

**ADULT SOCIAL CARE AND HEALTH CABINET
COMMITTEE**

Thursday, 14th January, 2016

10.00 am

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



AGENDA

ADULT SOCIAL CARE AND HEALTH CABINET COMMITTEE

Thursday, 14 January 2016 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 3 December 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 Kent Drug and Alcohol Services - contract awards (Pages 21 - 26)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Director of Public Health, and to consider and endorse or make recommendations to the Cabinet Member on the proposed decision to award the contract in West Kent to the successful bidder, from those listed in the exempt appendix to the report, and to extend the existing contract in East Kent.

B2 Healthwatch Contract (Pages 27 - 46)

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 endorse or make recommendations to the Cabinet Member on the proposed decision to extend the Healthwatch Kent contract from 1 April 2016 to 31 March 2018, with an optional one-year break clause at the end of year one (31 March 2017).

B3 Outcome of the formal consultation on the closure of Blackburn Lodge care home (Pages 47 - 62)

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 endorse or make recommendations to the Cabinet Member on the proposed decision to close Blackburn Lodge once suitable alternative provision is established on the Isle of Sheppey.

B4 Outcome of the formal consultation on the sale as a going concern of Wayfarers care home, Sandwich (Pages 63 - 78)

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 endorse or make recommendations to the Cabinet Member on the proposed decision to secure the transfer and sale of the Wayfarers care home as a going concern.

B5 Outcome of the formal consultation on the closure of the Dorothy Lucy Centre, Maidstone (Pages 79 - 94)

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 work undertaken to date. A formal decision will be taken by the Cabinet Member following further work and discussion at this committee's March meeting.

B6 Outcome of the formal consultation on the closure of Kiln Court care home, Faversham (Pages 95 - 110)

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 work undertaken to date. A formal decision will be taken by the Cabinet Member following further work and discussion at this committee's March meeting.

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

C1 Budget 2016-17 and Medium Term Financial Plan 2016-19 (Pages 111 - 124)

To receive a report by the Deputy Leader and Cabinet Member for Finance and Procurement, the Cabinet Member for Adult Social Care and Public Health and the Corporate Director Social Care, Health and Wellbeing, which sets out the proposed draft Budget 2016/17 and Medium Term Financial Plan (MTFP) 2016/19 as it affects the Adult Social Care and Health Cabinet Committee. The report includes extracts from the proposed final draft budget book and Medium Term Financial Plan relating to the remit of this committee (although these are presented as exempt appendices as item F5 below, until the Budget and Medium Term Financial Plan are published on 11 January)

C2 Cabinet Members' Priorities for Business Plans 2016/17 (Pages 125 - 134)

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 priorities which Cabinet Members wish to see reflected in 2016/17 business plans, and to comment on these before plans are drafted.

C3 Care Act 2014 Implementation update (Pages 135 - 142)

To receive a regular update report from the Cabinet Member for Adult Social Care and Public Health and the Corporate Director of Social Care, Health and Wellbeing on the implementation of the Care Act 2014, following on from the update given to this committee on 10 July 2015.

C4 The Public Health Strategic Delivery Plan and Commissioning Strategy (Pages 143 - 148)

To receive a report from the Cabinet Member for Adult Social Care and Public Health and the Director of Public Health on the development of a revised approach to public health commissioning.

D - Monitoring

D1 Work Programme 2016/17 (Pages 149 - 154)

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

no items

MOTION TO EXCLUDE THE PRESS AND PUBLIC FOR EXEMPT ITEM

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

EXEMPT ITEM

- F1 Kent Drug and Alcohol Services (exempt appendix to item B1)
- F2 Outcome of the formal consultation on the closure of Blackburn Lodge care home (exempt appendix to item B3)
- F3 Outcome of the formal consultation on the sale as a going concern of Wayfarers care home, Sandwich (exempt appendix to item B4)
- F4 Outcome of the formal consultation on the closure of the Dorothy Lucy Centre, Maidstone and Kiln Court care home, Faversham (exempt appendix to items B5 and B6)
- F5 Budget 2016-17 and Medium Term Financial Plan 2016-19 (exempt appendices 1 - 4 to item C1)

Peter Sass
Head of Democratic Services
03000 416647

Wednesday, 6 January 2016

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 Thursday, 3 December 2015.

PRESENT: Mr C P Smith (Chairman), Mrs A D Allen, MBE, Mr R H Bird, Mr H Birkby, Mrs P Brivio, Mr R E Brookbank, Mrs P T Cole, Mr A D Crowther, Mrs V J Dagger, Mr J A Davies, Mr T A Maddison and Mrs C J Waters

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

UNRESTRICTED ITEMS

50. Apologies and Substitutes
(Item A2)

Apologies for absence were received from Mr Homewood, Mr Koowaree and Mr Lymer. Mr Bird and Mr Davies attended as substitutes for Mr Koowaree and Mr Lymer respectively.

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

- (1) Mr Maddison made a declaration of interest in Item A5 – Verbal Updates (Advocacy Contract Award) as he was a trustee of Invicta Advocacy that had been unsuccessful in their bid for the contract.
- (2) Mrs Allen made a declaration of interest in Item B2 – Integrated Adult Learning Disability Commissioning Section 75 Agreement and Item C4 – Commissioning Domestic Abuse Support Services as she was the co-chair of the Dartford and Gravesham Learning Disability Partnership Board and a non-executive director of a women's refuge.

52. Minutes of the meeting held on 11 September 2015
(Item A4)

RESOLVED that the minutes of the meeting held on 11 September 2015 are correctly recorded and that they be signed by the Chairman.

53. Verbal updates
(Item A5)

Adult Social Care

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

- **Lyn Romeo, Chief Social Worker at the Department of Health** had visited Kent County Council
- **13 October 2015 - The annual Kent Learning Disability Partnership Awards** at County Hall. Awards were made to businesses and services which have gone above and beyond in supporting and improving the lives of people with learning disabilities
- **14-16 October – He had attended the National Children and Adult Services Conference** in Bournemouth. Mr Alistair Burt, MP - Minister of State for Community and Social Care had spoken at the conference.
- **10 October – Attended the Canterbury and Coastal Rethink Carers’ Support Group** as a part of a series of events to mark World Mental Health Day
- **10 November – attended the South East Mental Health Commissioning Network** in Guildford
- **17 November - Kent Dementia Awards** had been held at County Hall. Particular reference was made to the Dementia Café being run at the Oasis Academy, Sheerness.

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

- **Advocacy Contract Award**
The advocacy services had been re-tendered following the Care Act 2012 and had been awarded to SeAp (Support, Advocate, Empower, Promote)
- **Community Mental Health and Wellbeing Service Tender**
In January 2015 this committee had considered a proposal to end grants and commission a community mental health and wellbeing service. Following a range of engagement and co-production events with key stakeholders a decision was made to end grants and commence a tender process. A public consultation in May indicated that the vision for the service should be to provide a holistic offer of support for individuals living with mental health and wellbeing needs in Kent. Organisations that had achieved a minimum of a 50% quality score following a pre-qualification questionnaire were invited to complete an Invitation to Submit an Outline Solution and organisations that had expressed an interest in becoming delivery partners were invited to complete information for strategic partners to take forward. The final tenders would be evaluated in December and the contract awards made in January 2016. A report on the outcome would be presented to Cabinet in March
- **Visit to teams operating from Kroner House**
Mr Ireland said he had visited a number of teams based in Kroner House including the Central Referral Unit, the Out of Hours team, the Autism team, the Shared Lives team and the Mental Health Temporary Cover team. He said it was useful to see the teams in operation.

- **14-16 October – Attended the National Children’s and Adult Services Conference.** Mr Burt MP had made his speech to the conference before the announcement relating to the Comprehensive Spending Review and this had limited what he could say. Mr Ireland had however asked a question about the difficulties of recruitment and retention of care workers which was one of only three answered by Mr Burt.

He responded to comments and questions as follows:

- The authority worked with voluntary organisations and expressed concerns when any organisation became too dependent on a single source of funding especially where that funding came from a public sector organisation.
- He had only learned earlier in the morning that Invicta Advocacy was closing.

Public Health

Mr Gibbens gave a verbal update on the following issues:

- **Joint Strategic Needs Assessment (JSNA)**
A joint workshop had been held in September which had highlighted many of the big issues related to the future of social care. The JSNA had been agreed 3-4 years ago and was now being refreshed and would be considered by both the Adult Social Care and Health Cabinet Committee and the Children’s Social Care and Health Cabinet Committee prior to its agreement and adoption.
- **Public Health England Conference**
Attended this conference and heard Jane Ellison, Parliamentary Under Secretary for Public Health speak about the “Everyone Active Every Day” initiative to encourage people to remain healthy physically and mentally. He said the Kent Health and Wellbeing Board had made a decision to focus on reducing obesity and had asked each local health and wellbeing board in Kent to develop plans to tackle obesity in their local areas.
- **Smoke Free Play Areas**
In Ashford a pilot scheme for smoke free play areas had been successful. Mr Gibbens encouraged Members to consider allocating some of their Member Grant money to assist such schemes in their areas.

In response to comments and questions he confirmed that:

- it was not illegal to smoke in play areas and the schemes could only advise people not to smoke.
- the Minister of Health would like to bring forward legislation banning smoking at school gates.

Mr Scott-Clark gave a verbal update on the following issues:

- **Conferences**

He attended the Public Health England Conference in Warwick and the Directors of Public Health Conference in London.

- **Public Health Transformation Programme**

A public consultation as part of the Public Health Transformation Programme was underway and Members were asked to encourage their constituents to respond.

- **Drug and Alcohol Service**

Invitations to tender for delivery of the service in West Kent had been issued and a report about the award of contract would be presented to the committee at its next meeting on 14 January 2016. The contracts for services in East Kent had been extended.

