathways Service helped me to learn how to get on and get off the bus safely. They showed me I needed to get off at the Clock Tower in Margate and how to walk to the centre safely in the morning. If I missed a bus or the bus was late I had to wait until the next one came along. I would tell other people to use the KPS for help with travel training.”*

(2) Louis’s goal was to find voluntary work which has been achieved through the use of the Kent Pathways Service. *“I have made friends here, some people I knew before, I like helping, and everyone is nice. I catch the bus here & home again. I come here on a Friday; I start at 1pm & finish at 4pm.”*

2.7 Shared Lives

Shared Lives offers people over the age of 18 support placements within a family home for long term; transition; short breaks and day support. The service is suitable for people with learning and physical disabilities, mental health issues, people on the autistic spectrum, older people and people living with dementia. Shared Lives is similar to fostering in that people with a learning disability live with a host family for an extended period of time. The experienced Shared Lives team works with the person to match them with a suitable household.

2.7.1 Current activity - what has been achieved

Although this project is in its early stages of implementation the following outcomes have already been seen:

- Increase in enquiries and applications through design has led to increase in available hosts
- 35 applications awaiting approval
- 18 long term hosts available with 26 beds (some currently matching)
- Six potential service users available immediately to match with available hosts

2.7.2 Next Steps

- The current plan is to move 32 Service Users from Residential Care into Shared Lives
- The first move is planned for December and moves will continue for 18 months

2.7.3 Case Studies

(1) Douglas was living with his elderly father. He had put on weight, due to lack of exercise and rarely left the house. His family initially decided that he would be moved to a residential home, but it was later mentioned that he may be suitable for Shared Lives. Initially, his brother was not happy with the idea that he would move in with another family, but met the host family and decided to give it a go.

Douglas moved in with Rod and Lee and has been living with them for two years, along with another Shared Lives user called Noel. Over this time he has developed a love of walking the dog, has lost five stone, is often out of the house and uses the bus system all on his own.

Douglas is now involved in trampolining and cricket. He works at the local stables and has been on holiday for the first time in 20 years. With Rod and Lee's consistent and continuous support he has transformed into a more independent and happier person.

Douglas's brother now thinks that Shared Lives is the best thing that could ever have happened to him.

2) Susie is a lady in her early 50's with a learning disability and was living in a residential setting since 1994, she has now moved in with her Shared Lives Host Maria, Kevin, their two dogs and a cat and in the very short space of time, has accomplished a great deal.

Susie has previously been prone to trips and falls, but now walks with Maria and her two dogs daily and is able to walk much further and no longer trips; which meant she was able to go on holiday for the first time in years to Devon; enjoying train rides, going on walks, taking in the scenery and going to the beach, which she thoroughly enjoyed. Susie also enjoys cooking with Maria and regularly makes cakes and is able to help prepare meals by cutting up vegetables, giving her a sense of achievement. Susie says she is very happy in her new home.

3. Financial Implications

3.1 The table below outlines the current opportunity matrix for implementation.

Area	Project	Design		
		Target Total	Target (£m)	Stretch (£m)
Reshaping the Market	Your Life Your Home (One-Off)	£4.58	£3.23	£5.20
	Your Life Your Home (Recurrent)		£0.51	£1.01
	Reshaping support contracts			
	Shared Lives (One-Off)		£0.72	£1.15
	Shared Lives (Recurrent)		£0.12	£0.17
Kent Pathways Service (KPS)	KPS - Cost Saving (One-Off)	£1.28	£0.43	£0.60
	KPS - Cost Avoidance (One-Off)		£0.59	£0.83
	KPS - Cost Saving (Recurrent)		£0.03	£0.04
	KPS - Cost Avoidance (Recurrent)		£0.23	£0.32
Acute	Short Term Beds Reduction	£2.34	£0.37	£0.53
	Acute Hospital Optimisation improvement		£1.97	£2.25
Outcomes & Process	Access to Independence Volume	£6.25	£1.64	£2.63
	Access to Independence Outcomes		£3.35	£4.69
	Access to Independence Efficiency			
	Access to Independence Outsourcing			
	VolOg Resi Delay			
Total (excl. Outsourcing)			£13.20	£19.42

4. Legal Implications

4.1 No significant impacts have been identified and any subsequent legal impacts arising from Phase 2 implementation will be managed through Adult Transformation Portfolio Board within the existing risk management approach.

5. Equality Implications

5.1 Equality Impact Assessments were carried out as part of Phase 2 Design and there were no significant implications identified.

6. Other Transformation Activity

6.1 This last section updates Members on other transformation activity that was included in the Social Care, Health and Wellbeing Directorate Business Plan 2015/16.

6.2. Replacement of grants for mental health services with new contracts

6.2.1 The council is currently in the process of the competitive dialogue with a number of providers to replace 66 grants totalling £3.6m with four contracts. It is anticipated that

the contract will be awarded in January 2016 and the new contract will commence on 1 April 2016.

6.3 Integrated Community Equipment Service (ICES)

6.3.1 Following the development of a redesigned Integrated Community Equipment service, working in partnership with the NHS and Clinical Commissioning Groups (CCGs), two contracts have recently been awarded, and services commenced on 30 November 2015. The new providers are Nottingham Rehab Ltd (trading as NRS Healthcare) for Integrated Community Equipment and Invicta Telecare Ltd (trading as Centra Pulse and Connect) for Digital Care and Telecare services.

6.4 Kent Support and Assistance Service (KSAS) – Contract Extension

6.4.1 At the 10 July 2015 Adult Social Care and Health Cabinet Committee Meeting, the Committee endorsed the extension of the current contract arrangements for a further two years to March 2017 (and not March 2016 as detailed in the July Cabinet Committee report). Intensive work is in progress to pursue a wide range of improvements and make efficiencies. Alternative models continue to be explored with stakeholders and other similar authorities.

6.5 Older Persons and Residential and Nursing Contracts

6.5.1 The current contracts expire on 31 March 2016. The Procurement strategy has been approved, the opportunity advertised on the Kent Business Portal and the draft specification is currently being shared widely with providers and other key stakeholders.

6.6 Carers' Short Break Service Contract

6.6.1 The current contract for the Carers' Short Break Service expires on 31 March 2016. A report is being presented to this Committee with regard to the re-commissioning of short breaks for carers of vulnerable adults.

6.7 Accommodation Strategy update

6.7.1 Five new Extra Care Schemes are to become operational during Spring 2016 including 248 units of one and two bed accommodation under Private Finance Initiative (PFI) contracts. Extra Care Housing funded by others means will become operational across the county throughout 2016.

6.7.2 During 2016 work will continue with regards to the impact of the Key Decision on the outcome of the consultation on the future of in-house provision (the potential closure of four homes).

6.7.3 For people with mental health needs the scoping of future accommodation needs across the county will commence, with a new scheme expected to be operational in Thanet in early 2016 (PFI contract).

6.7.4 For people with autism the scoping of future accommodation needs across the county will commence in line with the Public Health Needs Assessment.

6.8 Independent Advocacy Services (Adults)

6.8.1 The re-commissioning of the independent advocacy service for adults covering all care groups has commenced. The award of the contract is expected in January 2016.

7. Recommendation

7.1 Recommendation: The Adult Social Care and Health Cabinet Committee is asked to COMMENT on the information provided in the report.

8. Background Documents

Item B2 - Social Care and Public Health Cabinet Committee, 21 March 2013 - 13/00010 - Appointment of a Transformation and Efficiency Partner – Adult Social Care Transformation Programme

<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=747&MId=5129&Ver=4>

Item B3 – Social Care and Public Health Cabinet Committee, 4 October 2013 - Adult Social Care Transformation and Efficiency Partner Update

<https://democracy.kent.gov.uk/documents/s42746/B3%20-%20ASC%20Transformation%20Update%20October%202013%20v0.2.pdf>

Item C2 – Social Care and Public Health Cabinet Committee, 2 May 2014 - Adult Social Care Transformation and Efficiency Partner Update

<https://democracy.kent.gov.uk/documents/s46410/C2%20-%20Adult%20Social%20Care%20Transformation%20Update.pdf>

Item B7 - Social Care and Public Health Cabinet Committee, 26 September 2014 - Adult Social Care Transformation - Phase 1 Update and Appointment of Partner for Phase 2 Design

<https://democracy.kent.gov.uk/documents/b13911/Adult%20Social%20Care%20Transformation%2026th-Sep-2014%2009.30%20Adult%20Social%20Care%20and%20Health%20Cabinet%20Committee.pdf?T=9>

Item b4 - Social Care and Public Health Cabinet Committee, 21 March 2015 - East Kent Sexual Health Services - interim contract extension

<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=829&MId=5992&Ver=4>

Item C2 - Social Care and Public Health Cabinet Committee, 10 July 2015 - Adult Social Care Transformation - Phase 2 Update and Appointment of Partner for Phase 2 Implementation

<https://democracy.kent.gov.uk/documents/g5789/Public%20reports%20pack%2010th-Jul-2015%2010.00%20Adult%20Social%20Care%20and%20Health%20Cabinet%20Committee.pdf?T=10>

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Who this paper is from:



Penny Southern, Director of Disabled Children, Adult Learning Disability and Mental Health



Sue Dunn, Head of Skills and Employability



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

Who it is to: Adult Social Care and Health Cabinet Committee



Date: 3 December 2015

What it is about:



This paper looks at what services are available to help vulnerable adults into employment in Kent.

It also looks at how well Kent is doing nationally to do this.

Classification: Unrestricted

1. Introduction

At the last meeting of the Adult Social Care and Health Cabinet Committee on 11 September 2015 members requested an update on work across the authority that aims to help vulnerable adults into employment.



This paper looks at the work done by Kent Supported Employment (KSE) and other services both nationally and locally. It also looks at how well Kent performs.

2. Refresh of 14-24 Learning Employment and Skills Strategy 2015-2018

This strategy was updated in January 2015.



It is a plan to make sure there is the right support for young people who are aged 14-24.

This will be done by services being more joined up to give the right information, qualifications and training to prepare young people for work.

3. Kent Supported Employment

The Kent Supported Employment Service (KSE) aims to help people with a disability find and stay in work.



3.1 What they will do

The service will aim to accept and support 277 people a year to find and train for employment.



They will aim to get 25% of people into paid employment a year. With 80% of these staying in employment for 26 weeks or more.

For the past two years the service has done better than this. It is thought they will do the same this year.

3.2 Main aims



KSE is creating a new employer engagement strategy. This is a plan to make more employers be part of the scheme.

This is being done by talking with employers and attending events to promote the service.

3.3 Checking it is done right



KSE is a member of the British Association of Supported Employment (BASE).

This means they have the same quality standards as other similar organisations. They visit regional meetings of BASE members and are regularly talking to similar providers across the country. This is improving the service for vulnerable adults.

3.4 Number of referrals



On the 1 September 2015 the service had 270 service users on the programme. These were people with all sorts of disabilities.

3.5 Service being received

33% of service users had paid work. Just under half were employed 16 hours or more. 91 people had employment for 26 weeks or more.

3.6 Preventative work



KSE is looking to work with people with a learning disability and other disabilities at a younger age.

The following projects aim to do this:

3.6.1 Bright Futures

The service runs the Bright Futures project in East Kent with East Kent College and East Kent Hospital NHS Foundation Trust.



The project offers the chance for an unpaid Internship aimed at young people (18-24) with learning difficulties and disabilities to gain work skills within a Hospital environment. This should help Interns' ability to get paid employment.

3.6.2 Working with schools

KSE is currently working closely with many Kent special schools. We have a contract with 2 schools to deliver work skills and work experience to sixth form students.



3.6.3 Supported internship Pilot

We are working to deliver a Supported Internship Pilot in Kent. The pilot started in September 2015 and will run for a school year working with up to 20 students aged 16 plus in 10 schools or training providers.

Most of the students on the pilot have a learning disability or are on the autistic spectrum.

Students have a work placement which is right for them with the right training and education. The aim is to help students into paid work.





4.0 Support for the service user Steve Chapman

Steve has a learning difficulty. He is very active in the Kent Learning Disability Partnership Board where he does a lot of work with the 'What I do group'.

Some of Steve's work includes:

- Improving people with LD's experience of gaining employment and volunteering
- Developed a staff training Job Centre Plus DVD
- Won an award in the 2014 Learning Disability Partnership Awards
- Co-Chair of the Job Action Group and much more

Steve has experience of working with Kent Supported Employment – he says,

'All the people who I have met over the years who work for Kent Supported Employment have been good and nice to know. They always seem very busy, are there enough staff employed? The last 2 placements they have found me are volunteering roles, It is hard for them to find work for me that will get into paid work.'



4.2 Feedback survey on work of Kent Supported Employment

A survey was done earlier this year. 47 clients responded to say what their experience of the service had been.

Overall the results were good and that the service worked well to support clients.

5. Supporting adults with a learning disability – getting services right



Many adults with a learning disability would like to be employed.

Some might need help to build up their skills. These could be in time keeping, writing and maths to more practical skills like building confidence.



These skills are taught through day services and providers.



When these skills are learnt and the individual is ready they can move onto being supported by Kent Supported Employment (KSE)

It is known that there needs to be more work with providers to increase the opportunities for people with learning disabilities to gain employment and be ready for work.

6. Supporting adults with mental health issues



Adults with severe mental health problems can often be excluded (not part of) society.

Many would like to work, but do not have the opportunity.



Employment resources are very important for people with mental health issues.

There are a number of providers who offer employment services in Kent including; MCCCH, Shaw Trust, Winfield, Blackthorn Trust, Rethink and the Kent and Medway Partnership Trust.



The services provided include; skills development, work placements, training activities. In 2014/15 they provided a service to 4,261 service users into employment for 13 weeks or more.

6.1 The Community Mental Health and Wellbeing Service



A new service will start in April next year to support people with mental health needs. It will look at all their needs and give support in the community.

6.2 Aims of the Community Mental Health and Wellbeing Service



The main aims are:

- Aid mental health recovery and prevent people from falling ill again.
- Prevent suicide and reduce bad view of mental health
- Prevent people having to go into social care and health systems
- Prevent ill health associated with poor mental health.

The way people will be supported is flexible and will do the best for the person.

The most will be made of the community so that people do not feel excluded.



All health and wellbeing services will be used to help the person.

6.3 Why this is happening and what will be achieved

The benefits of this include:



- Better results for people
- People being part of their community
- Better use of resources (what is available)
- Transparency of funding – so that people can see where money is spent
- Better movement between services
- Being able to measure that things are working.

6.4 Delivering the service and how it will be provided

The new service will be will be a key part of bringing services together.

It will be delivered by a range of providers including those not traditionally involved such as those giving wellbeing services.

There will be 4 contracts for four areas in Kent. These will last for 5 years.



7.0 Supporting adults with autistic spectrum conditions

The Autistic Spectrum Conditions Team (ASC Team) is one of the biggest referrers to Kent Supported Employment (KSE).



They have had service users supported in apprenticeships which have gone very well.

KSE have had awareness training in autistic spectrum conditions and have recruited an autistic specialist worker.

7.1 Challenges

Making sure people with an autistic spectrum condition are prepared for work is very important.



Grange Park have been working on an initiative for some time to help their most vulnerable clients avoid being not in education, employment or training.

The ASC team are looking at contracts for groups like Skillnet who can support certain clients with accessing work.



At the moment people have to be eligible for social care to use KSE, but it is important to be able to show people where to get support if they are not eligible.

7.2 Research Pilot

The ASC Team have a social care research pilot running at the moment.



It is hoped that what can be learnt from this research will help see what works best for clients with autistic spectrum conditions.

8.0 Support for vulnerable adults from Kent County Council as an employer



There is a Kent Supported Employment apprenticeship scheme.

It employs people in a number of different office roles.

It has done very well and won Employer of the Year Award for the South East in October 2015.

8.1 Assisted Apprenticeships

The scheme is run by Kent Supported Employment and supports:



- Care leavers
- Teenage parents
- Young offenders
- Young people who have been home educated
- People with a learning or a physical disability
- Young people from the Troubled Families Programme

On October there were 63 assisted apprentices, 12 are KCC employees.

8.2 Virtual School Kent (VSK)



This scheme supports young people who are leaving or have recently left local authority care.

It is managed by Kent Supported Employment.



8.3 Reasonable Adjustments

Kent County Council makes reasonable adjustments to support staff that have disabilities. This is monitored by the Corporate Equalities Group.

9.0 How services compare nationally

The most recent national figures for employment of vulnerable people has come out.



9.1 Percentage of people who have a disability working in the county council

Kent	3.9
Hertfordshire	5.5
East Sussex	4.0
Buckinghamshire	3.8
Essex	3.4
Hampshire	1.2
Oxfordshire	2.5
Surrey	2.7

9.2 Percentage of young people in Kent not in employment, education or training (NEETs)

June 2015	6.10%
July 2015	7.80%
August 2015	8.64%



9.2.1 Early help and preventative services

Early Help and Preventative Services, including Youth Justice, are currently taking a range of actions in response to the increases in the number in the NEET population.



9.2.2 Skills and employability

The Skills and Employability Service will look at gathering data to improve roles and responsibilities with other services including the Department of Work and Pensions and training providers.



9.3 National data for people with a learning disability or a mental health issue

9.3.1 The percentage of adults with a learning disability in paid employment

Kent had 9.7% of people with a learning disability in paid employment.

The average for the whole of England is 6%



9.3.2 Learning disability performance in Kent

Percentage of people with learning disabilities in Kent in all types of employment

July 2015	10.8%
August 2015	11.0%
September 2015	11.7%



9.4 Mental health

Kent had 6.4% of people in contact with secondary mental health services in paid employment.

The average for the whole of England is 6.8%

9.4.1 Mental health local



Kent and Medway NHS and Social Care Partnership Trust report monthly the number of people under the Care Programme Approach in employment.

The National Indicator for Kent is 13%.

Progress against this indicator since March 2015 is in the table below.

April	12.1%
May	12.1%
June	12.2%
July	12.9%
August	13.0%
September	12.8%

10. Approach for the future



Kent Supported Employment is working to create a pathway into employment for vulnerable young people. They are working with other departments to do this.



10.1 School to work pathway

Kent Supported Employment are looking at the pathway from school to work. Traineeships are being looked at as well as work experience, internships and qualifications.

10.2 Kent Supported Employment working with Disabled Children, Adult Learning Disability and Mental Health (DCLDMH)

A review of what Kent Supported Employment provide has been done.

Some of the work that will be done includes:



- Looking carefully at how some groups are doing
- Working closely with providers to give a strong pathway to employment
- Support internships
- Working closely together

10.3 Community Mental Health and Wellbeing Service



The service will work to promote mental health in primary care and increase readiness for work with people with mental health issues. This will be measured to make sure it is working.

11.0 Conclusions and recommendations



Adult Social Care and Health Cabinet Committee is asked to:

1. Note and discuss the services available for supporting vulnerable adults into employment
2. Endorse the planned approach for the future, which includes work to increase the authority's ability to find meaningful employment for vulnerable people.

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

Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing

To: Adult Social Care and Health Cabinet Committee - 3 December 2015

Subject: **HELPING VULNERABLE ADULTS INTO EMPLOYMENT**

Classification: Unrestricted

Past Pathway of Paper: Social Care, Health and Wellbeing Directorate Management Team - 28 October 2015

Future Pathway of Paper: N/A

Electoral Division: All

Summary: This paper looks at the services available to help vulnerable adults into employment in Kent and the Kent performance against national indicators to see how well the council is doing in relation to other authorities. An easy read version of this report is attached.

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

- a) **CONSIDER** and **DISCUSS** the services available for supporting vulnerable adults into employment
- b) **ENDORSE** the planned approach for the future, which includes work to increase the authority's performance and increased ability to find meaningful employment for vulnerable adults.

1. Introduction

1.1 Following discussion of the dashboard which reported the number of adults with a mental health issue or a learning disability being supported into employment at the Adult Social Care and Health Cabinet Committee on 10 July 2015, Members requested an opportunity to discuss at a future meeting work across the authority that aims to help vulnerable adults into employment.

1.2 This paper looks at the work that is carried out to help vulnerable adults by Kent Supported Employment (KSE), services commissioned for adults with a learning disability, national support that is available for vulnerable adults, support for adults with mental health issues, support for adults with autistic spectrum conditions. The paper also looks at how Kent performs against its statistical neighbours

in finding employment for adults of a working age and examines what is being done to improve the number of vulnerable adults who can find meaningful employment.

2. Refresh of the 14-24 Learning, Employment and Skills Strategy 2015-2018

2.1 The Learning, Employment and Skills Strategy was refreshed in January 2015 and forms the strategic direction for the authority's approach to learning, skills and employment for all people aged 14 to 24.

2.2 The 14 to 24 strategy was designed to achieve a fundamental shift in the education system in Kent, towards a more comprehensive vocational offer for young people aged 14 to 24 and to make the changes needed to build a learning and skills system fit for the 21st century. The strategy aims to create a more rapid development in Kent whereby the work of schools, colleges and employers become better integrated and responsive to the needs of young people and the economy, and young people have access to the highest quality and levels of vocational and technical education in the UK.

2.3 The council's Skills and Employability Service develops a district offer, drawing on the expertise of all providers, including schools, FE colleges and training providers, continues to support our joint efforts to ensure young people can access the information and gain the qualifications, skills, work experience and learning opportunities they need.

3. Kent Supported Employment (KSE) – Education and Young People's Service

3.1 The Social Care Health and Wellbeing directorate has a Memorandum of Understanding (MoU) with KSE to support people aged 16 and over with physical disability, learning disability, sensory disability or autistic spectrum condition into work.

3.1.1 Key Performance Indicators

Outlined below are the key performance indicators for the Supported Employment Services MoU:

- 1) 277 new referrals will be accepted each year
- 2) 277 persons will be assessed using a Vocational Profile each year
- 3) 277 persons will have a pre-worked Development Plan each year
- 4) 277 will enter into at least one of the following: Training, Work placements/Work Experience, Travel training, and/or paid work
- 5) A minimum of 25% of people will enter into paid employment each year with an emphasis of employment of 16 hours or more per week, with a minimum of 80% of those people sustaining this employment for 26 weeks or more each year.

3.1.2 Over the last two years KSE has exceeded the new referrals target and is projected to exceed this target for 2015-16.

3.2 Strategic Aims

3.2.1 The KSE Service aims to help people with a disability find and stay in work. This is done through using local employment advisors to work with people individually. KSE also work with employers to make sure that they are aware of the support that can be provided when employing a person with a disability and they also ensure that employees with disabilities are treated fairly.

3.2.2 KSE is creating a new employer engagement strategy for the service that focuses on information gathering and using current employers that champion the service to spread the word. The service is joining up its employer engagement by promoting the service as a whole to employers. Advisors will receive named contacts at a local level who can then meet with employers to discuss individuals and what they can do in the work place. KSE continues to be a member of The Kent Invicta Chamber of Commerce and attends various meetings of employer groups such as town centre management meetings. The service looks to extend opportunities and evidence its impact by robust project management which will be implemented by the team and led by the new Skills and Employability Manager who is in the process of completing a departmental needs analysis.

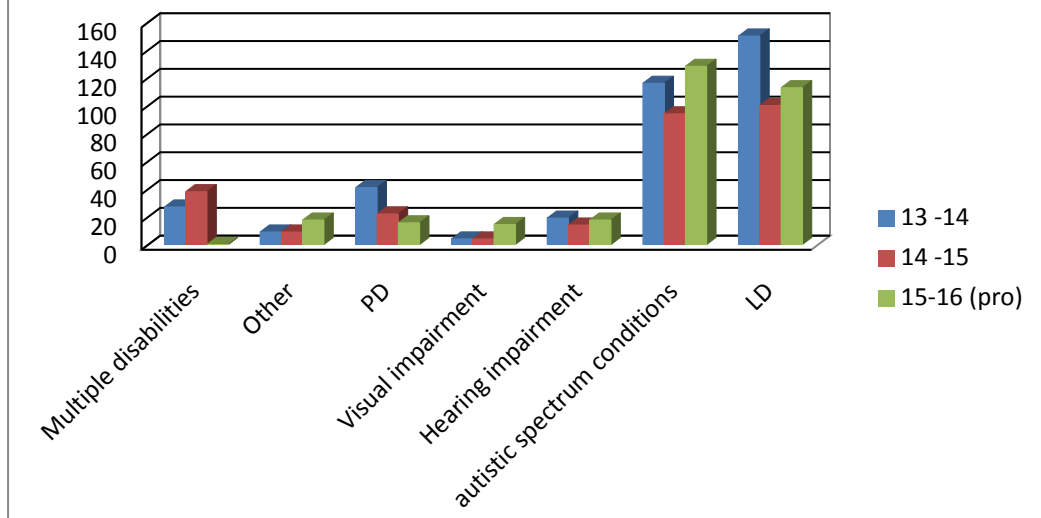
3.3 Benchmarking

3.3.1 KSE has this year re-joined as a member of the British Association of Supported Employment (BASE). The service attended their annual conference this year and has aligned quality standards using recommendations of both the BASE and the European Union of Supported Employment (EUSE). KSE is visiting regional BASE member meetings and is regularly talking to similar providers across the country. KSE has recently linked with Gateshead Council to share good practice and ideas. Open discussions have happened regarding client paperwork procedures, employer engagement strategies and best practice supporting schools with transitions. The service has been particularly interested in organisations that are working with people with a learning disability in schools and has been comparing models and data to identify what would work well in Kent.

3.4 Referral Rates

3.4.1 As of the 1 September 2015, KSE had a total of 270 active service users all of whom have a vocational profile or are being assessed using the vocational profile. In the year 2014-15, 363 individuals were in or had been in either paid work, work experience, training/education or travel training with the following breakdown by service user group:

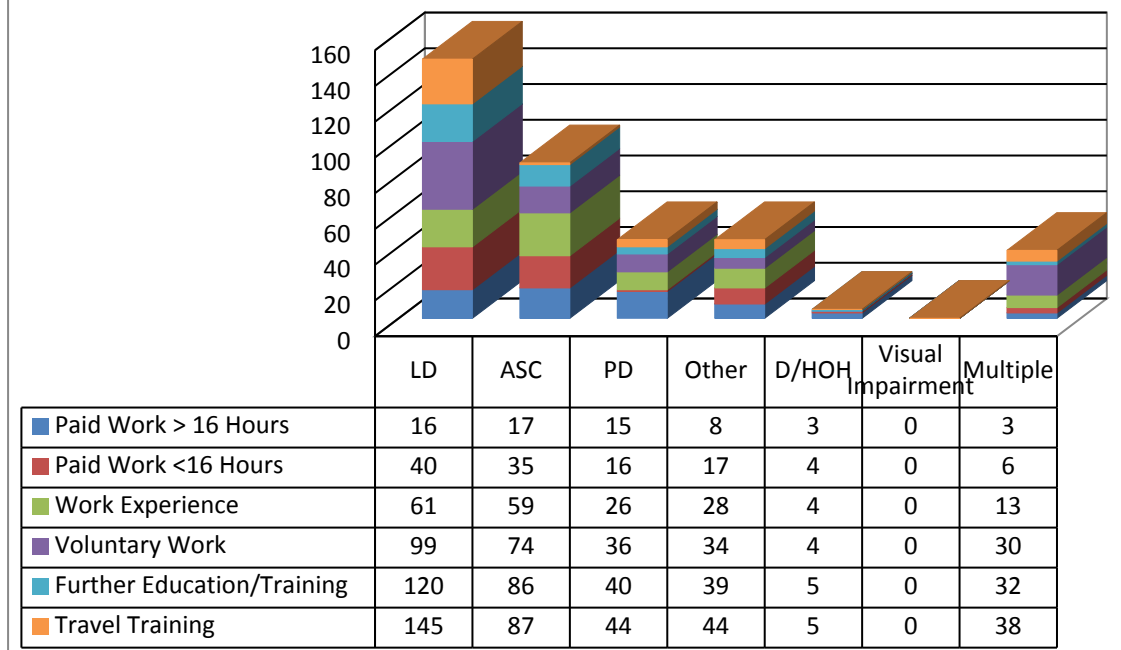
Referral Rates 2013-2016 by Client Group



3.5 Service Being Received

3.5.1 Service users in paid work represent 33% of the total and just under half of these are employed for 16 hours or more. Over the year, 91 individuals sustained employment for 26 weeks or more which represents 24% of all those in either paid work, work experience, training/education or travel training.

Outcome/Service Being Received 14-15



3.6 Preventative Work

3.6.1 KSE is actively looking to work with people with a learning disability and other disabilities at a younger age. The following projects are enabling KSE to have quality discussions around employment with young people with a learning disability, increasing expectations, aspirations and giving them the employability skills at a young age.

3.6.2 **Bright Futures**

The service continues to run the Bright Futures project in East Kent and this has been successfully running in partnership with East Kent College and East Kent Hospital NHS Foundation Trust for the last five years. The programme offers the opportunity for an unpaid Internship aimed at young people (18 to 24) with learning difficulties and disabilities to gain work related skills within a Hospital environment. The skills developed aim to enhance the Intern's ability to gain meaningful paid employment on completion of the programme.

3.6.3 **Working with Schools**

KSE is currently working closely with many Kent special schools. A contract is in place with two schools to deliver employability skills to sixth form students in the form of pre-work skills and quality long-term work experience placements that include in-work job coaching.

3.6.4 **Supported Internship Pilot**

KSE is working very closely with a Participation and Progression manager within the directorate to deliver a Supported Internship Pilot in Kent. The pilot started in September 2015 and will run for the full academic year working with up to 20 students of 16+ across ten Kent schools or training providers. The pilot is using money from the Department for Education and follows the government's guidelines on the Supported Internship Model. The majority of students on the pilot have either a learning disability or are on the autistic spectrum. The project supports young people by offering an alternative to current education and training. Students have a yearlong tailored work placement alongside education, the employer and student are matched carefully and in work job coaching is used. The project looks to help students with transition into the world of work and to progress students into paid work.

4. **Support for the Service User – the Service User perspective**

4.1 **The individual service user**

Steve Chapman is a person with a learning difficulty from Deal who is very active in the Kent Learning Disability Partnership Board, particularly through the 'What I Do' Group which looks at how to overcome barriers that people with a learning disability experience in gaining employment or volunteering within the community. Steve has recently developed a DVD for training Job Centre Plus Staff about how to work with people with a learning disability. Steve won an award from the Kent Learning Disability Partnership in 2014 for his activity in helping people with a learning

disability to get jobs. He has been involved in Voice4Kent and has been co-chair of the Job Action Group and the Kent Partnership Board. He has recently taken a post with the National Co-Production (Team) Advisory Group and is engaged in a variety of training roles. In addition to his busy, committee-type work, Steven maintains close contact with people with learning disabilities at a local level.

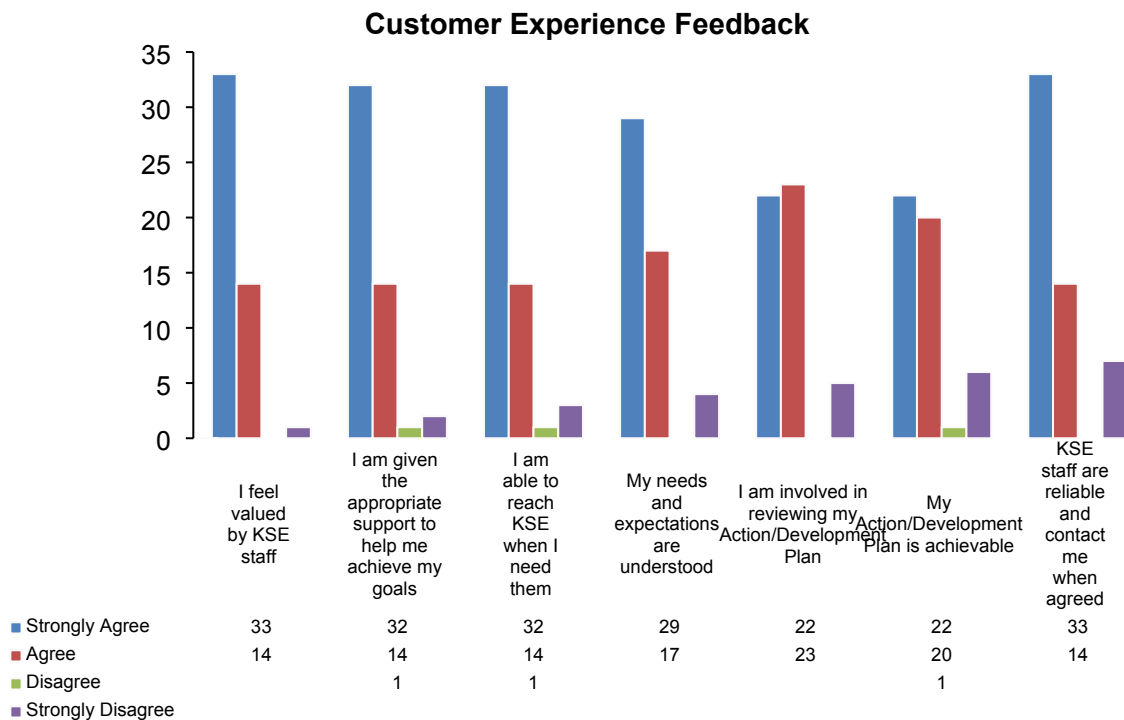
Steve has had experience of working with KSE and he says

“All the people who I have met over the years who work for Kent Supported Employment have been good and nice to know. They always seem very busy, are there enough staff employed? The last two placements they have found me are volunteering roles, It is hard for them to find work for me that will get into paid work.”

Steve is involved with Skillnet Group, who are working with Job Centre Plus on the Head Held High scheme, supporting vulnerable people to find employment.

4.2 Results of the recent Feedback Survey

4.2.1 A feedback survey was carried out by KSE earlier this year using an anonymous questionnaire. 47 clients responded to the survey and the results are summarised in the chart below:



4.3 Out of the 47 people who responded to the questionnaire, 46 people would recommend KSE to others and 45 felt that KSE worked quickly

enough to meet their needs. Where clients answered yes to “Is there anything else that KSE can do to support you to achieve your goals?” some of the feedback was:

‘Continued support for the start of my job, just to make sure I’m OK.’

‘Once I get more experience at [client’s place of employment] I want help in finding a little part time job at a café or help with food/hygiene qualification.’

‘Have a plan in place before when my current apprenticeship is complete.’

‘Perhaps more links to sympathetic employers, on-board with your ethics. I know you have a number of these although, perhaps a wider spectrum of suitable employers could be sought.’

- 4.4 The service will now collect feedback on performance every six months from active clients and will use an exit feedback form for clients who are no longer actively accessing support within 30 days of their case being closed.