Congratulations

Mr Smith said the efforts of Theresa Grayell, Democratic Services Officer, had been recognised nationally and she received the Democratic Service Officer of the Year Award from the Association of Democratic Services Officers (ADSO). The committee congratulated Miss Grayell on her achievement.

The verbal updates were noted.

54. Commissioned Services for Adult Carers of Vulnerable Adults (decision number 15/00102)
(Item B1)

Emma Hanson (Head of Community Based Services) was in attendance for this item

- (1) Mrs Hanson introduced the report which asked the committee to consider and endorse, or make recommendations to the Cabinet Member for Adult Social Care and Public Health with regard to the re-commissioning of short breaks for adult carers of vulnerable adults in Kent for two years until 31 March 2018.
- (2) Mrs Hanson said the short breaks contract was jointly funded by Health and Kent County Council, the contract had been in place for three years, and that funding had been identified to re-commission the service.
- (3) In response to questions, Mrs Hanson said respite care was provided for vulnerable adults away from their homes and was commissioned in conjunction with clinical commissioning groups. The contract being considered referred to short break service provided for carers in the home.
- (4) During the discussion Members acknowledged the valuable role played by carers. It was also confirmed that the provision of a short breaks services was a statutory requirement.
- (5) RESOLVED that the proposed Cabinet Member decision, to re-commission the short breaks for adult carers of vulnerable adults and to delegate authority to the Corporate Director for Social Care, Health and Wellbeing, or other nominated officer, to authorise the letting of the contract, be endorsed.

55. Integrated Adult Learning Disability Commissioning Section 75 Agreement (decision number 15/00101)
(Item B2)

Sue Gratton (Project Manager – Integrated Commissioning for Learning Disability) was in attendance for this item.

- (1) Penny Southern (Director of Disabled Children, Adults Learning Disability and Mental Health) introduced the report which described the proposed integrated commissioning arrangement for Adult Learning Disability between Kent County Council and the clinical commissioning groups which, if approved in January 2016, would become operational from 1 April 2016. The report also asked the committee to consider and endorse or make recommendations to the Cabinet Member for Adult Social Care and Public Health on a proposed decision to enter into a Section 75 agreement with the seven clinical commissioning groups in Kent.
- (2) Ms Southern tabled a diagram setting out the current arrangements to deliver integrated community learning disability teams. Ms Gratton explained the current agreements and said that a more formal arrangement was a logical progression and would ensure a consistent approach across Kent.
- (3) In response to questions, Mr Lobban (Director of Commissioning) said that the proposed arrangement of having two NHS staff within the commissioning teams would make the commissioning and service more sustainable. He also confirmed that Newton Europe was not involved in this particular commissioning process.
- (4) RESOLVED that:
 - (a) The proposed Cabinet Member decision to enter into a Section 75 agreement with the seven Kent CCGs, which would agree arrangements for integrated commissioning for adults with a learning disability, be endorsed;
 - (b) The delegation of authority by the Cabinet Member for Adult Social Care and Public Health to the Corporate Director for Social Care, Health and Wellbeing, or other nominated officer, to arrange the sealing of the contract, be endorsed.

56. Adult Social Care Transformation and Efficiency Partner Update
(Item C1)

- (1) Mr Lobban (Director of Strategic Commissioning) introduced the report which provided an update on the progress of the implementation phase of the Adult Social Care Transformation Portfolio including the work with Newton Europe and other significant commissioning activity in the SCHW Business Plan 2015/16.
- (2) He referred in particular to the programmes being supported by Newton Europe listed in paragraph 2.1 of the report and to the case studies.

(3) In response to comments and questions he said:

- The Enablement Service had sometimes been by-passed when hospitals were on “Black Alert” but the new Access to Independence Service would meet service users’ needs more efficiently and would generate more capacity.
- A number of other initiatives, including two pilot schemes to test the ability to deliver the accommodation elements, as well as other work with housing providers to support the Access to Independence were underway.
- There were capacity issues particularly in the homecare and domiciliary market however maximising independence and a return to optimum health would help generate capacity in domiciliary care.
- He would provide an update, outside the meeting, on current activities in Swale as it had not been mentioned in paragraph 2.4.1 of the report.

(4) RESOLVED that the report be endorsed.

57. Helping Vulnerable Adults into Employment
(Item C2)

Sue Dunn (Head of Skills and Employability), Steve Chapman (Service User and Kent Learning Disability Partnership Board), and Steph Smith (Head of Performance for Adult Social Care) were in attendance for this item

- (1) Mrs Dunn said the refreshed Learning, Employment and Skills Strategy was designed to achieve a fundamental shift towards a more comprehensive offer for young people aged 14-24 including vulnerable adults. The strategy included a priority to support adults into employment. She also drew attention to the work being done by the Kent Supported Employment Education and Young People's Service. Good models of practice were in place throughout the county but every opportunity to bid for funding was taken to further extend services.
- (2) Mr Chapman spoke about his experience of work and support to find work over the last 14 years as well as his work to improve the experiences of people with learning disability of gaining employment and of volunteering.
- (3) Members of the committee were pleased that the targets were challenging and in particular that the proportion of adults with a learning disability in paid employment in Kent was higher than the England average. Questions were also asked about how employers might be supported to employ more people with learning disabilities, how carers might be supported to encourage those with learning disabilities to apply for paid work and how the County Council could be a good advocate for the employment of people with learning disabilities.
- (4) In response to comments, officers said:

- the fact that the strategies had been developed by experts in education rather than social care meant that they addressed the desire of people with learning disabilities for access to universal services and raised awareness of the issues within schools and colleges.
- models used by other authorities had been investigated and it was anticipated that changes would be made to some services when contracts were re-let.
- data could be disaggregated to identify vulnerable learners.
- the issue of the loss of benefit when employment was more than 16 hours per week had been raised with the Department for Work and Pensions.

(5) RESOLVED that the approach planned for the future, which included work to increase the authority's performance and ability to find meaningful employment for vulnerable adults, be endorsed.

58. Update on Formal Consultation on In-house Residential Provision for Older People
(Item C3)

Christy Holden (Head of Commissioning - Accommodation) was in attendance for this item

- (1) Ms Holden introduced the report which provided an update on the formal consultation underway on the future of the County Council's four older persons' residential care home provision: the Dorothy Lucy Centre in Maidstone; Blackburn Lodge in Sheerness; Kiln Court in Faversham; and Wayfarers in Sandwich. The consultation had commenced on 28 September 2015 and was due to end on 20 December 2015.
- (2) Ms Holden drew the committee's attention to the drivers for the proposals, the consultation activity, initial results from the consultation and the proposed next steps.
- (3) Mr Smith invited Mr Clark and Mr Gates to address the committee. Mr Clark said he was concerned that if the Dorothy Lucy Centre closed a well-regarded local service would be lost and it would not be possible to commission replacement respite care beds resulting in a loss of service. He said that in addition to the 28 beds, 15 day places were offered four days each week with 30 places on one day. He referred to concerns raised by the West Kent Clinical Commissioning Group particularly in relation to increased pressure in the whole health care system and to concerns expressed by current residents that the independent sector would not be able to provide such high quality respite care. He also asked if it would be possible to increase the services delivered at the Dorothy Lucy Centre.
- (4) Mr Gates said he agreed with everything Mr Clark had said and spoke about his concerns in relation to Kiln Court in Faversham. He said he had attended the Town Council meeting and the Save Kiln Court Group meeting held the

previous evening. He said officers had responded well to difficult questions and asked that their efforts be recognised.

- (5) In response Ms Holden said that the current services were underused partly because they could not provide support for increasingly complex needs, it was not possible to book respite care directly with the independent sector as services were not commissioned in that way, and alternative proposals as part of the consultation process would be welcomed.
- (6) Members of the committee expressed concern that closing these facilities might be short sighted in the light of a national shortage of good quality residential care and might result in delayed discharge from hospitals. Concerns were also expressed that a well-regarded service would be lost to local communities and about the ability of the independent sector to provide the same standard of service.
- (7) Ms Holden outlined the next steps and said a summary of the needs analysis, market responses and consultation responses would be included in the recommendation reports for each home to be presented to the committee in January 2016.
- (8) RESOLVED that the progress to date be noted.

59. Commissioning of Domestic Abuse Support Services
(Item C4)

Melanie Anthony (Commissioning and Development Manager) was in attendance for this item

- (1) Ms Anthony introduced the report which set out proposals for collaborative commissioning of an integrated model of domestic abuse support across Kent and asked the committee to consider the proposed re-shaping of the service and to endorse the commencement of a procurement process.
- (2) Ms Anthony said the funding arrangements for domestic abuse services were complex with duplication of activities in some areas and a lack of services in others. Current services tended to concentrate on those at high risk of harm with very limited support for those deemed to be at a lower risk.
- (3) In response to questions and comments, Ms Anthony said it was unlikely that any one organisation could provide all the services required in the county and a strategic approach to commissioning would put services on a more sustainable footing. She also acknowledged the risk that partner organisations, such as local community safety partnerships, might not continue to allocate funding for domestic abuse services however it was considered that the risk would be no greater than it was now and a more strategic approach would ensure better value.
- (4) Mr Ireland said that the Kent Safeguarding Children Board was taking a significant interest in domestic abuse particularly where concerns warranted involvement from the statutory services. He also said that a lack of funding

security for domestic abuse services created a risk for the fulfilment of statutory safeguarding duties.

- (5) It was confirmed that the committee would receive a further report in April 2016 prior to a decision being made about an award of contract for domestic abuse services.
- (6) RESOLVED that:
 - (a) The report be noted; and
 - (b) The commencement of a procurement process to commission an integrated domestic abuse service across Kent, based on the plans provided, be endorsed.