5. Commissioning Services that support Adults with a Learning Disability

- 5.1 Whilst employment is a goal for many adults with a learning disability, some need additional support in order to develop pre-employability skills before they can be referred to KSE for work related support and employment. These can include general skills such as time-keeping, social and communication skills or practical numeracy, as well as more specific skills like catering, wood working or gardening and horticulture.
- 5.2 In Kent there are a number of day services that provide activities to develop these skills as well as building confidence with individuals. For example, providers such as Landscape Services and Spadeworks work with individuals to develop landscaping and horticulture skills and providers such as Wood n Ware work with individuals to develop skills in wood working.
- 5.3 Other day services have an educational curriculum as part of their activities to enable individuals to gain qualifications. Some of these include qualifications like the Award Scheme Development and Accreditation Network (ASDAN) or NVQ Level 1 (for example, Hadlow College at Princess Christian Farm) whereas others are work related qualifications such as Health and Safety certificates.
- 5.4 Many of the individuals attending these day activities consider themselves to be students or employees, and there is a focus on pre-employment skills such as regular attendance and timekeeping so that individuals develop a work ethic that will help in employment situations.
- 5.5 It is recognised that there is a need to work with the provider market in order to develop more of these opportunities, especially for people with

complex needs, so that there are a greater range of opportunities, greater coverage across the county and an increased focus on moving people onto KSE and employment opportunities as they become work ready.

6. Supporting Adults with Mental Health Issues

6.1 Adults with severe mental health problems are one of the most socially excluded groups in society. Although many want to work, less than a quarter are actually in employment. According to research carried out by the Royal College of Psychiatrists, people with severe mental health problems have the lowest employment rate for any of the main groups of disabled people.¹

6.2 Clinical Commissioning Groups (CCGs) and Kent County Council currently spend £1.47m on employment services across the sector with a range of providers: both statutory and non-statutory. The names of the providers can be found in the table below:

CCG Area	Organisation
Dartford, Gravesham & Swanley	<ul style="list-style-type: none"> • MCCH DGS service • Winfield (United Response)
Swale	<ul style="list-style-type: none"> • Shaw Trust
West Kent	<ul style="list-style-type: none"> • MCCH Maidstone • Shaw Trust – Tonbridge • Winfield (United Response) • Blackthorn Trust
Ashford	<ul style="list-style-type: none"> • Shaw Trust
Canterbury & Coastal	<ul style="list-style-type: none"> • Social Enterprise Kent • Shaw Trust
South Kent Coast	<ul style="list-style-type: none"> • MCCH Folkestone • Shaw Trust
Thanet	<ul style="list-style-type: none"> • Rethink
County Wide Service	<ul style="list-style-type: none"> • Kent & Medway Partnership Trust (KMPT)

6.3 These services provide employment interventions including vocational profiling, occupational action plans, skills development and work placements, as well as providing training activities which enhance confidence and the ability to build workplace relationships. They also

¹ <https://www.rcpsych.ac.uk/pdf/PPC300306Enc8.pdf>

support service users in employment. Across Kent in 2014/15 employment services provided a service to 4,261 service users from both primary and secondary care into sustained employment of 13 weeks or more.

6.4 The Community Mental Health and Wellbeing Service

6.4.1 In order to improve the outcomes for people with mental health needs, Kent County Council, Social Care, Public Health and the Clinical Commissioning groups are jointly commissioning a Community Mental Health and Wellbeing service which is due to commence on the 1 April 2016.

6.4.2 The vision for the new service is to keep people well and provide a holistic offer of support for individuals living with mental health and wellbeing needs in Kent and to deliver support in line with national and local guidance and protocols. This approach will put a greater focus on outcomes and engage people in innovative ways to achieve these.

6.4.3 The key aims of the service are to:

- Aid recovery and prevent relapse, improve health and social care outcomes for individuals with poor mental health and wellbeing
- Prevent suicide and reduce the stigma associated with mental illness (parity of esteem)
- Prevent entry into formal social care and health systems and
- Prevent negative health outcomes associated with poor mental health.

6.4.4 The ways in which people are supported can be flexible, person-centered and can help people to make the best use of their community. The service will ensure compliance with statutory responsibilities consistent and equitable across Kent (excluding Medway) providing the right advice, information and assistance to support people across the spectrum of severity. This will include the transition challenges faced by young people into adulthood. The service model will be based on social inclusion using a community emotional wellbeing, mental health and recovery model and deliver social interventions through the community to anyone needing mental health and wellbeing support in Primary Care.

6.5 Benefits

6.5.1 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
- a more effective use of resources by removing duplication between services

- a greater transparency of the allocation of funding - distribution will be based upon need and activity and will be awarded using a competitive process
- an improved transition through the pathway between wellbeing services, primary care, and secondary care as well as facilitating discharge from secondary services
- an 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).

6.6 Delivery Model and Procurement Approach

6.6.1 The model sits outside secondary mental health services and will form an essential part of an integrated pathway across the voluntary sector, primary care mental health and social care and include public mental health initiatives to ensure there are appropriate, equitable, timely and cost effective interventions for vulnerable people in the community. This new service will be delivered by a Key Strategic Partner model with a diverse network of providers (Delivery Network) including providers who have not traditionally delivered mental health and wellbeing services such as those delivering cultural, heritage, sports/leisure and green space activities.

6.6.2 There will be four separate contracts (lots) across CCG areas. These are:

1. Dartford, Gravesham, Swanley (DGS) and Swale Clinical Commissioning Groups Area
2. West Kent Clinical Commissioning Group Area
3. Ashford and Canterbury and Coastal Clinical Commissioning Groups Areas
4. South Kent Coast and Thanet Clinical Commissioning Groups Areas.

6.6.3 These four contracts will last for five years with extension options for a further two years. The funding available when the contract is awarded will be per lot and distributed based on the needs of the population and will differ to current funding allocations.

6.6.4 The new service will be outcome-focused and have clear performance indicators that link to the Public Health Outcomes Framework, Social Care and Health outcomes.

7. **Supporting Adults with Autistic Spectrum Conditions**

7.1 The Autistic Spectrum Conditions (ASC) Team is one of the main referrers to KSE. The team have had service users supported through KSE in excellent apprenticeships and some service users have found apprenticeships themselves through agencies outside of

the County Council. Awareness training has been provided to KSE staff but the most significant development last year concerned KSE recruiting an autism specialist worker. There is potential for this service user group to find employment and the ASC Team believe all employment agencies would benefit from increasing their knowledge of autistic spectrum conditions in order to enhance service users' potential.

7.2 Challenges

7.2.1 Preparation for the workplace is important for people with an autistic spectrum condition and this should start in education. Grange Park (a specialist school for children with ASC, which is located in Borough Green) has been working on a very good initiative for some time, around preventing their vulnerable clients becoming NEETS (Not in Employment, Education or Training).

7.2.2 Signposting people with an autistic spectrum disorder is a challenge and the ASC Team is researching information about contracts for groups such as Skillnet who can support disabled or neurodevelopment clients with accessing work if they are on certain benefits. At present, people have to have an eligible need to access KSE but it is important to know where to signpost people who are not eligible.

7.3 Research Pilot

7.3.1 The Autistic Spectrum Conditions Team have a social care research pilot presently running around specialist ASC enablement. The pilot looks at how to make reasonable adjustments for people with ASC conditions so that they are able to function at a higher level in society.

7.3.2 The plan is to introduce reasonable adjustments or to alter the environment so that people with ASC can process sensory stimuli. For example, if a person with an autistic spectrum condition has difficulty in processing noise, that they are placed in a quiet environment so that they can flourish. In the workplace this might mean placing them in a library as opposed to a busy kitchen for example.

8. **Support for vulnerable adults from Kent County Council as an employer**

8.1 The Council is developing work to support young adults through KSE's apprenticeship schemes. The apprenticeship scheme is well-supported across the authority with apprentices employed in a number of roles from administrative work to work within the learning disability provision service.

8.2 On 21 October 2015, Kent County Council Apprenticeships won the

award as employer of the year for the South East and will now progress to the national finals.

8.3 There are specialised apprentice schemes which are supported by the authority for vulnerable younger adults including assisted apprenticeships and apprenticeships in Virtual School Kent (VSK).

8.4 Assisted Apprenticeships

8.4.1 This scheme is run by KSE and is focused around recruiting six cohorts of young people. They are:

- Care leavers
- Teenage parents
- Young offenders
- Young people who have been home educated
- People with a learning or a physical disability
- Young people from the Troubled Families programme

8.4.2 The young person is assigned a support worker at the start of the apprenticeship to guide them through entry to the workplace and to support them during the apprenticeship. The Council pays the salary of the apprentice for the first twelve months of the scheme.

8.4.3 As of October 2015, the Council is supporting 63 assisted apprenticeships, twelve of whom are council employees.

8.4.4 There have been three phases of the assisted apprenticeship programme so far. The programme is now in a period of review before commencing a fourth phase.

8.5 Virtual School Kent (VSK)

8.5.1 VSK supports young people who are leaving or who have recently left local authority care through an apprenticeship scheme which is managed by KSE. Consideration is being given to opening the scheme to young people who have had experience of care – which could include the birth children of foster carers, or children adopted from local authority care.

8.6 Reasonable Adjustments

8.6.1 As an employer, the council makes reasonable adjustments to ensure that members of staff with a disability are supported in the workplace. The types of adjustment and the type of disability that adjustments support are monitored by the Corporate Equalities Group and results are discussed in Directorate Management Team meetings.

9. How KCC performs in securing employment for vulnerable adults

9.1 National Data

9.1.1 There is limited national comparative data available to enable a thorough comparison with other local authorities in terms of employment for vulnerable adults. However, local authorities do report the percentage of staff who declare a disability. The information provided below shows how Kent compares to other local authorities in the South East.

County Council	% of workforce who self-declare a disability
Kent	3.9
Hertfordshire	5.5
East Sussex	4.0
Buckinghamshire	3.8
Essex	3.4
Hampshire	1.2
Oxfordshire	2.5
Surrey	2.7

9.2 Young People Not in Employment, Education or Training (NEETs)

9.2.1 The number of young people who are not in employment, education or training is reported on a monthly basis by KCC to the Department for Education. The figures include all 16 to 18 year olds based on academic age with a KCC area postcode as their primary address.

NEETs as a percentage of the 16 to 18 academic age group (Year 12, 13 and 14) as at August 2015.

Date	% NEET
June 2015	6.10%
July 2015	7.80%
August 2015	8.64%

9.3 Early Help and Preventative Services

9.3.1 Early Help and Preventative Services, including Youth Justice, are currently taking a range of actions in response to the increases in the NEET population (16 to 18 years academic age group) and in their percentage share of the overall cohort in this age group in the county. The actions will include:

(i) Preparing a plan for the new service structure which will set out proposed approaches for both targeted and universal access opportunities, co-ordinated via the Youth Hubs in each District, for the NEET population.

(ii) A specific focus with District Managers and Youth Hub Delivery Managers in Swale, Thanet and Shepway, where the highest

rises in the NEET population have been recorded, has been completed by Information and Intelligence.

(iii) Information and Intelligence has undertaken an audit of cases. The audit covered the 31 cases involving 16 and 17 year olds that closed during August and September – the data is yet to be analysed but will provide information on the accuracy of recording; if education, training or employment is in the initial plan and if there is evidence that young people are supported into education, training or employment in the final planning stage. The intention is to support effective interventions within a youth justice service.

(iv) Information and Intelligence completing an audit of Youth Hubs which will enable best practice with the NEET population to be disseminated and the learning used to establish approaches which are consistent across all Districts and where there is evidence of effectiveness.

(v) The NEET data sets published monthly by the Management Information Unit (Information and Intelligence) being shared with each of the Districts and used to inform the targeting of individual young people for support.

(vi) Establishing a consistent model across all Districts for the recording of participation and destinations for young people so that the quality of data and management information reporting improves significantly.

9.3.2 Skills and Employability

In September, while enrolment data is collected from schools and FE colleges by the Management Information Unit, the focus of the Skills and Employability Service will be to set up the processes to collect leaver data from sixth forms, this will impact in October; to continue to communicate with providers about tracking processes, roles and responsibilities; strengthen the link with the Department for Work and Pensions and training providers and to track those in employment or apprenticeships whose status on the Integrated Youth Support Services (IYSS) database has expired.

9.4 National data for people with a learning disability or a mental health issue


9.4.1 The most recent national data for employment of people with a learning disability or with a mental health issue has been taken from the Short and Long Term Support (SALT) review of social care. Information for Kent can be found in the tables below

9.5 Learning Disability

The proportion of adults with a learning disability in paid employment	Proportion of working age (18-64) service users who received long-term support during the year with a primary support reason of learning disability support, who are in paid employment (%)
Staffordshire	2.6
Northamptonshire	3.1
Essex	10.0
West Sussex	2.2
Hampshire	4.5
Kent	9.7
ENGLAND	6.0

9.5.1 Learning Disability local performance

Learning Disability report to the Directorate Management Team for Social Care Health and Wellbeing to update progress about employment information for adults with a learning disability in Kent.

% of people in all types of employment	July 2015	August 2015	September 2015	Direction of travel
Kent	10.8%	11.0%	11.7%	
RAG rating	Amber	Amber	Amber	

9.6 Mental Health

The proportion of adults in contact with secondary mental health services in paid employment	Proportion of working age adults (18-64) who are receiving secondary mental health services and who are on the Care Programme Approach at the end of the month who are recorded as being employed (%)
Staffordshire	12.8
Northamptonshire	1.1
Essex	6.4
West Sussex	6.8
Hampshire	4.9
Kent	6.4
ENGLAND	6.8

9.6.1 Mental Health local performance

Kent and Medway NHS and Social Care Partnership Trust (KMPT) report on a monthly basis the number of people under the Care Programme Approach in employment. The National Indicator (NI) 150 target across Kent is 13% of all service users known to secondary mental health services that are in employment. Progress against this indicator since March 2015 (when Cabinet Committee received a report on the quarter one for this year) is demonstrated in the table below.

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Target	13%	13%	13%	13%	13%	13%
Percentage	12.1%	12.1%	12.2%	12.9%	13.0%	12.8%
RAG Rating	AMBER	AMBER	AMBER	AMBER	GREEN	AMBER

Work is taking place to create a stretch target with KMPT to establish a target of 16% of adults with a mental health need into employment in the future. This would reflect the 16% target for adults with a learning disability. More information about this can be found in section 10.3.

10. Approach for the future

10.1 KSE is working to create a pathway into employment for vulnerable young people. This will support work that is taking place with adult learning disability and mental health. Work is taking place between KSE and the DCLDMH division, led by Strategic Commissioning, which refines the existing Memorandum of Understanding (MoU) for the service that is provided in future.

10.2 School to Work Pathway

10.2.1 KSE is currently looking at the pathway from school to work and is focusing on the traineeships which aim to ensure that skills in Maths and English are developed as well as providing work experience and qualifications that would be earned during the course of the traineeship. Work is also taking place with students in the sixth form of special schools to support them to consider supported internships when they complete their school career.

10.3 KSE working with Disabled Children, Adult Learning Disability and Mental Health (DCALDMH)

10.3.1 KSE and Adult Learning Disability and Mental Health recently undertook a review of the existing MoU to ensure that it provided the framework for a service to ensure that the service that is being provided is fit for the adults who use it. The following actions have been agreed to be taken forward:

- Work to develop existing performance monitoring to provide additional detail regarding outcomes for specific client groups

- Work to update the existing MoU to increase links with day care providers, in-house provision and Kent Pathways Service that will create a more robust pathway to employment
- Adult Learning Disability to work with KSE to explore opportunities for support internships
- Explore the possibility of locating KSE workers in Learning Disability operational Teams to improve communication and co-working
- Develop further the working in special schools to begin helping people to become work ready earlier
- Introduce regular performance monitoring meetings between DCLDMH, commissioning and KSE
- Increase partnership work with LD and operational teams
- Continue to work with national bodies to increase awareness and knowledge in the area of supported employment.

10.4 Community Health and Wellbeing Service

10.4.1 The new Community Health and Wellbeing Service for Mental Health will work to promote improved mental health in a primary care setting and increase readiness for work with people with mental health issues. As a result, DCALDMH have been working towards a stretch target of 16% for people with mental health issues in employment. This stretch target is also being rolled out in our partnership with Kent and Medway Partnership Trust (KMPT).

11. Legal Implications

There are no legal implications associated with this report.

12. Financial Implications

There are no financial implications associated with this report.

13. Equality Implications

There are no equality implications other than those detailed in the report.

14. Recommendation(s)

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

- a) **CONSIDER** and **DISCUSS** the services available for supporting vulnerable adults into employment
- b) **ENDORSE** the planned approach for the future, which includes work to increase the authority's performance and increased ability to find meaningful employment for vulnerable adults.

13. Background Documents

<https://www.rcpsych.ac.uk/pdf/PPC300306Enc8.pdf>

Refresh of the 14-24 Learning, Employment & Skills Strategy
http://www.kent.gov.uk/_data/assets/pdf_file/0014/6206/14-24-learning,-employment-and-skills-strategy.pdf

Draft Adult Learning, Education and Skills Action Plan
<https://democracy.kent.gov.uk/ecSDDisplay.aspx?NAME=SD4373&ID=4373&RPID=8417685&sch=doc&cat=13335&path=13335>

Young People Not in Education, Employment or Training August 2015.
http://www.kelsi.org.uk/_data/assets/pdf_file/0010/46891/August-2015-monthly-report.pdf

14. Lead Directors

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

To: Adult Social Care and Health Cabinet Committee – 3 December 2015

Decision No: N/A

Subject: **UPDATE ON FORMAL CONSULTATION INHOUSE RESIDENTIAL PROVISION FOR OLDER PEOPLE**

Classification: Unrestricted

Past Pathway of Paper: N/A

Future Pathway of Paper: N/A

Electoral Division: Maidstone, Faversham, Sandwich and Sheppey

Summary: To provide an update to the Adult Social Care and Health Cabinet Committee on the progress of the formal consultation on the future of KCC's four older persons residential care home provision; the Dorothy Lucy Centre, Maidstone, Blackburn Lodge, Sheerness, Kiln Court, Faversham and Wayfarers, Sandwich.

Recommendations: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **DISCUSS** the content of this report.

1. Introduction

1.1 Kent County Council is progressing through the formal consultation on the future of four of its older persons care homes. This consultation commenced on 28 September 2015 and ends on 20 December 2015.

1.2 The consultation covers the following:

- Dorothy Lucy Centre, Maidstone – closure
- Blackburn Lodge, Sheppey – work with market to develop alternative services with a final outcome of closure
- Kiln Court, Faversham – closure
- Wayfarers, Sandwich – sell as a going concern

1.3 The key drivers behind these proposals are:

- People are living longer with more complex conditions and they rightly expect more choice in care.

- People wish to remain in their own homes with dignity and expect high quality care.
- Residential care should be in high quality buildings. Our older buildings have reached the end of their useful life.
- Good quality care can be commissioned for less money in the independent sector. Unit costs for in-house services are substantially higher.

1.4 The purpose of the consultation is to share the recommended proposals, listen to feedback and consider any alternative proposals. The outcome of the consultation will be presented to the Adult Social Care and Health Cabinet Committee in January 2016.

2. Consultation Activity and responses 28 September – 3 November 2015

2.1 Meetings were held with staff, residents and relatives at each of the four homes on 28 and 29 September 2015 and minutes of these meetings have been circulated to all participants and posted on the consultation webpage.

2.2 Additional meetings are planned with Faversham Town Council, the Sandwich and Ash Community Network and the Sandwich Town Council.

2.3 Responses to the consultation can be made by post, email, telephone or by completion of an online questionnaire on the dedicated consultation webpage.

2.4 As at 3 November 2015, there were a total of 171 responses to the consultation as follows:

Method of response	Dorothy Lucy Centre	Kiln Court	Wayfarers	Blackburn Lodge	Totals
Post	3	3	1	1	8
Telephone	15	5	2	1	23
Email	3	1	2	1	7
Website (online questionnaire)	66	22	13	32	133
Totals	87	31	18	35	171

2.5 A Committee has been set up in Faversham in opposition to the proposed closure of Kiln Court.

2.6 Concerns expressed by respondents can be grouped into the following themes:

- Alternative local provision
- Quality of alternative provision
- Motivation for closure and change
- Loss of staff expertise
- Reduction of provision and impact on wider health and social care system

2.7 Alternative proposals are welcomed and some have been submitted for consideration

3. Financial Implications

3.1 There are no financial implications associated with this report.

4. Legal Implications

4.1 There are no legal implications associated with this report.

5. Equalities Implications

5.1 There are no equalities implications associated with this report.

6. Next Steps

6.1 Strategic Commissioning has commenced work on a detailed needs analysis of the individuals who have been accessing services at the four centres. This will inform the future needs for any alternative service provision in the independent sector should the decision be taken to close services in the case of the Dorothy Lucy Centre, Maidstone and Kiln Court, Faversham and to inform the future market development of services to replace Blackburn Lodge and transfer in the case of Wayfarers.

6.2 Parallel market activity has commenced with the issue of a tender opportunity for older persons care home providers in the independent sector with a 'lot' specifically requesting market interest in the provision of respite services under a block contract with KCC. In addition, a Prior Information Notice (PIN) has been issued on the Kent Business Portal requesting proposals from independent sector providers to take over the provision of a service at Wayfarers, Sandwich.

6.3 A summary of the needs analysis, market responses and consultation responses will be included in the recommendation reports for each home and these will be presented to the Adult Social Care and Health Cabinet Committee in January 2016.

7. Recommendations:

7.1 The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **DISCUSS** the content of this report.

8. Background Documents

None

9. Contact details

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From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health
 Mike Hill, Cabinet Member for Community Services
 Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing

To: Adult Social Care and Health Cabinet Committee
 3 December 2015
 Environment and Transport Cabinet Committee
 4 December 2015

Subject: **COMMISSIONING OF DOMESTIC ABUSE SUPPORT SERVICES**

Classification: Unrestricted

Previous Pathway of Paper: Social Care, Health and Wellbeing/CCG Accountable Officer DMT – 4 November 2015

Future Pathway of Paper: Cabinet Member decision

Electoral Division: All divisions

Summary: Domestic abuse services have historically been commissioned by a range of agencies on both a commissioned and grant-funded basis.

The disparate method of service commissioning has led to inconsistencies in provision, resulting in both duplication of service availability and gaps in provision.

A working group of key partners has been formed to consider collaboratively commissioning an integrated model of domestic abuse support across Kent.

This work has now concluded and this paper seeks approval to commence procurement of the proposed integrated model.

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

- a) **CONSIDER** the information provided about the proposed reshaping of Domestic Abuse services
- b) **ENDORSE** the commencement of a procurement process to commission an integrated Domestic Abuse service across Kent, based upon the plans provided.

1. Introduction

- 1.1 Following the dissolution of the Customer and Communities Directorate in April 2014 the Commissioned Services function was transferred to the Social Care Health and Wellbeing Directorate. The responsibility for the commissioning of

housing-related support services for a wide range of vulnerable people, including victims of domestic abuse now lies with Strategic Commissioning.

- 1.2 An initial review of housing-related support services noted synergies between most housing-related support services and commissioning intentions for adults and children's social care. Prevention and early intervention services such as housing-related support are integral to the County Council's strategies for children's and adult social care. It is sensible that these services should be considered in the wider context of social care transformation.
- 1.3 A further review of housing-related support noted opportunities for the reduction in duplication and rationalisation of services. In domestic abuse services, the complexity of commissioning and grant funding was highlighted against a backdrop of mounting pressure.
- 1.4 The remodelling of housing-related support services, including those for domestic abuse has been accepted as an approved project by the Portfolio Management Office.

2. Policy Context

- 2.1 The Supporting People Programme was introduced nationally in 2003. It brought together disparate funding streams from health, social care, probation and local housing authorities to establish a ring-fenced budget to fund and strategically commission housing-related support services. These services were targeted at those ineligible for statutory services and aim to tackle social exclusion, preventing crisis and more costly service interventions by reducing dependency rather than simply meeting existing need.
- 2.2 Housing-related support develops or sustains the capacity of a vulnerable person to maintain their current level of independence in their own home, or to move to more independent, stable and sustainable housing. It enables vulnerable people to recover from homelessness and move towards social inclusion and settled accommodation, by developing skills, resilience and capacity without drawing upon statutory services such as social care.
- 2.3 The services are intended to be enabling and preventative such as those duties outlined in the Care Act. They help vulnerable people to avoid, delay or move on from institutional services and to live as independently as possible for as long as possible. Housing-related support services are provided over and above basic housing management services but they do not include personal care services.
- 2.4 This is achieved by delivering targeted, tailored, practical help and advice to:-
 - Find or maintain safe, suitable and settled housing
 - Budget and manage money
 - Acquire independent living skills that support good physical and mental health and wellbeing
 - Find work or access education or training
 - Establish social, health and community links such as with GPs, voluntary organisations

- 2.5 Housing-related support is tenure neutral and is available to vulnerable people whether they live in their own homes or in rented accommodation belonging to local authorities, other registered social property owners, e.g. Housing associations, or private landlords.
- 2.6 Whilst these individuals receiving domestic abuse support often do not meet statutory thresholds, the provision of specialist support has successfully diverted demand away from statutory services for some time, benefitting the authority directly and its strategic partners.
- 2.7 In November 2010, the Home Office set out a 'Call to End Violence Against Women and Girls' Strategy, with the main themes focusing on:
- prevention
 - the provision of good quality services and
 - improved partnership working

Since the inception of the strategy, the legislative landscape has changed to include forced marriage, and coercive and controlling behaviour. Furthermore, the introduction of the Domestic Violence Disclosure Scheme and Domestic Violence Protection Orders provide improved options in keeping victims of abuse safe in their own communities and avoiding potential or further victimisation.

3. Current Context

- 3.1 Domestic abuse services are currently commissioned by a number of agencies, including the Police and Crime Commissioner, Public Health and KCC.
- 3.2 Commissioned domestic abuse services have an annual value of approximately £3.2 million.
- 3.3 As a result of the funding arrangements service provision for domestic abuse is complex and its pathways unclear. The lack of strategic oversight means that arrangements are often short term and unsustainable, which makes innovation difficult. There is an amount of overlap in either geography or function and existing services are not well networked together. In the meantime, there are gaps in service for lesbian, gay, bi-sexual and transgender victims, male victims and those with more complex issues such as substance misuse.
- 3.4 Services currently commissioned for victims of domestic abuse are concentrated on those at high risk of harm such as refuge provision and Independent Domestic Violence Advisors (IDVA) support. There is limited support available to support those at lower risk.
- 3.5 There have been consistent increases in domestic abuse incidents reported to Kent Police, with 3000 more incidents in 2014/15 than in 2013/14. There are currently approximately 28,000 incidents reported to Kent Police each year. Demand for support services continues to rise, with multi-agency risk assessment conferences referrals rising by over 30% since 2012, and referrals for IDVA support showing a 64% increase since 2013/14. Demand for floating support services is also increasing, with utilisation for this service currently at 103% of the contract capacity. Refuges are consistently full, with lack of suitable move on opportunities causing issues with 'bed blocking' delaying new entrants to refuge support.

3.6 In the event of the death of an individual which is considered to be as a result of domestic abuse, Domestic Homicide Reviews (DHRs) are commissioned. These are independently chaired and intended to examine the circumstances of the death, capturing lessons to be learnt in service provision. Since 2011, there have been eight DHRs published in Kent, which provide valuable intelligence to be incorporated into commissioning of services. Some of the central themes are:

- the need for improved, consistent training for professionals who may have contact with domestic abuse victims
- improved communication between agencies,
- the number of the cases assessed as at either standard or medium risk of harm and the limited support options available to those not assessed as at high risk of harm

The proposed flexible, integrated service to be commissioned will increase the support services available to these individuals.

3.7 Kent's Joint Strategic Needs Assessment, the Kent Select Committee Report for Domestic Abuse and the needs analysis of housing-related support undertaken by the Chartered Institute of Housing all recommended a more collaborative commissioning approach and co-commissioning to improve outcomes and reduce inequity of service offer.

3.8 The Kent 'Needs Analysis of the Toxic Trio' (April 2015) estimates that in Kent there are 17,567 children and young people affected by domestic abuse. During 2014, domestic abuse was cited as a factor in 3,855 children and families assessments, indicating that approximately 22% of all children affected by domestic abuse are subject to a social services intervention. Conversely, of the 368 households accessing refuge accommodation in Kent since April 2013, there were 17 cases where safeguarding concerns warranted involvement from statutory services, which is approximately 4.6%.

3.9 The data evidences the strong preventative approach within domestic abuse services, with the presence of robust support in place reducing the need for safeguarding alerts to be raised and minimising the financial burden on Early Help and Specialist Children's Services.

3.10 Following in-principle support given by the Adult Social Care and Health Cabinet Committee, at its meeting on 14 December 2014, to commit to the provision of housing-related support for those outside statutory groups, work has been undertaken to examine how these services could be reshaped to be better fit for purpose in the future.

3.11 Since the decision, a Commissioning Task and Finish Group, comprised of key commissioning partners including the Office of the Police and Crime Commissioner, Kent Police, Kent Fire and Rescue Service and District and Borough Councils has worked together to formulate a collaborative approach to commissioning domestic abuse services.

4. Key Issues

4.1 The current commissioning and funding arrangements do not secure a comprehensive service for those experiencing domestic abuse.

- 4.2 By commissioning collaboratively, it is anticipated that a more strategic oversight will be gained. Eradicating duplication will enable efficiencies in the offer for high risk victims, to strengthen the availability of preventative and early intervention services and create a networked, flexible service based on need, rather than the source of funding. This will help to reduce the overall burden that the effects of domestic abuse place on public services. The service will be better able to articulate with other commissioned provision including the Community Mental Health and Wellbeing Service.
- 4.3 The Commissioning Task and Finish group has undertaken significant work in devising a flexible, holistic specification for an integrated domestic abuse service, which works towards rationalising current provision to offer greater consistency and range of support across the county.

Further details of the current domestic abuse service landscape are attached as Appendix 1.

- 4.4 The proposed integrated model will incorporate refuge and other accommodation provision, community interventions addressing current gaps in support, and an education and training element, within an holistic, flexible model of delivery.
- 4.6 The full proposed Service Specification is attached at Appendix 2, although this is still subject to full consultation and may change.
- 4.7 There have been two consultation events held with potential funding partners concerning this project, and the market has been engaged and consulted with the initial commissioning proposals. Both of these events were met with significant support for the proposed course of action.

5. Financial Implications

- 5.1 The total amount being spent in grants and contracts on Domestic Abuse at present is £3.2m. Of this funding, £1.74m is in contracts delivering housing related support. A summary of the current funding arrangements for Domestic Abuse services in Kent and Medway is attached in Appendix 3.
- 5.2 It is anticipated that by pooling budgets and commissioning collaboratively efficiencies can be made to deliver a greater range of interventions within the funding envelope targeting prevention in escalation and a greater efficacy in the service.
- 5.3 The full contract value is still uncertain at present, but the committed funds to date are £1,934,000 per annum. It has been indicated that once the full service specification is completed additional partners may commit.
- 5.4 During the final two years of the Independent Domestic Violence Advisors (IDVAs) contract (2014/15 and 2015/16), KCC Public Health agreed to requests to contribute £295,900 per year to the multi-agency funding for IDVAs who support individuals at high risk of significant injury or homicide. This was a new addition from the Kent Public Health Grant in 2013/4. Domestic violence emergency response services is not a mandated public health service, however - even after taking into account the current in year Public Health budget pressures, KCC Public Health intends to contribute a reduced amount of £109,000 per year. This is to enable the new integrated domestic abuse support service to develop prevention and early intervention programmes (as well as working with medium and high risk

victims). In addition, the Commissioning Task and Finish Group are in discussions with Clinical Commissioning Groups to identify any contribution that can be made from these groups, who are currently not contributing to the joint commissioning arrangements.

- 5.5 There is sufficient financial commitment received from partners to proceed with the commissioning and procure a core service to replace those contracts that are due to expire in 2016 which deliver improved outcomes.
- 5.6 Procurement will support commissioners to design a model which enables additional partners to contribute funds to strengthen the model as funds become available through the expiration of other existing arrangements e.g. grants.
- 5.7 It is proposed that the commissioning proceeds based on the financial commitment currently received, with a service commencement date of 1 July 2016.
- 5.8 Once all funding partners have committed, arrangements will need to be made to finalise the process for contracting the service and pooling budgets.
- 5.9 It is recommended that KCC lead on the commissioning, procurement and contract management of this service, and that partners delegate authority to KCC to undertake these tasks, under the guidance of the steering group.

6. Legal Implications

- 6.1 Due to the expiration of existing contracts on 31 March 2016, single source procurement requests have been requested to extend these contracts until 30 June 2016 to allow for a robust mobilisation phase following award of the new contract.
- 6.2 Legal advice will be necessary to establish the necessary delegation of authority to enable the County Council to commission on behalf of its partners.

7. Equality Impact Assessment

- 7.1 An equalities impact assessment will be necessary for any substantive change or diminution of service provision.

8. Alternatives and Options

- 8.1 Do nothing The Adult Social Care and Health Cabinet Committee has already indicated its commitment to supporting these groups. Doing nothing and allowing these contracts to end will almost certainly increase a disproportionate burden on other operational services and directorates including Specialist Children's Services, Adult Mental Health and Safeguarding teams. Key agencies such as NHS England, Police and Fire and Rescue will also quickly become under pressure. A rise in the number of domestic homicides and subsequent reviews is predicted should this course of action be taken.
- 8.2 Recommission services in their current guise. To recommission these services in their current configuration would be to perpetuate the duplication and gaps of the present. Services would continue to be directed at the highest risk, and the opportunity to innovate, simplify and reach a greater number of victims to keep pace with rising demand would be lost.

8.3 Integrated Commissioning This model will deliver better consistency coverage and value for money by reducing duplication and creating a comprehensive network of provision.

8.3 A risk register is attached as Appendix 4.

9. Implementation Proposals

9.1 A diagnostic report, summarising the context and approach to Domestic Abuse commissioning together with a business case and project plan to implement the approach have been prepared and are available as background documents to this report.

9.2 A series of consultations with providers, carers and services users will follow in order to support the co-production of the Service Specification (Appendix 2).

9.3 A robust procurement process will be undertaken, supported by Procurement to ensure award of the contract to an excellent support provider. The tender panel will comprise representatives from the commissioning partnership to ensure fair representation and a suitable spread of expertise.

9.4 On-going, effective performance management arrangements of the awarded contract will be implemented to ensure innovative, successful provision of support to victims of domestic abuse. A wide spectrum of data will be considered to devise the outcomes and metrics that will ensure the service design and ongoing management reflect the progressive and effective delivery of the service. This will include data from Safeguarding Boards, Police data and information from health services such as accident and emergency departments.

9.5 The proposed integrated model of commissioning will work to improve consistency in provision, and provide seamless pathways for service users, as well as increasing the scope of those that can be supported, and strengthening the early intervention and preventative benefit of specialist domestic abuse support. By engaging with families sooner, support providers will be better able to reduce the risk of escalation of abuse, and the risk to children.

9.6 The proposed specification builds stronger pathways between Substance Misuse, Mental Health and Childrens' Services to provide a holistic offer of support and further reduce the risk to which children and young people resident in the most complex and vulnerable households are exposed.

10. Conclusion

10.1 Following the Adult Social Care and Health Cabinet Committee's in-principle support, given in December 2014, the opportunity exists to reshape domestic abuse provision.

10.2 An integrated approach, co-commissioned with key partners, will enable a more balanced provision across the county, address the inequity of provision and afford better value for money by reducing duplication.

11. Recommendations

- 11.1 The Adult Social Care and Health Cabinet Committee is asked to:
- a) **CONSIDER** the information provided about the proposed reshaping of Domestic Abuse services
 - b) **ENDORSE** the commencement of a procurement process to commission and integrated Domestic Abuse service across Kent, based upon the plans provided.

12. Background Documents

Domestic Abuse Commissioning Diagnostic Report September 2015

Kent Integrated Domestic Abuse Service – Business Case 20 October 2015

Kent Integrated Domestic Abuse Service – Project Plan 14 October 2015

<https://democracy.kent.gov.uk/ecSDDisplay.aspx?NAME=SD4376&ID=4376&RPI D=8417682&sch=doc&cat=13570&path=13335%2c13570>

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Service Summary

(1) The authority currently spends £1.74m annually on providing housing related support services for victims of domestic abuse. These services have the capacity to support 264 households at any one time.

(2) There is refuge provision in all but one district in the county totalling 100 household units. Planning permission for the development of the remaining borough is well underway. Accommodation costs are met by the local housing authority. In 2013/14 175 women and 142 children were supported within refuge accommodation.

(3) In providing structured support in safe accommodation, these services provide a valuable resource to children's social care, minimising the interventions required by social services, particularly in relation to the removal of children from violent and dangerous household environments.

(4) Whilst refuge accommodation provides an immediate place of safety for women and their children, it is the support provided that enables them to recover from their traumatic experiences and to go to live safe, healthy and successful lives. Those entering refuge often have little experience of managing money and need help to access to healthcare, training and employment as well therapeutic services and education for their children

(5) Refuge providers in Kent deliver supplementary services, such as playworkers, support groups and counselling that build upon and complement those commissioned by KCC. Funded is attracted through other charitable grants such as Comic Relief or the Big Lottery fund. These deliver significant added value to the services commissioned through Kent County Council particularly in the reduction of repeat future victimisation in both adults and children.

(6) Refuges prepare women for managing the transition into safe independent accommodation which include taking on a new tenancy, transferring to a different refuge, or returning to their home in a safe and controlled manner to a life free from abuse. In 2013/14, 126 households were supported to move on in this way.

(7) In addition to refuge provision, there are two floating support services for men or women who are experiencing domestic abuse. These services are able to help those who have fled, are planning to flee or who need help to stay in their own accommodation, safe from the perpetrator. The services can help up to 164 households at one time and in 13/14 helped 314 households.

(8) In addition to reducing demand on emergency services and in particular Accident and Emergency departments, by enabling victims and their families to remain at home, floating support services play a key role in improving future resilience for victims and reduce the long term effects and costs of disrupted education for children associated in these households.

(9) The domestic abuse services in Kent are delivered by a range of 6 specialist providers including local charities, voluntary and other third sector organisations, employing over 40 FTE.

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supportingpeopleteam@kent.gov.uk

SERVICE SPECIFICATION

FOR THE PURCHASE OF

Kent Integrated Domestic Abuse Service
(1st July 2016 – 31st March)

This document defines the
Kent Integrated Domestic Abuse Service
purchased by Kent County Council on xxxxxx

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1. Introduction

- 1.1. The overarching aim for the jointly commissioned, integrated domestic abuse service is to reduce the impact of domestic abuse on families and communities within Kent and Medway, and keep people safe.
- 1.2. The service will work in partnership to deliver needs led, value for money, high quality domestic abuse support services. The service will be free at the point of access.
- 1.3. KCC is the contracting authority for the Kent Integrated Domestic Abuse Service, working on behalf of the domestic abuse commissioning partnership.
- 1.4. For the purposes of this service, Domestic Abuse includes Domestic Abuse in accordance with the Home Office definition, Stalking, Honour Based Violence, Forced Marriage and Female Genital Mutilation (FGM).
- 1.5. The partnership recognises the valuable role that the service provider fulfils in the promotion of services both within the scheme and within the community. The services funded through this agreement (“the Service/s”) are specified in this service specification (“Service Specification”).
- 1.6. The Service will be required to work in conjunction with Local Housing Authorities, Social Landlords, criminal justice agencies, healthcare organisations and other relevant partner agencies.
- 1.7. Services commissioned by KCC will focus on improving lives by ensuring every pound spent in Kent is delivering better outcomes for Kent’s residents, communities and businesses.
- 1.8. The commissioning partnership reserves the right to review the content and detail of the Service Specification on an annual basis to take account of changes in national policy, priorities and funding. This agreement does not prevent either of us entering into other agreements or contracts for specific negotiated services.

2. Service Outcomes

- 2.1. The Service Provider will work in partnership to contribute towards the following outcomes and will consider all opportunities to enhance the aims of the service outcomes:
 - 2.1.1 Mental and Physical Health
 - 2.1.2 Shelter and Accommodation
 - 2.1.3 Family, friends and children
 - 2.1.4 Education, skills and employment
 - 2.1.5 Drugs and alcohol
 - 2.1.6 Finances and benefits
 - 2.1.7 Outlook and attitudes
- 2.2. To support victims of domestic abuse in coping with the immediate aftermath of abuse and empower them to recover from the long term affects of that abuse, with consideration to;

2.1.8 Social interactions

- 2.3. Improved capacity to establish and maintain independent living.
- 2.4. A reduction in the need for interventions by Social Care, Health and Wellbeing Services.
- 2.5. A reduction in level of harm caused by domestic abuse
- 2.6. A reduction in homelessness/repeat homelessness and placement in temporary/emergency accommodation amongst people at risk of Domestic Abuse in Kent.
- 2.7. Effective promotion of the wider impact of domestic abuse.

3 Service Objectives

- 3.1 The Service Provider will deliver efficient and effective interventions that meet the needs of service users and contribute to the service outcomes outlined above. The service must be closely integrated with other local services and support networks for children, adults and local communities. In doing this the service must work to:
 - 3.1.1 Reduce the risk of harm posed to victims of domestic abuse in Kent and Medway
 - 3.1.2 Support and enable service users to reduce their dependency on statutory services, by acquiring independent living skills and improving self-reliance,
 - 3.1.3 Empower service users to get the most out of services, maximise opportunities and support their re-integration into local communities,
 - 3.1.4 Provide a seamless journey of support for all service users,
 - 3.1.5 Work closely with Social Care, Health and Wellbeing Services and healthcare services (such as Mental Health Service, Health Visitors, Children's Centres) to enable service users to improve their physical and mental wellbeing, and improve personal, social and family functioning,
 - 3.1.6 Work in partnership with a range of local voluntary and community sector (VCS) organisations to deliver required outcomes in each locality,
 - 3.1.7 Provide a safe and supportive environment for service users which is sensitive, non-judgemental and non-oppressive.
 - 3.1.8 Promote, establish and maintain clear and effective pathways to access appropriate support groups and supplementary services and ensure suitable access for those who need them, especially vulnerable groups and / or individuals,
 - 3.1.9 Build links with local primary care services, health and social care professionals to ensure clear referral pathways,
 - 3.1.10 Assess the needs and safety of children living with service users and provide access to appropriate support, working to enhance parenting practice and improve outcomes for families.
 - 3.1.11 Establish and maintain professional and appropriate working relationships with Local Housing Authorities, Registered Social Landlords, providers of private accommodation, training and education providers, DWP and Job Centre Plus, and other appropriate services
 - 3.1.12 Support and promote the use of peer networks at all stages of service delivery and following move on, to promote capacity building
 - 3.1.13 Implement effective practices and integrated approaches to safeguard vulnerable adults in line with the Care Act 2015,

- 3.1.14 Promote stable lifestyles, community cohesion, social inclusion, and physical and mental wellbeing,
- 3.1.15 To meet the needs of 'hard to reach' groups, including, but not limited to those from LGBT communities, male victims, those from Minority Ethnic Communities and gypsy travellers.
- 3.1.16 To galvanise and develop a co-ordinated community response, forging links with organisations outside of those traditionally working with survivors of domestic abuse to progress wider education and awareness, and reintegration of service users into local communities and workplaces

4. Referral and Assessment

- 4.1 Referrals should be accepted from a wide range of sources including but not limited to the Police and Criminal Justice services, Local Housing Departments, Families and Social Care, Health Services, and service users themselves.
- 4.2 The Service Provider must undertake an appropriate level of screening for the service and will assess and manage risk when accepting referrals.
- 4.3 The comprehensive assessment will:
 - 4.3.1 Undertake a full and appropriate risk assessment, which includes risk of self-harm and harm to others, and implement measures to reduce risk and increase safety,
 - 4.3.2 Identify the service users' immediate and long term needs and goals,
 - 4.3.3 Identify relevant family issues that may have an impact on the ability of the service user to establish and maintain independent living,
 - 4.3.4 Establish which other agencies are involved with the service user,
 - 4.3.5 Establish whether any risk management plans are currently in place, and ensure that all management plans are complementary,
 - 4.3.6 Identify any need for and make referrals to other services (e.g. mental health, counselling or sexual health services),
 - 4.3.7 Ensure that the service user has read and understood how information about them will be handled and shared,
 - 4.3.8 Recognise and build on existing skills and networks

5. Support Planning and review

- 5.1 The service provider must work with the service user (and other parties as necessary) to develop and agree a support and risk management plan on the basis of the comprehensive assessment.
- 5.2 At the support planning stage, service users must receive sufficient, proportionate information, which may include:
 - 5.2.1 Details about the service,
 - 5.2.2 Details of service user involvement, peer support and carer support,
 - 5.2.3 General expectations,
 - 5.2.4 Code of conduct,
 - 5.2.5 Policies and protocols regarding suspension or exclusion from support, including eviction for the accommodation based elements of the service,

- 5.2.6 Health and Safety,
 - 5.2.7 Support Planning and Risk Assessment,
 - 5.2.8 Safety Planning,
 - 5.2.9 Safeguarding,
 - 5.2.10 Move on options and planning (for accommodation based elements),
 - 5.2.11 Emergency Procedures,
 - 5.2.12 Summary of clients goals and the activities that will be undertaken to enable the service user to achieve them,
 - 5.2.13 The complaints procedure
- 5.3 The Service Provider must ensure suitable and appropriate support is in place for all service users, and that needs are reviewed throughout the duration of support.

6. Interventions/ Support Packages

- 6.1 In working towards delivering the service outcomes and aims, the service must, as a minimum offer the following support options, with appropriate involvement of local partners:
- 6.1.1 Flexible support provision which responds in a timely fashion to the changing needs of service users and their families,
 - 6.1.2 A holistic triage and assessment service, in collaboration with other Kent and Medway agencies, to identify risk and support needs and divert service users to the appropriate elements of the service,
 - 6.1.3 Appropriate, tailored support to meet the needs of 'hard to reach' groups, including, but not limited to those from LGBT communities, male victims, those from Minority Ethnic Communities and gypsy travellers, including the provision of safe accommodation as required,
 - 6.1.4 Through partnership working, delivery of outreach support to domestic victims residing in the community,
 - 6.1.5 To provide coordinated, suitable access points in local communities across Kent to facilitate access to information and support
 - 6.1.6 The availability of qualified IDVAs to support high risk Domestic Abuse victims
 - 6.1.7 Working with local partnerships, delivery and facilitation of therapeutic and supportive activities to promote independence and future healthy relationships
 - 6.1.8 Clear links and referral pathways to specialist support services for children and young people affected by, or at risk of, domestic abuse
 - 6.1.9 Through partnership working, access to a Sanctuary Scheme to facilitate greater safety for service users choosing to remain in their accommodation
 - 6.1.10 Support for victims and their children in a variety of accommodation settings, based across the County to include refuge and 'safe' accommodation,
 - 6.1.11 A Private Sector Rented Access Scheme (to incorporate deposits, bonds and guarantees as appropriate) predominantly to support people moving on from refuge accommodation to obtain suitable move on accommodation,
 - 6.1.12 Resettlement provision to support people moving on from refuge and temporary accommodation,

6.1.13 Innovative social marketing campaigns and activities to raise awareness of domestic abuse issues within the wider community

6.1.14 Contribute towards the Kent and Medway Domestic Abuse Training Programme

7. Eligibility Criteria

7.1 The service is open to residents of Kent aged 16 and over, and their families, or those moving to Kent to flee violence and abuse.

7.2 In exceptional circumstances, and with the support of Social Care agencies, support may be offered to clients under the age of 16

8. Priority Groups

8.1 In cases where a waiting list to access the service is operating, it should be managed based on the level of need of the service user, and the risk that they are facing. Waiting lists should not be managed based on the length of time a service user has been waiting.

8.2 When service users are on a waiting list it is the service provider's responsibility to fully assess the risks that they are exposed to and devise a comprehensive safety plan.

8.3 Regular contact with service users on the waiting list must be maintained to monitor changing levels of risk, and facilitate access to alternative, interim services.

9. Exclusions

9.1 It is expected that this service will support clients with substance misuse, mental health and offending backgrounds, but in instances where the level of risk and/ or need is deemed to be too high to manage by the service in isolation, the service user should be supported to access more appropriate specialist support, by working in partnership with other service providers.

9.2 The service is not expected to routinely support clients with no recourse to public funds, particularly in refuge accommodation, although each case should be considered on its individual merits.

10. Exit

10.1 Exit from the service should be planned, with levels of support reduced gradually until clients are able to live independently. In cases where additional support is required following cessation of the service, the support provider should facilitate links with appropriate agencies and support the service user to access these.

11. Settings

11.1 The Service will be delivered in locations that are accessible to service users resident in Kent and will demonstrate a balance of provision to meet local need. This will include provision for outlying areas.

11.2 The Service will utilise existing refuge settings,

- 11.3 The Service will operate during evenings, weekends and bank holidays where demand necessitates.
- 11.4 The Service Provider shall endeavour to ensure that a range of other suitable community settings are used for improved access and engagement.
- 11.5 Delivery of services, and settings used must take into account the differing needs of less represented groups within the sector such as male victims, LGBT victims and gypsy/ traveller victims.

12. Equality, Diversity and Accessibility.

- 12.1 All service users, irrespective of age, disability, gender, gender identity, race, religion or belief, sexual orientation, pregnancy and maternity, marriage and civil partnerships should be able to secure access to the same services as the rest of the population.
- 12.2 In the delivery of any services commissioned on behalf of KCC, Service Providers must demonstrate awareness and be responsive to the accessibility and needs of groups described above either in or attempting to access services.
- 12.3 Accessibility relates to (but is not limited to); physical and mental impairment, communication needs, those with a hearing or sight impairment, translation / interpretation if English is not a first language, the expectation with regards to acceptance of individuals defined under gender identification and respect of faith and beliefs.
- 12.4 The Equality Act 2010 replaces the Disability Discrimination Act 1995 (reviewed 2005). Proof of compliance will be required in the form of a current and up to date Access Audit with an action plan outlining any needs and how these will be addressed.
- 12.5 The Service Provider will be required to collect and submit equalities monitoring information on a quarterly basis. This will be used to ensure that all clients regardless of protective characteristics are accessing the service.
- 12.6 The Service Provider shall be required to complete an Equality Impact Assessment (EqIA) annually. The EqIA will cover these characteristics: Age, disability, gender, gender identity, race, religion or belief, sexual orientation, pregnancy and maternity, marriage and civil partnership which need to be assessed against delivery.

13. Reporting

- 13.1 To enable accurate and timely reporting to the Commissioner, the Service Provider must ensure that all relevant output and outcome data is recorded and submitted. The Service Provider must ensure that the relevant information complies with requirements for submissions.
- 13.2 Meets the specified data quality standards.
- 13.3 The Service Provider must ensure prompt reporting of activity.

14. Service Development

- 14.1 This service will be expected to respond in a timely fashion to changing developments in the sector, evolving to deliver innovative and effective interventions in line with evidenced best practice.

- 14.2 Internal performance reporting must be robust, and able to identify changing demands and needs, with available interventions tailored to meet the needs of the local community.
- 14.3 Changes to the service delivered should be instigated through consultation and collaboration with commissioners, local partners, stakeholders and service users.

15. Service Delivery Standards

- 15.1 The needs of service users and risks are assessed on a consistent and comprehensive basis prior to a service being offered, or very shortly afterwards as appropriate.
- 15.2 Needs/risk assessments and support/risk management plans are reviewed regularly.
- 15.3 Needs and risk assessment, packages of support and reviews involve service users and take full account of their views.
- 15.4 Staff carrying out needs and risk assessments are competent to do so.
- 15.5 There is a health and safety policy which is in accordance with current legislation.
- 15.6 The service has a co-ordinated approach to assessing and managing security, health and safety risks that potentially affect all service users, staff and the wider community.
- 15.7 There are appropriate arrangements to enable service users to access help in crisis or emergency.
- 15.8 There are robust policies and procedures for safeguarding in accordance with current legislation, and staff are aware of policies regarding safeguarding and have an understanding of abuse.
- 15.9 Staff are made aware of and understand their professional boundaries.
- 15.10 The service is committed to participating in a multi-agency approach to safeguarding.
- 15.11 Fair access, fair exit, diversity and inclusion are embedded within the culture of the service.
- 15.12 The assessment and allocations processes ensure fair access to the service.
- 15.13 There is a commitment to ensuring fair exit from the service.
- 15.14 Service users are consulted on changes which affect the service they will receive.
- 15.15 Service users are encouraged to participate in the wider community.
- 15.16 There is a written complaints policy and procedure that is linked to service development.
- 15.17 Through partnership working, the service will be outward looking, reaching out to the wider community to embed the support of domestic abuse victims across all areas of the local community, including community groups, local enterprise and businesses.
- 15.18 The service will focus on building self-reliance and resilience within service users, moving away from a culture of dependence.

16. Policies and procedures

- 16.1 The Service Provider must have in place suitable and appropriate policies, procedures and protocols covering the following areas:
- 16.1.1 Domestic Abuse Workplace Policy,
 - 16.1.2 Safeguarding children,
 - 16.1.3 Safeguarding adults,
 - 16.1.4 Complaints and Grievances (staff and service users),
 - 16.1.5 Service user and carer complaints,
 - 16.1.6 Equalities and Diversity,
 - 16.1.7 Business continuity and emergency planning,
 - 16.1.8 Health and Safety,
 - 16.1.9 Induction and Training,
 - 16.1.10 Recruitment and Selection,
 - 16.1.11 Disciplinary / Capability (staff),
 - 16.1.12 Data Protection, Confidentiality and Information Security,
 - 16.1.13 Serious Incidents,
 - 16.1.14 Workforce supervision, appraisal and/or performance management,
 - 16.1.15 Peer support and volunteering (including handling of expenses for service users and carers),
 - 16.1.16 Bullying and Harassment ,
 - 16.1.17 Professional boundaries,
 - 16.1.18 Risk assessment and risk management.

17. Mental Health

- 17.1 Service users with a mental health diagnosis often have multiple and complex needs, which require a comprehensive, coordinated, seamless, multi-agency response.
- 17.2 Through partnership working, the Service Provider must:
- 17.2.1 Contribute to the development of clear pathways with mental health services to improve access to appropriate services for those identified with Mental health problems. In particular the service will develop robust joint working protocols with the Community Mental Health and Wellbeing Service.
 - 17.2.2 Ensure staff have appropriate levels of training in mental health issues.

18. Substance Misuse:

- 18.1 Service users with substance misuse problems may present with multiple and complex needs. These clients require a multi-agency response with joint working between substance misuse treatment agencies to coordinate support.

19. Healthcare Services

- 19.1 Service users may present with other healthcare needs which require support from healthcare services. Often this will need a coordinated response. Working in partnership, the Service Provider must contribute to the development of clear pathways with healthcare services to improve access to appropriate services for those identified with other healthcare needs.

20. Access to Information and Confidentiality

- 20.1 The Service Provider must comply with the Kent and Medway Information Sharing Agreement and the Data Protection Act 1998.
- 20.2 Information collected and recorded by the Service Provider (or sub-contractors) in regard to service users who engage with the service will be made available to commissioners in line with the Kent and Medway Information Sharing Agreement.
- 20.3 Commissioners will make anonymous any data and information gained as a result of this access. Any information obtained is for the sole purpose of informing the continued development and improvement of commissioned services.

21. Partnership Working

- 21.1 The service provider is expected to contribute towards domestic abuse partnership agendas, including involvement in County and Local domestic abuse groups.
- 21.2 The service provider is expected to work in partnership with the full range of suitable organisations to deliver the outcomes required within this specification, co-ordinating partners to eliminate duplication and gaps in service provision.
- 21.3 Representatives from the Service Provider are expected to attend relevant establishment and/or partnership meetings to improve the effectiveness of the service.
- 21.4 The Service Provider will be required to work in close collaboration with any persons appointed by commissioners to undertake an evaluation of the Service.

22. Sub-Contracting Arrangements

- 22.1 Sub-contracting and partnership arrangements are actively encouraged within this contract, with the service provider taking responsibility for managing performance of sub contractors, and for ensuring that the delivery network has the flexibility to respond effectively to fluctuations in demand.
- 22.2 The Service Provider must ensure the effectiveness and efficiency of the service and will remain accountable for all services whether provided directly or sub-contracted to other providers.
- 22.3 The Service Provider must ensure that any sub-contractors have the necessary registrations and licences needed to provide regulated interventions and comply with the specification.

23. Capacity or Service Delivery Issues

- 23.1 The Service will be required to ensure that there are appropriate staffing arrangements in place to deliver the service.

- 23.2 The Service Provider will alert commissioners to any capacity or service delivery issues in a timely and appropriate way.
- 23.3 The Service Provider must inform KCC of any urgent issues that arise and will work with the commissioning partnership to agree and implement solutions as necessary. This may include the rerouting of resources as necessary.

24. Serious Incidents

- 24.1 Serious incidents requiring investigation are:
- 24.1.1 Unexpected or avoidable death of one or more service users and their dependants or staff or visitors.
 - 24.1.2 Serious harm to one or more service users or staff, visitors or members of the public where the outcome requires life-saving intervention, major surgical/medical intervention, permanent harm or will shorten life expectancy or result in prolonged pain or psychological harm.
 - 24.1.3 A scenario that prevents or threatens to prevent the Service Provider's ability to continue to deliver this service, for example, actual or potential loss of personal/organisational information, damage to property, reputation or the environment, or IT failure.
 - 24.1.4 Allegations of abuse.
 - 24.1.5 Adverse media coverage or public concern about the organisation.
 - 24.1.6 Serious incidents involving controlled drugs.
 - 24.1.7 Breach of information security.
 - 24.1.8 Breach of professional standards.
- 24.2 The Service Provider must ensure that serious incidents are reported to KCC, using the relevant reporting mechanism.
- 24.3 Serious incidents should also be reported to KCC via email.
- 24.4 The Service Provider must attend any relevant Serious Incident meetings as required by the commissioning partnership. The outcome of Serious Incident investigations should inform agency improvement programmes if they are highlighted and evidence of these improvements should be provided.

25. Safeguarding

- 25.1 The Service Provider must comply with the requirements of the Care Act 2015, associated regulations and guidance, taking appropriate action.
- 25.2 The Service will have policies and procedures in place to deal with Safeguarding issues. The policies and procedures safeguard service users from any form of abuse or exploitation and staff will be familiar with and follow these procedures.
- 25.3 The service will comply with the requirement of the Kent and Medway Multi-agency Safeguarding Adults Policy, Protocols and Guidance, and the Kent and Medway Safeguarding Children Policy.
- 25.4 When any Safeguarding issue is suspected the Provider will immediately notify KCC of relevant actions or decisions.

26. Service User and Public Involvement

- 26.1 Service User involvement is integral to the development and delivery of the service. The service provider is expected to ensure that service users have meaningful opportunity to contribute to service development.
- 26.2 Service users must be consulted if changes to the service are proposed. The service provider must ensure that service users are supported to participate in any remote consultations conducted.

27. Workforce Development

- 27.1 Developing a competent workforce is crucial to ensuring a high standard of service delivery for service users.
- 27.2 The Service Provider will be able to demonstrate that an appropriate level of funding is allocated to the training and development of staff at all grades, including managers.
- 27.3 The Service Provider will have a Workforce Development Strategy in place. This must include:
 - 27.3.1 Trainee protocols to ensure:
 - 27.3.1.1 All trainees are fully competent within two years.
 - 27.3.1.2 No trainee works with service users until fully competent to manage the support needs of the individual concerned.
 - 27.3.2 An annual Training Needs Analysis and actions plans to ensure:
 - 27.3.2.1 All workers and their line-managers are competent.
 - 27.3.2.2 Continuous professional development of the workforce.
 - 27.3.2.3 All workers and their line-managers have completed, or are undertaking, a training course regarding child protection that is consistent with the Kent and Medway multi agency procedures and any new guidance or legislation that may be introduced. This must be undertaken as a minimum biannually.
 - 27.3.2.4 All line-managers have completed, or are undertaking, a training course in line-management.
 - 27.3.2.5 All workers and their line managers are competent in the requirements of working with adolescents
 - 27.3.2.6 All workers and their line managers are competent in the requirements of the Kent and Medway Information Sharing Agreement.
- 27.4 The Service Provider must record evidence of competence of all staff employed. This must include core generic competence to work with adults and/or children & young people (depending on their client group).
- 27.5 The service will employ appropriately trained and qualified staff, with sufficient expertise in domestic abuse, mental health, substance misuse and family work.
- 27.6 Qualified IDVAs must be employed as part of this service.

28. Workforce Compliance

28.1 The Service Provider will be required to submit workforce statistics and evidence of workforce competence to KCC on request.

29. Workforce Recruitment

29.1 During recruitment all job descriptions, person specifications and recruitment processes will be expressed in line with relevant legislation and guidance.

30. Communications

30.1 The Service Provider must have in place a comprehensive communications plan and structure. It should include, but is not limited to:

30.1.1 Proactive communications.

30.1.2 Quick and effective responses to media enquiries, of which commissioners must be informed and kept up to date at all times.

30.1.3 Innovative and appropriate communications activity to effectively engage service users.

30.1.4 Regular communications with partners regarding ongoing support provision and access to services.

30.2 The Service Provider is expected to participate in local Public Health activities, campaigns and initiatives such as sexual health campaigns etc.

31. Environment and Sustainability

31.1 The service should seek to operate in an environmentally sustainable way and minimise any adverse environmental impact it causes.

31.2 The Service Provider is expected to be prepared for changing climate and should have in place a robust environmental policy and risk based approach that covers the climate impact.

32. Business Continuity and Emergency Planning

32.1 The Service Provider must have comprehensive and adequately tested business continuity plans in place in order to ensure continuation of critical services in the event of severe weather, adverse event or major service disruption.

33. Performance Management Overview

- 33.1 The Service Provider must performance manage the service effectively in order to ensure that it meets the required standards, delivers the necessary outputs and contributes to the required service outcomes.
- 33.2 KCC will make payments for the service one month in arrears subject to satisfactory performance.
- 33.3 The Provider is required to submit Performance Indicator returns in the prescribed format quarterly within fourteen days of the quarter period end.
- 33.4 Performance Management Meetings will take place on a quarterly basis, during which outputs, outcomes and key themes will be explored.

34. Performance Monitoring

- 34.1 Performance in delivering the service outputs and outcomes will be measured by;
 - 34.1.1 Activity and performance monitoring data submitted by the Service Provider.
 - 34.1.2 Unit costing data and value for money information.
 - 34.1.3 Feedback from service users, carers and other stakeholders including complaints, comments, compliments, survey information.
 - 34.1.4 Attainment of prescribed quality standards.
 - 34.1.5 Achievement against outcome standards
- 34.2 The Provider will adhere to the performance targets set by the commissioners.
- 34.3 The Provider will work collaboratively with other agencies and partnerships and actively coordinate the wider contribution to both operational and strategic targets and outcomes.
- 34.4 It is envisaged that the Service shall be subject to formal evaluation through Service Review visits before the contract end date. Such visits may be planned or unannounced and will assess the service against performance targets.

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Appendix 3 Summary of current Domestic Abuse funding arrangements

Service Name	Commissioned Cost	Commissioner(s)		Sector
Kent & Medway IDVA Service	£788,800	PCC	£115,000	Criminal Justice
		Kent Probation	£20,000	Criminal Justice
		Kent Fire & Rescue Service	£30,000	
		Medway Council (Safer Communities)	£96,000	Community Safety
		KCC Community Safety/Public Health	£109,000	Community Safety
		Ashford CSP	£17,600	Community Safety
		Canterbury CSP	£13,100	Community Safety
		Dover CSP	£11,900	Community Safety
		Shepway CSP	£19,600	Community Safety
		Swale Borough Council	£19,600	Community Safety
		Thanet CSP	£40,800	Community Safety
		Tonbridge & Malling Borough Council	£12,200	Community Safety
		Dartford Borough Council	£12,900	Borough Council
		Gravesham Borough Council	£16,900	Borough Council
		Maidstone Borough Council	£16,700	Borough Council
		KCC Public Health/ CCGs	£179,400	Public Health
Medway Public Health	£58,100	Public Health		
Kent Refuges	£1,473,032	KCC Strategic Commissioning	£1,473,032	Local Authority - Commissioning
Medway Refuges	£75,000	Medway Council, Housing	£75,000	Housing
Kent Floating Support	£268,625	KCC Strategic Commissioning	£268,625	Local Authority - Commissioning
Medway Floating Support	£51,000	Medway Council, Housing	£51,000	Housing
MARAC	£152,148	Kent Police	£152,148	Criminal Justice
Kent Children & Young People Service	£162,797	KCC Early Help	£162,797	Local Authority - Commissioning
Kent Positive Relationships	£195,124	KCC Early Help	£195,124	Local Authority - Commissioning
Medway Young Persons IDVA	£20,000	Medway Early Help	£20,000	Local Authority - Commissioning

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Project/Programme Name: COMMISSIONING OF DOMESTIC ABUSE SERVICES															
Risk Register as at: 19/10/15															
Risk #	Risk Title	Risk Type	Risk Event	Consequence if risk occurred	Likelihood of Occurrence [1 to 5]	Level of Impact [1 to 5]	Current Risk Rating	Proximity	Status	Overall risk owner	Mitigating Action	Target Risk Rating	Planned action completion date	Action owner	Notes / Comments/Updates:
R01	Procurement Division not having the capacity to go out to the Market	Schedule	Insufficient Procurement resource to meet all KCC demands thereby impacting on commissioning of services to enable delivery of programme	Inability to deliver full scope of programme and requirement to follow governance route to seek decision re: prioritisation	3	4	12	1-6 months	Open	Melanie Anthony	Early engagement with Procurement to ensure that they are aware of the programme milestones Advance booking of Procurement Board slots to gain approval/advice. Use of governance to raise risk level once fully established	Medium	PROCUREMENT ENGAGEMENT ONGOING PROCUREMENT BOARD JANUARY 2016	Emily Matthews	
R02	Budget - no budget certainty for 2016.	Cost	A number of key partners have still not committed to the collaborative commissioning project, which, if they do not do so, will compromise the scope of the commissioned service. Lack of certainty regarding KCC budget commitment from April 2016.	Inability to fund the programme	4	4	16	6-12 months	Open	Melanie Anthony	Meetings with potential partners planned for early November 2015 to secure commitment. Continue to raise through all governance routes. Contingency scope of commissioned service should a number of partners not participate, to deliver a more restrictive offer to cover refugees and outreach.	Medium	01/12/15	Emily Matthews	
R03	Market Intelligence	Benefit	Limited market engagement results in lack of interest from market to provide services for KCC.	Inability to commission services to meet needs, within budget and type results in programme failure.	2	4	8	1-6 months	Open	Melanie Anthony	Market Engagement event held in August 2015 to gauge initial appetite for delivery of service. Significant interest received from suppliers	Low	01/01/15	Emily Matthews	Further market engagement to continue to harness market enthusiasm.
R04	Correct procedure processes not adhered to (Breach of EU regulations)	Legal	Lack of sufficient resources or changes to timescales results in inability to correctly procure services leading to a breach of EU regulations	KCC open to legal challenge.	2	3	6	6-12 months	Open	Melanie Anthony	Timetabling to ensure that new services are in place and transition has occurred before the contract end dates	Medium		Emily Matthews	
R05	Availability of existing premises	Resources	Owners of landlord premises not consenting to their ongoing use following procurement process	Lack of suitable premises available as refuge accommodation	3	4	12	1-6 months	Open	Melanie Anthony	Commissioners to meet with relevant landlords to capture intention, to facilitate forward planning of available resources	Low		Emily Matthews	

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

Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing

To: Adult Social Care and Health Cabinet Committee – 3 December 2015

Subject: **ADULT SOCIAL CARE PERFORMANCE DASHBOARD**

Classification: Unrestricted

Previous Pathway: Social Care, Health and Wellbeing DMT – 28 October 2015

Future Pathway: None

Electoral Division: All

Summary: The performance dashboard provides Members with progress against targets set for key performance and activity indicators for September 2015 for Adult Social Care.

Recommendation: Members of the Adult Social Care and Health Cabinet Committee are asked to **COMMENT** on the Adult Social Care performance dashboard.

1. Introduction

1.1 Appendix 2 Part 4 of the Kent County Council Constitution states that:

“Cabinet Committees shall review the performance of the functions of the Council that fall within the remit of the Cabinet Committee in relation to its policy objectives, performance targets and the customer experience.”

1.2 To this end, each Cabinet Committee is receiving a performance dashboard.

2. Performance Report

2.1 The main element of the Performance Report can be found at **Appendix A**, which is the Adult Social Care dashboard which includes latest available results for the key performance and activity indicators.

2.2 The Adult Social Care dashboard is a subset of the detailed monthly performance report that is used at team, DivMT and DMT level. The indicators included are based on key priorities for the Directorate, as outlined in the business plans, and include operational data that is regularly used within the Directorate. The dashboard will evolve for Adult Social Care as the transformation programme is shaped.

- 2.3 Cabinet Committees have a role to review the selection of indicators included in dashboards, improving the focus on strategic issues and qualitative outcomes, and this will be a key element for reviewing the dashboard.
- 2.4 A subset of these indicators is also used within the quarterly performance report, which is submitted to Cabinet.
- 2.5 As an outcome of this report, Members may make reports and recommendations to the Leader, Cabinet Members, the Cabinet or officers.
- 2.6 Performance results are assigned an alert on the following basis:

Green: Current target achieved or exceeded

Red: Performance is below a pre-defined minimum standard

Amber: Performance is below current target but above minimum standard.