60. Adult Social Care Performance Dashboard
(Item D1)

Steph Smith (Performance Manager) was in attendance for this item

- (1) Miss Smith introduced the report which provided an update on progress against the targets set for key performance and activity indicators for September 2015 for Adult Social Care. She said that performance was improving across many indicators and drew attention to performance in relation to the number of completed “Promoting Independence Reviews” and “Referrals to Enablement” which were now being met as a result of focussed effort.
- (2) Miss Smith said performance in relation to domiciliary care had been rated “red” as the number of clients had increased over the past months. This was linked to the reduction in the number of people in residential or nursing care and to the number of direct payments. A year ago, almost 1,000 people chose to transfer from home care to direct payments following the homecare re-tender and over time the number receiving direct payments decreased with new people coming into homecare instead of replacing the direct payment clients. The overall position of homecare and direct payments had not increased significantly.
- (3) Miss Smith said that if the number of people aged 65+ in permanent nursing care and the number of people aged 65+ who in permanent residential care were considered together targets were being met. However, the target for residential care was not being met.
- (4) Miss Smith said that performance continued to improve into the current quarter.
- (5) In response to questions and comments Miss Smith said performance in relation to the delayed transfer of care looked at the proportion of delays that were as a result of social care and that such delays were primarily a result of patient choice and the availability of places in residential care. Services such as enablement and discharging home to assess were having a positive impact on performance.

(6) RESOLVED that the report be noted.

61. Public Health Performance - Adults

(Item D2)

Karen Sharp (Head of Public Health Commissioning) was in attendance for this item

(1) Ms Sharp introduced the report which provided an overview of the Public Health key performance indicators for its commissioned services which relate to adults and selected Public Health Outcome Framework indicators.

(2) She said that the proportion of annual target population with a completed NHS check had dropped from 50% to 48% however there had been significant improvement in the number of people having this check over the last year. There was now a clear focus on areas with the greatest health inequalities and health trainers were working to ensure this and other health checks were taken up. Performance against the indicator “Proportion of clients accessing community sexual health services offered an appointment within 48 hours” was consistently good and pilot programmes had been introduced in Dartford, Canterbury and Dover to increase performance in relation to the chlamydia positivity detection rate. The Stop Smoking Service had narrowly missed its quit-rate for the first quarter and the “cut down to quit” programme being trialled was targeting people who were less likely to quit without more prolonged support

(3) In response to questions Ms Sharp and Mr Scott-Clark said:

- there was no system to weigh and measure adults. GPs measured and weighed adults and as it was likely that obesity rates were under reported surveys were used to collate the data
- Smoking Cessation programmes did not currently have good reach into target groups and research had been commissioned to understand how best to make these services accessible. The results of this research would inform commissioning decisions
- People who received health checks because of their employment should also attend an NHS Health Check when called as it was specifically targeted at assessing cardiovascular risk.

(4) RESOLVED that the report be noted.

62. Work Programme

(Item D3)

RESOLVED that the committee’s work programme for 2016/17 be noted.

63. Older People's Residential and Nursing Contract Guide Price (decision number 15/00089)

(Item E1)

RESOLVED that Decision No 15/00089 – Establishment of the Provisional Guide Price for Older Persons’ Residential and Nursing Care Homes from April 2016 -

which 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, be noted

64. Kent County Council's Local Account for Adult Social Care for 2014/15
(Item E2)

RESOLVED that the final version of the Local Account 2014/15, which had been published in mid-November 2015, be noted.

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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 –
14 January 2016

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 December – Visited Hi Kent offices in Canterbury
2. 15 December – Attended Sandwich Town Council Public Meeting on the future of Wayfarers Residential Home
3. 22 December – Visit with the Chairman to Westview Integrated Care Centre in Tenterden, Highlands House Nursing Home in Tunbridge Wells and Adult Social Care & Public Health staff at Headquarters.

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

1. Hospital discharge arrangements over Christmas and New Year
2. Independent chair of Safeguarding Vulnerable Adults Board
3. National response to Comprehensive Spending Review.

Adult Public Health

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

1. 4 December – Spoke at Family Nurse Partnership Event in Sessions House, Maidstone
2. 9 December – Spoke at West Kent & Medway Singing Project event in Sessions House, Maidstone

Director of Public Health – Mr A Scott-Clark

1. Update on Dry January and online Know Your Score test
2. Update on flu vaccinations
3. Joint Strategic Needs Assessment (JSNA) Development workshop

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

To: Adult Social Care and Health Cabinet Committee

Date: 14th January 2016

Subject: Kent Drug and Alcohol Services – Contract awards

Classification: Unrestricted

Past Pathway of Paper: This is the first committee to consider this paper.

Future Pathway of Paper: Cabinet Member Decision – 16/00004

Electoral Division: All

Summary

In July 2015, The Adult Social Care and Health Cabinet Committee endorsed proposals for the competitive retender of the West Kent Drug and Alcohol Service and the extension of the contract for East Kent.

A competitive procurement process for West Kent was undertaken towards the end of 2015 and tender evaluations are expected to conclude by mid-January with contract awards due to be completed by the end of the month. The new service will start operating from April 2016.

Recommendations

Members of the Committee are asked to:

- i. Note the progress of the procurement of the West Kent Drug and Alcohol Service and the contract extension for East Kent; and
- ii. comment on and either endorse or make a recommendation to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to award the contract in West Kent to the successful bidder (from those listed in the exempt appendix to this report), and extend the existing contract in East Kent.

1. Introduction

- 1.1. KCC Public Health is responsible for commissioning drug and alcohol services across Kent.
- 1.2. In July 2015, the Adult Social Care and Health Cabinet Committee endorsed the proposals for the competitive re-tender of the drug and alcohol service in West Kent and the continuation of negotiations to extend the existing contract in East Kent.

- 1.3. This paper aims to provide an update on the progress of these commissioning plans and seeks the committee's endorsement of a proposed key decision for contract award and extension.

2. Background

- 2.1. The contract for the West Kent drug and alcohol service is due to expire in March 2016 whilst the contract for the East Kent service includes provision for a one-year extension to 31st March 2017.
- 2.2. At its July meeting, the committee noted the level of savings that would need to be realised from drug and alcohol services in 2016/17 and endorsed the recommendation to deliver these savings through a competitive re-tender of the West Kent drug and alcohol service. The committee also agreed a negotiation with the existing provider in East Kent to enable savings to be achieved in the final year of the contract.

3. Progress

- 3.1. The competitive procurement process for the West Kent service started in November 2015. The organisations who submitted tenders are listed in a separate exempt paper.
- 3.2. Tender evaluations are due to conclude in mid-January and the contract is due to be awarded by the end of January subject to the key decision process and completion of the final stages of the procurement. The new service is due to start operating from 1st April 2016 after a two-month transition phase.
- 3.3. Public Health entered into negotiation with the current service provider in East Kent to agree for the existing service to continue into 2016/17 at a reduced budget. The current provider has agreed to deliver the required savings as part of the existing contract and to manage the transition to this reduced budget whilst minimising service disruption and impact on service users.

4. Financial Implications

- 4.1. The contract for the West Kent drug and alcohol service has a maximum available budget of £3.6m for 2016/17. The final contract value will be confirmed through the procurement process. The East Kent service has significantly higher need with more people accessing treatment. The budget is £5.75m for 2016/17.
- 4.2. These revised budgets will bring the services onto a financially sustainable footing and will not rely on non-recurring reserves as in previous years.

5. Risks

- 5.1. The combined budget for these services in 2016/17 is significantly lower than the current financial year. These reductions will be challenging for the services but will be delivered through effective partnership working with other providers and on-going co-design of services in order to ensure that any changes are informed by the views and priorities of service users and other stakeholders.

- 5.2. There is always a risk of service disruption with any re-commissioning and service change process. Public Health will manage this risk through close monitoring of the transition phase in West Kent and the change management needed to deliver savings in East Kent.
- 5.3. Public Health have also mitigated this risk as far as possible by evaluating provider capability to manage change and proposals for change management as part of the tender process in West Kent.

6. Conclusion

- 6.1. Public Health has made significant progress with the plans presented to the committee in July for the re-commissioning of drug and alcohol services across Kent. These plans will bring the services onto a financial sustainable footing.
- 6.2. The existing provider of drug and alcohol services in East Kent has agreed to deliver the savings needed in 2016/17 through the existing contract which allows for a contract extension to March 2017.
- 6.3. The West Kent contract is due to end in March 2016. The procurement process for a replacement contract is due to conclude by the end of January with the new service operating from April 2016.
- 6.4. The key risks with this commissioning and procurement approach have been identified and will be managed through the Public Health commissioning structures.

7. Recommendations

- 7.1. Members of the Committee are asked to:
- i. Note the progress of the procurement of the West Kent Drug and Alcohol Service and the contract extension for East Kent; and
 - ii. comment on and either endorse or make a recommendation to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to award the contract in West Kent to the successful bidder (from those listed in the exempt appendix to this report), and extend the existing contract in East Kent.

Background Documents:

None

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Cabinet Member for Adult Social Care & Public Health

DECISION NO:

16/00004

For publication
Subject: Contract Award for West Kent Drug & Alcohol Services
Decision:

As Cabinet Member for Adult Social Care and Public Health, I propose to agree to award the contract for West Kent drug and alcohol services to a provider decided by competitive tender, as named in the accompanying exempt report (contract to commence on 1st April 2016), and to invoke the one year contract extension option within the East Kent Drug and Alcohol Service contract (provided by Turning Point), to enable it to run until 31st March 2017.

Reason(s) for decision:

Financial

Cabinet Committee recommendations and other consultation:

Adult Social Care and Health Cabinet Committee discussed the matter at its meeting of 10th July 2015 and resolved:

that the level of efficiency savings which needed to be achieved through the re-commissioning of adult community drug and alcohol services in Kent be noted, and the proposed commissioning approach (option 2 in paragraph 6.1 of the report) and procurement plan designed to achieve savings and required outcomes be welcomed/supported.