3. Recommendations

- 3.1 Members of the Adult Social Care and Health Cabinet Committee are asked to **COMMENT** on the Adult Social Care performance dashboard.

4. Report Author

Name: Steph Smith

Title: Head of Performance for Adult Social Care

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Email: steph.smith@kent.gov.uk

5. Background documents

None

Adult Social Care Dashboard

Q2 September 2015

Key to RAG (Red/Amber/Green) ratings applied to KPIs

GREEN	Target has been achieved or exceeded
AMBER	Performance is behind target but within acceptable limits
RED	Performance is significantly behind target and is below an acceptable pre-defined minimum *
↑	Performance has improved relative to targets set
↓	Performance has worsened relative to targets set

* In future, when annual business plan targets are set, we will also publish the minimum acceptable level of performance for each indicator which will cause the KPI to be assessed as Red when performance falls below this threshold.

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Adult Social Care Indicators

The key Adult Social Care indicators are listed in summary form below, with more detail in the following pages. A subset of these indicators feed into the Quarterly Monitoring Report, for Cabinet. This is clearly labelled on the summary and in the detail.

Some indicators are monthly indicators, some are annual, and this is clearly stated.

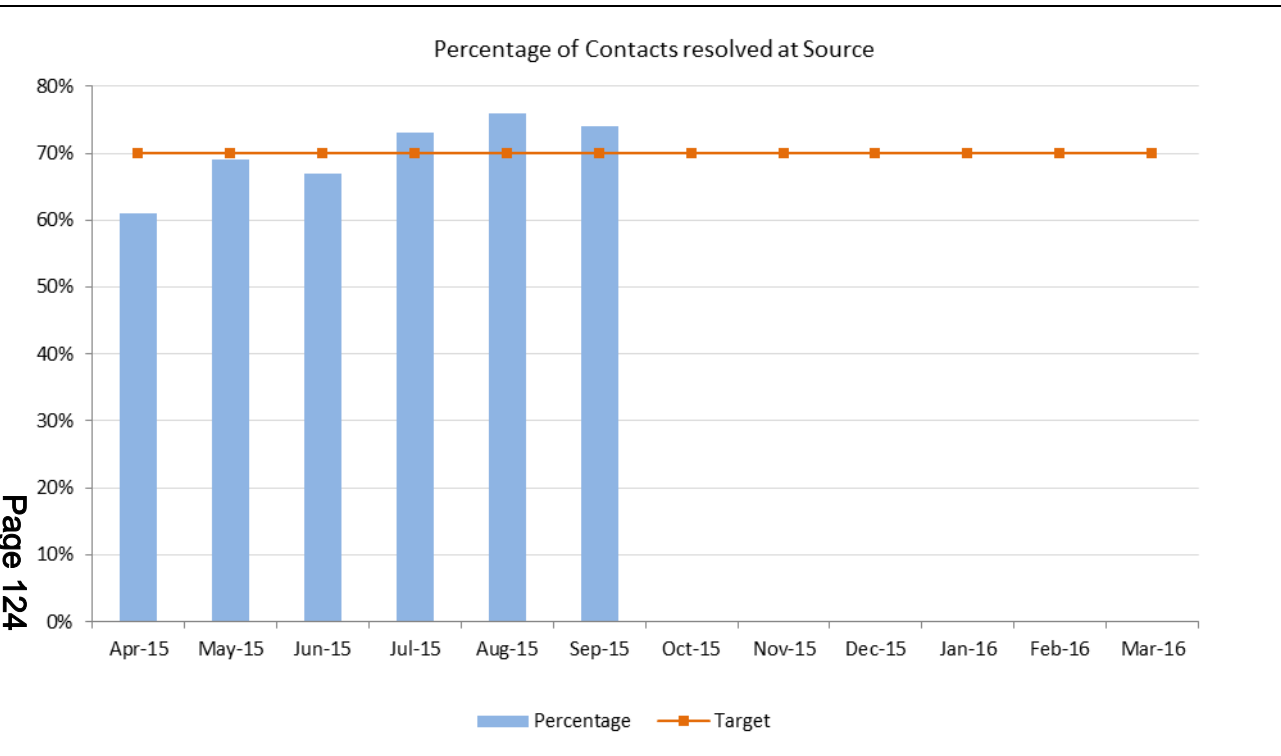
All information is as at December 2014 where possible.

Indicator Description	SCHW SPS	QPR	2014-15 Outturn	Current 15- 16 Target	Current Position	Data Period	RAG	Direction
1. Percentage of contacts resolved at source (ASC01)	Y	Y	40.0%	70%	74%	Month	GREEN	↓
2. Number of completed Promoting Independence Reviews		Y	390	337	417	Month	GREEN	↑
3. Number of adult social care clients receiving a Telecare service (ASC02)	Y	Y	4694	5162	5489	Cumulative	GREEN	↑
4. Referrals to enablement (ASC03)	Y	Y	683	700	722	Month	GREEN	↑
5. Delayed transfers of care				30%	38%	12M	AMBER	↑
6. Admissions to permanent residential or nursing care for people aged 65+			1065	1300	1246	Rolling 12M	GREEN	↓
7. Number of people aged 65+ in permanent residential care (AS01)	Y	Y	2409	2260	2412	Snapshot	AMBER	↑
8. Number of people aged 65+ in permanent nursing care (AS02)	Y	Y	1179	1362	1260	Snapshot	GREEN	↑
9. Number of people aged 65+ receiving domiciliary care (AS03)	Y	Y	3849	2909	3940	Snapshot	RED	↓
10. Number of people with a learning disability in residential care (AS04)	Y	Y	1231	1221	1229	Snapshot	GREEN	↑
11. Number of people with a learning disability receiving a community service			1542	1559	1623	Snapshot	GREEN	↑
12. Percentage of adults in contact with secondary mental health in settled accommodation			83%	75%	82%	Quarterly	GREEN	↑
13. Percentage of adults with a mental health needs in employment			11.9%	13%	12.8%	Quarterly	AMBER	↓

1. Percentage of contacts resolved at source (ASC01)

GREEN ↓

Cabinet Member	Graham Gibbens	Director	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	Division	Older People and Physical Disability



Data Notes.
Data Source: SWIFT report but this will be monitored using the Area Referral Management Service information.

Quarterly Performance Report Indicator

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	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%
Percentage	61%	69%	67%	73%	76%	74%						
RAG Rating	AMBER	AMBER	AMBER	GREEN	GREEN	GREEN						

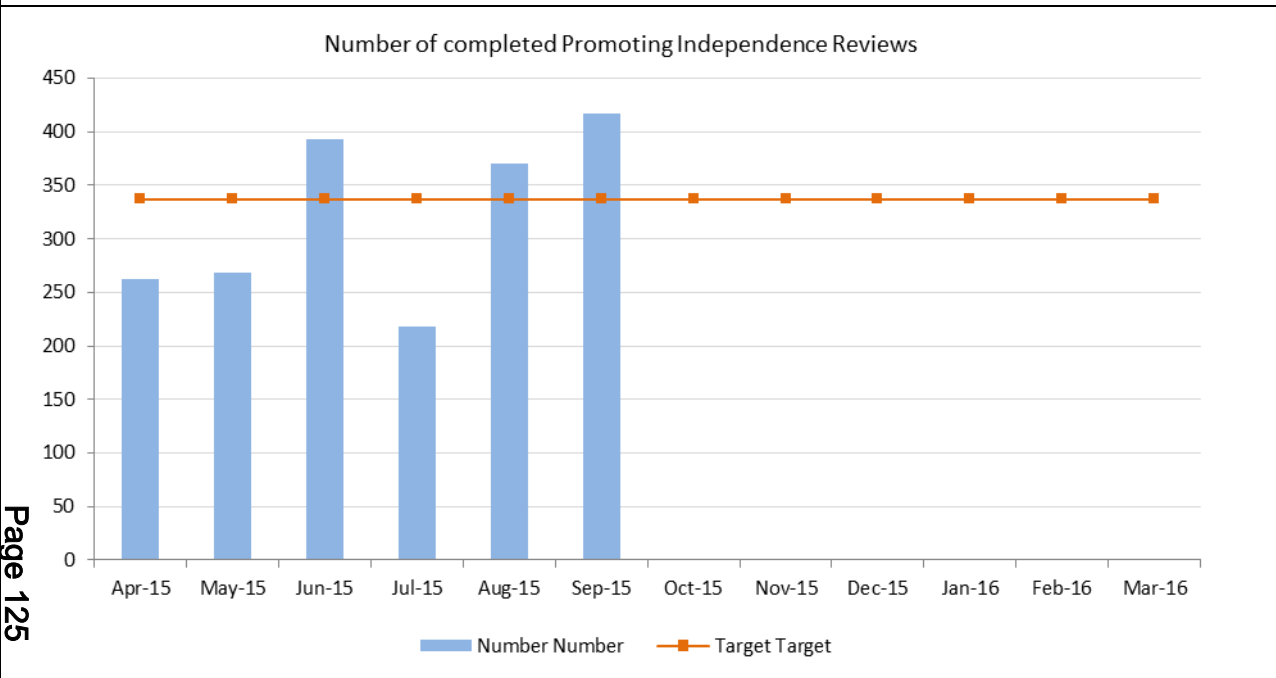
Commentary

Performance continues to improve and now exceeds target. It is a key priority for Adult Social Care to respond to more people's needs at the point of contact, through better information, advice and guidance, or provision of equipment where appropriate. This will continue to be a focus as we move into Phase 2 of Transformation. In addition we will be improving joint working with hospitals to ensure that we support the discharge process more efficiently

2. Number of completed Promoting Independence Reviews

GREEN ↑

Cabinet Member	Graham Gibbens	Director	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	Division	Older People and Physical Disability



Data Notes.

The information collected shows the number of review completed as at Monday of every week and is presented weekly within DivMT dashboards. Due to the target for this indicator being weekly, when it is presented in a monthly format the target will vary because of the number of days in the month. If a particular week falls across two months, the number of reviews is proportionate.

Data Source: Newton Europe PIR Tracker

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	337	337	337	337	337	337	337	337	337	337	337	337
Number	262	268	393	218	370	417						
RAG Rating	RED	RED	GREEN	RED	GREEN	GREEN						

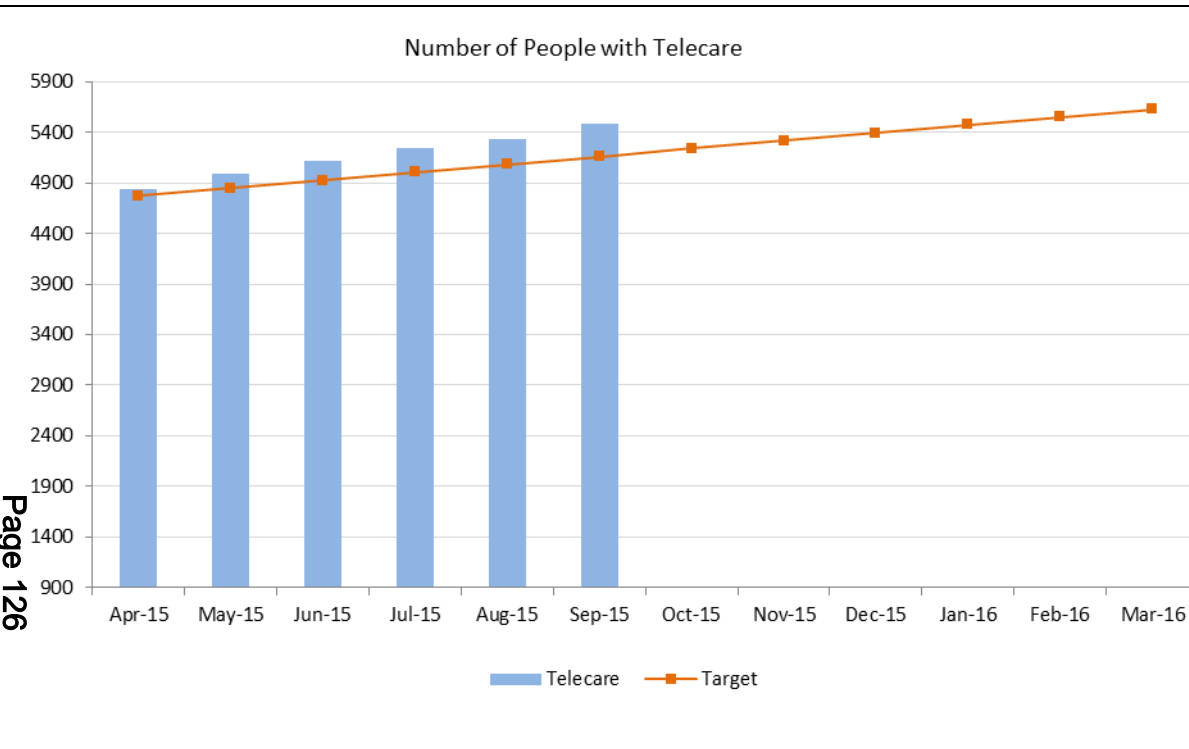
Commentary

The number of Promoting Independence Reviews completed exceeded the revised target, which has been based on current optimum performance for 2015/16. Management continue to monitor progress on a regular basis to ensure that any operational issues are identified and resolved so further progress can be made. There will be a significant drive to increase the number and effectiveness as we move into the next six months..

3. Number of adult social care clients receiving a Telecare service (ASC02)

GREEN ↑

Cabinet Member	Graham Gibbens	Director	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	Division	Older People and Physical Disability



Data Notes.

Units of Measure: Snapshot of people with Telecare as at the end of each month

Data Source: Adult Social Care Swift client System

Quarterly Performance Report Indicator

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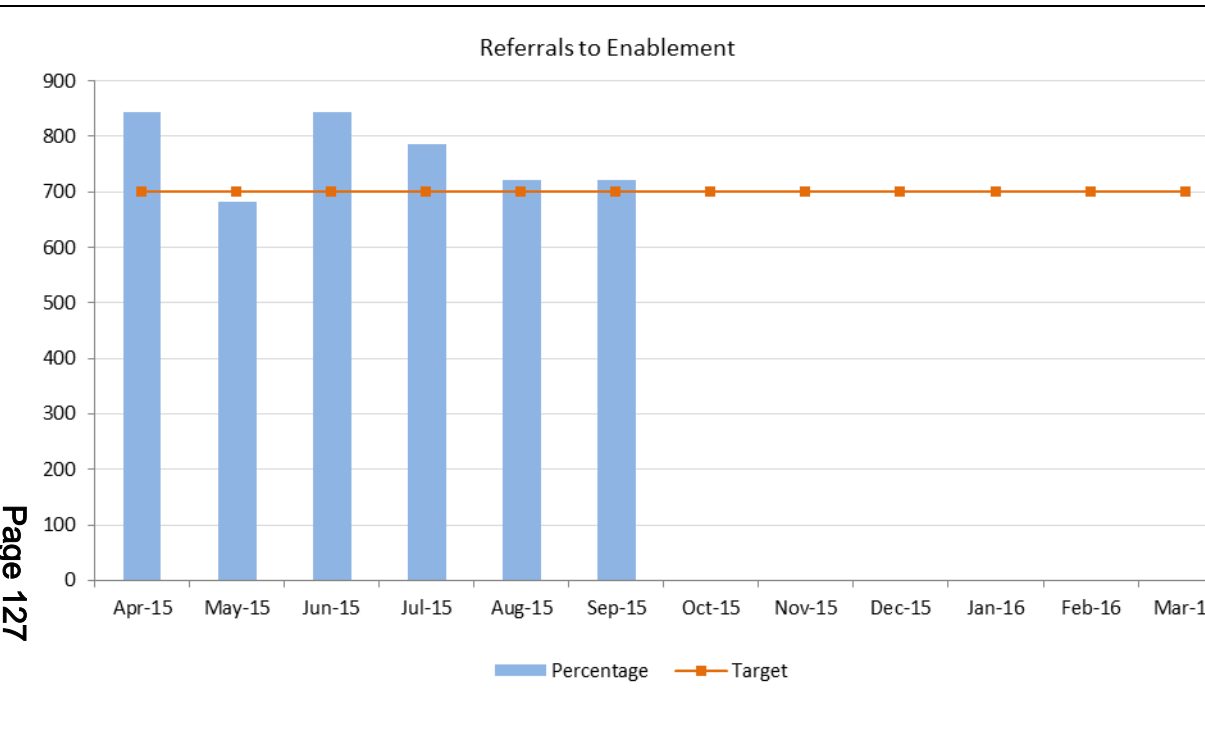
	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	4772	4850	4928	5006	5084	5162	5240	5318	5396	5474	5552	5630
Telecare	4840	4996	5116	5246	5336	5489						
RAG rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN						

The number of people in receipt of a Telecare service continues to exceed target. Telecare is being promoted as a key mechanism for supporting people to live independently at home, including within Personal Budgets. The availability of new monitoring devices (for dementia for instance) is expected to increase the usage and benefits of telecare. Awareness training continues to be delivered to staff to ensure we optimise the opportunities for supporting people with more complex and enabling teletext technology solutions.

4. Referrals to Enablement (ASC03)

GREEN ↑

Cabinet Member	Graham Gibbens	Director	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	Division	Older People and Physical Disability



Data Notes.
 Units of Measure: Number of people who had a referral that led to an Enablement service
 Data Source: Adult Social Care Swift client System – Enablement Services Report

Quarterly Performance Report indicator

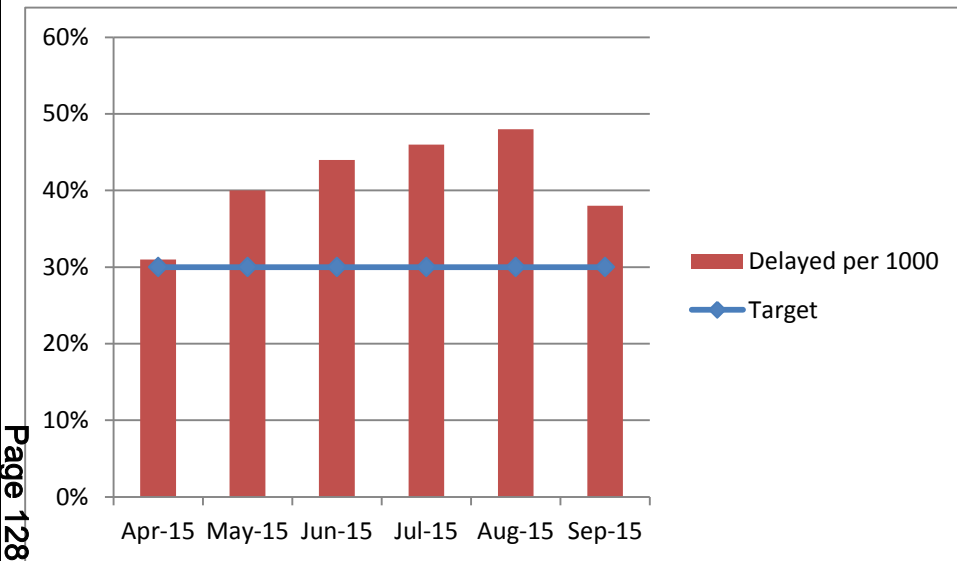
Trend Data	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	700	700	700	700	700	700	700	700	700	700	700	700
Enablement Referrals	843	682	844	785	721	722						
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN						

Commentary
 Enablement continues to be above target.

5. Delayed transfers of care

AMBER ↑

Cabinet Member	Graham Gibbens	Director	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	Division	Older People and Physical Disability



Data Notes.

This indicator represents the percentage of delays attributable to Social Care

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	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%
Delayed per 1000	31%	40%	44%	46%	48%	38%						
RAG rating	AMBER	AMBER	RED	RED	RED	AMBER						

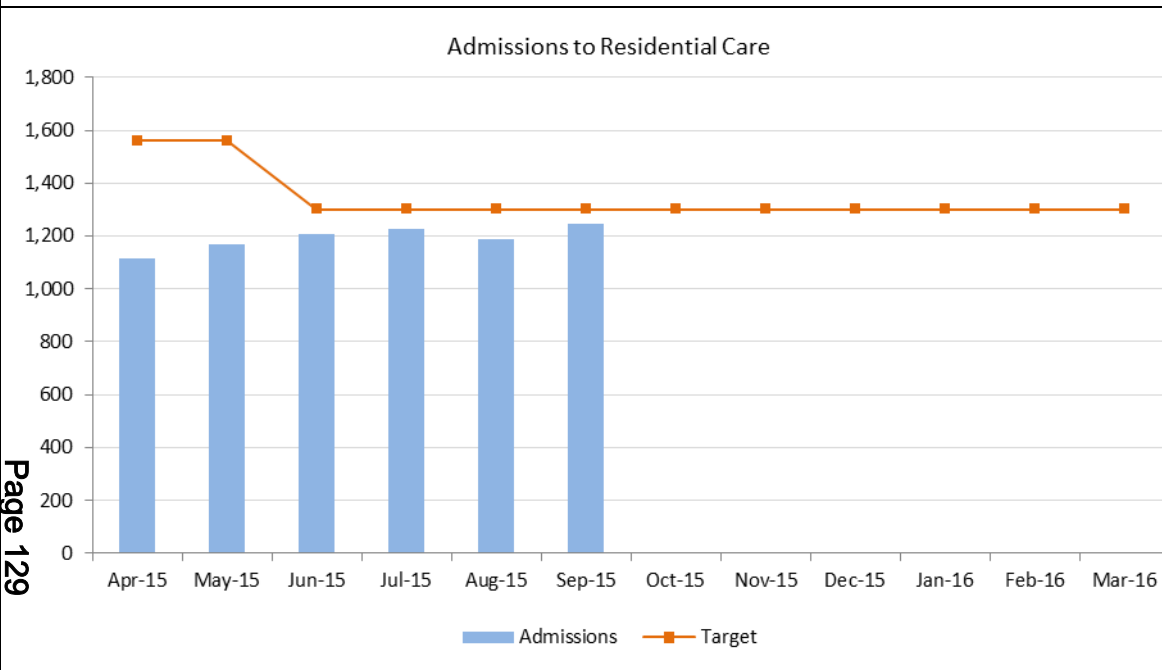
Commentary

This indicator shows the number of patients with a Delayed Transfer of Care at midnight on the last Thursday of the reporting period for both Acute and Non-Acute Care. Despite there being increasing pressures on the Directorate as it deals with increasing demand within the current financial pressures, schemes such as enablement and discharging home to assess are having a positive impact.

6. Admissions to permanent residential or nursing care for people aged 65+

GREEN ↓

Cabinet Member	Graham Gibbens	Director	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	Division	Older People & Physical Disability



Data Notes.

Units of Measure: Older People placed into Permanent Residential Care per month.

Data Source: Adult Social Care Swift client System – Residential Monitoring Report

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	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	1,560	1,560	1,300	1,300	1,300	1,300	1,300	1,300	1,300	1,300	1,300	1,300
Admissions	1,113	1,167	1,209	1,226	1,189	1,246						
RAG rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN						

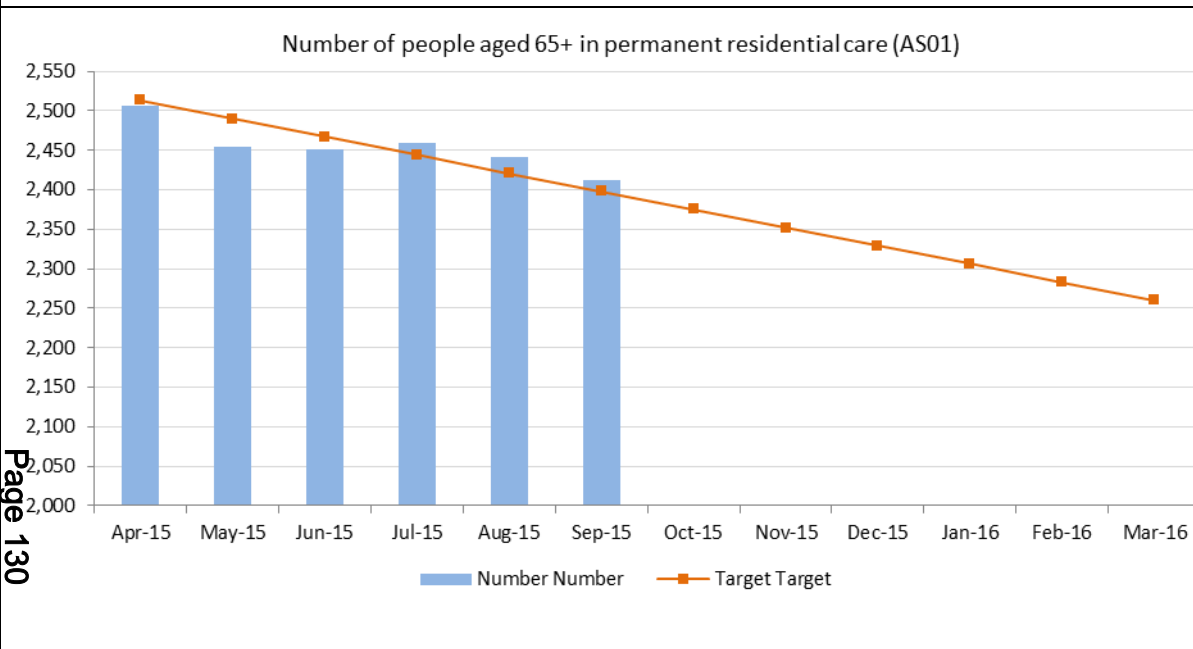
Commentary

Reducing admissions to permanent residential or nursing care is a clear objective for the Directorate. Many admissions are linked to hospital discharges, or specific circumstances or health conditions such as breakdown in carer support, falls, incontinence and dementia. As part of the monthly budget and activity monitoring process, admissions are examined, to understand exactly why they have happened. The objectives of the transformation programme will be to ensure that the right services are in place to ensure that people can self manage with these conditions, and ensure that a falls prevention strategy and support is in place to reduce the need for admission. In the meantime, there are clear targets set for the teams which are monitored on a monthly basis, and an expectation that permanent admissions are not made without all other alternatives being exhausted.

7. Number of people aged 65+ in permanent residential care (AS01)

AMBER ↑

Cabinet Member	Graham Gibbens	Director	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	Division	Older People & Physical Disability



Data Notes.

Units of Measure: End of month snapshot of the number of people aged 65+ in permanent residential care

Data Source: MCR summary report – SWIFT

Quarterly Performance Report indicator

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	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	2513	2490	2467	2444	2421	2398	2375	2352	2329	2306	2283	2260
Number	2507	2455	2451	2459	2441	2412						
RAG Rating	GREEN	GREEN	GREEN	AMBER	AMBER	AMBER						

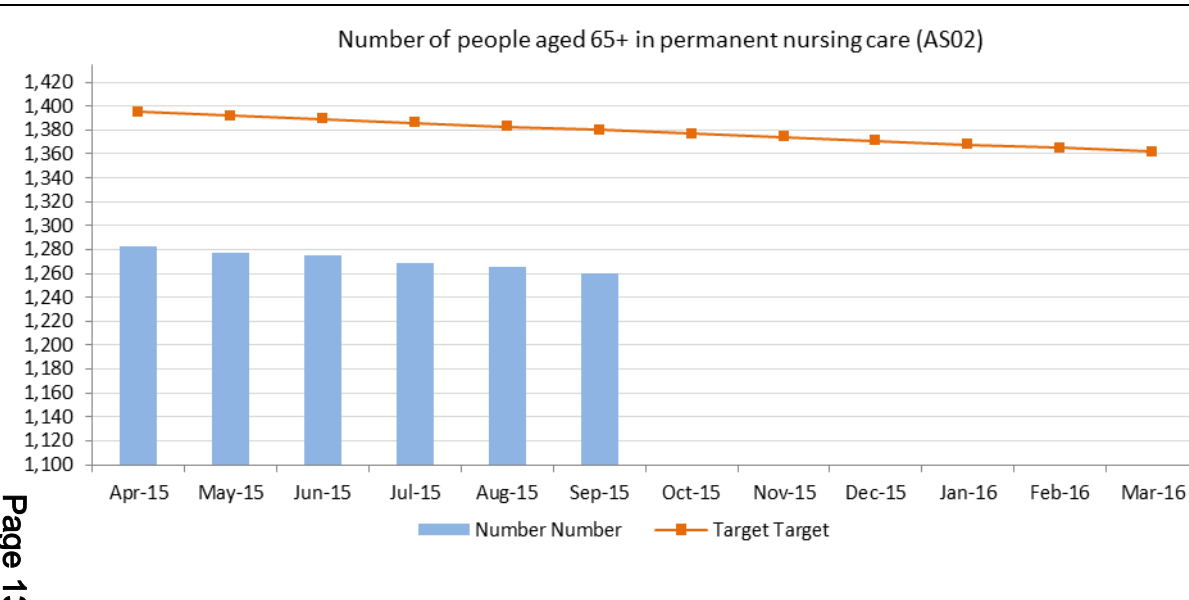
Commentary

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8. Number of people aged 65+ in permanent nursing care (AS02)

GREEN ↑

Cabinet Member	Graham Gibbens	Director	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	Division	Older People & Physical Disability



Data Notes.

Units of Measure: End of month snapshot of the number of people aged 65+ in permanent residential care

Data Source: MCR summary report – SWIFT

Quarterly Performance Report indicator

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	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	1395	1392	1389	1386	1383	1380	1377	1374	1371	1368	1365	1362
Number	1283	1277	1275	1269	1265	1260						
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN						

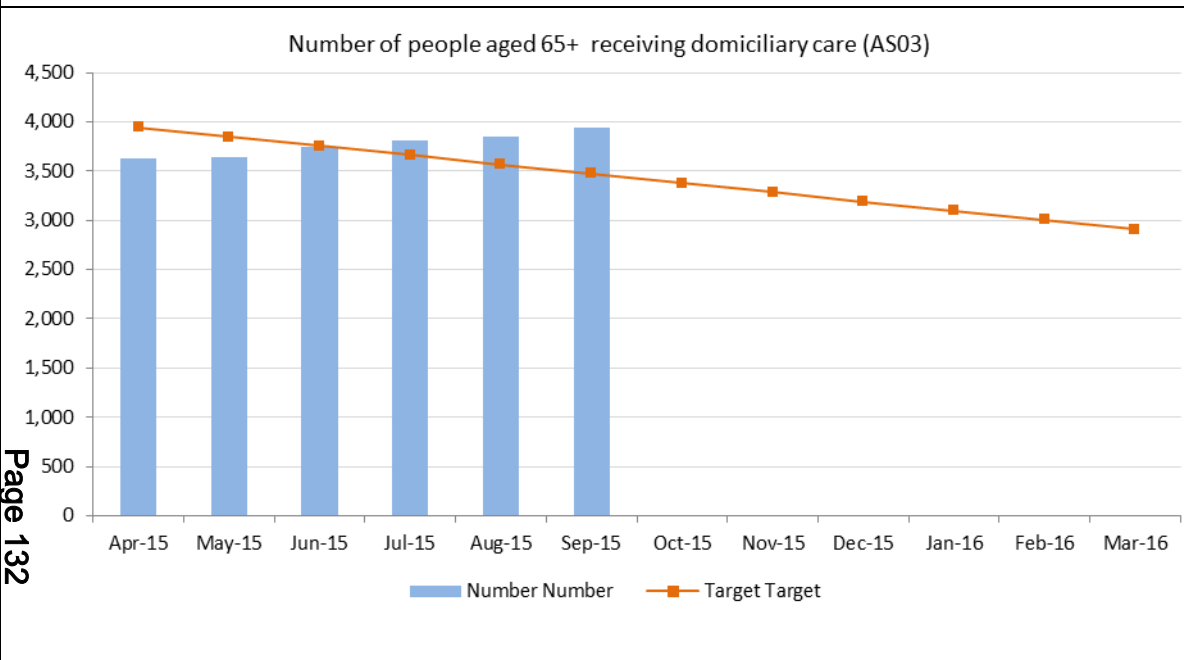
Commentary

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9. Number of people aged 65+ receiving domiciliary care (AS03)

RED ↓

Cabinet Member	Graham Gibbens	Director	Anne Tidmarsh
Portfolio	Social Care, Health and Wellbeing - Adults	Division	Older People & Physical Disability



Data Notes.

Units of Measure: End of month snapshot of the number of people aged 65+ receiving domiciliary care

Data Source: MCR summary report – SWIFT

Quarterly Performance Report indicator

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Trend Data	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	3943	3849	3755	3661	3567	3473	3379	3285	3191	3097	3003	2909
Number	3634	3643	3739	3809	3854	3940						
RAG Rating	GREEN	GREEN	GREEN	AMBER	RED	RED						

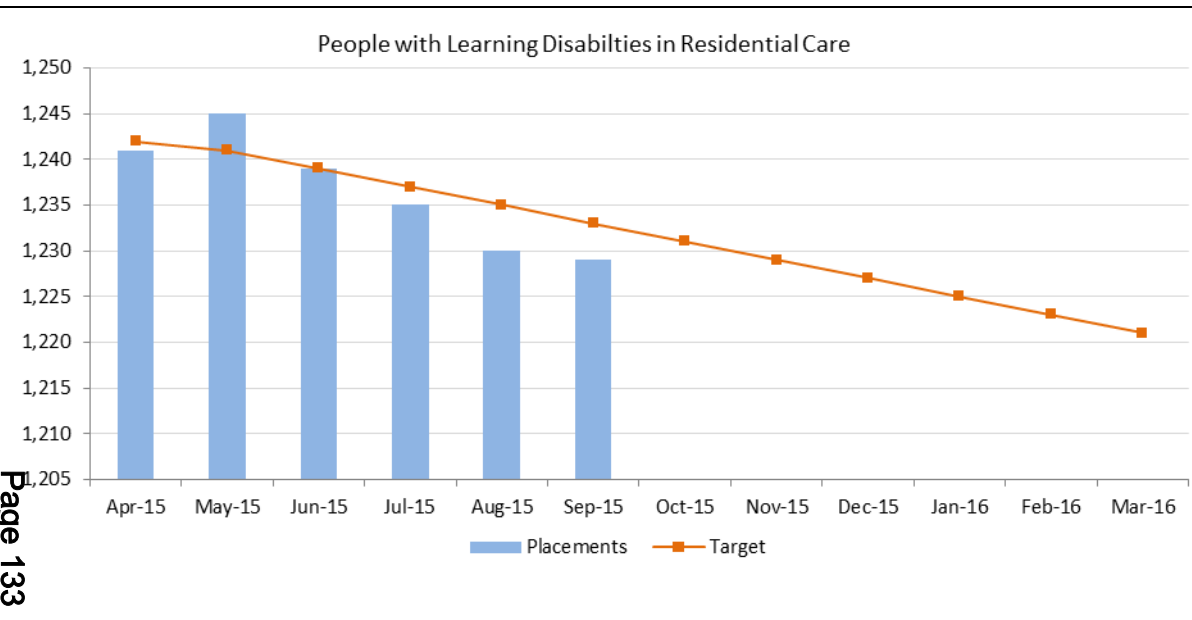
Commentary

The number of domiciliary care clients has increased over the last couple of months. Some of this links to the reduction in Residential an nursing care. There is also a link to the number of direct payments. In the autumn of 2014, almost 1000 people chose to transfer from homecare to direct payments through the homecare retender. Over time, as people have left direct payments, the number has decreased, and new people are coming into homecare instead of replacing the direct payment clients. The overall position of homecare and direct payments together is not increasing significantly.

10. Number of people with a learning disability in residential care (AS04)

GREEN ↑

Cabinet Member	Graham Gibbens	Director	Penny Southern
Portfolio	Social Care, Health and Wellbeing - Adults	Division	Learning Disability



Data Notes.
 Units of Measure: Number of people with a learning disability in permanent residential care as at month end.
 Data Source: MCR summary

Quarterly Performance Report indicator

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	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	1242	1241	1239	1237	1235	1233	1231	1229	1227	1225	1223	1221
Number	1241	1245	1239	1235	1230	1229						
RAG rating	GREEN	AMBER	GREEN	GREEN	GREEN	GREEN						

Commentary

It is a clear objective of the Directorate to ensure that as many people with a learning disability live as independently as possible. All residential placements have now been examined to ensure that where possible, there will be a choice available for people to be supported through supported accommodation, adult placements and other innovative support packages which enable people to maintain their independence. In addition, the teams continue to work closely with the Children’s team as young people coming into Adult Social Care through transition from the majority of the new residential placements.

11. Number of people with a learning disability receiving a community service

GREEN ↑

Cabinet Member	Graham Gibbens	Director	Penny Southern
Portfolio	Social Care, Health and Wellbeing - Adults	Division	Learning Disability



Data Notes.
 Units of Measure: Number of people with a learning disability receiving supported living, supporting independence or shared lives service as at month end.
 Data Source: MCR summary

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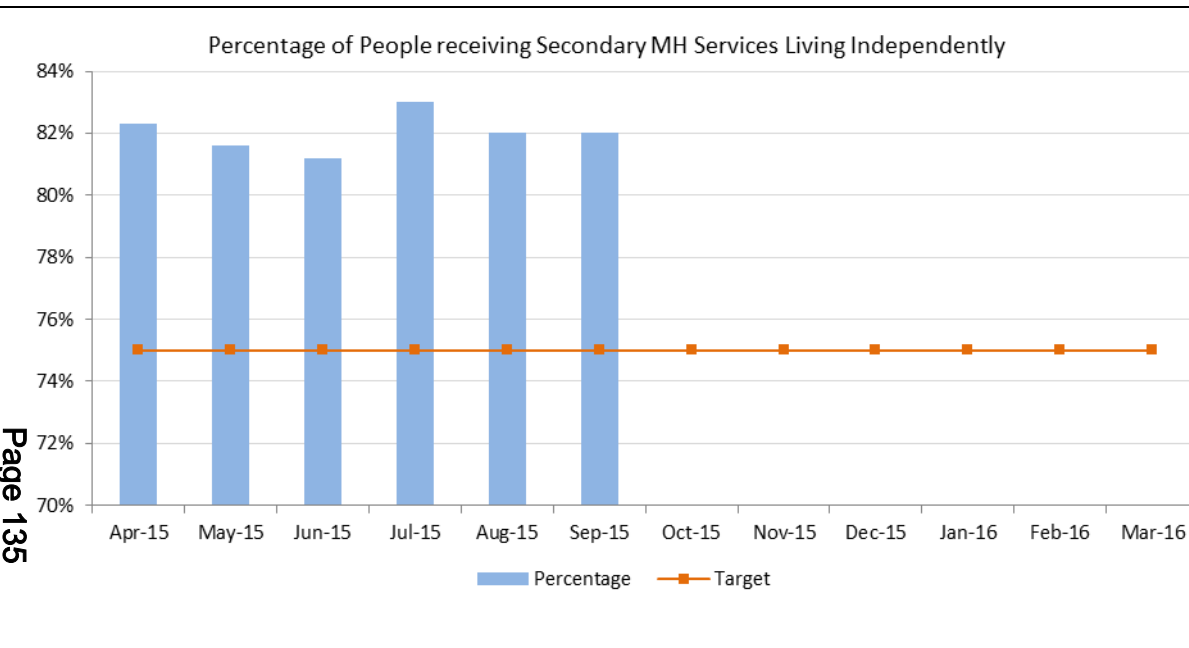
	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	1460	1469	1478	1487	1496	1505	1514	1523	1532	1541	1550	1559
Number	1557	1555	1579	1599	1624	1623						
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN						

Commentary

12. Percentage of adults in contact with secondary mental health services living independently, with or without support

GREEN ↑

Cabinet Member	Graham Gibbens	Director	Penny Southern
Portfolio	Social Care, Health and Wellbeing - Adults	Division	Mental Health



Data Notes.

Units of Measure: Proportion of all people who are in settled accommodation

Data Source: KPMT – quarterly

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	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
Percentage	82%	82%	81%	83%	82%	82%						
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN						

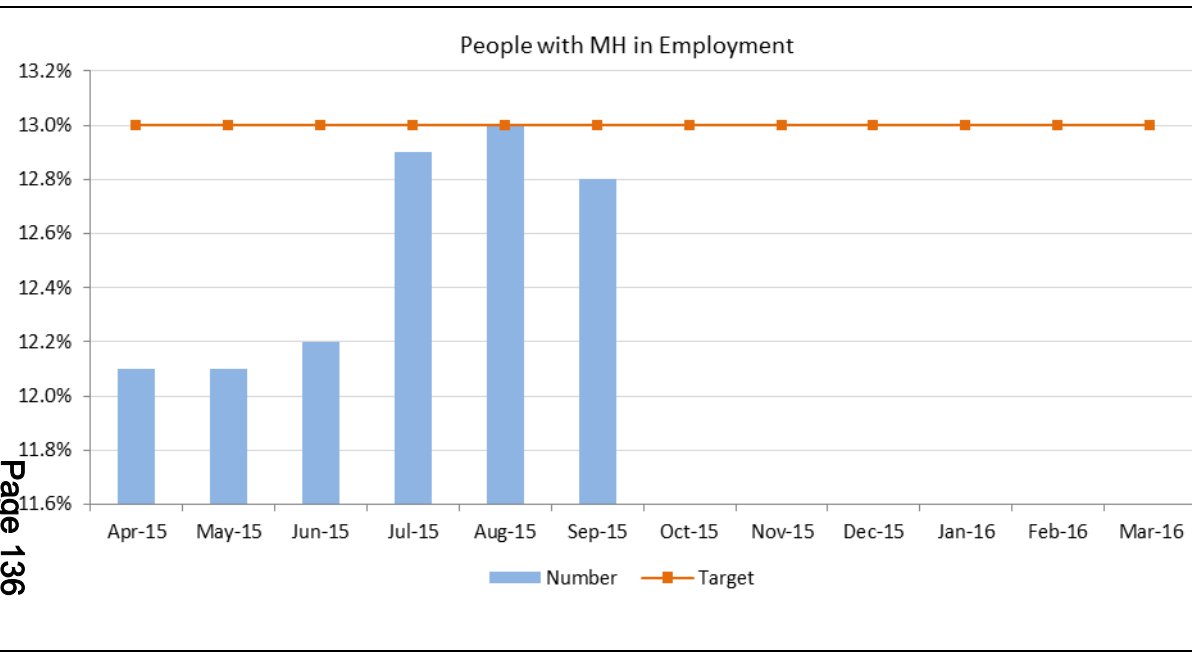
Commentary

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13. Percentage of people with mental health needs in employment

AMBER ↓

Cabinet Member	Graham Gibbens	Director	Penny Southern
Portfolio	Social Care, Health and Wellbeing - Adults	Division	Mental Health



Data Notes.
 Units of Measure:
 Data Source: KPMT – quarterly

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	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Target	13%	13%	13%	13%	13%	13%	13%	13%	13%	13%	13%	13%
Percentage	12.1%	12.1%	12.2%	12.9%	13.0%	12.8%						
RAG Rating	AMBER	AMBER	AMBER	AMBER	GREEN	AMBER						

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

Andrew Scott-Clark, Director of Public Health

To: Adult Social Care and Health Cabinet Committee

3 December 2015

Subject: Public Health Performance - Adults

Classification: Unrestricted

Previous Pathway: This is the first committee to consider this report

Future Pathway: None

Electoral Division: All

Summary: This report provides an overview of Public Health key performance indicators of its commissioned services which specifically relate to adults, and selected Public Health Outcome Framework indicators.

The latest available data show a varied performance across the different indicators. Public Health continues to contract-manage the providers closely in order to address any performance issues and drive improvement in service outcomes.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to comment on the current performance and actions taken by Public Health

1. Introduction

1.1. This report provides an overview of the key performance indicators for Kent Public Health which relate to services for adults; the report includes a range of national and local performance indicators.

1.2. There is a wide range of indicators for Public Health, including some from the Public Health Outcomes Framework (PHOF). This report will focus on the indicators which are presented to Kent County Council Cabinet, and which are relevant to this Committee.

2. Performance Indicators of Commissioned Services

2.1. The table below sets out the performance indicators for the key public health commissioned services which deliver services primarily for adults. The RAG status relates to the target.

Indicator Description	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16
Proportion of annual target population with completed NHS Health Check (rolling 12 month basis)	46% (A)	51% (G)	51% (G)	52% (G)	48% (A)
Proportion of clients accessing community sexual health services offered an appointment to be seen within 48 hrs	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)
Chlamydia positivity detection rate per 100,000 for 15-24 year olds	1,672 (R)	1,635 (R)	1,335 (R)	1,084 (R)	Available mid-November
Proportion of smokers successfully quitting, having set a quit date	52% (A)	54% (A)	57% (G)	51% (A)	Available 9 th December
Local Indicator					
Proportion of new clients seen by the Health Trainer Service from the two most deprived quintiles (highest deprivation)	53% (R)	57% (A)	51% (R)	53% (R)	56% (A)

Substance Misuse Services	2009/10	2010/11	2011/12	2012/13	2013/14
% of adult treatment population that successfully completed treatment	22.6%	26.0%	26.0%	20.6%	17.2%
National Figures for comparison:	11.5%	13.7%	15.1%	15.0%	15.1%
	June 14	Sept 14	Dec 14	Mar 15	Jun 15
% of opiate users completing treatment successfully who do not return to treatment within 6 months, of all in treatment. (rolling 12 month basis)	10.3% (G)	9.7% (G)	9.6% (G)	9.4% (G)	9.3% (G)
National Figures for comparison:	7.8%	7.8%	Not available for publication		

NHS Health Checks

2.2. Kent County Council took on the commissioning responsibility for the NHS Health Check programme from April 2013. Since this time, there has been a substantial increase in the number of people receiving a check from fewer than 30,000 in 2013/14 to more than 45,000 in 2014/15.

2.3. The programme has a target for at least 50% of those eligible for a health check to receive it within a twelve month period. The performance against this target fell to 48% in the twelve months to the end of September 2015, which places it as amber.

2.4. KCC are working with Kent Community Health NHS Foundation Trust (KCHFT) who deliver the programme across Kent to increase the numbers of health checks in Q3 and Q4 in order to reach overall annual target. There is a new programme specifically aimed at targeting the approach in communities where there are high health inequalities.

Sexual Health

- 2.5. Community sexual health clinics in Kent have continued to exceed the waiting times target of offering an appointment within 48 hours, where requested. New contracts for integrated sexual health services which provide sexual health testing and treatment, contraception and HIV outpatient services are now operating across the county.
- 2.6. Validation of the data to provide national reporting of the Chlamydia positivity detection rate continues to cause delay in reporting performance against the Chlamydia target. Public Health have been informed that Q2 2015/16 rates should be released mid-November.
- 2.7. The latest available data show that there has been an increase in the numbers tested in general practice, pharmacies and integrated sexual health services as part of the new service contracts but, as yet, these have not shown as an increase in detection rates.

Smoking

- 2.8. The Stop Smoking Service narrowly missed its 'quit-rate' target for the first quarter of 2015/16. The target is for 52% of people accessing the service and setting a quit date to have quit smoking for 4 weeks by the end of the 7-week programme.
- 2.9. Public Health are commissioning various changes to help ensure that Stop Smoking Services meet the changing needs of the population in relation to smoking but also delivers best value for money for KCC. These changes include a targeted 'cut down to quit' programme which is designed to engage people who are less likely to quit without more prolonged support. This approach is being trialled and will be assessed to inform decisions on any wider roll-out.
- 2.10. The Stop Smoking Service also remains focused on reducing health inequalities across Kent; of the 737 Kent residents successfully quitting in the first quarter of 2015/16, 10 were pregnant women; 71 had never worked or had been unemployed for over 1 year; 48 were sick/disabled and unable to return to work and 199 were in routine and manual occupations.

Health Trainers

- 2.11. The Health Trainer service has seen 893 new clients this quarter, which greatly exceed the number of new clients engaged in the same period last financial year and means they are well on track to achieving the annual target of 2,500 with a stretch target of 2,750.

2.12. Over 50% of new clients are from the 2 most deprived quintiles in Kent and 74% from the 3 most deprived quintiles. The target set for 2015/16 of 62% of new clients being from quintiles 1 - 3, aims to challenge the provider to target their work at the most deprived quintiles. This has seen additional Health Trainers being placed in Thanet and Swale and a review of staff locations.

2.13. 82% of goals were either achieved or part-achieved by those engaged in the service with common goals relating to diet, exercise and emotional wellbeing.

Substance Misuse

2.14. The latest available data on adult community drug and alcohol services show substantial increases in the numbers of people starting and successfully completing drug and alcohol treatment over the past twelve months.

2.15. The successful completion rate also remains above the national average although it has fallen slightly to 9.3% in the twelve months to the end of June 2015, compared to 10.3% for the preceding twelve months.

3. Annual Public Health Outcomes Framework (PHOF) Indicator

3.1. The table below presents the most recent nationally-verified and published data; the RAG is the published PHOF RAG and is in relation to National figures. Alcohol-related admission to hospital is the only indicator to have been updated since the previous report.

Annual PHOF Indicators	2007-09	2008-10	2009-11	2010-12	2011-13
Under 75 mortality rates for:					
Cardiovascular diseases considered preventable per 100,000	59.8 (G)	57.4 (G)	55.9 (A)	52.3 (A)	49.3 (A)
Cancer considered preventable per 100,000	84.3 (G)	83.7 (G)	82.6 (G)	80.5 (G)	78.2 (G)
Liver disease considered preventable per 100,000	12.4 (G)	12.1 (G)	12.0 (G)	12.4 (G)	13.2 (G)
Respiratory disease considered preventable per 100,000	17.4 (A)	17.4 (A)	17.6 (A)	16.6 (A)	16.7 (A)
Suicide rate (all ages) per 100,000	8.4 (A)	7.7 (A)	8.4 (A)	8.1 (A)	9.2 (A)
Proportion of people presenting with HIV at a late stage of infection (%)	Not available		49.7 (A)	47.0 (A)	50.5 (R)
		2010	2011	2012	2013
Percentage of adults classified as overweight or obese	Not available			64.6 (A)	Not available

Prevalence of smoking among persons aged 18 years and over (%)		21.7 (A)	20.7 (A)	20.9 (A)	19.0 (A)
Opiate drug users successfully leaving treatment and not re-presenting within 6 months (%)		14.6 (G)	14.7 (G)	10.9 (G)	10.3 (G)
	2009/10	2010/11	2011/12	2012/13	2013/14
Alcohol-related admissions to hospital per 100,000. All ages	568 (G)	574 (G)	557 (G)	565 (G)	551 (G)
Proportion of adult patients diagnosed with depression (%)	Not available			5.6	6.4

3.2. The alcohol-related admissions to hospital rate continues to fluctuate year on year and currently for 2013/14 is on a general downward trend. Kent remains RAG Green against national with lower rates of admissions.

3.3. Although there has been no update to the proportion of people presenting with HIV at a late stage of infection since the previous report, it is important to note that the new Community Sexual Health Services contracts offer testing for a range of sexually-transmitted infections, including HIV, as well as targeted outreach. The services are designed to engage particular groups of the population who can be at risk of HIV but are less likely to access mainstream sexual health services. This targeted provision and relevant campaigns and promotion are expected to lead to improvements (reductions) in the numbers of HIV tests offered and taken up.

4. Conclusions

4.1. Overall performance against the indicators for NHS Health Checks and Stop Smoking Services moved from to Green to Amber in Q2. Public Health are contract-managing service providers closely to drive up performance on these indicators as well as maintaining performance on the other areas that have been highlighted as green.

5. Recommendations

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to comment on the current performance and actions taken by Public Health

6. Background Documents

6.1. None

7. Contact Details

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Data quality note: Data included in this report is provisional and subject to later change. This data is categorised as management information.

From: Peter Sass, Head of Democratic Services
 To: Adult Social Care and Health Cabinet Committee – 3 December 2015
 Subject: **Work Programme 2016/17**

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 2016/17.

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 report 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
- Local Area Single Assessment and Referral (LASAR)
- Kent Drugs and Alcohol Action Team (KDAAT)

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, paragraphs 21 to 23, and these should also inform the suggestions made by Members for appropriate matters for consideration.

3. Work Programme 2016/17

- 3.1 An agenda setting meeting was held on 11 September 2015, at which items for this 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 be considered for inclusion to the agenda of future meetings.
- 3.2 The schedule of commissioning activity 2015-16 to 2017-18 which falls within the remit of this Cabinet Committee will be included in the Work Programme and considered at future agenda setting meetings. This will support more effective forward agenda planning and allow Members to have oversight of significant service delivery decisions in advance.
- 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 2016/17.

6. Background Documents

None.

7. Contact details

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ADULT SOCIAL CARE AND HEALTH CABINET COMMITTEE – WORK PROGRAMME 2016/17

Agenda Section	Items
14 JANUARY 2016	
B – Key or Significant Cabinet/Cabinet Member Decisions CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS	<ul style="list-style-type: none"> • Outcome of consultation on in-house residential care homes • Mind the Gap – key decision January or March • West Kent Substance Misuse – contract award • Healthwatch Contract • Domestic Abuse Support Services (will come back with as key decision)
C – Items for Comment/Rec to Leader/Cabinet Member	<ul style="list-style-type: none"> • Budget Consultation and Draft Revenue and Capital Budgets • Update on Care Act implementation – 6 monthly • Update on Public Health Transformation • Community Support Strategy – deferred from December • Learning Disability respite services in Faversham – deferred from December • Cabinet Member’s Priorities for the 2016/17 Directorate Business Plan • Market Position Statement for Adult Community Services
D – Monitoring	<ul style="list-style-type: none"> • Work Programme
E – for Information, and Decisions taken between meetings	
10 MARCH 2016	
B – Key or Significant Cabinet/Cabinet Member Decisions CURRENT/FUTURE DECISIONS AND MONITORING OF PAST DECISIONS	<ul style="list-style-type: none"> • Mind the Gap – key decision January or March • Active Travel Strategy – key decision • Community Mental Health and Wellbeing Service – deferred from December
C – Items for Comment/Rec to Leader/Cabinet Member	<ul style="list-style-type: none"> • Tobacco Control – ‘one year on’ update
D – Monitoring	<ul style="list-style-type: none"> • Draft Directorate Business Plan • Strategic Risk report • Adult Social Care Performance Dashboards now to alternate meetings • Public Health Performance Dashboard – include update on Alcohol Strategy for Kent now to alternate meetings • Work Programme
E – for Information, and Decisions taken between meetings	

10 MAY 2016	
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	<ul style="list-style-type: none"> • Transformation and Efficiency partner update – <i>regular six-monthly</i>
D – Monitoring	<ul style="list-style-type: none"> • Work Programme
E – for Information, and Decisions taken between meetings	
12 JULY 2016	
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	<ul style="list-style-type: none"> • Update on Care Act implementation – 6 monthly
D – Monitoring	<ul style="list-style-type: none"> • Adult Social Care Performance Dashboards now to alternate meetings • Public Health Performance Dashboard now to alternate meetings • Complaints and Compliments annual report • Work Programme
E – for Information, and Decisions taken between meetings	
11 OCTOBER 2016	
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	<ul style="list-style-type: none"> • Local Account Annual report • Safeguarding Vulnerable Adults annual report • Equality and Diversity Annual report • Work Programme
E – for Information, and Decisions taken between	

meetings	
6 DECEMBER 2016	
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	<ul style="list-style-type: none"> • Transformation and Efficiency partner update – <i>regular six-monthly</i>
D – Monitoring	<ul style="list-style-type: none"> • Adult Social Care Performance Dashboards now to alternate meetings • Public Health Performance Dashboard now to alternate meetings • Work Programme
E – for Information, and Decisions taken between meetings	

NEXT MEETINGS:

26 JANUARY 2017

14 MARCH 2017

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

Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing

To: Adult Social Care and Health Cabinet Committee - 3 December 2015

Subject: **DECISION NUMBER: 15/00089 – ESTABLISHMENT OF THE PROVISIONAL GUIDE PRICE FOR OLDER PERSONS’ RESIDENTIAL AND NURSING CARE HOMES FROM APRIL 2016**

Classification: Unrestricted

Past Pathway of Paper: Cabinet Member Key Decision

Future Pathway of Paper: None

Electoral Division/s: All

FOR INFORMATION ONLY

Summary: The attached decision was taken between meetings of the Committee 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.

Recommendation: The Committee is asked to note that Decision No 15/00089 – Establishment of the Provisional Guide Price for Older Persons’ Residential and Nursing Care Homes from April 2016, was taken by the Cabinet Member for Adult Social Care and Public Health, in accordance with the County Council’s decision-making procedure rules, set out in Appendix 4 Part 7 of the 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 Cabinet Member took the decision on 6 November 2015. After the decision was taken, it was published.

2. Background

- 2.1 The proposed decision was discussed by the Adult Social Care and Health Cabinet Committee at its meeting on 11 September 2015 and Members were

advised of the timetable for the two stages of the decision: the guide price in November 2015 and contract award in February 2016. Members were assured that, as required by the County Council's decision making procedure, all Members of the Council would have the opportunity to comment on the proposed decision when it was published before being taken, and the decision, once taken, would be subject to the call-in process.

3. Action Taken

3.1 The procedure above was duly followed. There were no comments and questions raised by Members on the proposed decision, and no requests to call in the decision once taken. The decision therefore became implementable on 16 November 2015.

3.2 The signed record of decision and the supporting report are appended to this report.

4. Recommendation

4.1 **Recommendation:** The committee is asked to note that Decision No 15/00089 – Establishment of the Provisional Guide Price for Older Persons' Residential and Nursing Care Homes from April 2016, was taken by the Cabinet Member for Adult Social Care and Public Health, in accordance with the County Council's decision-making procedure rules, set out in Appendix 4 Part 7 of the constitution.

5. Background documents

None

6. Contact details

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From: Andrew Ireland – Corporate Director Social Care, Health and Wellbeing

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

Decision No: 15/00089

Subject: **PROVISIONAL GUIDE PRICES FOR OLDER PERSONS' RESIDENTIAL AND NURSING CARE HOMES**

Classification: Unrestricted

Past Pathway of Paper: Social Care Health and Wellbeing DMT - 21 October 2015

Future Pathway of Paper: Cabinet Member decision

Electoral Division: All

Summary: To seek approval on the level of the provisional Guide Prices for the Older Persons' residential and nursing care home contracts. These provisional Guide Prices have been set following analysis of the cost models used to inform the 2014 Guide Prices and analysis of the market and placement activity through the placement process introduced with the Dynamic Purchasing System.

The provisional Guide Prices do not reflect the impact of the National Living Wage due to be implemented from 1 April 2016 and further work will need to take place to establish the impact and the revised Guide Prices. The tender for the new contract will need to accept provisional prices on that basis.

A key decision is required which will inform the tender process. The decision is provisional pending approval of the County Council's budget in February 2016. A further decision will be required in February 2016 for contract award.

Recommendation(s):

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

- a) **APPROVE** the provisional Guide Prices as set out in Appendix One and to note that a further key decision is required in February 2016 for the final Guide Prices following County Council confirmation of the 2016/17 budget and subsequent contract award.
- b) **AGREE** the Corporate Director for Social Care, Health and Wellbeing or other nominated officer undertake the necessary actions to implement the decision.

1. Introduction

- 1.1 Through 2014, the 12 year old residential and nursing care home contracts were re-let using a three stage procurement mechanism which reviewed care home costs

through the establishment of a Kent cost model. This enabled the Council to re-set the Guide Prices for residential, residential high and nursing care based on the data received from the market. The contracts commenced on 13 October 2014 and will expire at the end of March 2016. The reason for the short term contract was to make sure there was sufficient understanding of the market, learn any lessons from a new contracting model and to prepare for the impact of the changes brought in by the Care Act 2014.

- 1.2 The contract covers approximately £100m of spend on older person's care home provision. The resource required to establish a contract with a suitable contractual term is substantial and will include representation from all areas of KCC, led by Strategic Commissioning in Social Care Health and Wellbeing.
- 1.3 The implications relating to price impacted by the Care Act 2014 phase two were due to be known officially in October 2015. However, The Minister for Care and Support announced on 17 July 2015 that this part of the Act will be deferred until 2020. This has changed the nature of the level of work planned for the contract however, there is still significant work to do to shape a contract that will have a longer term.

2. Background

- 2.1 Kent County Council's formal procurement activity for older person's residential and nursing care homes includes a tender in 2002 and a tender in 2014. The 2002 tender used a set of Guide Prices that were established looking at the cost of care, supply and need. In 2014, The Guide Prices were fundamentally reviewed using a cost model which used both the data supplied by providers and some professional judgements.
- 2.2 In order to comply with Local Authority Circular (2004) 20 (now replaced by the Care Act 2014) and the contractual terms and conditions, the Council had to consider annually how the cost of providing older person's residential and nursing care fluctuated and conducted an appropriate fee review each financial year. The table below shows the Guide Prices payable each year since 2004/05 in respect of the various categories of care:

OLDER PERSONS' RESIDENTIAL					
Year	Fee Increase for Existing Clients	Guide/Usual Price			
		Residential (Area 1)	Residential (Area 2)	EMI (Area 1)	EMI (Area 2)
2013/14	1%	£336.93	£351.29	£404.44	£440.30
2012/13	1%	£333.00	£348.01	£400.44	£436.00
2011/12	0.5%	£330.29	£344.56	£396.48	£431.62
2010/11	0%	£328.65	£342.85	£396.48	£431.62
2009/10	2.5%	£328.65	£342.85	£396.48	£431.62
2008/09	2.5%	£320.63	£334.49	£386.61	£421.09
2007/08	£9.56	£312.81	£326.33	£377.38	£410.82
2006/07	2.5%	£303.25	£316.77	£367.82	£401.26
2005/06	3%	£295.85	£309.04	£358.85	£391.47
2004/05	2.5%	£287.23	£300.04	£348.40	£380.07

OLDER PERSONS' NURSING			
Year	Fee Increase for Existing Clients	Guide/Usual Price	
		Nursing Area 1	Nursing Area2
2013/14	1%	429.26	480.22
2012/13	1%	425.01	475.47
2011/12	0%	420.80	470.76
2010/11	0%	420.80	470.76
2009/10	2.5%	420.80	470.76
2008/09	3.53%	410.54	459.28
2007/08	2.47%	396.54	445.28
2006/07	2.5%	386.98	435.72
2005/06	3%	377.54	410.16
2004/05	2.5%	366.54	398.21

- 2.3 In preparation for the 2013/14 fee review the Council undertook formal consultation with the Kent market, supported by the Trade Associations, to investigate how the cost of older persons' residential and nursing care had altered throughout the course of 2012/13. The consultation did not receive a large response, many providers being unwilling to share information about their costs. Re-tendering the contract in 2014 gave the Council the ability to request accounts as part of the tender exercise and completion of the cost model was a prerequisite to joining the new contractual framework and to clarify providers' costs and income. This information enabled the Council to carry out a full cost analysis in order to ensure compliance with the Local Authority Circular (2004) 20 and minimise the prospects of successful legal action against the Council.
- 2.4 Responses were received from approximately 60% of the Kent market for the 2014 tender. The high level of responses provided confidence that the data received gave an adequate picture of the sector for the analysis on which the 2014 Guide Prices were calculated.
- 2.5 The establishment of the Guide Prices in July 2014 received a lot of negative feedback from a high number of residential and nursing care providers. The Guide Prices were set using the information that providers submitted in the cost model and the decision was taken not to account for providers operating with an inefficient business model and then applied a number of professional judgments to make sure that due regard was given to the fair cost of care.
- 2.6 The outcome of the analysis demonstrated that there was no difference to the cost of delivering care across the County and showed that KCC was paying less than it should for residential, more than the average costs for dementia residential and less than the average for nursing. What does vary is the level of supply and that is why East Kent Guide Prices have always been lower than West as there is far greater supply of some services. The following table shows the outcome of the initial analysis to confirm the average prices.

AVERAGE ACTUAL COST OF CARE PROVISION			
	2013 Guide Price	Actual Average Cost of Care	Difference
Area 1 Resi	336.93	352.18	4.53%
Area 2 Resi	351.49	352.18	0.20%
Area 1 EMI	404.44	397.46	-1.76%
Area 2 EMI	440.30	397.46	-10.78%

Area 1 Nursing	429.26	505.27	17.71%
Area 2 Nursing	480.22	505.27	5.22%

- 2.7 The following table shows the agreed Guide Prices that took effect from 6 October 2014 and the agreement was that for those providers that joined the new contract and where their prices were below the new Guide Prices, their prices would increase to the new level. KCC did not reduce the costs of dementia residential in light of the findings of the analysis.

AGREED GUIDE PRICE FOR CARE PROVISION				
AREA	CURRENT GUIDE PRICE	Actual Average Cost of Care	OCT 2014 GUIDE PRICE	DIFFERENCE
Area 1 and 2	336.93	352.18	352.18	4.53%
Resi	351.49	352.18		0.20%
Area 1 EMI	404.44	397.46	408.48	1.00%
Area 2 EMI	440.30	397.46	440.30	0.00%
Area 1 Nursing	429.26	505.27	450.72	5.00%
Area 2 Nursing	480.22	505.27	487.42	1.50%

- 2.8 At the Adult Social Care and Public Health Cabinet Committee on 11 July 2014, the Older Persons' contract and establishment of 2014 Guide Prices was discussed. The report contained an exempt appendix which had all of the analysis that had taken place and this was published publically following the decision by the Cabinet Member. This can be found at <https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=648>.
- 2.9 A commitment was given at the point of this decision that, over a three year period, KCC would work towards a) removing the area pricing so that the whole of Kent would have the same cost (and parallel work with the Accommodation Strategy would address over supply issues) and b) to move to a more sustainable position for nursing care.

3. Establishing the provisional Guide Prices for April 2016

- 3.1 The Accommodation Commissioning Group that oversees the tender within Social Care Health and Wellbeing agreed that the level of information collected via a cost model was not required for the new tender as part of setting the Guide Prices. This is because the level of understanding through the placements and needs of individuals is a lot more transparent with the establishment of the Central Purchasing Team to manage the placements. Completion of the cost model received a lot of negative feedback from providers regarding the length of time it took to complete the model.
- 3.2 In line with the market behaviour and level of need of individuals requiring services, and the Adult Transformation Programme to have less reliance on long term care placements, there is a need to introduce a fourth category for the Guide Prices; nursing high. This is to distinguish between those individuals with nursing care needs and those with nursing dementia needs (amongst other high and complex needs). The dependency level for nursing high is currently being determined and requires input from providers of care and case management. This will form part of the tender documentation.

- 3.3 Analysis of the market behaviour has included the responses to the placement offers through the Kent Business Portal (KBP) and the final agreed costs of placement based on an individual's need. Additionally, analysis has been undertaken looking at the rate of responses and the balance of the availability of accommodation versus choice. Put simply, this is whether a third party top up is required or not and where KCC waives a top up due to the financial circumstances of the third party.
- 3.4 In October 2014, 178 providers joined the new contract. As at 15 September 2015, a further 28 have joined the contract. The advert for this opportunity is re-published once a month to over 1300 interested suppliers that have registered on the KBP.
- 3.5 The design of the contract was to introduce an indicative (not to exceed) price that would be the maximum price to do business with the Council. When the contract was first let, 29% of providers submitted this price at the published Guide Prices for their area and category.

Service	% of Providers at Guide Price	% of Providers 10% Greater than Guide Price	% of Providers 50% Greater than Guide Price
Medium Needs	29	59	7
High Needs	28	63	3
Nursing Needs	43	30	8

- 3.6 Initially, there was an allowance for providers to review their indicative price in June 2015 assuming they had completed their KPI returns however, following feedback from providers in February 2015, the process was changed so that providers could review their prices at various stages through the contract. This was as follows:

Providers who joined the DPS	KPI Data Period	Review Period	Change Implementation Date
October, November, December 2014	January, February, March 2015	April 2015	May 2015
January, February, March 2015	April, May, June 2015	July 2015	August 2015
April, May, June 2015	July, August, September	October 2015	November 2015
July, August, September 2015	October, November, December 2015	January 2016	February 2016

- 3.7 The following shows how providers have adjusted their prices:

Implementation Date	Requests	Eligible	% Increased Price	% Decreased Price	% No Change
May 2015	33	6	17	83	0
August 2015	153	111	15	5	80

- 3.8 The majority of Providers wished to reduce their Indicative price nearer to Guide Price in order to increase the chances of being selected on the ranking sheet. However in some cases Providers decided to increase their Indicative price due to the implication of former self funders and deferred payments. The new contract will need to ensure these areas are much more transparent and the Residential Charging and Placement Policy more closely referenced.

- 3.9 The design of the pricing schedule was to encourage providers to assess individuals and price to meet their needs. This would mean that the market would decide what, effectively, was the new Guide Price based on an individual's choice under the Availability of Accommodation section of the Care Act 2014.