The matter will be further considered at the 14th January 2016 meeting of the Adult Social Care and Public Health Cabinet Committee

Any alternatives considered:

A competitive tendering exercise is underway

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

 signed

 date

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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 –
14 January 2016

Decision No: 16/00003

Subject: **HEALTHWATCH CONTRACT**

Classification: Unrestricted

Past Pathway of Paper: Social Care, Health and Wellbeing DMT – 16 December 2015

Future Pathway of Paper: Cabinet Member decision

Electoral Division: All

Summary: This report sets out arrangements to invoke the permissible two year contract extension within the current Healthwatch Kent contract. The original contract was let in April 2013.

If agreed, the extension will be from 1 April 2016 to 31 March 2018 for the maximum two years as per the terms and conditions of the original contract. With an optional one year break clause available at the end of year one (31 March 2017).

The value of the extension is £713,115 per year equating to £1,426,230 over the two years.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER, COMMENT** and either **ENDORSE** or make a recommendation to the Cabinet Member for Education and Health Reform on the proposed decision (Attached as Appendix 1) to:

- a) extend the Healthwatch Kent Contract from 1 April 2016 to 31 March 2018, with an optional one year break clause available at the end of year one (31 March 2017); and
- b) **DELEGATE** authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions to implement the decision.

1. Introduction

- 1.1 This report seeks agreement to extend the current contract with Engaging Kent, a Community Interest Company for the provision of an independent consumer champion for health and social care users; Healthwatch Kent. The contract extension will be for the maximum of two years permissible within the original contract. The period of extension will be 1 April 2016 to 31 March 2018.

- 1.2 Healthwatch Kent has been established since April 2013; it is considered to be providing a good service, with a good reputation nationally and has worked hard to establish itself as a strong and sound organisation. There would be no benefit to the council or the people of Kent to recommission the Healthwatch Kent contract at this stage as the organisation is providing a good service with good prospects for continuing to position itself across Kent as a credible consumer champion.
- 1.3 In considering how the council should continue to meet its statutory obligations relating to local Healthwatch, extending the current contract is considered to be the preferred option. Retendering at this stage would bring no added value, would incur unnecessary cost within the council and service disruption to those who benefit from Healthwatch Kent support.

2. Financial Implications

- 2.1 The current total Healthwatch Kent budget allocation is £891,500 consisting of the following elements

Description	Amount
KCC Base Budget	£550,100
Community Voices Grant*	£341,400
Total Healthwatch Kent Allocation	£891,500

*awaiting confirmation of 2016/17 allocation, assumption made this will be received

- 2.2 Upon transfer of the Healthwatch Kent contract to Strategic Commissioning the management of the contract has been subsumed within the work of the unit which has realised savings.
- 2.3 Discussions regarding an achievable reduction in contract value have taken place with the Engaging Kent CIC Board of Directors and a reduction of £18,285 (2.5%) to the contract value has been agreed for the period of the contract extension.
- 2.4 Historically contingency funds above and beyond the contract value have been made available via additional business cases. It has been made very clear to Healthwatch Kent only the contract value will be available for this year and for the proposed extension period.
- 2.5 The current cost of providing a Local Healthwatch service for Kent, the cost of providing the service for the period of the extension and the potential savings over a one and two year period are outlined below.

2.6 Service costs per year – 1 April 2013 to 31 March 2016

Description	Amount
Contract Value	£731,400
Contract Manager Costs and Contingency	£160,100
Total Spend	£891,500

2.7 Service costs per year – 1 April 2016 to 31 March 2017

Description	Amount
Contract Value	£713,115
Pension Commitments	£16,000
Total Spend	£729,115
Total Savings Year One	£162,385

2.8 Service costs per year – 1 April 2017 to 31 March 2018

Description	Amount
Contract Value	£713,115
Total Spend	£713,115
Total Savings Year Two	£178,385

2.9 Savings per year - 1 April 2016 to 31 March 2018

Description	Amount
Savings in year one	£162,385
Savings in year two	£178,385
Total savings over two years	£340,770

3. Links to KCC's Strategic Framework

3.1 Healthwatch Kent support services and contribute to KCC's Strategic Outcomes:

- Older and vulnerable residents are safe and supported with choices to live independently
- Children and young people in Kent get the best start in life

3.2 The services particularly contribute to 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
- Children and young people have better physical and mental health

4. Legal Implications and History of the Contract

4.1 Amendments to the Local Government and Public Involvement in Health Act 2007 (as amended) (the 2007 Act) introduced by the Health and Social Care Act 2012 provided the statutory basis for local Healthwatch.

4.2 From 1 April 2013 the council was required to establish within its area an effective Local Healthwatch to carry out the functions set out in the Act. These functions are:

- Promote and support the involvement of people in the monitoring, commissioning and provision of local care services;
- Obtain the views of people about their needs for and experience of local care services and make those views known to those involved in the commissioning, provision and scrutiny of care services; and
- Make reports and recommendations about how those services could or should be improved to those involved in the commissioning, provision and scrutiny of care services;
- Provide information and signposting to the public about accessing health and social care services and choice in relation to aspects of those services;
- Reaching views on the standard of provision of local care services and how they could or ought to be improved and making those views and experiences of people known to Healthwatch England, helping it to carry out its role as national champion;

- Make recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to carry out special reviews or investigations into areas of concern (or, if the circumstances justify it, go direct to the CQC with their recommendations, for example if urgent action were required by the CQC).

4.3 The 2007 Act requires that the body contracted to be the local Healthwatch must be a body corporate which is a social enterprise (i.e. a body which might reasonably be considered to act for the benefit of the community).

4.4 In 2013 the contract was awarded to Engaging Kent a Community Interest Company for the provision of a local Healthwatch for Kent for the period April 2013 – March 2016 with an optional contract extension of up to two years.

4.5 In April 2015 responsibility for the Healthwatch Kent contract transferred to Strategic Commissioning. The Contract has been reviewed and the council is satisfied that it is providing good outcomes with good prospects for improving impact. Work is in progress to ensure that Healthwatch Kent has a robust work programme and that their efforts complement and support key areas of transformation within health and social care. Social care commissioners are keen that Healthwatch Kent becomes a strong champion for the voice of people using social care services; much of the work to date has had more of a health focus. Attached as Appendix 2 is a statement regarding Healthwatch Kent's activities - Author Steve Inett CEO of Healthwatch.

4.6 Healthwatch Kent sits on the Kent Health and Wellbeing Board and the local Health and Wellbeing Boards across Kent.

4.7 The Healthwatch Kent budget responsibility moved from the Cabinet Member for Education and Health Reform Portfolio to the Cabinet Member for Adult Social Care and Public Health Portfolio, in April 2015.

4.8 However, because of the strong links with the health reform agenda and the Health and Wellbeing Board, the Cabinet Member for Education and Health Reform remains the lead member in terms of supporting Healthwatch's development and direction of travel.

4.9 Therefore, in terms of governance, should the Adult Social Care and Health Cabinet Committee agree in principle to the decision to extend the Healthwatch contract the Cabinet Member for Education and Health Reform will take the final decision and Democratic Services support the arrangements for this decision.

5. Comparison of County Council Local Healthwatch Funding

5.1 It should be noted that the Local Healthwatch budget comes under regular scrutiny from Healthwatch England, who annually publish reports about the level of each councils spend on Local Healthwatch provision and any changes in that spend. <http://www.healthwatch.co.uk/resource/state-support-local-healthwatch-finances>

5.2 Healthwatch England is a statutory committee of the Care Quality Commission.

5.3 A comparison was made of KCC's and other County Councils funding commitment to Local Healthwatch. This is outlined below and shows spend committed per resident of each Authority.

County Council	Local Healthwatch Funding 2015/16 ¹	CC Population ²	Spend Per Person
East Sussex	£395,000	539,766	£0.73
West Sussex	£584,000	828,398	£0.70
Norfolk	£605,000	877,710	£0.69
Suffolk	£484,014	738,512	£0.66
Gloucester	£382,000	611,332	£0.62
Devon	£468,295	765,302	£0.61
Staffordshire	£512,000	860,165	£0.60
Lincolnshire	£432,732	731,516	£0.59
Cumbria	£286,000	497,874	£0.57
Surrey	£666,240	1,161,256	£0.57
Worcestershire	£320,000	575,421	£0.56
Warwickshire	£304,000	551,594	£0.55
Essex	£780,000	1,431,953	£0.54
Lancashire	£638,000	1,184,735	£0.54
Oxfordshire	£335,000	672,516	£0.50
Northamptonshire	£355,000	714,392	£0.50
Kent	£730,000	1,510,400	£0.48
Cambridgeshire	£287,602	639,818	£0.45
Nottinghamshire	£335,000	801,390	£0.42
Derbyshire	£321,114	779,804	£0.41
Hertfordshire	£455,000	1,154,766	£0.39
Somerset	£199,047	541,609	£0.37
Hampshire	£475,374	1,346,136	£0.35
Leicestershire	£200,000	667,905	£0.30
North Yorkshire	£140,894	601,536	£0.23

1: Source - Report State of Funding - Author Healthwatch England - 18/08/2016

2: Source - Population Estimates for UK, England and Wales, Scotland and Northern Ireland, Mid-2014 - Office of National Statistics

6. Options for Consideration

6.1 Options considered and dismissed – including maintaining the status quo

- i. **Do nothing** - The contract would come to an end and there would be no local Healthwatch operating in Kent. The council would then be in breach of its statutory obligations.
- ii. **Start a new procurement process** - This will require the council to run a procurement process to appoint a new provider of Healthwatch, incurring additional costs and potentially disrupting service delivery.
- iii. **Extend the existing contract** - This option would provide continuity of service through the current provider and ensure that the council continues to meet its statutory requirements.

7. Contract Review and Future Service Commissioning

- 7.1 Healthwatch Kent are supporting Leeds Beckett University and Healthwatch England to develop a set of Quality Statements which outline what it means to be a local Healthwatch, enable local Healthwatch to understand how they are doing and identify areas for improvement and development. It will also provide a framework to

help local Healthwatch discuss impact, performance and effectiveness with their commissioning local authority.