4. Transformation and Strategic Intent

- 4.1 Kent's Accommodation Strategy launched in July 2014 sets the direction of travel in relation to future commissioning along with the Homecare Strategy, the vision for enablement, prevention and the Adult Transformation Programme focusing on acute demand. The CCG's are also investing in community services which will have an impact on the future level of demand for care home placements. This does mean that those requiring care in future will have greater level of need and care homes are required to respond to the needs as well as demand. KCC has to align all transformational activity with a distinct recognition on the price of purchasing care. The activity that has happened and is required in this area includes:

- Focused work on the model of care and commissioning activity for extra care housing including an operational focus to redirect people that previously would have ended up in a care home and developing a marketing strategy
- Forecasting work on the demand making sure that any reduction in need is balanced with the increase in population and requirement of particular types of care
- Workforce strategy to make sure the recruitment and retention of care staff and nursing staff is reflected in the services that need to be commissioned
- Price profiling against need and market drivers – the 2014-2016 contract was designed to set the guide price and see how the market prices against the needs of individuals, this has provided greater transparency for the establishment of Guide Prices for April 2016 and how the assumptions will be used for third party top ups where people choose more expensive services, confirming the amount that the Local Authority would usually contribute to the cost of a placement
- Reviewing how quality assurance is incorporated into both contract monitoring and the wider role of safeguarding all of Kent's vulnerable adults

5. Policy Implications

- 5.1 By implementing a higher Guide Price, some individuals will no longer be required to pay a top up and some will reduce. This requires detailed work from the Income and Assessment Team and a communication will be required to individuals and their relatives on the impact of these changes, following final confirmation of the Guide Prices for 2016.

6. Financial Implications

- 6.1 The provisional Guide Prices, as detailed in Appendix One and the table below, do not include the impact of the introduction of the National Living Wage. Further work would be required at the point the settlement is known and the tendered prices from providers may need to be adjusted in order to take this into account. There is a risk that providers will not trust that the prices will be adjusted in light of the announcement and may not tender, therefore it is important that the Pricing

Schedule clearly articulates the process and formula for this process so that it is hard wired into the contract,

6.2 The work undertaken to set the provisional Guide Prices for April 2016 has been on the basis that:

- any individual **below** the new provisional Guide Price will be increased to the new Guide Price for the placement category so long as the provider joins the DPS and accepts the contracts terms and conditions
- all contract prices for existing clients that are above the provisional Guide Prices will not receive a corresponding increase but will need adjustment for the impact of the National Living Wage
- the provisional Guide Prices will be increased once the settlement relating to the National Living Wage is known and allocated

6.3 The Registered Nursing Care Contribution funded to Nursing Homes for the nursing element of the service is under review by the NHS. The rates at Appendix One are for the Social Care contribution only

6.4 As stated, for the 2014 Guide Price setting, there continued to be two area prices which have now been set as one Kent price for each need category in accordance with the commitment given by the Cabinet Member in 2014. The Provisional Guide Prices for decision are proposed to change as follows:

	Guide Price 2014	*Provisional Guide Price 2016	% increase
	£	£	%
Residential (All Areas)	352.18	367.99	4%
Residential High Area 1	408.48	448.72	10%
Residential High Area 2	440.30	448.72	2%
Nursing Medium Area 1	450.72	497.81	10%
Nursing Medium Area 2	487.42	497.81	2%
Nursing High Area 1	450.72	523.01	16%
Nursing High Area 2	487.42	523.01	7%

**These do not include the NLW impact from 1 April 2016*

6.5 The impact of increasing the Guide Prices, and the subsequent impact on client charges, shows that this would cost an additional £3.8m to fund this increase. This has been factored into the very challenging discussions regarding the 2016/17 budget of which there has been considerable pressure to seek reductions to this.

7. Legal Implications

7.1 There is a risk that providers may challenge the rates as set out in the provisional Guide Prices at Appendix One and above. This process commenced from information provided in 2014 and analysis of the market prices has been undertaken from October 2014. The design of the contract is for providers to price against need and therefore it was much clearer to identify issues of the availability of accommodation and also choice. Officers are confident that due process has been undertaken in establishing the Guide Prices as this is a real and true reflection of market behaviour.

- 7.2 Although the Council has set a provisional Guide Price, the design of the contract is for the market to set an indicative (not to exceed) price when joining. Underlying sustainability of the social care market for older people is a key factor when analysing the costs of care. Price adjustments caused by the implementation of the Living Wage will need to be mechanised within the contract to ensure providers do not price based on risk of future increases, nor are unfairly penalised, by having to adhere to mandatory policy changes.

8. Personnel and Training Implications

- 8.1 The provisional Guide Prices will be available, however they will become formally approved Guide Prices after the impact of the settlement in relation to the National Living Wage (as confirmed by the Government as part of the Comprehensive Spending Review) and also once KCC has approved the budget for 2016 in February 2016. Once formally approved they will be published and issued to the Operational teams, Finance colleagues and the Central Purchasing Teams.
- 8.2 There is planned activity in relation to training on the new contract and how to make placements against the new contract and the roll out of the new Guide Prices will form part of that.

9. Equality Impact Assessment

- 9.1 An Equality Impact Assessment has been undertaken for the implementation of the new provisional Guide Prices and is attached as Appendix Two.

10. Cabinet Committee Input

- 10.1 The item was discussed at the Adult Social Care and Health Cabinet Committee on 11 September 2015.
- 10.2 Officers introduced the report and explained the changes which were being proposed to the contract and the context for those changes and responded to comments and questions from Members, as follows:-
- a) the decision would be taken in two stages; the guide price would be determined in November and the contract awarded in February. Demand and price would need to be balanced, and this would take much analysis; and
 - b) a forecast of the impact of the changes would be that fewer people would require a residential or nursing placement but those who did would have a greater dependency.
- 10.3 The Cabinet Member, Mr G K Gibbens, assured Members that, although he would be taking the first decision (about guide price) before the committee next met in early December, all Members would have an opportunity to see and comment on the proposed decision, as part of the County Council's usual decision-making process. He urged all Members to take the opportunity to read the proposed decision paperwork when it was published and sent to them.
- 10.4 The Committee resolved that the work on this issue to date be endorsed and continue to the decision stage, as set out in the report considered on 11 September.

11. Recommendations

11.1 The Cabinet Member for Adult Social Care and Public Health is asked to:

- a) **APPROVE** the provisional Guide Prices as set out in Appendix One and to note that a further key decision is required in February 2016 for the final Guide Prices following County Council confirmation of the 2016/17 budget and subsequent contract award.
- b) **AGREE** The Corporate Director for Social Care, Health and Wellbeing or other nominated officer undertake the necessary actions to implement the decision.

Lead Officers

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Appendix One

Kent County Council Guide Prices Provisional – 2016/17

RESIDENTIAL MEDIUM	RESIDENTIAL HIGH	NURSING MEDIUM	NURSING HIGH
£367.99	£448.72	£497.81	£523.01
		<p>Free Nursing Care Contribution (FNC) FNC + GUIDE PRICE = TOTAL £112.00 + 497.81</p> <p>Clinical Commissioning Groups (CCGs) are responsible for paying invoices covering the funded nursing element for individuals</p>	<p>Free Nursing Care Contribution (FNC) FNC + GUIDE PRICE = TOTAL £112.00 + 523.01</p> <p>Clinical Commissioning Groups (CCGs) are responsible for paying invoices covering the funded nursing element for individuals</p>

Under Review

KENT COUNTY COUNCIL –RECORD OF DECISION

DECISION TO BE TAKEN BY:

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

DECISION NO:

15/00089

For publication

Key decision

Affects all electoral divisions and expenditure of more than £1m.

Subject: Establishment of the Provisional Guide Prices for Older Persons' Residential and Nursing Care Homes from April 2016

Decision:

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

- The establishment of the Provisional Guide Prices for Older Persons' Residential and Nursing Care Homes from April 2016, as set out below:

	Guide Price 2014	Provisional Guide Price 2016	% increase
	£	£	%
Residential (All Areas)	352.18	367.99	4%
Residential High Area 1	408.48	448.72	10%
Residential High Area 2	440.30	448.72	2%
Nursing Medium Area 1	450.72	497.81	10%
Nursing Medium Area 2	487.42	497.81	2%
Nursing High Area 1	450.72	523.01	16%
Nursing High Area 2	487.42	523.01	7%

- That the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, undertake the necessary actions to implement this decision.

Reason(s) for decision:

To inform the pricing mechanism in the tender for services for older persons' residential and nursing care homes

This decision is provisional pending the confirmation of the 2016/17 budget at County Council in February 2016. However, in order to align to the procurement timetable for the new older persons' residential and nursing care home contract, this provisional decision is required.

The rates shown above do not include any impact on the National Living Wage which will be introduced from April 2016 and therefore the prices may need to be adjusted following the settlement of the Comprehensive Spending Review due in November 2015.

A further key decision will be required in February 2016 to confirm the Guide Prices for use from April 2016, and for the contract award.

This is in accordance with the commitment given in July 2014 to remove the area banding across the County and to bring nursing prices more to the average prices that were the initial outcome of the analysis in 2014. The commitment was to level this over a three year period, which has been achieved with the addition of a category of Nursing High.

Cabinet Committee recommendations and other consultation:

The 11 September 2015 Adult Social Care and Health Cabinet Committee considered a report on the issue. Officers explained the changes which were being proposed to the contract, and the context for those changes, and responded to comments and questions from Members, as follows:-

- a) the decision would be taken in two stages; the guide price would be determined in November and the contract awarded in February. Demand and price would need to be balanced, and this would take much analysis; and
 - b) a forecast of the impact of the changes would be that fewer people would require a residential or nursing placement but those who did would have a greater dependency.
1. The Cabinet Member, Mr G K Gibbens, assured Members that, although he would be taking the first decision (about guide price) before the committee next met in early December, all Members would have an opportunity to see and comment on the proposed decision, as part of the County Council's usual decision-making process. He urged all Members to take the opportunity to read the proposed decision paperwork when it was published and sent to them.
 2. RESOLVED that the work on this issue to date be endorsed and continue to the decision stage, as set out in the report.

Any alternatives considered:

Not establishing a Guide Price. However, the market has asked for one and the establishment of a Guide Price helps provide clarity to individuals when choosing care as to the price the KCC usually expects to pay for residential and nursing care. (Availability of Accommodation under the Care Act is understood regarding a 'moving' Guide Price, dependent on the level of responses and subsequent availability)

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



.....
Signed

6 NOVEMBER 2015

.....
date

**KENT COUNTY COUNCIL
EQUALITY ANALYSIS / IMPACT ASSESSMENT (EqIA)**

**This document is available in other formats, Please contact
jennie.kennedy@kent.gov.uk or telephone 03000 415830**

Directorate: Social Care, Health & Wellbeing

Name of policy, procedure, project or service:
Residential & Nursing Guide Prices.

What is being assessed?

This Equality Impact Assessment (EqIA) assesses the impact of provisional changes to the Older Persons Residential and Nursing Guide Prices for 2016-17.

The Guide Price is the price that KCC can usually expect to pay for residential and nursing, as set out at the beginning of the financial year.

The provisional Guide Price enables KCC to manage its budget in order the effectively meet the needs of people in Kent with eligible social care needs.

What is the scope and impact?

The scope of this EqIA identifies the impact on residents living in a care home and who are paying either a third party top up, full costs, or a deferred payment.

Responsible Owner/ Senior Officer

DMT Representative - Mark Lobban, Director of Commissioning
Senior Responsible Officer, Christy Holden, Head of Strategic Commissioning – Accommodation Solutions
Commissioning Lead – Ben Gladstone, Commissioning Manager – OPPD Residential
Procurement Lead – Clare Maynard (Strategic Corporate Procurement)

Date of Initial Screening: 15 October 2015 **Date of Full EqIA:** to be confirmed

Version	Person	Date	Comment
1	Kerry Kearney	15/10/15	First draft.
2	Janice Grant	16/10/15	Clarification about Guide Price is minimum contribution, when we will pay more: Choice, to accommodate language barriers etc. Communication with residents. Clarity on the contractual requirements that all needs cultural, religious or other needs must be met. Third Party Top Ups and The Care Act – clarity provided. Personal Budgets.

3	Christy Holden	16/10/15	Added KCC budget not yet set, hence provisional Guide Price. Kent Integrated Care Alliance added.
4	Clive Lever – Equalities Team	19/10/15	Additional info added for Race. Indicate that this is a positive change for service users. Clarification on communication strategies.
4b	Ben Gladstone	19/10/15	Change to Tel No.
5	Clive Lever	20/10/15	Change to Action required, Area clarified.
6	Clive Lever	21/10/15	Option 1 changed to option 2, areas further clarified.

What changes are proposed?

The provisional Guide Prices will increase. The provisional Guide Prices do not reflect the impact of the National Living Wage due to be implemented from 1 April 2016 and further work will be carried out to identify what impact this will have – hence these are ‘provisional’ proposals. In addition, the KCC formal budget is not due to be agreed for 2016/17 until February ’16 but the Guide Prices are required to fit with the tender timescale.

A new category will be introduced for high level nursing needs for residents in nursing homes who are identified as needing greater input.

There will be 4 guide prices in the following categories:

1. Residential - Medium
2. Residential - High
3. Nursing - Medium
4. Nursing - High

Where care homes tender an indicative price that is higher than the KCC Guide Price, following the Care Act Guidance, the family or a third party is required to pay a Third Party Top Up.

By increasing the Guide Prices, residents who pay a third party top up, or have a deferred payment, will benefit because the contribution that KCC will pay towards their care will increase and this will reduce or remove their contribution.

KCC will pay above the Guide Price to meet the assessed needs of a person where there is no other home available at a lower price and may pay over the Guide Price to meet needs identified as protected characteristics, for example, someone who requires a home with a particular language.

The provisional Guide Price(s) proposed are set out below and will be applied from 4 April 2016:

	Guide Price 2015	Provisional Guide Price 2016	% increase
	£	£	%
Residential (All Areas)	352.18	367.99	4%
Residential High Area 1*	408.48	448.72	10%
Residential High Area 2*	440.30	448.72	2%
Nursing Medium Area 1	450.72	497.81	10%
Nursing Medium Area 2	487.42	497.81	2%
Nursing High Area 1	450.72	523.01	16%
Nursing High Area 2	487.42	523.01	7%

*Note: Areas 1 and 2 were East and West Kent broadly but some of the EK homes which were difficult to place in were moved to WK. These Areas therefore no longer exist.

The proposed Guide Prices have been subjected to substantial scrutiny, detailed analysis of the market costs, placement patterns and other financial pressures. This information has been informed by the tender for the Older Person's Residential and Nursing Care contracts.

The expectation is that care homes meet the individual needs of a person within their indicative price and this includes all of the protected characteristics including sexual orientation, religion etc.

Screening Grid

Characteristic	Could this policy, procedure, project or service, or any proposed changes to it, affects this group less favourably than others in Kent? YES/NO If yes how?	Assessment of potential impact HIGH/MEDIUM LOW/NONE UNKNOWN		Provide details: a) Is internal action required? If yes what? b) Is further assessment required? If yes, why?	Could this policy, procedure, project or service promote equal opportunities for this group? YES/NO - Explain how good practice can promote equal opportunities
		Positive	Negative	Internal action must be included in Action Plan	If yes you must provide detail
Age Page 168	Yes. By definition as this client group are older people there will be a disproportionate impact on them compared to other residents of the County. This change will have a positive financial impact. With a large proportion of people aged 85+ this will have a greater impact on this group.	Medium	None	Yes. Communication of the change will be in line KCC's communication inclusion guidance. This will ensure that that the older people, their families or carers who are affected are fully informed and understand the impact of the change on them. This communication will be made available in a range of formats to ensure accessibility for all.	The setting of a higher guide prices will mean that more existing residents will pay less in third party top ups, or through their deferred payments. It is a condition of the residential and nursing care contract that providers must meet all of the care needs of individuals. This is monitored by Quality Monitoring Visits and through regular reporting of progress towards Key Performance Indicators.
Disability	No. For disabled clients, third party top ups and deferred payments are not charged. So this group is not affected by this change.	Medium	None	a) No Internal action is required Ensure that a clear exit strategy for existing service users is in place. b) Further assessment is not required; however, this EA will be updated if the proposed service is amended in a way that could affect this group.	Residential and nursing care providers service requires to meet the disability needs of individuals. This is monitored as above. This EA will be updated if the proposed service is amended in a way that could affect this group.
Gender	Yes, given that a higher proportion of people living in residential care are female this group will experience a greater impact. The high number of female residents in	Medium	None	No. The proportion of women in Kent living in care homes to the age of 85+ is line with the national picture.	The contract for residential care requires providers to meet the gender specific needs of individuals. This is monitored as above.

	Kent homes is a national trend, as demographics show that more women live to an older age than men.				
Gender identity	No	None	None	No	See above.
Race	No	Medium	None	Yes, information about the Guide Price changes will be provided in different languages if English is not the first language.	The contract for residential and nursing care requires providers to meet the race and ethnic needs of individuals. This is monitored as above.
Religion or belief	No	None	None	No.	The contract for residential and nursing care requires providers to meet the religious or belief needs of individuals. This is monitored as above.
Sexual orientation	No	None	None	No.	The contract for residential and nursing care requires providers to meet the sexual orientation needs of individuals. This is monitored as above.
Pregnancy and maternity	No	None	None	No.	Not applicable
Marriage and Civil Partnerships	No	None	None	No.	The contract for residential and nursing care requires providers to meet the marriage and civil partnership needs of individuals. This is monitored as above.
Carer's responsibilities	Yes. Carers may be affected as they may be required to contribute less financially to the cost of the care of their relative or where they have Power of Attorney.	Medium	None	No.	Where appropriate, Carers will be included in communication about the new Guide Prices.
Race	No	None	None	No.	See above.
Religion or belief	No	None	None	No.	

Sexual orientation	No	None	None	No	See above.
Pregnancy and maternity	No	None	None	No	See above.
Marriage and Civil Partnerships	No	None	None	No	See above.
Carer's responsibilities	Yes. Carers may be affected as they may be required to contribute less financially to the cost of the care of their relative.	Medium	None	No	See above.

Part 1: INITIAL SCREENING

Proportionality - Based on the answers in the above screening grid the weighting is described to this function as **Medium**.

Low	Medium	High
Low relevance or Insufficient information/evidence to make a judgement.	Medium relevance or Insufficient information/evidence to make a Judgement.	High relevance to equality, /likely to have adverse impact on protected groups

State rating & reasons:

Medium, because the proposed Guide Prices will affect the financial contribution KCC will make to care costs. The **positive** impact will be greater for older people and women.

Context:

The proposed new Guide Prices support the **Kent Accommodation Strategy**. The Strategy was launched in July 2014. It clearly articulates the agreed direction of travel in relation to care home provision. The conclusion of the Strategy for older people is to:

- Achieve enough capacity and coverage across the County.
- Ensure a sustainable and affordable price for care.
- Increase the provision of nursing care, particularly for those with dementia.
- Increase the provision of extra care housing and reduce the provision of standard residential care.
- Remodel services to be better geared up to accommodating people with dementia.
- Complete bed utilisation reviews for intermediate care.

The Care Act (2014)

Local authorities are already responsible for ensuring continuity of care for people whose needs they are already required to meet. The Act extends this duty to people who are self-funding a care home place. The Guide Price proposals have not taken account of the Care Act 2014 phase 2 because The Minister for Care and Support announced on 17 July 2015 that this part of the Act will be deferred until 2020.

Aims and Objectives:

The proposed change to Guide Price(s) aims to:

- Offer a reasonable and sustainable price for care.
- Achieve enough capacity and coverage.

Beneficiaries:

The beneficiaries to this proposal will be those people who pay a third party top up or have a deferred payment, both existing residents and those new to living in a care home. Through this proposal they will be required to contribute less to the cost of their care.

Impact on Residents:

Residents will benefit from a larger contribution from KCC and the third party top up will reduce as illustrated below:

Existing Guide Price 2015

2015 Existing Nursing Medium Guide Price	=	£487.42 per week
Care Home's Indicative Price	=	£550.00 per week
2015 Third Party Top Up	=	£62.58 per week

Proposed new Guide Price 2016

2016 Guide Price Nursing Medium Care Indicative Price	=	£523.01 per week
2016 New Third Party Top Up	=	£26.99 (reduced by £35.59)

The Guide Price is not a ceiling price, it reflects the minimum that KCC will pay and it supports the setting of estimated Personal Budgets.

Information and Data:

All KCC funded service users must meet the eligibility criteria to receive a residential care service. This is not influenced by their protected characteristics.

The population in residential care is generally older (85+) and a greater proportion of women live to a more advanced age. The picture in Kent is broadly the same nationally

Overall, there are around 20,700 older people who are in residential care in Kent. 4,400 (21%) of these people are accommodated in care homes arranged by KCC. 2,850 live in residential care homes and a further 1,500 live in nursing homes.

Gender	Totals	%
Female	3,198	72.6
Male	1,202	27.4
Total	4,400	100%

Ethnicity	No of Service Users	%	
White	White British	4068	92.4
	White Irish	37	0.8
	White Other	78	1.77
	Gypsy/Roma	1	0.04
Mixed	White Asian	1	0.04
	Asian Other	8	0.18
	Bangladeshi	1	0.04
	Chinese	1	0.04
	Indian	16	0.36
Black or Black British	Black African	1	0.04
	Black Caribbean	6	0.14

	Black Other	1	0.04
Not Recorded		181	4.11
Total		4,400	100%

Predominance of Women

The data above is based on a snapshot taken on 1 October 2014. The data indicates that a higher proportion of the residential care population is female, compared with males. This is due to a number of reasons, including the longer life expectancy of women.

But also, in line with KCC's strategy, residential care is considered the last resort and the Social Care, Health & Wellbeing Directorate aims is to keep people at home and independent for as long as is possible.

The 2011 census shows that for Kent the male/female split in the age category 90+ is 75% female and 25% male. The figures above are broadly in line with this.

Ethnicity:

A high proportion of the residential care population are White British, this may be because when Case Managers enter the data to swift it will default to White British, unless it is over written. In many instances, ethnicity is not gathered by Case Management – this data may therefore not be 100% accurate. But there is no reason to believe that the ethnicity of those paying top ups or receiving deferred payment will not reflect the normal spread.

Engagement and Communication:

- The setting of Guide Prices happens on an annual basis. This will be communicated with residents, families and carers through letters from finance and through individual communication between residents and their Case Managers.
- Information, in a range of formats, will be provided to individuals affected by these changes. The Finance Team will write to advise individuals about any changes to their contribution to their care. Individual discussions, where required, will take place with Case Managers.
- Meetings will be held with Providers and the Kent Integrated Care Alliance (KICA) to communicate the provisional Guide Prices.
- Providers will receive information in November 2015, providing them with the new Guide Prices and they will be informed about the work that will carry on regarding the impact of the National Living Wage.
- In the lead up to the tender process for the new residential and nursing care contract for 2016, engagement events are planned across East and West Kent.
- Workshops will be held in to guide providers through the tender process, and the Guide Price will be covered.
- Commissioning Officers will continue to provide advice to providers about Guide Prices.
- Guidance and Frequently Asked Questions will be provided on the Kent Business Portal.
- Feedback from events will be taken account of.

There is a risk that providers may challenge the Guide Prices and some may choose not to do business with KCC, this risk is recorded in the Risk Log. Where existing providers take this decision, meetings will be held with them to discuss concerns, but there will be no negotiation on the Guide Prices.

Providers will need to consider their position and they can set their indicative price; this is the maximum price that they will charge KCC for a residential placement, when they tender for the residential and nursing care contact.

This price setting process commenced from information provided in 2014 and detailed analysis of the market prices. The design of the contract is for providers to price against need and therefore it was much clearer to identify availability and for individual choice.

Potential Impact

The impact of the higher Guide Price will be positive for residents in care homes across all protected characteristics.

Adverse Impact:

None due to this Equality Impact Assessment.

Positive Impact:

The impact of the higher Guide Prices will be positive across all protected characteristics.

JUDGEMENT

Option 2 – Internal Action is required.

Action Plan

Actions are identified in the plan below.

Monitoring and Review

An exit strategy has been identified on the Risk Log for the setting of these Guide Prices and will be built into the implementation timetable to ensure this occurs. Monitoring and review requirements will be developed as part of the exit strategy.

Sign Off

I have noted the content of the Equality Impact Assessment and agree any future actions to mitigate the adverse impact(s) that have been identified.

Senior Officer:

Signed:



Name: Christy Holden

Job Title: Head of Strategic Commissioning – Accommodation Solutions

Date: 21st October 2015

DMT Member:

Signed:



Name: Mark Lobban

Job Title: Director of Commissioning

Date: 21st October 2015

Equality Impact Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications
Age	<p>Communication of the change to the Guide Prices through Case Management involvement with existing and new service users.</p> <p>Update to the Charging for Residential Care Policy.</p>	<p>Communication of the change will be in line KCC's communication inclusion guidance. This will ensure that that the older people affected or those who have a dementia, a disability or for whom English is not their first language will be fully informed and understand the impact of the change on them.</p>	<p>This will reduce any confusion about the impact of the change.</p>	Finance and Procurement	By the effective date of the change.	Basic administration costs
Race	<p>Some service users may not have English as their first spoken language.</p>	<p>Communication will be in line with the Communication Inclusion Policy and will provide, where appropriate information in a range of different languages.</p>	<p>This will reduce any confusion about the impact of the change.</p>	Finance and Procurement	By the effective date of the change.	Basic administration costs

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

To: Adult Social Care and Health Cabinet Committee – 3 December 2015

Subject: **KENT COUNTY COUNCIL’S LOCAL ACCOUNT FOR ADULT SOCIAL CARE FOR 2014/15**

Previous Pathway Adult Social Care and Health Cabinet Committee – 11 September 2015
 Informal Member Briefing – 20 October 2015

Future Pathway N/A

Classification: Unrestricted

Summary: This report updates the Adult Social Care and Health Cabinet Committee with the final version of the Local Account for Adult Social Care for 2014/ 2015.

With the withdrawal of the Care Quality Commission (CQC) from assessing and rating Councils with Adult Social Care responsibility, there is now greater emphasis on Councils to work collaboratively to improve performance and outcomes for people. Sector Led Improvement is the national programme designed to do this, and one of the underpinning principles of the sector-led improvement programme in adult social care is a stronger accountability by using increased transparency to promote improvement in services.

The publication of an annual Local Account is one means of achieving this.

Recommendation: Members of the Adult Social Care and Health Cabinet Committee are asked to **NOTE** the attached final version of the Local Account 2014/15, which was published in mid-November.

1. Introduction

1.1 The Government’s approach to the assessment of adult social care performance has changed in recent years. There is now more emphasis on requirement for councils to manage their own performance, work collaboratively with the sector to improve performance and outcomes and explain how they have performed to local residents. The Local Account has emerged as standard feature of the new local accountability framework.

2. Policy Context

- 2.1 The Publication of the ‘Transparency in outcomes for Social Care’ and the ‘Vision for Social Care; Capable Communities and Active Citizens’ in 2010, set out a future for people receiving support from Social Care which focused on outcomes, transparency and Quality and outlined the seven principles for a modern system of Social Care; Prevention, Personalisation, Partnership, Plurality, Protection, Productivity and People.
- 2.2 The publication of the “Think Local, Act Personal” in 2011, a partnership agreement developed and co-designed by a number of national and local social care organisations, including service users and carers, set out the shared ambitions for moving forward with personalisation and community based support.
- 2.3 More recently, the commitment to the Care Act reinforces these visions, placing emphasis on maintaining independence, choice and control, quality, dignity and respect and clear information advice and guidance.
- 2.4 The Council’s priorities set out in “Increasing Opportunities, Improving outcomes” also emphasises the importance of customer engagement.
- 2.5 With accountability moving to being a strong relationship between Councils and their communities, there is an expectation that Councils will work with their local communities, transparently. In addition, a new national performance framework has been developed which will help councils to manage their own performance collectively, through ‘Sector Led Improvement’ as well as to help Government to monitor the progress with these key priorities. It is expected that Councils will publish a “**Local Account**” to enable their service users, carers and communities to be able to hold them to account.

3. The 2014-15 Local Account

- 3.1 This is the fourth year that Kent has produced this document, and has included input from users and carers, as well as building on learning from previous years.
- 3.2 A report to the Adult Social Care and Health Cabinet Committee in September 2015 detailed the work undertaken this year to build a more robust way to engage users and carers on a regular basis.
- 3.3 As in previous years, a Member informal briefing was held on 20 October 2015 to both go through the draft, make necessary changes, and to agree the publication of the document in Mid-November.

4. Publication and feedback

- 4.1 The final document (Appendix 1) was published in mid-November and will be shortly accompanied by an easy read version and a short video depicting the key messages from the account.
- 4.2 There are already feedback mechanisms in place, including through the Kent County Council website, twitter, email, post and phone. This will be further

emphasised as well as engagement with our Healthwatch colleagues to help promote the document and gather feedback.

- 4.3 Lastly, service users and carers will be encouraged to continue to play a part in the evaluation of the document, and monthly Local Account bulletins will continue to be produced to ensure that all information is as up to date as possible.

5. Recommendations

5.1 Members of the Adult Social Care and Health Cabinet Committee are asked to **NOTE** the attached final version of the Local Account for 2014/15, which was published in mid-November.

6. Background Documents

Transparency in outcomes for Social Care 2010

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/141641/ASCOF_2012_to_2013.pdf

Vision for Social Care; Capable Communities and Active Citizens' 2010

http://www.cpa.org.uk/cpa_documents/vision_for_social_care2010.pdf

Think Local, Act Personal 2011

<http://www.thinklocalactpersonal.org.uk//Browse/ThinkLocalActPersonal/>

Care Act 2014

http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga_20140023_en.pdf

Increasing Opportunities, Improving outcomes

<http://www.kent.gov.uk/about-the-council/strategies-and-policies/corporate-policies/increasing-opportunities-improving-outcomes>

Local Account "Here for You, How did we do?" 2013-14

<http://www.kent.gov.uk/about-the-council/strategies-and-policies/adult-social-care-policies/local-account-for-adult-social-care>

7. Contact details

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Here for you, how did we do?

Local account for Kent Adult Social Care



April 2014 - March 2015

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

Page 181

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This document is available in alternative formats and languages.

Please call: 03000 41 61 61

Text relay: 18001 03000 41 61 61 for details.

Or search 'Local Account' on www.kent.gov.uk

Images Kent County Council.
NHS photo library images page 24 & 28.

Foreword

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



Graham Gibbens



Andrew Ireland

We are pleased to publish, "Here for you, How did we do?" the Local Account for Kent County Council Adult Social Care for April 2014 – March 2015.

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

There continue to be big challenges ahead in adult social care, we are changing the way in which we deliver our services so we can continue to offer quality care and value for money for the future. We are also committed to improving social care outcomes within the constraints of a challenging financial climate. We have already made essential savings and we are working to become even more efficient. We are doing this through reducing paperwork, simplifying processes and cutting red tape, as well as looking at the way we commission services to get better value for users and the council. At the same time, we are making significant investment in vital support services, which will help people, stay independent for longer, offer greater support for carers and reduce avoidable hospital admissions. We are also working more closely with our partners in the NHS to integrate health and social care. The people of Kent have told us they want real choice in their care, they want personalised care which suits them and they want to stay independent for as long as possible.

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

In 2014-15, we have strived to:

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

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

Introduction

Welcome to this year’s annual report for Adult Social Care in Kent. This is the fourth year that the report that has been produced in partnership with you, the people who use our services and carers, as well as the voluntary sector, members, district councils and staff. In the past, the Care Quality Commission (see glossary) used to assess how well Local Authorities were performing in Adult Social Care. They no longer do this, and as part of national changes, all Local Authorities are now asked to produce a document in partnership with their residents to enable them to hold the authority to account.

As a result “Here for you, How did we do?” has been produced. It will provide an update on all the key areas of challenge that we focused on last year, report on progress, as well as include information on all the key topics that you have asked for.

Throughout this document we will provide updates on the top ten issues you have told us are most important to you. It is critical that you know how we are going to tackle any issues in the future, to reform the care that you receive.

You told us your top issues are:

1. Personal care packages
2. Equipment - What equipment can we help with?
3. Equipment – Telephone numbers for returning equipment Telecare/Lifeline
4. Queries regarding funding
5. Case managers’ name and contact numbers
6. Repeatedly calling, leaving messages for case managers
7. Who can help you with the housework, gardening and maintenance tasks
8. Options for homeless people such as the elderly or vulnerable adults
9. Whether an individual is known to Social Services

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

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

Symbols used in this report



This symbol shows what is new this year.



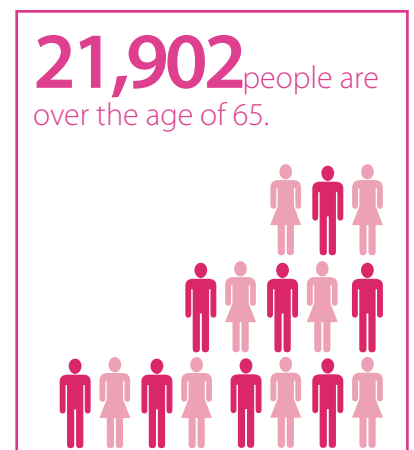
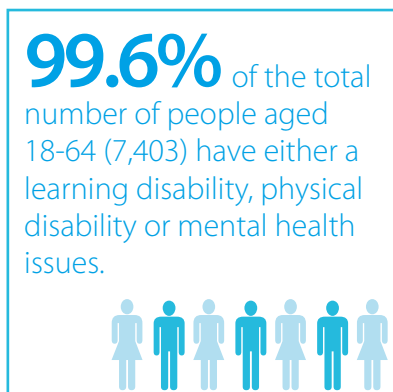
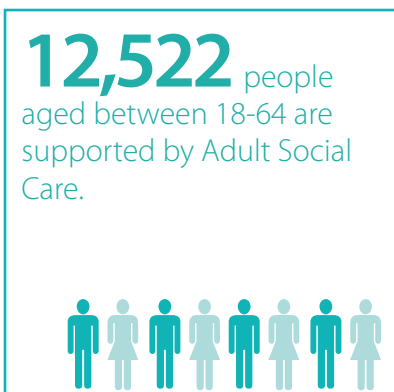
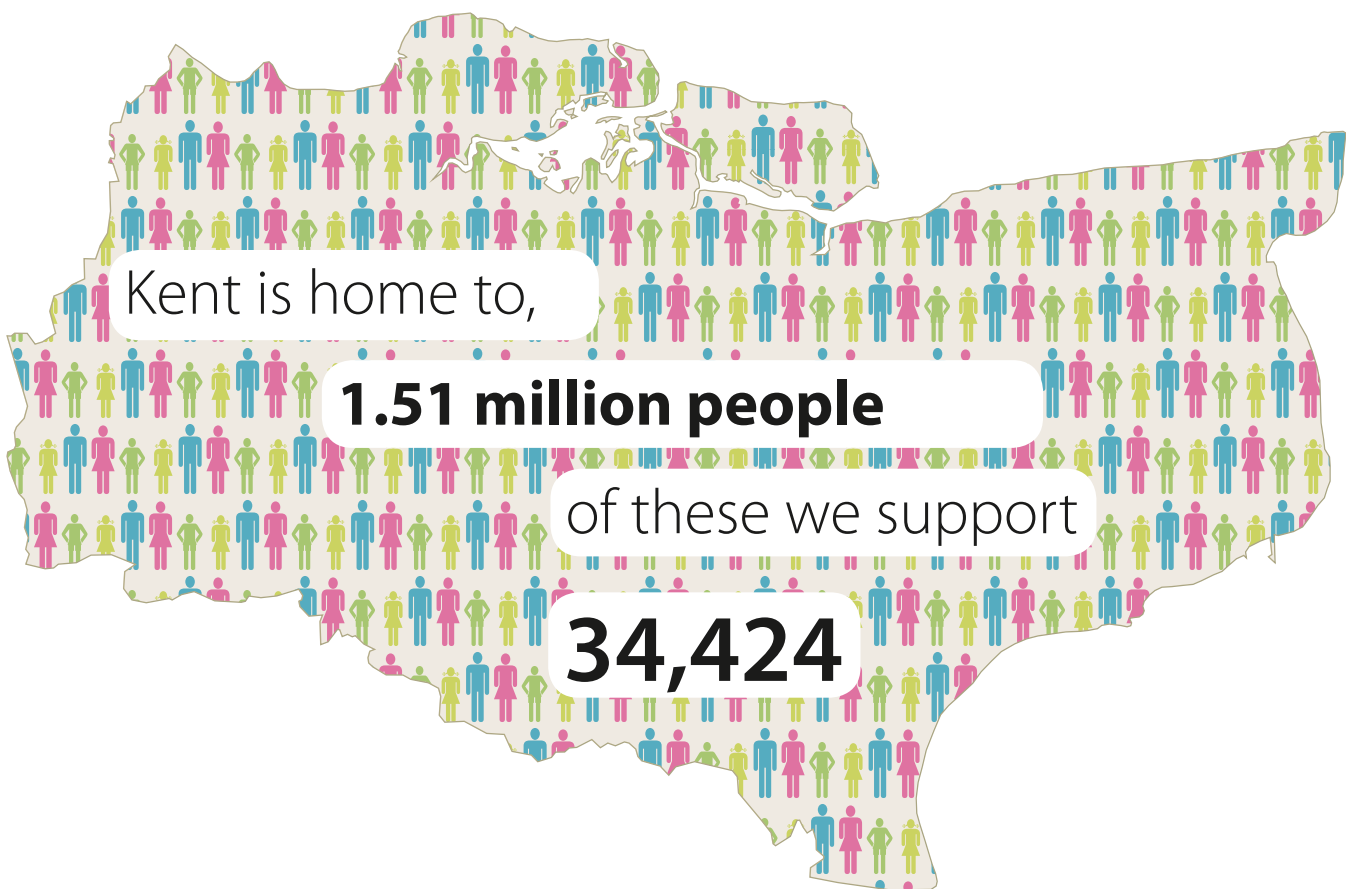
This symbol shows where there is an update on a specific item highlighted last year.



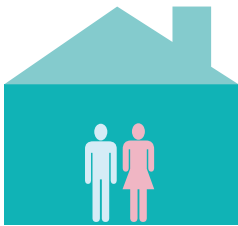
Kent and its people

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

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




Facts and figures about Kent (excluding Medway)

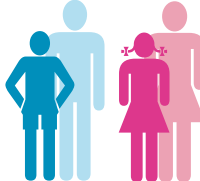


People living in urban areas make up 73% of the Kent population.

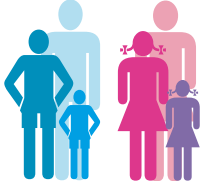
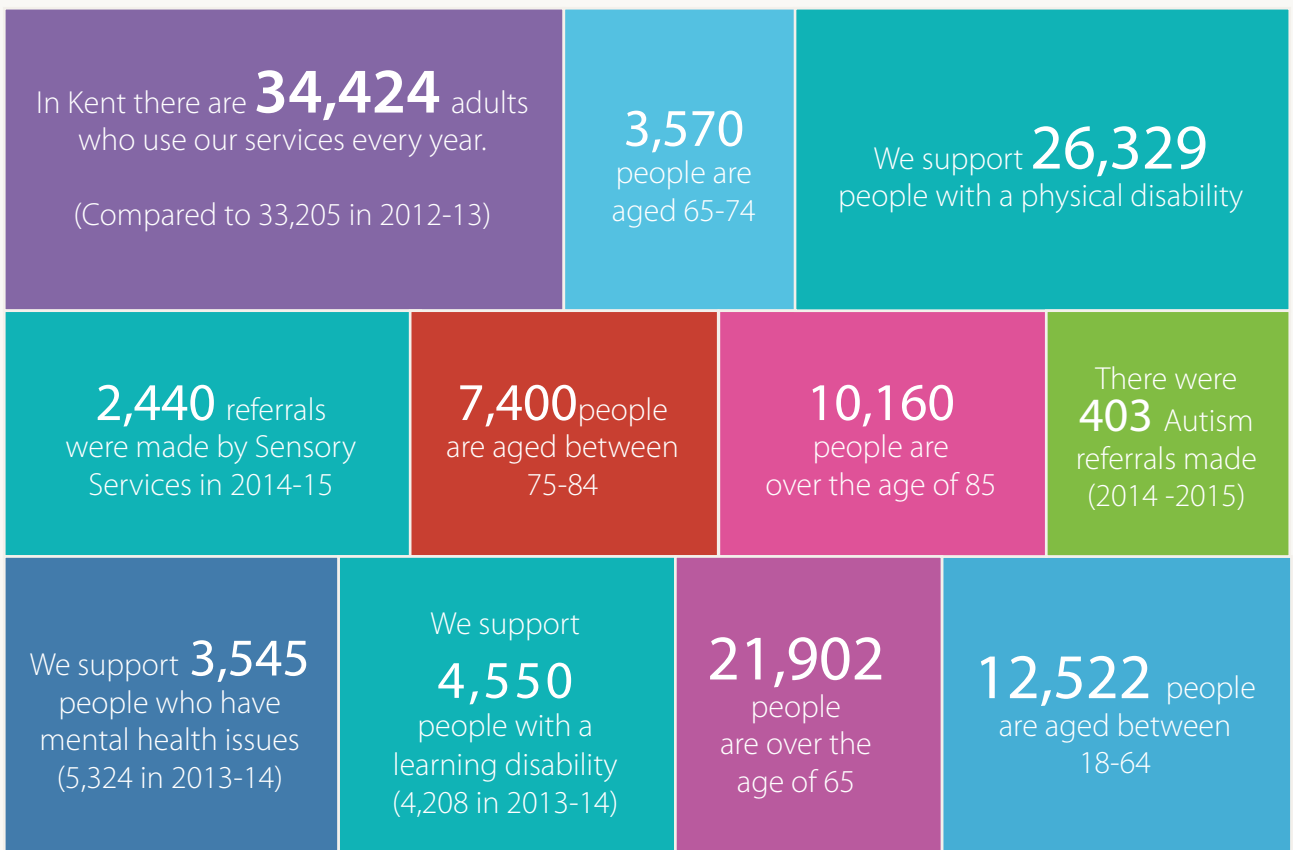
Kent has an ageing population with the number of 65+ year olds forecast to increase by 43.4% by 2026.



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



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

What do adult social care do?

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

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

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

Kent Adult Social Care support:

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

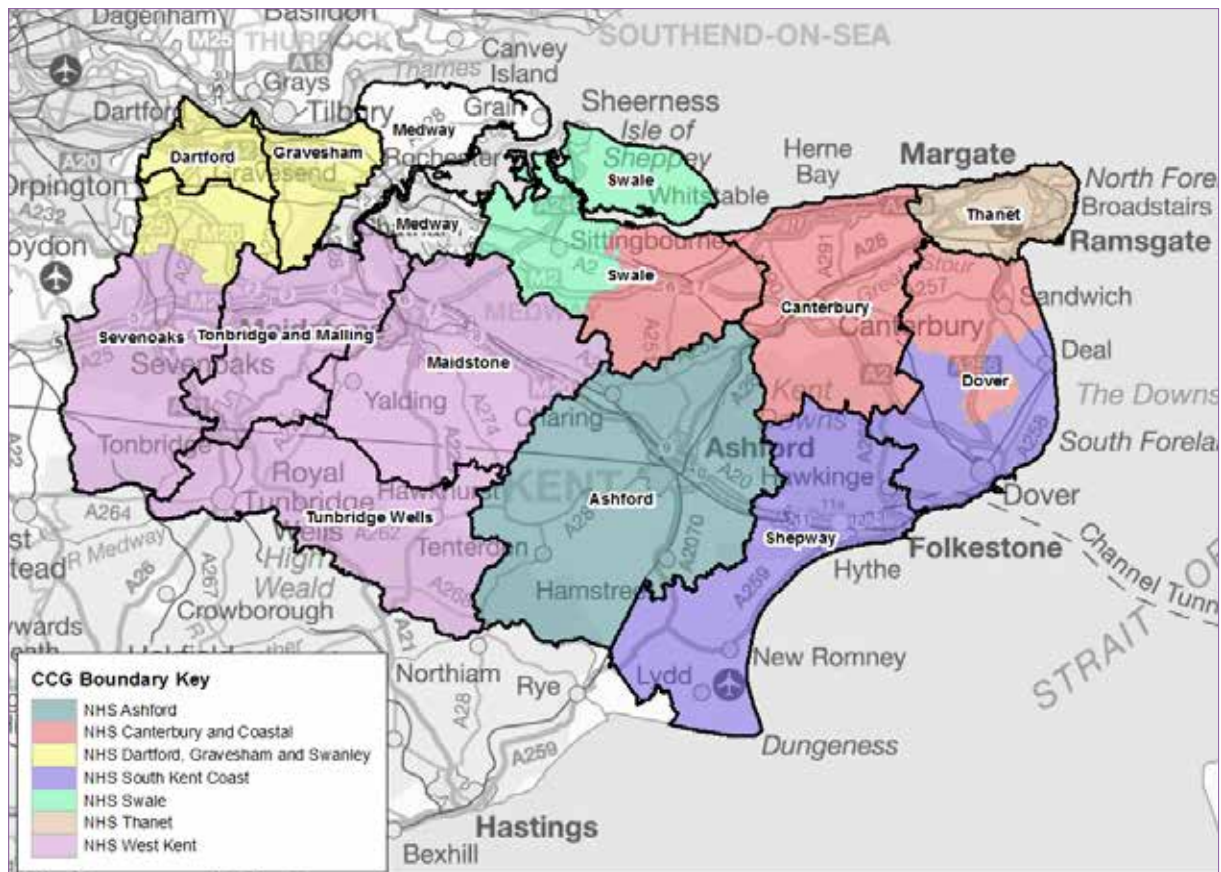
For more detailed information on all of our services you can access 'For You - A guide to Adult Social Care'. The booklet explains how adult social care works in Kent and includes important information about finding out what your needs are and how you can make the best choices about your life. Contact us if you would like a copy of "For You – A Guide to Adult Social Care" – see page 48 for our contact details.

We also have a commissioning team who are responsible for buying social care services to ensure that the right level of support is provided at the right time, right place and at the right cost for vulnerable adults, children and young people and carers in Kent.



Public Health is responsible for providing services that will improve and protect the health of the population of Kent.

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



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

CCG	Registered population*
NHS Ashford CCG	124824
NHS Canterbury and Coastal CCG	212050
NHS Dartford, Gravesham and Swanley CCG	249965
NHS Medway CCG	288630
NHS South Kent Coast CCG	200950
NHS Swale CCG	106872
NHS Thanet CCG	141140
NHS West Kent CCG	466063
Kent and Medway	1790494

*source: PCIS population June 2014

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


Structure of Adult Social Care and Public Health

There are 4 divisions within Adult Social Care and Public Health



Headline figures

34,424 adults in Kent use our services every year.



21,902 people are over the age of 65.

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

12,522 people aged between 18-64 are supported by Adult Social Care.

99.6% of the total number of people aged 18-64 have either a learning disability, physical disability or mental health issue.

Assessment

23,971 People received an assessment of their needs.

This is a slight decrease from last year's total of 24,973.



19,216 Carers had their needs assessed to identify the support they need to continue caring (15,830 in 2013-14).

Personal Budgets

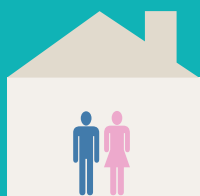
4,150 People decided to take their Personal Budget as a Direct Payment (See glossary) (3,785 in 2013-14).

2,134 People received their Direct Payment through a Kent Card (see glossary).

This is higher than last year's 1,221.

Services in the community

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



84.1% of people could return to their homes due to enablement services (see glossary). This is an increase on 2013/14.

8,131 People received enablement services (see glossary) in comparison to 2013 where approximately 8,222 people received this service.

2,660 People received a day care service.

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

Residential and Nursing Care

There were approximately **4,064** people in permanent residential placements during 2014/15.

This represents 17.8% of the population who use our services.



1,243 people were resident in nursing care homes during 2013/14.

This represents 5.4% of the population who use our services.

413 suppliers provide services in relation to permanent residential placements.

143 suppliers provide services in relation to nursing care homes.

Reviews

19,583 people received a review of their needs as of March 2014.



Carers

1,111 Carers received a 'something for me' payment (see glossary); this represents 5.78% of carers who are supported.

Complaints

538 statutory complaints were received.

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

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

63% of the 538 complaints received were either partially or completely upheld.



Compliments

Below is a sample of compliments received about our services.

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

Mr P, Ashford

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

Mrs A, Margate

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

Ms D, Tonbridge

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

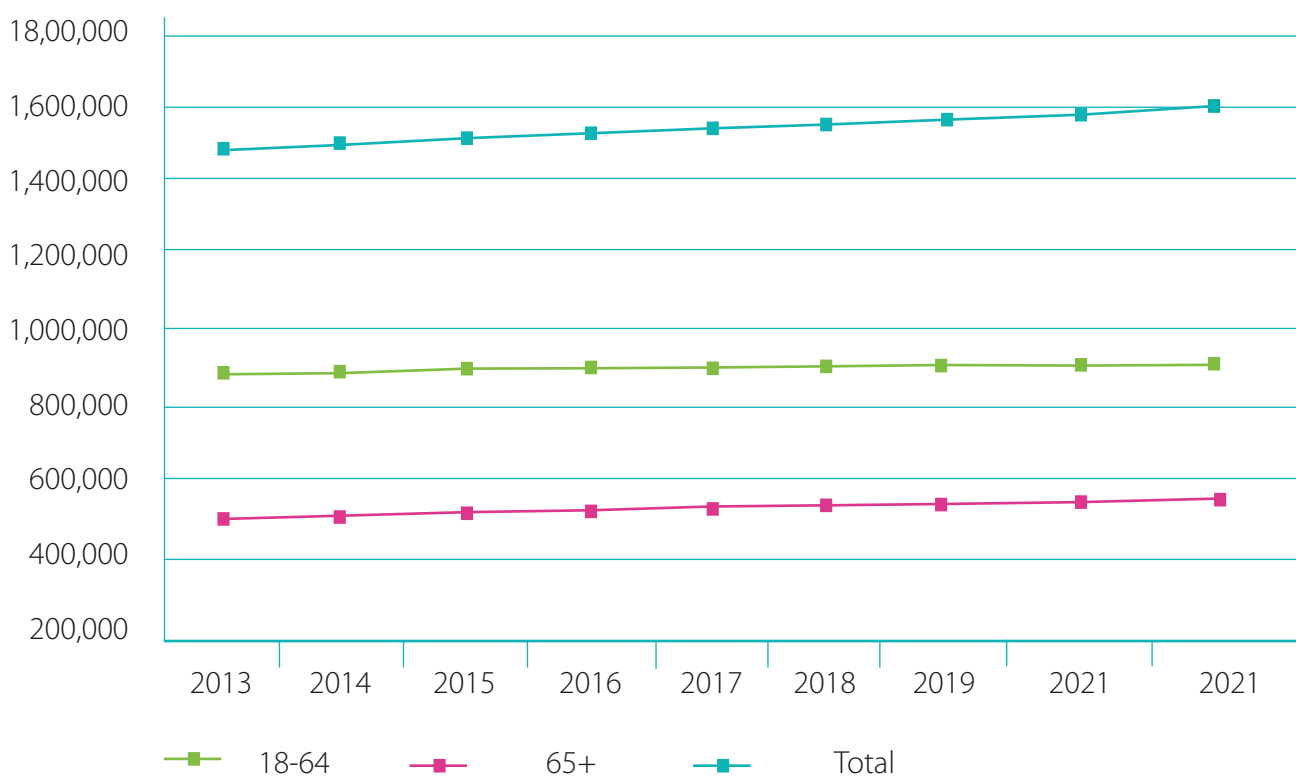
www.kent.gov.uk/about-the-council/information-and-data/council-performance

Challenges and savings

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

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

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



Age Band	2014	2015	2016	2017	2018	2019	2020	2021	2022
18-64	877,000	882,200	887,700	892,900	897,000	900,700	904,900	908,900	912,000
65+	293,600	300,600	306,900	312,600	318,800	325,100	331,400	338,000	344,900
Total	1,496,700	1,510,600	1,524,100	1,537,300	1,550,700	1,564,100	1,578,800	1,593,200	1,606,400

Transformation Programme

Kent Adult Social Care has looked at transforming existing services, delivering better outcomes for people, working more closely with health and making savings.

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

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

The transformation programme will focus on:

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

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

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

- an increase of 40% of people receiving an enablement service
- an increase of 120% of people receiving a Telecare service (see glossary)
- 2,648 service users have been helped to live more independently following an independence review
- an improvement in the way social care teams work, with more assessments and reviews being undertaken
- a reduction in the number of providers delivering domiciliary care (see glossary). This makes it easier for Adult Social Care to ensure the quality of the service is good.

The next stage of the transformation programme, phase 2, is about to get underway which will continue to work across Adult Services to enhance productivity and it is hoped it will lead to further savings, whilst improving outcomes and the quality of life for the people of Kent. We will seek to further improve the use of a broader suite of enablement based services with a focus on maximising service user independence (Self-care, self-management). Under commissioning we will continue to build upon the foundations facilitated through delivery of phase 1 activity including integrated commissioning.

Phase 3 will continue to focus on maximising the value of integration and the council's relationships with prime service providers, in line with a focus on improved service user outcomes and the realisation of whole system efficiencies.

You can read more detailed information about the wider council transformation and how it plans to deliver better outcomes in the 'Facing the Challenge' documents on our website.

Care Act

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

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

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

In summary the main changes are as follows:

New National Minimum Eligibility Criteria: Based on needs caused by a physical, mental impairment or illness that have significant impact on specific outcomes and the well-being of an adult

New Rights for Carers: New duties to provide support to carers in addition to the existing legal duty to carry out an assessment

Universal Deferred Payments: Nationally defined universal deferred payments to be administered by local authorities

Prevention: Legal duties on local authorities to provide information & advocacy to plan and prevent care needs

Statutory Safeguarding Adults Board: Will fulfil specified duties, such as the safeguarding adults reviews where there is concern that safeguarding arrangements could have been more effective



Delegation of Social Services Functions: Power for local authorities to delegate social care functions except safeguarding, decisions on charging, integration and direct payments

Prisoners: New duties on local authorities to meet the care and support needs of prisoners and people in approved premises.

The Care Act is a significant change programme which affects what we do and how we best support people who need social care and their carers.

During April 2014 – March 2015 we

- Modelled demand for carers assessments
- Commissioned additional assessments through our carers assessment and support service
- Provided training to providers
- Updated the Kent Carers information handbook for Care Act compliance
- Developed carers direct payments
- Sent out communications via our carers orgs, Kent.gov.uk and other medians



- Spoke with carers and providers at various forums about the Care Act
- A visit by The Department of Health also focused on the Care Act – we took representatives to meet carers and providers to discuss the changes.

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

Additional information from the Department of Health is available at: www.careandsupportregs.dh.gov.uk

The Department of Health has also produced some useful factsheets which are available at: www.gov.uk/government/publications/care-act-2014-part-1-factsheets

New laws in The Care Act mean councils must have an independent advocacy service for people who find it difficult to have a say in their care and services and do not have someone to help them with this.

Independent means the service is not controlled by the council and only thinks about what the people they are helping want.

Independent advocacy is about giving people as much control as possible in their lives. It helps people understand information, say what they want and what they need and get the services they need.

During the last 12 months KCC have prepared for the implementation of independent advocacy by:

- Working with finance to carry out an initial assessment of the implication of the Care Act on provision, using existing activity
- Reviewing service demand

- Holding discussions with other local authorities and advocacy experts to share ideas and plan local implementation
- Holding Care Act consultation meetings with a whole range of existing Advocacy providers – regarding capacity and implications of the Act
- Working with Training and Development to plan the training needs of the workforce
- Raising awareness and promoting the changes
- Developing referral forms and monitoring returns with the providers .



How we spend our money

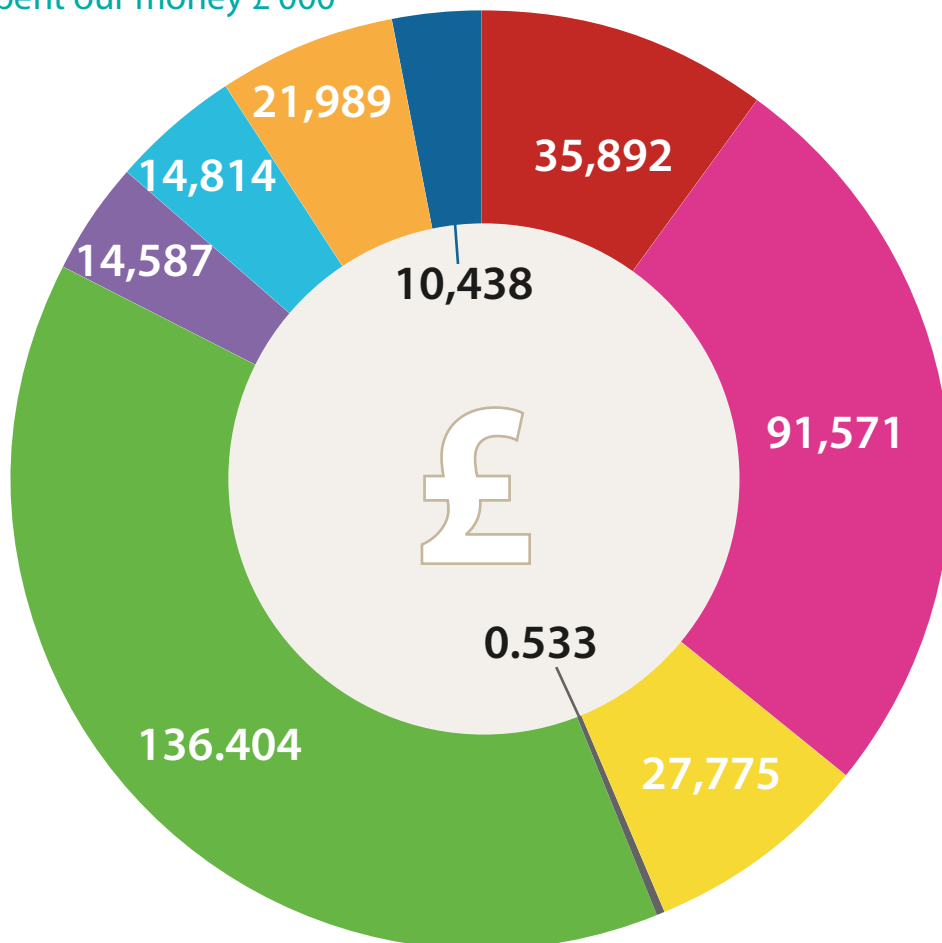
KCC's net expenditure is £1.8 billion per annum and the budget is split into three areas:










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

The Adult Social Care net budget is £ 354 million per annum, below is an illustration of how this is spent across all our client groups.

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

How we spent our money £'000



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

Service	Net (£'000s) 2014-15	Percentage of Budget
Assessment - Staff costs for carrying out community care assessments, support plans and reviews	42,406	12.0%
Residential care and nursing care including non-permanent care such as respite	164,881	46.6%
Domiciliary Care services provided to individuals in their own homes & those within extra care housing	17,045	8.5%
Direct payments - Money which is passed directly to individuals so they can purchase and manage services to meet their eligible needs	35,290	10.0%
Day care, Community Support Services & Meals	21,306	6.0%
Non-residential client charging – client contributions towards community based services	9,756	-3.7%
Enablement - Intensive short term support which encourages people to be as independent as possible	6,396	1.8%
Advanced Assistive Technology	4,605	1.3%
Voluntary organisations Contributions for social support related services	14,345	4.1%
Support for vulnerable people - Supporting People & Social Fund	21,989	6.2%
S256 Social Care Monies for Health Outcomes	-27,965	-7.9%
Management, commissioning and operational costs	9,756	2.9%
Total adult spend	354,003	

The table shows the expenditure by service. This has been updated in 2014 -15 to reflect the new responsibilities and changes in the way certain services are recorded therefore a direct comparison with 2013-14 is not possible.

A customer journey

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

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

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



1. Contact

If you feel you need support please contact the Kent Adult Social Care Team, see page 40. This can be done on your behalf by a relative, GP, neighbour, friend or carer. When you contact us we will start an assessment of your needs based on what you tell us. By providing you with the right information, advice, pieces of equipment, we can sometimes resolve your needs at this stage.



2. Community Care Assessment

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

The assessment will cover:

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

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

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



3. Financial Assessment

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

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



4. Support Plan

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



5. Arranging, managing and paying for support

Once your support plan is agreed, you will:

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

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

New Quality of Services

Update

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

Homecare

Since June 2014, Kent County Council has been working with 23 Home Care Agencies who secured contracts with us to provide care and support to people in their own homes. By working with a smaller number of Home Care Agencies, we have introduced new arrangements which involve a named contact holding regular communication with each of the 23 contracted Home Care Agencies. This has enabled us to develop closer working relationships, a greater understanding of how home care is delivered and work with Home Care Agencies to ensure a better quality of support for people who need it.

These new arrangements also provide a link for Case Managers to share any concerns or compliments on behalf of the person receiving care and support. This allows us to continuously gather and review information received to ensure Home Care Agencies deliver a quality service or if necessary that we endeavour to work with them to improve.

We were keen to learn from what had happened with the move over to new Home Care Agencies; therefore feedback has been collected from a variety of people involved in this process. These views have been vital to ensure that improvements can be made in future.

The feedback gathered identified that contracts with the Home Care Agencies have generally worked well and the majority of people are having their support delivered effectively and



their needs met. However, due to the diverse geographical areas within Kent, we need to readdress how care and support is delivered in the more rural and isolated areas.

We are also working with Care Agencies and our Operational Teams on smarter, more efficient ways of working to ensure a continuity of support and a trusted team of care workers people can rely on; with support delivered by local people in local areas.

We are reviewing current contract performance alongside our home care commissioning strategy. This will ensure the Council's Adult Transformation vision to deliver better outcomes for people who need care and support is achieved and that their needs are always at the heart of the service.

New The Mental Health Crisis Care Concordat

The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.

In February 2014, 22 national bodies involved in health, policing, social care, housing, local government and the third sector came together and signed the Crisis Care Concordat. Since then five more bodies have signed the Concordat, making a total of 27 national signatories.

The Concordat focuses on four main areas:

- Access to support before crisis point - making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously.
- Urgent and emergency access to crisis care - making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
- Quality of treatment and care when in crisis - making sure that people are treated with dignity and respect, in a therapeutic environment.
- Recovery and staying well - preventing future crises by making sure people are referred to appropriate services.
- Although the Crisis Care Concordat focuses on the responses to acute mental health crises, it also includes a section on prevention and intervention.

Mental Health Crisis Care Concordat: the joint statement

We commit to work together to improve the system of care and support to people in crisis because of a mental health condition are kept safe and helped to find the support they need - whatever the circumstances in which they first need help – and from whichever service they turn to first.

We will work together, and with local organisations, to prevent crises happening whenever possible through prevention and early intervention. We will make sure we meet the needs of vulnerable people in urgent situations. We will strive to make sure that all relevant public services support someone who appears to have a mental health problem to move towards Recovery.



New Older People and Physical Disability (OPPD) Service

The launch of the new OPPD service took place in October 2014 and is designed to deliver better care. A new way of working has been introduced in assessment and related services resulting in reduced waiting times, faster referrals and a more efficient service. The changes have led to:

- 70% reduction in waiting times
- 20% reduction in time spent on paperwork, freeing up staff for frontline work
- 60% reduction in overdue reviews
- A more consistent service
- A saving of £3.69m this year.

The OPPD service will continue to evolve and develop in response to change within KCC and wider on-going changes in the health and social care economy. During the next few months the service will gradually increase access hours to 8am to 8pm, seven days a week, including Bank Holidays, with Out of Hours cover continuing outside of these hours. The changes are essential preparation, as the county council works with partners in the NHS to integrate health and social care under the Integration Pioneer programme (see glossary).

Adult Social Care working with Health

Kent County Council is working with many other organisations such as, Kent Community Health NHS Trust, Kent and Medway Partnership Trust and CCGs, to work with people, carers and the voluntary sector to provide joint services and funding to help people manage their own health at home and in the community.

We want you to have a good experience of our joint services and to make sure that you only have to tell your story once.

You can read more in the 'Joint Health and Wellbeing Strategy' and 'Delivering Better Healthcare' on our website.

Integration with Health – providing services with health

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

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

What does this mean for you?

- Better access to Health and Social Care staff working together in GP Practices
- More effective joint services which will lead to greater independence

- Better care at home and fewer admissions to hospital and residential care, including rapid community response particularly for people with dementia
- To live comfortably at home and die at home, if that is your wish
- People will know about the information that is held about them and agree to how it is shared with other services. This will enable Health and Social Care services to ensure that people have the right support at the right time and do not have to repeat their story.

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



We wanted to develop joint social care and health teams and neighbourhood care teams further – Significant benefits are already being identified within the programme however they will look and feel slightly different in each area. Some examples of success to date include:

The Integrated Discharge Team in North Kent

In October 2013, Kent Community Health NHS Trust, Darent Valley Hospital (DVH), Kent County Council, IC24 (out-of-hours GP service) and Kent and Medway NHS and Social Care Partnership Trust were commissioned by NHS Dartford, Gravesham and Swanley Clinical Commissioning Group to provide a multi-disciplinary Integrated Discharge Team (IDT).

The IDT is a team made up of nurses, doctors, therapists, pharmacists, case managers and mental health specialists working across acute and community settings.

Their aim is to reduce admissions, ensure patients are proactively managed to reduce the length of their stay in hospital and to enable patients that are medically stable to leave in a timely manner. The goal is to ensure patients receive the most appropriate treatment, delivered by the most relevant health care worker in the most appropriate setting; all of the time. There have already been some significant results from this integrated approach:

- Decreasing trend in emergency admissions
- Reduction in the number of patients having to wait more than four hours in the Emergency Department since January 2014.
- Since November, timely access to specialist mental health assessments out of hours has improved
- Since January on average, more than 50 per cent of patients are going home with enablement including equipment. No one coming through the IDT to date has ended up in permanent care.

A patient had had multiple admissions due to chest pain, with 15 attendances at the ED in the space of one month. The patient was seen by an IDT nurse in the ED, and was assessed and referred to an IDT community cardiac specialist nurse who met the patient in hospital and explained the support that would be provided. This included access to specialist nurses, coping strategies, a medicine management plan and, most important of all, support to self-manage. The specialist nurses play a key role in educating and enabling patients about their condition. With this particular patient, that is what has made the difference to them remaining well in the community. The patient was maintained in the community without presenting back to the ED.

The idea going forward is to reduce the number of patients who present to the ED in the first place. A register detailing all patients known to have long term conditions will be held by the IDT. They will all have anticipatory care plans which will facilitate an integrated approach to the management of each patient.

There have been many similar examples since the implementation of the IDT. Of 59 referrals received by the specialist nurses in March 2014, 20 were referred on to community matrons or were already known to them. All other patients were contacted by the specialist nurses and received varying levels in intervention/input. Three of these people are now using telehealth to support them and their clinician.

West Kent Integrated Rapid Response Service

This scheme is enabling patients with more complex needs to remain at home through enhanced decision making via a multi-disciplinary team consisting of medics, paramedics and clinicians. The key to the success of the Enhanced Rapid Response Service (ERRS) is the joint working between health, social care and ambulance services, and by providing a fast response to patients.

West Kent's enhanced rapid response service was set up in November 2013 and has seen well over 5000 patients since it launched. The majority of interventions are in relation to admission avoidance and supported discharge. Case reviews are demonstrating that the scheme enables more complex patients to remain at home due to enhanced decision making via a multi-disciplinary team of medics, paramedics and clinicians. The service particularly targets people aged over 75 and includes clinical treatment, rehabilitation and support, linking these with reablement programmes.

A Care Plan Management system project has started in West Kent, led by the CCG on behalf of the Kent Integration Pioneer programme. The aim of the project is to provide person-centred digitised care plans that are shared across all care professionals involved in a person's care.

Ageless Thanet... Making Thanet a great place to grow old

Social Enterprise Kent has secured £3m of Big Lottery to lead the 'Ageless Thanet' project (part of the national Ageing Better campaign).

Working closely with the CCG, social care, local government and local voluntary and private sector organisations, the project draws on the strengths, skills and expertise within the partnership to deliver high quality services for older people that will improve their quality of life. Our aim is to make Thanet a great place to grow old and by delivering a wide range of cultural, physical and artistic activities in the heart of neighbourhoods, we are engaging with those who are most socially isolated and in need of help and support.

For more information please see our website. www.sekgroup.org.uk/ageless-thanet



Porchlight Health Inclusion Project

The Porchlight Health project covers Margate Central and Cliftonville West, the two most deprived wards in Kent. The project has delivered frontline services to individuals with complex needs which are not conventionally met by statutory services and has improved local delivery while reducing the overall cost of support. The project worked with the most vulnerable adults to assist them in navigating local services and move between transition points in their lives which, resulted in better outcomes for the individuals, particularly in terms of their health and wellbeing.

Extending GP services

We're taking part in a national initiative designed to improve access to general practice and develop new ways of providing GP services. Practices taking part in the trial are piloting a range of options to make services more accessible to patients including:

- extended GP services at local hubs from 8am to 8pm, seven days a week
- an urgent home visit service
- enhanced community care with short-term residential facilities in the community to avoid hospital admissions
- a new rapid assessment service for patients with urgent mental health needs, delivered by a primary care mental health specialist, either at a patient's home or at their GP surgery.

A new extended access GP service was launched last October, at the Royal Victoria Hospital in Folkestone. Highly trained minor

injuries nurses support the GP service and GPs now have full access to patients' records – something that patients have voiced overwhelming support for.

Folkestone Walk-in Centre became a Minor Injury Unit, focusing on the treatment of injuries such as suspected fractures of arms or lower legs, minor burns, bites and stings, for everyone aged 12 months and above. Deal Minor Injuries Unit extended its opening hours and will continue to treat minor illnesses.