7.2 This work will provide valuable service quality and impact intelligence from partners, stakeholders and Kent residents that will be used to inform future service planning and commissioning intentions.

8. Equalities Implications

8.1 There are no equalities implications of the suggested action.

9. Conclusion

9.1 Healthwatch Kent has provided a good service and is continuing to develop effective networks across Kent. The extension of the contract will ensure continuity of service and ensure people and communities are given a voice through an established and recognised organisation while realising significant savings.

10. Recommendation

10.1 Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER, COMMENT** and either **ENDORSE** or make a recommendation to the Cabinet Member for Education and Health Reform on the proposed decision (Attached as Appendix 1) to:

a) extend the Healthwatch Kent Contract from 1 April 2016 to 31 March 2018, with an optional one year break clause available at the end of year one (31 March 2017); and

b) **DELEGATE** authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions to implement the decision

11. Background Documents

11.1 [Report State of Funding - Author Healthwatch England - 18/08/2016](#)

11.2 Population Estimates for UK, England and Wales, Scotland and Northern Ireland, Mid-2014 - Office of National Statistics –
<https://democracy.kent.gov.uk/ecSDDisplay.aspx?NAME=Background%20Document%20Data%20set%20-%20MYE3%20population%20cha&ID=4389&RPID=8674321&sch=doc&cat=13571&path=13335%2c13571>

12. Lead Officer:

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Cabinet Member for Education and Health Reform

DECISION NO:

16/00003

For publication

Key decision*

Expenditure of more than £1m and affects more than two electoral divisions

Subject: Healthwatch Kent

Decision:

As Cabinet Member for Education and Health Reform, I propose to:

- a) extend the current Healthwatch Kent contract for a further two years from 1 April 2016 to 31 March 2018 (as per the terms of the original contract) and
- b) delegate authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions to implement the decision.

Reason(s) for decision:

The contract was let on 1 April 2013 and is coming to the end of the first three years of delivery. However a contract extension clause is in place that allows for 2 further years 2016 to 2018. The current provider, Engaging Kent a Community Interest Company has delivered good quality services as Healthwatch Kent so extending the current contract is the preferred option.

Cabinet Committee recommendations and other consultation:

The matter will be discussed at the Adult Social Care and Health Cabinet Committee on 14 January 2016 and the outcome included in the decision paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered:

KCC has a statutory responsibility to maintain a local Healthwatch, therefore the other option available was to end the current contract and recommission the service. The current service is providing good quality outcomes and an extension is available it was, therefore, considered inefficient to recommission.

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

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signed

.....
date

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State of support

Local Healthwatch funding survey: Key findings

Overview

A survey of 148 local Healthwatch about their funding for 2015/16 indicates that:

- Two thirds of local Healthwatch maintaining their funding or receiving increase.
- There will be a total reduction of just under £1.4m (4%) affecting 27% of local Healthwatch in 2015-16.
- The average reduction being experienced is £33,782 (13.1%) but ranging up to 53%.

While the reasons for funding reductions are often not clear, the most significant funding reductions include those in areas where health and care budgets and services are under pressure including:

- Eight local Healthwatch working in challenged health economies, and
- 11 local Healthwatch working with Trusts in or recently in special measures.

We are concerned that in certain areas health and social consumers could be left without a strong voice. We have written to a number of councils where significant reductions in local Healthwatch funding have been reported.



What is the history of local Healthwatch funding?

- Funding is given to local authorities to commission providers of their local Healthwatch.
- The Government originally announced a total of £43.5m¹, which was handed out to local authorities in 2013/14.
- Following research indicating that only £33.5m got through to front line local Healthwatch services in 2013-14, we were asked by the Minister of State for Community and Social Care to provide transparency about future funding.

What does the funding situation look like for 2015/16?

Carried out between March and May, our survey received responses from 147 of 148 local Healthwatch.

2015/16 Financial position	No. of local Healthwatch	As a % of local Healthwatch that know their budget for 2015/16
Increasing by more than £5k	5	3.6%
Decreasing by more than £5k	37	26.6%
Staying the Same or less than £5k change	97	69.8%
Unaware of funding for 2015-16	7	-
Figures varied between years to include/exclude complaints advocacy making like with like comparison of local Healthwatch funding impossible.	1	-
No response yet	1	-

¹ <http://www.publications.parliament.uk/pa/ld201314/ldhansrd/text/140319-0001.htm>



From the figures provided by local Healthwatch, we estimate that the network will receive a total of £32m in 2015/16.

However, while the majority of local authorities have maintained investment in local Healthwatch, a minority of local Healthwatch appear to be absorbing the largest reductions in funding.

What impact will this have?

Local authorities are required to have a local Healthwatch that is able to effectively fulfil its statutory duties.

Reductions in budget of this size and scale will inevitably affect what these local Healthwatch are able to deliver. We are concerned that this could limit the opportunity for consumers to have a voice in health and social care services.

What are we going to do?

We are contacting the ten councils which have overseen the most disproportionate reduction in their Healthwatch budget.

In many cases we are using our statutory powers to ask the councils to outline their contingency plans setting out when additional funds would be released to the local Healthwatch, the factors that will be taken into account in this decision, and who will make this decision

How are local Healthwatch being supported?

We have published a range of resources and held a number of events to support local Healthwatch in negotiations with their local authority commissioners.



What does the funding look like in my area?

Table 1: Ten local Healthwatch receiving the largest percentage cuts in 2015-16 (as of 8th June 2015)

Local Healthwatch	2015/16 Healthwatch Funding	2014/15 Healthwatch Funding	local Healthwatch funding difference between 2014/15 and 2015/16	Percentage Difference between 2014/15 and 2015/16
Hounslow	£89,378	£191,611	-£102,233	-53.4%
Blackpool ²	£58,000	£120,000	-£62,000	-51.7%
Harrow	£100,000	£175,000	-£75,000	-42.9%
Leicestershire	£187,391	£275,000	-£87,609	-31.9%
Ealing	£160,300	£218,000	-£57,700	-26.5%
Bradford and District ³	£223,692	£303,000	-£79,308	-26.2%
Barnsley	£150,000	£201,500	-£51,500	-25.6%
Calderdale	£120,000	£150,000	-£30,000	-20.0%
Northamptonshire	£355,000	£435,000	-£80,000	-18.4%
York	£115,000	£140,000	-£25,000	-17.9%

² Blackpool council has already written to Healthwatch England confirming their intention to make more funding available to the local Healthwatch. Healthwatch England is therefore not using our statutory powers in this instance and we are in contact with the council to clarify the amount of additional funding and when it will be released.

³ The £303,000 figure for 2014/15 was provided at an earlier date; we have since been informed that Healthwatch Bradford and District received an extra £5,692. This will give an overall difference of 27.5%.



Table 2: Remaining local Healthwatch funding comparison 2014/15 and 2015/16 and the reduction in local council funding through settlement

Note: Overall, the network received additional funding of £291,670 from councils in 2014/15 mainly in support of the set up and transition stage that many local Healthwatch had been going through.

Local Healthwatch	2015/16 Healthwatch Funding	2014/15 Healthwatch Funding
Barking and Dagenham	£124,000	£124,000
Barnet	£197,361	£197,361
Barnsley	£150,000	£201,500
Bath & North East Somerset	£81,579	£81,579
Bedford Borough	£93,000	£92,000
Bexley	£134,000	£134,400
Birmingham ⁴	£445,382	£445,382
Blackburn with Darwen	£165,000	£160,000
Blackpool	£58,000	£120,000
Bolton	£224,500	£224,500
Bracknell Forest	£100,122	£98,000
Bradford and District	£223,692	£303,000
Brent	£150,000	£176,600

⁴ Additional funding of £190k was provided in 2013/14 and 2014/15 to support setup and development



Brighton and Hove	£234,000	£234,000
Bristol ⁵	£422,343	£400,000
Bromley	£126,384	£144,169
Buckinghamshire ⁶	£240,000	£240,000
Bury	£122,000	£144,000
Cambridgeshire	£287,602	£318,000
Camden	£244,538	£257,430
Calderdale	£120,000	£150,000
Central Bedfordshire	£140,000	£140,000
Central West London	Not yet confirmed	£500,000
Cheshire East	£178,000	£170,000
Cheshire West	£189,385	£189,385
City of London	£54,678	£54,678
Cornwall	£309,886	£309,000
County Durham	£198,000	£197,226
Coventry ⁷	£239,000	£237,000
Croydon	£245,000	£245,000
Cumbria	£286,000	£286,000
Darlington	£131,697	£131,697

⁵ The figures for both 2014/15 and 2015/16 include complaints advocacy service funding; the Healthwatch contract is £278,912 for 2015/16.

⁶ Also received an additional \$21,670 in 2014/15 for an extra piece of work

⁷ The figures for both years also include complaints advocacy services funding, which we are not able to distinguish between local Healthwatch funding and complaints advocacy service funding.



Derby	£235,000	£230,000
Derbyshire	£321,114	£321,114
Devon	£468,295	£468,295
Doncaster	£279,950	£279,998
Dorset, Bournemouth and Poole	£446,700	£446,700
Dudley	£206,698	£206,712
Ealing	£160,300	£218,000
East Riding of Yorkshire	£180,000	£212,012
East Sussex	£395,000	£390,000
Enfield	£264,108	£268,640
Essex	£780,000	£780,000
Gateshead	£150,000	£176,000
Gloucestershire	£382,000	£382,000
Greenwich	£129,000	£129,000
Hackney	£150,000	£170,000
Halton	£134,715	£134,715
Hampshire	£475,374	£475,374
Haringey	£180,000	£200,000
Harrow	£100,000	£175,000
Hartlepool	£129,056	£129,101
Havering	£117,359	£129,359
Herefordshire	£155,557	£155,000
Hertfordshire	£455,000	£455,147
Hillingdon	£175,000	£175,000



Hounslow	£89,378	£191,611
Isle of Wight	£153,000	£153,000
Isles of Scilly	£50,507	£50,507
Islington	£176,200	£176,200
Kent	£730,000	£750,000
Kingston upon Hull ⁸	£213,800	£213,800
Kingston upon Thames	£122,000	£122,000
Kirklees	£205,000	£205,000
Knowsley	£180,000	£180,000
Lambeth	£265,000	£291,000
Lancashire	£638,000	£587,000
Leeds	£414,878	£460,000
Leicester	£200,000	£235,000
Leicestershire	£187,391	£275,000
Lewisham	£146,164	£154,395
Lincolnshire	£432,724	£446,575
Liverpool ⁹	£470,000	£496,792
Luton	£128,876	£128,876
Manchester	£80,000	£80,000

⁸ The current funding for 2015/16 is £106,900 to cover the initial 6 months, after which the contract will be retendered

⁹ The figures for both years include funding for complaints advocacy. We are not able to distinguish between local Healthwatch funding and complaints advocacy funding



Medway	Not yet confirmed	£128,000
Merton	£125,085	£125,085
Middlesbrough	Not yet confirmed	£111,208
Milton Keynes ¹⁰	£158,644	£158,644
Newcastle	£215,078	£215,000
Newham	£140,000	£140,000
Norfolk	£605,000	£638,000
North East Lincolnshire	£109,344	£112,451
North Lincolnshire ¹¹	£121,000	£131,000
North Somerset	£147,000	£157,000
North Tyneside	£148,900	£148,953
North Yorkshire	£140,894	£143,444
Northamptonshire	£355,000	£435,000
Northumberland	£224,000	£224,000
Nottingham	£160,000	£160,000
Nottinghamshire	£335,000	£385,000
Oldham	£144,000	£147,000
Oxfordshire	£335,000	£342,000
Peterborough	£153,000	£153,000
Plymouth ¹²	£159,855	£159,955

¹⁰ For both years this includes £43k is given to the organisation that provide back office support

¹¹ In addition for both years, £44,000 is provided for providing the complaints advocacy service.

¹² In addition for both years, there is also £20k that is ring-fenced to only be used for local groups.



Portsmouth	£119,908	£148,140
Reading	£130,311	£130,311
Redbridge	£166,000	£166,000
Redcar & Cleveland	Not yet confirmed	£127,500
Richmond	£146,000	£146,000
Rochdale	£156,068	£169,473
Rotherham	£215,000	£215,000
Rutland	£65,000	£64,000
Salford	£166,000	£190,000
Sandwell ¹³	£195,000	£195,000
Sefton	£143,300	£143,281
Sheffield	£239,619	£231,918
Shropshire	£191,487	£191,487
Slough	£113,163	£113,164
Solihull	£150,000	£158,000
Somerset	£199,047	£199,047
South Gloucestershire	£98,972	£98,972
South Tyneside	£103,000	£103,000
Southampton	£200,000	£199,995
Southend	£190,000	£190,000
Southwark ¹⁴	£120,000	£120,000

¹³ The figures for both years consist of £175k of funding to provide the service and in kind contribution of £20k from the council for premises.



St. Helens	£149,615	£152,096
Staffordshire	£512,000	£512,000
Stockport	£88,000	£110,000
Stockton	Not yet confirmed	£128,552
Stoke on Trent	£217,000	£217,000
Suffolk	£484,014	£484,000
Sunderland	£213,263	£213,263
Surrey ¹⁵	£666,240	
Sutton ¹⁶	£197,719	£197,986
Swindon	£151,000	£151,000
Tameside	£136,000	£136,000
Telford and Wrekin	Not yet confirmed	£168,000
Thurrock ¹⁷	£126,000	£151,000
Torbay	£139,000	£135,000
Tower Hamlets	£220,500	£245,000
Trafford	£158,000	£158,000
Wakefield	£217,268	£217,268

¹⁴ An additional £20k was given in 2013/14 and 2014/15 to support setup and development.

¹⁵ The funding for 2015/16 now includes complaints advocacy funding, as contracts for the Healthwatch and complaints advocacy services were combined in April 2015. It is not possible to compare funding across the two years because of this. Healthwatch funding for 2014/15 was £500,000.

¹⁶ The funding for both years include complaints advocacy service funding, the Healthwatch funding is £157,986.68 for 2015/16.

¹⁷ Thurrock also received an extra 10k in 2014/15 for set up and development.



Walsall	£220,000	£223,000
Waltham Forest	£160,000	£160,000
Wandsworth ¹⁸	£170,000	£170,000
Warrington	£160,000	£160,000
Warwickshire	£304,000	£304,000
West Berkshire	£112,406	£108,000
West Sussex	£584,000	£584,000
Wigan ¹⁹	£200,000	£200,000
Wiltshire	£205,000	£205,000
Windsor, Ascot & Maidenhead	Not yet confirmed	£128,481
Wirral CIC	£170,000	£174,000
Wokingham Borough	£107,677	£107,677
Wolverhampton	£195,000	£195,000
Worcestershire	£320,000	£320,000
York	£115,000	£140,000

¹⁸ In addition for both years, there is £20k available based on performance

¹⁹ In 2015/16, there is an additional £16,666 for complaints services



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 – 14 January 2016

Subject: **OUTCOME OF THE FORMAL CONSULTATION ON THE CLOSURE OF BLACKBURN LODGE**

Decision Number:

Classification: Unrestricted with Exempt Appendix

Previous Pathway of Paper: Social Care, Health and Wellbeing DMT – 6 January 2016

Future Pathway of Paper: Cabinet Member decision

Electoral Division: Sheppey

Summary: This report considers the outcome of a period of public consultation that took place from 28 September - 20 December 2015 proposing to work with the market to develop alternative services with a final outcome of closure of the registered care home, Blackburn Lodge, Sheerness.

Recommendations

The Adult Social Care and Health Cabinet Committee is asked to
 a) **CONSIDER** and either **ENDORSE** or **MAKE RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (Attached as Appendix 1), to close Blackburn Lodge once suitable alternative provision is established on the Isle of Sheppey.

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 undertake the necessary actions to implement the decision.

1. Background

- 1.1 Kent County Council (KCC) is transforming the way older people are supported and cared for in the County.
- 1.2 KCC Social Care, Health and Wellbeing (SCHW) entered into formal consultation on the future of four of its registered care homes at Kiln Court, Faversham, the Dorothy Lucy Centre, Maidstone, Blackburn Lodge, Sheerness and Wayfarers in Sandwich on 28 September 2015. The consultation ran for twelve weeks to 20 December 2015 and followed the agreed protocol on proposals affecting its service provision. On 28 September 2015, SCHW officers met with members of staff, service users and their relatives, trades unions and other key stakeholders to discuss the

proposals. This report relates to Blackburn Lodge Care Home in Sheerness.

- 1.3 The proposal for Blackburn Lodge is to work with the market to develop alternative services with a final outcome of closure. This is expected to be in two to three years' time once a modern, fit for purpose, replacement service is in place that addresses the needs for the local older population with more complex, and expected, nursing needs. A decision is needed in order that work can progress to secure a sustainable new service prior to the closure of Blackburn Lodge where the individuals using the service will be encouraged to move to. Depending on the configuration of the new service, and the number of residents affected, there could be future employment for staff in the new service who would be subject to TUPE.
- 1.4 The main drivers for the proposal to work with the market to develop alternative services with a final outcome of the closure of Blackburn Lodge 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.
- 1.5 A similar proposal was consulted on in 2010 and included the services of two other in house homes at that time. There is greater optimism that new alternative, modern services will be secured following recent formal interaction with the market. Kent County Council is determined to ensure there are alternative services that meet the growing needs and expectations of the older population on the Isle of Sheppey.
- 1.5 Blackburn Lodge is a detached 34-bed unit (33 single rooms and one double with no en-suite facilities) built in 1982. It offers residential care, respite care, and day care. The land is freehold and subject to a restriction in favour of the Secretary of State for Defence to use for local authority educational purposes which was amended in 1982 to permit Kent County Council "to use for local authority purposes which the Council deem necessary to enable the council to discharge its social function as carried out under the auspices of its director of Social Services". If the above purpose of use ceased, a right to buy for £2,100 in addition to the value of any buildings erected on the property is triggered in favour of the Secretary of State.
- 1.6 The building would not meet the national minimum standards of the Care Standards Act 2000 as regulated by the Care Quality Commission if it were to be built today. There is, however, protection against these standards being applied for as long as significant structural improvements are not required. The building may, very soon because of its age, require considerable investment to maintain services and meet future needs and expectations.

- 1.7 Blackburn Lodge is fully compliant with all Regulations following an unannounced visit by the Care Quality Commission (CQC) on 24 December 2013.
- 1.8 The unit cost (gross) based on 100% occupancy (34 beds) for one bed is £595.02 per week. The annual gross expenditure for 2014/15 was £1,052,000. At current occupancy, the average cost per bed is £721 per week.
- 1.9 As at 14 December 2015, there were eleven permanent residents and seven short term (respite) residents in Blackburn Lodge. In addition, there is an average of 27 people using the day care service. For the period April-October 2015, the building as a whole was operating at 80% of its residential capacity making the unit cost £721 per week. For the previous 2014/15 year, this was 79%. For day care, during April –October 2015, only 35% of the available places were utilised, which compares to 33% during 2014/15.
- 1.10 The maximum charge for individuals accessing the beds in the units is currently capped at £463.07 per week. Everyone that accesses residential and respite services are financially assessed for a contribution towards their care in line with the Care Act (Care and Support (Charging and Assessment of Resources) Regulations 2014. This means that individuals who have savings of more than £23,250 are charged £463.07 per week and anyone with less than £23,250 is assessed against their means to determine their level of payment .
- 1.11 SCHW has a guide price for the independent sector and can buy services in the Swale District for £352.18 per week for standard residential care. This will be provisionally increasing to £367.99 per week for Residential care and from 4 April 2016 (subject to the Councils budget setting in February 2016 to take account of the National Living Wage).