South Kent Coast is one of nine pilot sites nationally to test Personal Health Budgets for people other than those needing continuing healthcare. Integrated Personal Budgets have been offered to patients to enable them to take control of their health and social care support and buy services that meet their needs.



Independence

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

Shared Lives

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

Shared Lives offers people over the age of 18, support placements within a family home for long term, transition, short breaks and day support. The Shared Lives service has been in existence for 25 years this year. It was initially set up for people with a learning disability but the service is now suitable for people with learning and physical disabilities, mental health issues, people on the autistic spectrum, older people and people living with dementia.

Shared Lives is not just about care but about opening the door to choice, satisfying experiences and a sense of belonging. The service is regulated by the Care Quality Commission (CQC) and comes out on top for all key outcomes. Kent is currently rated as a "GOOD" service. There are currently 153 adults in shared lives placements and 127 hosts (end of March 2015.) (190 adults placed and 133 hosts as of August 2015) For more information and if you have any questions about Shared Lives, please call 03000 412 400 or email the team: sharedlives@kent.gov.uk.



Case Study

Douglas's Shared Lives story

Douglas was 52 and living with his elderly father. He had put on weight, due to lack of exercise and rarely left the house. His family initially decided that he would be moved to a residential home. However someone mentioned that he may be suitable for Shared Lives and he was referred across. His brother initially was not happy with the idea that he would move in with another family but met the host family and decided to give it a go. Douglas moved in with Rod and Lee and has been living with them for 2 years, along with another Shared Lives user called Noel. During his time he:

- has lost 5 stone
- has developed a love of walking the dog
- is often out of the house and uses the bus system on his own.

Douglas is now involved in trampolining, cricket, he works at the local stables and has been on holiday for the first time in 20 years. With Rod and Lee's consistent and continuous support he has transformed into a more independent and happier person. Douglas's brother now thinks that Shared Lives is the best thing that could ever possibly have happened to him. By sharing their life, Rod and Lee have radically change Douglas's life for the better.





Promoting Independence Reviews (PIRs)

Promoting independence through review (PIR) was implemented within KCC because lots of people improve from the time they first come into the service, often in a time of crisis and a comprehensive review of their needs means that we are able to identify if they can be less dependent on the homecare they are receiving and 'get their life back'.

The revised approach to reviews has now been rolled out across the County with over 6500 reviews being carried out leading to substantial savings for the Council. These savings can then be used to reinvest in other forms of social care provision.

Promoting independence reviews provide a thorough review of a person's needs to ensure they are receiving the right level of support and to work with them to maximise their level of independence so that they can continue to live in their own homes for as long as possible. Here is one example of how a promoting independence review helped someone 'get their life back'.

Case Study

Mrs S is a 53 year old lady who at the start of the review process received a Direct Payment for her care. Mrs S had well controlled schizophrenia, ME and dizziness. She tended to stay in bed all day because she had chronic fatigue and fear of the TV with food brought to her by Care Workers.

The review identified that Mrs S had previously been mobile and that the level of fatigue was enhanced by a lack of confidence. The KCC Enablement service was provided for a period of three weeks to work with Mrs S on these issues. At the end of the enablement period, Mrs S was able to manage her own personal care and prepare and cook her own meals. The reviewer also recommended other services to help reduce Mrs S' social isolation and make her feel part of the community again.

Approved Mental Health Professional (AMHP) service



In Mental Health (MH) we are working with our partners, Kent and Medway Partnership Trust and contributing to a Planned Care Programme for the transformation of adult community mental health services. We are currently carrying out a detailed workforce mapping exercise to understand the impact of recent and planned service developments on core business. This has included the recent establishment of a designated (AMHP) service operating 24/7, 365 days of the year.

Kent Pathways Service

We are aiming to redesign the Pathways to Independence project that was piloted in 2013. The aim of the service will be to support individuals with a learning disability to achieve an **increased level of independence**. Short-term training will equip individuals with **new skills and improve outcomes** (see success stories below). This will lead to a reduction in their weekly support package. The project will focus on three key areas:

- Identifying service users who are eligible, new and existing.
- Identifying how our existing capacity will be released to support the service
- Set up an improvement cycle to ensure the best possible outcomes for our service users, supported by operational guidance.



Pathways to Independence: Success Stories

"S feels that she controls the support by the structured weekly programme and an end date as her goal, the numbered weekly progression has spurred her on and her confidence has grown with each week." – Support worker and Pathways user

"Wow, what a different lady she is from last year. She travels to and from all work placements and loves it." – Care manager

"The support I have had has been good. I would recommend it. It has helped me out. Thanks." – Pathways user

The Riverside Active Lives Network

The Riverside Active Lives Network is a Gravesend based user-led charity for adults with physical disabilities, promoting independence through their activity focused day centre. What makes this service special is that until January 2014, like many other day services up and down the country, the service had been funded through a traditional local authority block contract.

Following an extensive review of the contract and after several engagement meetings with those using the service, a decision was made to end the block contract and transition each individual onto a direct payment through the Kent Card scheme.

Kent County Council was the first Authority in England to use a prepaid card for Direct Payments and is seen as the leading Authority in this area both locally and nationally. The current Kent card has been an innovative way of delivering direct payments in social care since 2007. The Kent Card has proved to be an effective way to empower Kent citizens to take control over the services they access to support their needs and the user-led Riverside Active Lives Network has proven to be an outstanding example of this.

Since April 2014, with the continued support of KCC's Community Support Commissioning Unit, members of the Riverside Active Lives Network have used their direct payments to develop an outcome focused user-led service. From forming a board of trustees made up of both service users and carers, to becoming a registered charity, the service has gone from strength to strength.



Paul Kitchener, who has cerebral palsy, has been a long standing member of the day service since 1999. Paul has always had a keen interest in computers and

taught himself how to use a PC with one hand before moving on to a Maltron Expanded Keyboard. Between 1994 and 1998 Paul went to college attaining BTEC and City & Guilds certificates in IT.

When asked whether he would build the website for the Riverside Active Lives Network, Paul was quick to say yes and in his own words he now "feels great. I get to use my skills for a service that I love attending."

The website can be reached at:
www.riversideactivelivesnetwork.co.uk



In January 2015 The Riverside Active Lives Network secured funding for their own minibus and members were delighted to have been selected as one of the services visited during a visit by the Turkish Ministry earlier this month.

(Delegates from the Turkish Ministry meeting members of the Riverside Active Lives Network during their visit in January 2015.)

For more information on the Kent Card please go to www.kent.gov.uk/careandsupport

Integrated Community Equipment Service (ICES)

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



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

With demand for equipment in Kent rising by 16% in the last year and predicted to continue increasing, we are commissioning a service which will make the best use of our financial resources whilst being more responsive to service users' needs.

A Section 75 agreement has been agreed for community equipment services, so KCC and the seven Kent CCGs are now jointly commissioning the new fully ICES.

This new service will reduce care home/foster care and hospital admissions and assist with timely discharge from hospital. It also supports the changes being implemented by the Care Act.

In addition to the new ICES, **there will be a new contract for a Digital Care and Telecare service** that will bring together telecare installation and monitoring, service user support and staff training under the responsibility of a single provider.

What are the benefits to customers?

- Service user choice through a customer-initiated delivery model.
- Seven day a week deliveries, with timed delivery slots.
- Support for rural areas and community based events using a mobile demonstration vehicle.
- Improves the co-ordination of care as different health and social care professionals will be able to have a single, integrated view of the person's equipment record.
- One customer service team for equipment and one customer service team for telecare.
- Support offered to self-funders, including access to information and retail facilities.

Other benefits include:

- Mobile accessible, web based catalogues and ordering systems with ability to live-track orders.
- Ability to see what equipment somebody already has at home or school.
- Equipment services will provide seven day a week deliveries to support hospital admission prevention or to facilitate timely hospital discharge.
- New ICT systems to manage demand and budgets.
- Secures better value for money through effective recycling of equipment and access to non-stock recycled equipment on other contracts held by the provider.

The two new services will be launched from 30 November 2015 and both contracts will be for a period of five years, with the option to extend for a further two years.



Quality of life

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



Good Day Programme

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

The programme develops community-based day opportunities, for people with learning disabilities, commissioned in a way that maximises the use of the same facilities as others in the community. It supports a community approach and supports community



partners to improve access, including having more 'Changing Places' so anyone who needs assistance with their personal care can still access their community.

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

Our aim is to help people:

- Choose what they want to do during the day, evenings and weekends.
- Have support when and where they need it.
- Feel equal citizens of their local community.
- Have opportunities to lead a full and meaningful life.
- Each district is shaping their community-based services in different ways, below is an overview of each area.

Ashford

The Ashford Community Day Service is based in two community hub locations giving full access to the local community:

- The Stour Centre (Ashford Leisure Trust) which offers a changing place and access to sports facilities.
- Ashford Gateway which offers a changing place, sensory facility and activity rooms.

Canterbury

There is a Community Day Service at Northgate Ward Community Centre but we also have a base at Thannington Resource Centre, both of which have adult changing places. Local facilities are used as much as possible in order to build links with the community and which can be accessed by public transport although this can be difficult on occasions.

Dartford

Dartford Community Day Service is based at 2 Essex Road and offers activity space and an accessible kitchen. The service also utilises space at The Bridge in Dartford which has sensory facilities, a changing place and fully accessible kitchen, and The Yew Tree building, which has a changing place and sensory facilities.

Gravesham

Building work to renovate the Gravesend Social Education Centre has now been completed and includes new sensory facilities, a changing place, fully accessible kitchen and activity space. Throughout the renovation works, the service continued to offer variety of activities within the community and support people to access these. The service has built firm links with the community and utilises space at Cascades, Woodville Halls, Milton Church and Gravesham Place. They also participate in and run social events for the whole community.



Maidstone and Malling

The Maidstone and Malling Community Day Services are based in four community hubs:

- **Meadowview**, Maidstone which offers a day service, a garden and is the main office
- **Trinity Foyer**, Maidstone town centre which offers a day service with changing places facility
- **YMCA**, Maidstone, which offers a day service, changing places facility and a disability sports programme, including: trampolining, archery, football, curling, Zumba and boccia as well as a fully inclusive gym.
- **West Malling Cricket Pavilion**, offers a day service and an allotment.

There is easy access to a number of the local community facilities and activities which, include the leisure centre for swimming, cinema, sports activities at the YMCA, local coffee mornings at the Salvation Army, tending to the allotment and looking after planters at a local country park, along with golf, fishing, living skills and preparing for employment.

Sevenoaks

The Community Day Service is based in the heart of Sevenoaks town centre, uses part of the local Leisure Centre as a base and offers a changing places facility. Access to the immediate community is easy by foot and people who live further afield have access to the nearby bus and train station.

Shepway

The Shepway Community Day Service is based over four community hub locations:

The Bridge Community Resource Centre in Hythe, which offers sensory facilities and a changing place.

Folkestone Sports Centre, which offers a large sensory room, changing place and access to all sports facilities.

Romney Marsh Academy (Phase 2 named by service users) in New Romney, offers access to the local community.

Cheriton Community Network on Cheriton High Street, offers access to the local community in addition to music and singing sessions.

Swanley

The Swanley Day Service is currently based at the junction in St Mary's Road, however following a consultation, works are underway to create a new base within the Gateway. The service aims to transition to its new base in the new Swanley Gateway building during Spring/Summer 2015. Activities organised include swimming, computer skills, shopping, work



training, going to the cinema, going to college or just spending time with friends. It will also include training people how to get out and about safely using public transport, if they wish.

Tonbridge

This Community Day Service offers access to local facilities such as attending the local church, swimming and the youth hub. All facilities are accessed via public transport although this can be difficult on occasions.

Tunbridge Wells

Evolve Day Services based in Edenbridge, is very close to the local high street and local amenities. The service is based in two locations, three days are spent based at the Eden Centre and the other two days are based at the local leisure centre. The Eden Centre offers activities such as cooking, arts and crafts, and a sensory room. Encouragement is given to access public transport but the service has its own vehicle which, caters for those with specific needs.



Gravesend Community Day Services centre

The centre is undergoing a complete revamp to update all the facilities; work commenced in July 2014 and was completed by April 2015. During the first phase four rooms were successfully revamped. There's now a new sensory room, modern kitchen with adjustable sink and cooker, new care lounge, where several daily activities occur, and a new changing places hygiene room.

The feedback from service users has been fantastic. "The Water bed feels really good" Brett. "Thumbs up from Amrit". Comments regarding the New Kitchen include; "It's big and bright and new, I like cooking in there" Julie, "It's good, and has changed like all the new things in there to use" Louise.

The revamp has been a remarkable challenge for everyone involved and the staff have worked exceptionally hard to make sure all services continue to be provided despite the dust and rubble throughout each phase. Thank you for everyone's hard work.

Westview Enablement

West View is an integrated Health and Social Care Centre that aims to provide a range of services for older people. The accommodation provides Intermediate Care, residential and respite care. Intermediate Care provided at West View enables people recovering from illness to receive the support and rehabilitation they need to help them return home rather than go into permanent care. Individuals can also be admitted to West View as an alternative to going into hospital should they find themselves in crisis and facilitate discharges from acute hospital beds. This service is supported by the Intermediate Care Team comprising of Occupational Therapy, Physiotherapy, speech and language therapists, stroke specialists, dieticians, neurology services and case management. Recent new ways of working for staff at West View have included registered general nurses taking on the role of arranging enablement directly, in order to speed up discharge for service users with less complex needs, and thereby freeing up case management time to focus on complex case work.

One example is that of an elderly lady who was referred by the Intermediate Care Team having been visited at home. She was suffering with severe back pain due to fractured bones in her spine as a result of Osteoporosis. Her stay at West View lasted for a period of 4 weeks, where she was supported by Physiotherapists, Occupational Therapists, a local GP, and case management. This team worked together with the West View nursing staff team to plan her goals and arrange her discharge home. Equipment was provided and fitted at her home prior to discharge and enablement was also arranged. Upon being discharged the lady was pain free, more confident with her mobility and the Intermediate Care Team has continued to support her at home.

This success story is one of many out of 290 admissions during 2014 to the West View Integrated Care Centre, intermediate care units.

Public Health

It is not just Adult Social Care helping you to maintain your independence, Public Health are also working on a number of prevention programmes focusing on Dementia, postural stability and flu.

Postural stability class is an exercise programme funded by Kent County Council Public Health to prevent falls in older people. Evidence suggests that a course of Postural Stability classes are effective in improving balance, confidence, and in strengthening muscles, therefore reduce the rate of falls in vulnerable groups by up to 50%. Falls prevention is a key priority for Kent Public Health, particularly because we have an aging population and our aim is to support them to live independent and fulfilling lives.

For more information or if you have anyone who you feel will benefit from these classes please contact Access to Resources (A2R) directly on fallsprevention@kent.gov.uk or telephone 03000 417708.

Compliments, comments and complaints

Feedback from you is enormously important. We want to hear about your experiences of our services. Complaints and compliments can help us improve the services we provide to all customers. We investigate all the complaints we receive and respond as quickly as possible.

During the last 12 months, the complaints and enquiries received in Adult Social Care were analysed to determine if there were any organisational lessons or insights we could obtain from the feedback.

In 2014-15 we received:

- 538 complaints
- 407 enquiries
- 760 compliments.

Of the complaints:

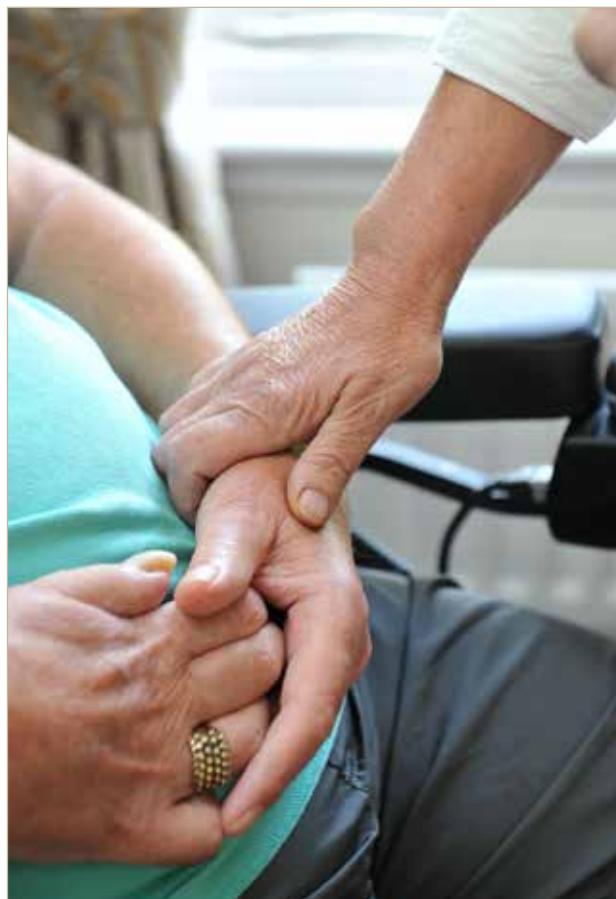
- 170 were not upheld
- 133 partially upheld
- 206 upheld
- 17 withdrawn
- 12 other.

The main reason for complaints were:

- Communication Issues
- Delays
- Charging disputes
- Quality of Care

The Key themes and issues from complaints received were anonymised and discussed at the Quality and Practice Groups. Topics and the outcomes of these included:

- The production of a booklet entitled "Your Care Bill Explained". This was produced as a consequence of a number of complaints and enquiries received from the public about the difficulty in understanding the information contained in the invoices people received about their charges.
- There was also a reminder of the need to provide people with information about charging when a residential care placement



is being considered. This includes a letter for the service user or their representative to sign to say they have received the information about the possible charges. Several people said they were unaware of the charges or that some aspects of the charging were unclear (such as third party top up for care costs).

- It was evident from some complaints that relatives and family members sometimes felt they were not communicated with regarding decisions or changes in circumstances for an individual. (Although the client's right to confidentiality also has to be recognised).
- There were a number of complaints relating to safeguarding where families did not feel they were kept sufficiently informed. The **Making Safeguarding Personal** initiative has helped to address this and to ensure the service user remains central to the safeguarding process.

- One complaint highlighted the need to ensure that all assessed eligible care needs should be taken into account when reviewing a person's needs so that the care package is not reduced and needs are not left unmet.
- Any delays in the provision of support should be addressed where a need has been identified and the Care and Support Plan is agreed. This includes where a Direct Payment has been agreed but there is a delay in the support being arranged. If there is going to be a delay then the service user should be kept informed.
- Complaints provided a reminder that good record keeping should be maintained, particularly where decisions are made or a significant change takes place for the service user.

You can make a complaint about our services whether you use them or not. You can also complain if you have been affected by our actions or decisions. You can either complain on your own behalf or with the help of someone else such as a relative, carer, friend or advocate. We may need to seek consent from you to ensure you agree to the complaint being raised by someone else on your behalf. A member of our complaints team can assist if you need help to make a complaint or require an advocate.

We've written a short guide to making a complaint, comment or compliment which can be found on our website.

You can also compliment us, here are a few examples of complements we have received.

- Paula has been an absolute godsend to us all. Her support has been completely and utterly valuable. Nothing is too much trouble and she always goes above the call of her duty. I would be grateful if you could pass on our thanks for everything she has done for us and we hope she will continue being a source of support for the future. Mrs D - Folkestone

- Some weeks ago my wife and I had a visit from an Occupational Therapist within your organisation. My wife has been disabled for over twenty years and struggles for any mobility, the result of Rheumatoid Arthritis, two bouts of Viral Meningitis and latterly, a stroke. The staff member was punctual, educational and overall, professional in her approach to us and certainly provided my wife with some hope that some things could be done which could help. A very short time after her departure we had a knock at the door (following a telephone call arranging an appointment) and a very pleasant workman briskly installed some handles outside the front and rear doors and a further gradual step to assist exit and entry. I have no hesitation in fully commending the Occupational Therapist, and your department in this matter. Mr M - Maidstone

- I want to thank you for all you did to try and give my Dad some optimism of regaining a degree of mobility at a time when things really were looking bleak for him. We are all very grateful for the time and effort you put in to help him. Mrs S - Headcorn

- I visited many care and respite centres before placing my wife with you and want you to know that none of them came close to the standards of care, supervision, cleanliness and all round professionalism maintained. Mr E - Ramsgate

- I'm sure you are up to your ears in work but I just wanted to say a sincere thank you for all you did to help with my mother following her stay in the local hospital. She is going from strength to strength and it's good to hear her laughing again. I know it's fashionable to knock Social Services but this without a doubt is a success story. Mr P - Canterbury

Safeguarding

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

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

Making Safeguarding Personal

'Making Safeguarding Personal' has been successfully integrated into adult safeguarding, ensuring vulnerable adults are at the centre of our practice. The launch events took place in November 2014 and are now available to view online on the Kent.gov website.

A multi-agency package of workshops for safeguarding leads across Kent has been developed and was delivered in the Summer 2015.

'The Care Act 2014' guidance was published in October 2014 by the Department of Health and came into effect as of 1 April 2015.

Extensive work has been undertaken by KCC and multi-agency partners, many of them being led by the Safeguarding Adults Board (SAB), to ensure that we were Care Act compliant, for example:

- The Policy, Protocols and Guidance document has been revised in line with the Care Act
- Integration of Making Safeguarding Personal, which was implemented in January 2015
- Ongoing work to revise processes and forms used
- Making information accessible to all
- Implementing Quality in Care

- Transforming Care – This is the second phase of the Winterbourne Programme (see glossary) and we continue to integrate between Health and Social Care to prevent inappropriate hospital admissions for people with learning disabilities experiencing mental health issues or episodes of challenging behaviour that could be managed in the community.

A Safeguarding Adults and Mental Capacity Act Development Framework is being developed to support practitioners at all levels. This will help increase knowledge, skills and understanding of their roles and responsibilities within Adult Safeguarding, Mental Capacity Act and the Deprivation of Liberty Safeguards.

Adult Social Care and Community Wardens are ensuring that victims are supported, furthermore we have in place a range of preventative strategies to try and stop people becoming victims in the first place. Community wardens visited over 1,000 scam victims as part of the 'Stop the Scammers' campaign, in order to educate and support the scam victim.

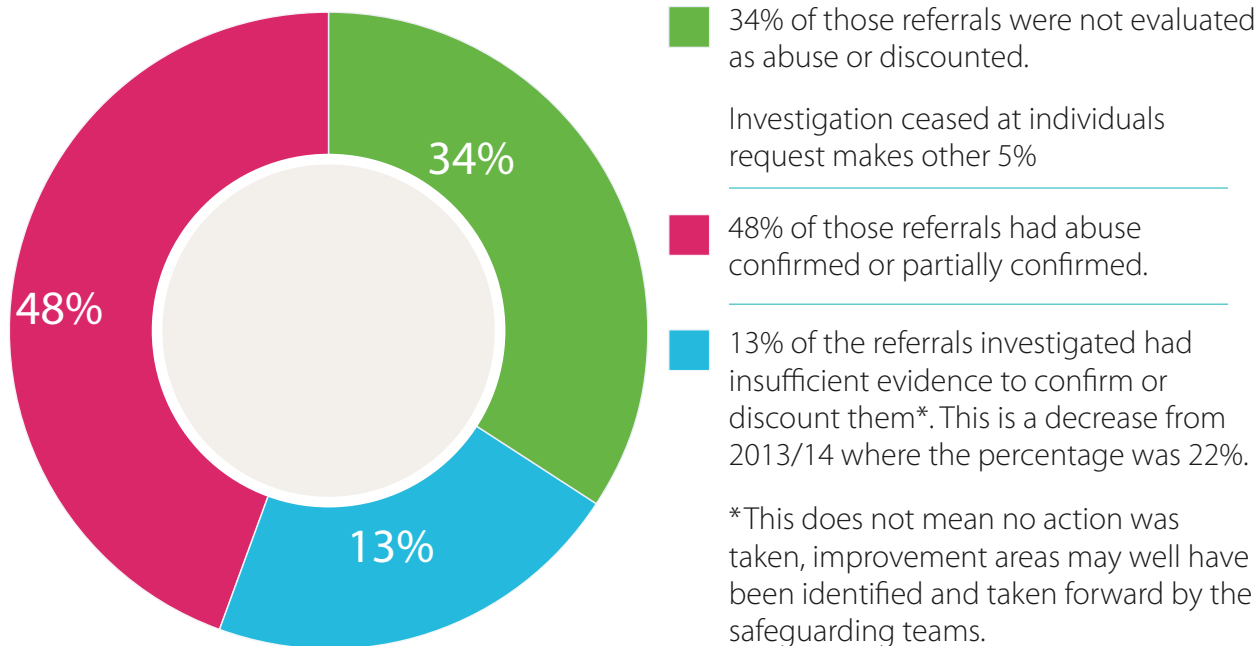
Our safeguarding commitments to you:

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

Facts and figures

3273 safeguarding referrals were received during 2014/15 in comparison to 2013/14 when there were 3,176.

In addition to this another 3,382 safeguarding contacts were received but did not meet the criteria to be referred for investigation.



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

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

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

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

For more information visit:
www.kent.gov.uk/adultprotection

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

Sensory and Autism Services

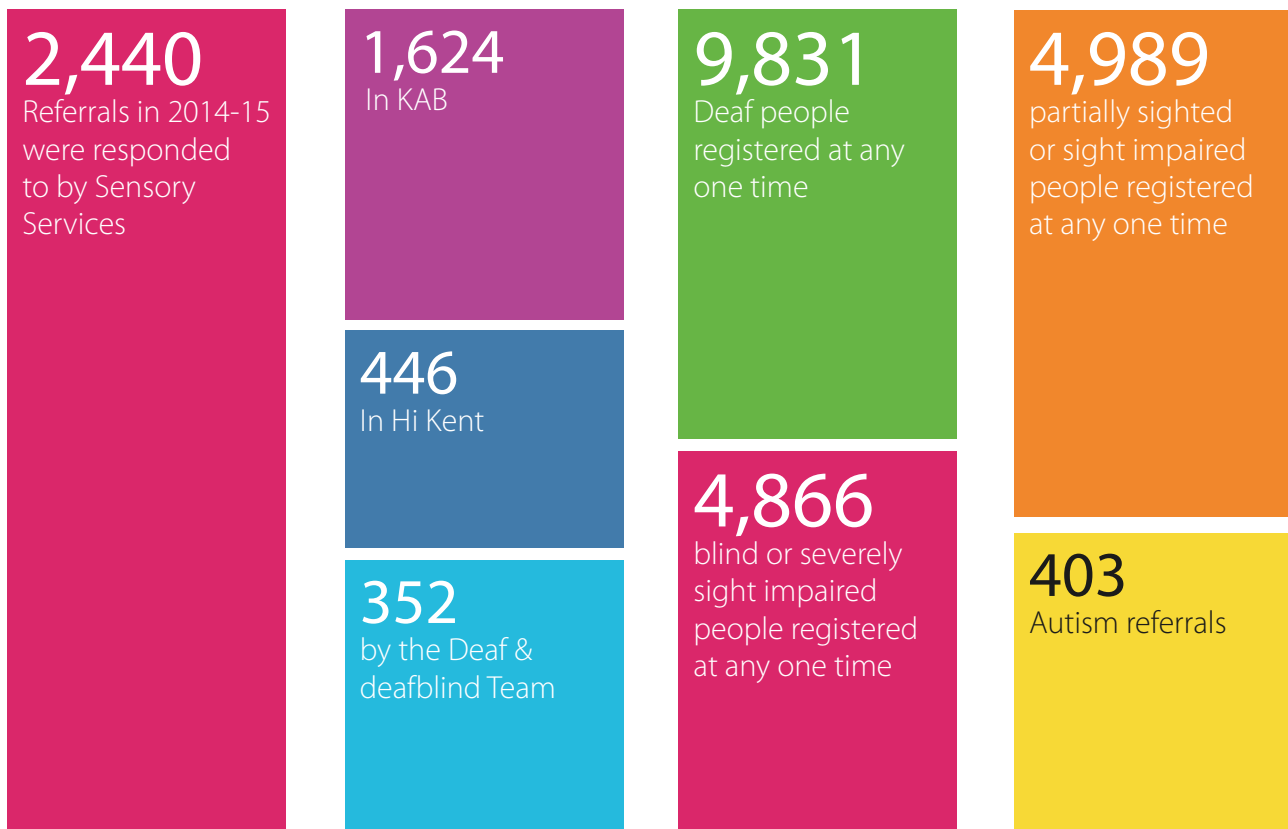
Kent Adult Social Care has its own specialist unit for sensory impaired people (d/Deaf, sight impaired, deafblind) and individuals with an autistic spectrum condition. The unit comprises both in-house teams and voluntary organisations: Hi Kent (see Glossary) the Royal Association for Deaf people (RAD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

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

Hi Kent provides equipment assessment and provision for older people and a hearing aid maintenance service and has resource centres in Maidstone and Canterbury. Kent Association for the Blind (KAB) provides: assessments, rehabilitation training (mobility, daily living and communication skills training), registration as sight impaired and has resource centres in Maidstone and Canterbury. KAB also provides a Guide Communicator service – a specialist one to one support service for deafblind people. The Royal Association for Deaf People (RAD) provides interpreting services for d/Deaf and deafblind people. The Unit manages this contract on behalf of a number of public agencies in Kent.

Advocacy for All provides 11 peer support groups for people with an autistic spectrum condition across Kent.

Headline figures





In the Local Account for 2013/14 we said we would:

Sensory Strategy

Complete the work looking at the needs of sensory impaired people, a Sensory Strategy for Kent and a plan to improve services for people with learning disabilities who are d/Deaf, sight impaired or deafblind.

We completed a Sensory Joint Needs Assessment which considers the numbers and needs of sensory impaired people in Kent to help us with the future planning of services. We finalised the plan for people with learning disabilities and sensory impairments and the Sensory Strategy.

Sensory and Autism Services Transformation

We also said we would commence a transformation programme for the Sensory and Autism Services Unit to improve the efficiency and effectiveness of services and deliver better outcomes for service users.

We established a Sensory and Autism Redesign project and carried out the first two phases of the project. We relocated the teams to one central location in Ashford, established a new Sensory Services team, a Business Support team and a new referral and duty service for the unit.

Eye Clinic Liaison Officer project

We further developed the Eye Clinic Liaison Officer (ECLO) service.

ECLOs are based in Eye Clinics in hospitals and provide information and advice, emotional support, initial assessments and signposting to sight impaired people. This service is provided by KAB and has received some very positive feedback:

“The service is a great thing – and excuse the pun but it has been such an eye opener for me.”

“Tell the lady at the hospital she was brilliant and I think it’s really important that people have someone to talk to when they come out of the doctors. Especially if it is their first time at the hospital – it is shocking to be told you are blind.”

We continue to provide support to maintain this service and work with the Local Eye Health Network to raise awareness and promote the service.

Autistic Spectrum Conditions (ASC) Strategy and Neurodevelopmental Pathway

We continue to develop an Autistic Spectrum Conditions (ASC) Collaborative and an Autism Strategy and work with Health colleagues to develop an All Age Neurodevelopmental Pathway.

The ASC Collaborative is a group of people from various agencies involved in working with people with autism. To help develop an autism strategy for Kent the group considered national legislation and policy, Best Practice elsewhere in the country and the situation locally for people with autism.

Work was also undertaken with Health and KCC colleagues to develop a Kent wide pathway for both children and adults with a neurodevelopmental condition, particularly autism and ADHD. This aims to improve diagnostic and post diagnostic support services.

Development of the ASC team

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

We have established an ASC Enablement pilot project based on Occupational Therapy skills training and the provision of equipment to promote the independence of people with autism.

We continued to develop the team and looked at various ways to manage demand such as providing assessments at Gateways. We worked with individuals with autism and their families and carers to find new ways to successfully manage their issues and situation.

New

Autistic Spectrum Conditions Enablement project

We have set up an ASC Enablement project and used new tools and techniques to help people with autism develop independence skills. We trialled equipment such as squeeze jackets and weighted blankets and apps such as “Brain in Hand” which help reduce people’s anxiety and stress. Some very positive outcomes were achieved by individuals. This is an innovative project of national interest.

Case Study

Martha is a 19 year old female who has complex Obsessive Compulsive Disorder (OCD) and autism and attends a specialist school. She lives at home with her parents and is very dependent on her mother for all personal care, and meals. She has very high anxiety affecting her ability to travel and has not been to school for 3 months. She has severe sleep difficulties and does not go out alone.

After an intensive period of skills training provided by the ASC Enablement service she is now washing and dressing independently, making family meals, attending school, travelling independently and safely, having work experience in a charity shop, eating and drinking in public places, sleeping better and showing a significant increase in confidence and self-esteem.

Contact Details

Getting in Touch

There are several ways for you to contact us.

Telephone

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

Call our contact centre

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

Telephone: 03000 41 61 61

Text relay

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

Text Relay: 18001 03000 41 61 61

Out of hours service

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

Telephone 03000 41 91 91

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

Email

You can email us with queries or questions about any of our services or information.
social.services@kent.gov.uk

Website

www.kent.gov.uk/adultsocialservices

Visit a Gateway

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

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

Listening, responding and improving

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

If you wish to make a complaint contact us

Email: complaintsteamadults@kent.gov.uk

Web: www.kent.gov.uk/haveyoursay

Tel: 03000 410 410

Text relay: 18001 03000 410 410

Or you can write to:

KCC Adult Social Care
Complaints Team
Invicta House
County Hall, County Road
Maidstone,
ME14 1XX.

Glossary

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

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

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

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

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

BME: Black minority ethnic residents in Kent.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Safeguarding Adults Board: The board consists of representation by senior management from the council, CCGs, Police, carers, voluntary and private sector representatives. A range of these partners may be involved in an investigation/

enquiry regarding suspected abuse or neglect. The board also arrange serious case reviews (which will become Safeguarding Adults Reviews under the Care Act) where there is concern that safeguarding arrangements could have been more effective.

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

Telecare: describes any service that brings health and social care directly to a user (generally in their homes). It enables people, especially older and more vulnerable individuals, to live independently and securely in their own home by providing them with personal and environmental sensors in the home. These remotely monitor over a 24 hour period and should something happen like you have a fall, a warning is sent to a response centre and the required help is sent to assist you.

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

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

Data Sources

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

Feedback

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

The following questionnaire asks for your opinion about the annual report for adult social services 2014/15.

1. I am (please tick)

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

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

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

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

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

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



If you have any additional comments please include them here.

Thank you for taking part in this questionnaire.

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

Local Account Feedback
Performance and Information Management Team
Social Care, Health and Wellbeing
Kent County Council
3rd Floor Invicta House
County Hall, County Road
Maidstone
ME14 1XX

Email: kentlocalaccount@kent.gov.uk

Twitter: You can follow us on twitter, www.twitter.com/@Kent_cc

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



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