2. Consultation Process

- 2.1 The County Council has a duty to undertake formal consultation on any proposed changes to services. The procedure for consultation on modernisation/variation or closure of establishments in SCHW was followed as set out below:

Process	Date Action Completed
Obtain agreement from members of the Adult Social Care and Health Cabinet Committee to formally consult on the proposals for each of the care homes.	11 September 2015
Cabinet Member for Adult Social Care and Public Health to chair a meeting to discuss the proposals	
The Chairman of the Cabinet Committee	11 September 2015
Vice Chairman	11 September 2015
Opposition spokesman	2 & 10 September 2015
Local KCC member(s)	2 September 2015
District members	Letter sent 22 September 2015
Lead Director in Social Care	2 September 2015
Assistant Directors	11 September 2015
Area Personnel Manager/HR Business Partner	2 September 2015

Stakeholders informed in writing and invited to comment: - Users, relatives and carers Head of Service Staff Trades Unions Local KCC member(s) District Council Parish/Town Council Relevant NHS bodies Any other relevant person or organisation and the Local MP Healthwatch Kent Patient and Public Participation Group (PPG)	Letter sent 21 September; meeting 28 September 2 September 2015 Letter sent 21 September; meeting 28 September 22 September 2015 22 September 2015 22 September 2015 30 September 2015 22 September 2015 22 September 2015 30 September 2015 30 September 2015
Media Communication- press release Ongoing press communication	23 September 2015 Throughout consultation period
Consultation Period	28 September 2015 to 20 December 2015
Stakeholder events to be held as appropriate	Kent CAN newsletter- 12 October 2015 Sheppey PROUD meeting – 16 December 2015 Local Engagement Forum- 8 December 2015- Presentation
Recommendation reports presented to Adult Social Care and Health Cabinet Committee for discussion	14 January 2016
Key decision taken by Cabinet Member for Adult Social Care and Public Health	Week commencing 18 January 2016
Instigate any change programme	From February 2016

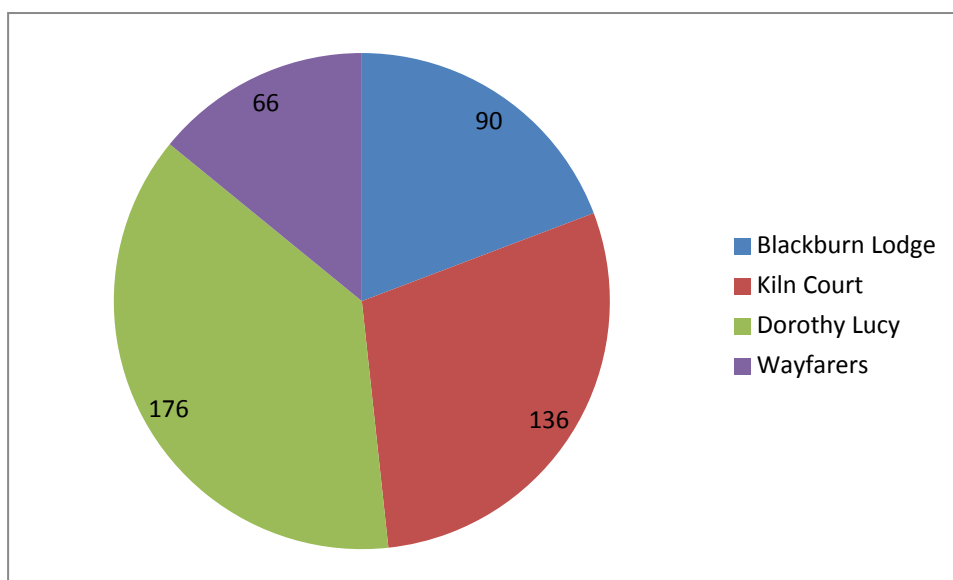
2.2 The 12 week consultation period for the modernisation of our Older Persons' Provision concluded on 20 December 2015. Residents, carers, staff, unions and relevant bodies have been involved with meetings and their views have been considered.

2.3 The consultation concerning Blackburn Lodge received a total of 90 responses. A summary table by type of response and organisation is included below.

2.4 A breakdown of the responses by type and organisation is included in the table below:

Consultation responses from	No. Emails	No. Letters	No. Phone calls	No online responses	No. complaints	No. petitions	No. alternative proposals
Relatives	4	1	5	12			
Staff				19			
Wider Public			2	35			
MPs							
Organisations	2	3	3	2			2
Total Number of Responses	6	4	10	68	0	0	2

- 2.5 No petitions were received against the proposal.
- 2.6 Two alternative proposals from independent sector organisations were received.
- 2.7 All public consultation documents were uploaded onto the KCC Consultations webpage and a dedicated email and freepost mailing address created to handle responses.
- 2.8 The overall consultation received 468 communications from a variety of sources and the responses can be summarised as follows:



3. Issues raised during the consultation

- 3.1 The following issues were raised during the consultation and can be broken down into seven themes as set out in the table below:

Themes	No responses	% responses
Lack of alternative provision	12	23
Alternative options need exploring	15	29
Motivation for closure and change	4	8
Quality of existing provision	8	15

Quality of alternative provision	4	8
Loss of staff expertise	7	13
Reduction in provision and impact on the wider health and social care system	2	4
Total responses	52	100

Note: Number of responses adds up to more than the numbers of respondents as multiple issues were raised in some cases as part of a single response.

3.2 Residents/Relatives/Stakeholders Feedback

3.2.1 Lack of alternative provision. If Blackburn Lodge was closed there would not be any alternative provision available in the local area to replace the current services. SCHW recognises that Blackburn Lodge offers a very important service to individuals and to carers and remains an important part of the services provided on the Island. A needs analysis has been undertaken during the consultation period which has determined that there would be an on-going and increasing need for dementia residential and nursing care as well as Extra Care Housing on the Isle of Sheppey. On the Isle of Sheppey, there are currently 188 care home beds without nursing and none with nursing. Figures from the Kent Accommodation Strategy indicate that between now and 2021 there is a need for a **reduction of 52 units of care home** placements without nursing, together with **an increase of 135 units of care home with nursing placements** (there is a care home with an expired planning permission for 75 beds of nursing care home accommodation) and an increase of 84 units of extra care housing by 2021. SCHW will continue to work in partnership with the NHS and independent sector to secure these developments in service provision on the Island prior to any longer term closure of Blackburn Lodge. Existing residents and service users of Blackburn Lodge will be encouraged to use the replacement service unless they have individual reasons to go elsewhere. KCC is dedicated to ensuring that there is nursing provision and extra care housing and needs this for the Island community. There is a lot of discussion regarding development of care services the other side of the Bridge in Iwade and whilst this is not on the Island, there would need to be consideration as to whether this is an acceptable distance if no suitable service development is available on the Island due to workforce or land availability issues.

3.2.2 Alternative options need exploring. KCC needs to explore all other options before taking a decision to close Blackburn Lodge. Responses to the consultation indicate that the preferred option is to invest in the service and develop the building to be able to respond to the increasing needs of older people on the island. SCHW does not have access to the capital required to invest in the building to secure significant improvements to the current service provision. KCC is prohibited from operating a nursing home. The site is limited in size with the sea one side and a road the other. It would be difficult to increase the size of the service without major structural changes which would require a temporary closure to the service.

3.2.3 Motivation for closure and change. Several respondents indicated that they did not trust KCC motivation for proposing the longer term closure of Blackburn Lodge. These responses highlighted that they believed that financial pressures

were the only reason for these proposals. SCHW has been open and transparent during the consultation that financial savings and value for money is one of the considerations behind the reason for this consultation. However, the primary reason for consultation on Blackburn Lodge is the need to secure services that will be able to meet the future needs of Older People living on the Isle of Sheppey.

3.2.5 Quality of existing provision. Compared to other homes, Blackburn Lodge provides a good level of care and activities and this is due to the dedication of the staff. The proposal to develop alternative services on the Island prior to closing the service is in no way a reflection on the quality of the care provided at Blackburn Lodge or on our staff. Activities are delivered in other care homes. KCC monitors the quality of the independent sector along with the Care Quality Commission.

3.2.6 The quality of buildings and the need for en-suite bathrooms should not overshadow the criteria for a happy life. It is recognised that people who are accessing the services at Blackburn Lodge would prefer that the building and services were to remain as they are, rather than have access to en-suite facilities. However, in time, that will become a minimum expectation for individuals and it is incumbent on SCHW that services meet future need and expectation.

3.2.7 Quality of alternative provision. It is essential that the current level of care is not diminished and that residents continue to enjoy the same quality of life, dignity and remain happy Several responses indicate that there is concern that SCHW will not be able to secure the same quality of care from independent sector providers. SCHW currently commissions over 90% of placements within care homes operated by the independent sector. **These providers are monitored as part of their contractual obligations with KCC.** Individuals will receive the same level of care in the independent sector to maintain their quality of life, dignity and to engage in activities that suit them.

3.2.7 Loss of staff expertise. There are concerns that if Blackburn Lodge closes, KCC will lose any ability to fulfil its obligation under the Care Act 2014 to be the 'provider of last resort'. Staff will be offered training and through any plans of re-provision, TUPE implications will be considered meaning that staff could be offered employment that is for similar services. It is likely that only some staff will be subjected to TUPE and for others redeployment opportunities both within KCC and in other caring roles will be explored. Should Blackburn Lodge close, KCC will retain 248 beds within the four integrated care centres that are operated with our health partners.

3.2.8 Reduction in overall provision and impact on the wider health and social care system. Reference was made in many responses to the increasing Delayed Transfers of Care (DTC) or 'bed blocking' within hospitals and the concern expressed that closure may exacerbate the situation. When examining recent data, the reasons for DTC are predominantly due to the lack of a community nursing bed which Blackburn Lodge is unable to provide as it does not offer nursing care.

3.3 Staff Feedback

3.3.1 Is this not the same as a previous consultation held concerning the future of this service? There was a consultation previously undertaken for Blackburn Lodge in 2010 but this was looking at a slightly different proposal that also included the services at two other homes. The proposal being consulted on now is option seven.

3.3.2 Who would be interested in the service? An advert was published on the Kent Business Portal in the summer of 2015 linked to this proposal seeking interest from the market in developing services for Older People on the Isle of Sheppey. There were 21 responses in total which seven have come back with further information. Looking at the responses from the advert on the Kent Business Portal, KCC is in a different place compared to five years ago. Work has been carried out to prepare the market and there are services that are already on the Island that want to change in the future to include nursing care as an example. The consultation is not a reflection on the care provided at Blackburn Lodge but reflects the building and its current restrictions. We would encourage staff to equip themselves so they are well trained and to explore development options.

3.3.3 The responses from the market are encouraging that there is the appetite to deliver both dementia residential services and nursing provision. These range from extending an existing service to building a brand new service. The work needed to be done would be in depth and complex and would need to determine all available options with cost benefit analysis undertaken on each option to develop the business cases. From the responses, the Council is confident that a successful project can be undertaken, however due to the amount of resource required to take forward such a project, there are certain aspects that need decisions first. This includes whether the service at Blackburn Lodge would be part of a future deal which this report requests, therefore a project is far more likely to be successful if there is the guarantee of a service level from the outset along with, potentially, the use of any Council land or building, of which the vacant site of Blackburn Lodge could be a consideration. Until a decision is taken, the full business benefits cannot be properly considered or developed as this would create a view that any future consultation is based upon a pre-determined decision.

3.3.4 Will the new service remain on the Island? There is a need to keep services on the Island and the aim is for the development of alternative services to be based on the Island. There will be other types of employment available including working in the community and in extra care housing as there is always the need for care work and skills are transferable.

3.3.5 Will nursing training be available for staff? At present, training providers on the Island are looking at putting together a Health and Social Care qualification and the first phase will take place in October 2015. Supervision with line managers should be used to look at future development opportunities, staff will also need to look for opportunities themselves and some will be signposted.

3.3.6 Will this service still be here until there is an alternative in place? The proposal is that there will be no changes until there is a new building or service(s) in place, when these new buildings and/or services are developed the

service at Blackburn Lodge will close and residents will move over to the new service/s; the existing building will be made surplus to adult social care requirements and handed over to the KCC Property Department. If the proposal is decided upon in January 2016, there will then be a two to three year time frame for the development of the alternative services and during this time the building will be kept maintained to ensure CQC compliance.

3.3.7 If there is a new service will staff move over? There is no guarantee that there will be the option for staff to move over if there is a new service. It would be dependent on the type of service and numbers of service users, however TUPE considerations will be discussed with staff when this becomes clearer.

3.3.8 Will redundancies be put into place and will this be voluntary? This is one option but there are a range of other options to be considered and compulsory redundancy will be a last resort.

4 Future Service Delivery

4.1 In 2014, Kent launched its Accommodation Strategy which includes a detailed needs analysis to project the future demand for both permanent and short term building based care services across Kent. The Strategy identifies areas of under and over provision of care homes and other accommodation based services.

4.2 SCHW recognises that the services provided at Blackburn Lodge are important and would need to be re-provided at a relative scale to utilisation. Every individual currently receiving a service at Blackburn Lodge will have a full review of their needs and be encouraged to move to the replacement services. Their families or representatives will be included in the review. 4.3(3) Due to the profile of provision on the Isle of Sheppey, this has been highlighted as a priority area in relation to the implementation of the Accommodation Strategy. As a result, work is underway to scope opportunities to address the gaps of provision and market engagement is underway. The development of modern services for people with dementia and nursing provision has to run parallel to workforce development and therefore early market engagement is needed to make sure the services can be achieved. It is expected that any developments will be able to accommodate the existing residents and potentially staff of Blackburn Lodge. An initial market engagement exercise has revealed that there is provider interest in engaging with KCC to secure the development of both nursing care and Extra Care Housing on Sheppey. Options to take forward these developments are currently being considered by KCC. Should either outcome be unachievable, it is likely that there will be a future consultation required on the future of Blackburn Lodge. A summary of the responses to this exercise is included in the Exempt Appendix 2 to this report.

4.4 There are currently eleven permanent residents and seven short term (respite) residents at Blackburn Lodge (as at 14 December 2015).

- **Permanent Residents:** At the point of closure, the permanent residents will be offered support by case management teams and encouraged to use the replacement services developed unless the review shows a different need.

- **Respite (short term) residents:** Data from Swift (KCC Case management systems) indicate that for the period April 2014- end March 2015, there have been a total of 99 short term (respite) placements in the home (an average of almost two people per week). For the period April – October 2015, admissions total 67. During this period, most people have stayed less than one week (20%) followed by between four to six weeks (19%).
- **Day Care:** There are 30 available places per day at Blackburn Lodge for Day Care. Two days a week are offered specifically for dementia day care, the capacity is halved on these days. There are currently 27 people using the day care service. Day care would be a requirement for the development of alternative services and therefore the current plans to develop dementia day and night services will continue so that they form part of the future commissioning needs.

4.5 Sheppey Proud is a local community group established to identify the needs of the area and to make a bid to the Department of Communities and Local Government to secure part of a £90m pot to improve coastal communities. A Health sub group has been established and KCC are part of the focus group identifying the priorities which have been established from a local survey. The survey identified that 69% of respondents wanted to see full use of the community hospital over seven days a week along with other health services and 32% seeking improvement of dementia and nursing care provision. Should the bid be successful, KCC will seek support from Sheppey Proud, along with the Health and Wellbeing Board, to support the programme to secure alternative dementia, residential and nursing care services for older people along with the day service opportunities.

5. Alternative Proposals

- 5.1 During the consultation, there was interest from two providers who are looking to purchase the site and build or refurbish facilities to continue to deliver residential care services. Should the proposal to develop alternative services and once built, close Blackburn Lodge not be taken forward, there could be a further consultation on the proposal to sell Blackburn Lodge as a going concern which may open up more providers to competitively purchase the service. This was not an option selected as a preference for this consultation as there are known limitations to the site which would stifle development from a future provider who would face the same issues the Council has and may ultimately look at a closure. The interest expressed currently is from providers who have not visited the service and seen its limitations.
- 5.2 As set out in paragraph 4.1 above, Kent has developed an Accommodation Strategy which confirms the future need for residential and nursing services across the County and in relation to services on the Isle of Sheppey there is an identified future need to develop different residential services by way of services specifically designed for people with dementia. We know that for future people that would require standard residential care, their needs can be met in Extra Care Housing and there is more likely to be a need for dementia care or nursing provision, neither of which could be accommodated in the existing Blackburn Lodge service due to the size of the rooms, the layout and the limitations on extending the building.

5.3 Should the decision be taken to close Blackburn Lodge, SCHW would propose to declare the site as surplus and for the site to be sold on the open market pending any cost benefit analysis on the future use (potentially to be used for subsidised housing developments for nursing staff, for instance) or interest from the market in the site being part of the contract in securing alternative services.

6. Personnel implications

6.1 The staffing information for Blackburn Lodge as at 11 December 2015 is as follows:

Head Count	Total Contracts	Permanent	Temporary	Fixed Term	Full Time	Part Time	Relief	FTE
61	67	63	1	3	3	53	11	34.17

6.2 Issues raised by members of staff at the initial consultation meetings held on 28 September 2015 and subsequently during the 12 week consultation period related to redundancy and redeployment opportunities and HR support for staff in the event that a decision is made to close Blackburn Lodge.

6.3 If the decision is taken to close the service, staff will be offered one to one meetings with a personnel officer and their union representative and the opportunity to receive skills training to enable them to either continue their employment within KCC, find suitable alternative employment or be subject to TUPE depending on the new services required. Redundancies, where possible, will be kept to a minimum.

6.4 A communications plan will be developed to explain the implementation plan to the staff in the service along with the operational teams to make sure there is continued use and delivery of the services. Staff employed at Blackburn Lodge will be assured with the timescales regarding their future employment with KCC and potentially in the new service, depending on the configuration of the service.

7. Equality Implications

7.1 An Equality Impact Assessment has been completed and a copy of the document is available on request.

8. Financial Implications

8.1 The ongoing commitment to maintain the operating service through staffing, supplies and building maintenance for up to three years.

9. Legal Implications

9.1 The County Council has a statutory responsibility to accommodate people assessed as requiring residential care services. There is a duty to make sure all care home provision that the Council places residents in is safeguarding individuals and that effective contract management is in place.

10. Summary

10.1 The proposal is to work with the market to develop alternative services with a final outcome of closure of the registered care home, Blackburn Lodge, Sheerness. This is expected to be in two to three years' time once a modern, fit for purpose, replacement service is in place that addresses the needs for the local older population with more complex, and expected, nursing needs. The proposed Record of Decision is attached as Appendix 1. The decision needed is to agree that a project can commence to develop alternative services on the Isle of Sheppey using the Council's resource to secure the services. This would include the service level in terms of people who use the current services at Blackburn Lodge and potentially any land or capital. Only once the alternative services are in place could Blackburn Lodge close with the transfer of residents, service users and potentially staff. Kent County Council is determined to expand and enhance the services that are available to the older population on the Isle of Sheppey.

10.2 An initial screening as part of the Equality Impact Assessment (EQIA) was undertaken prior to the consultation. This identified the need for a full Equality Impact Assessment to be undertaken on the proposal, which has now been completed. The assessment confirms that the proposals can be delivered in a way that adequately takes account of the individual needs of existing residents and of other service users.

10.3 The actions identified as an outcome of the full EQIA that will be completed are:

1. To undertake service user reviews ensuring that the needs of all residents with 'protected characteristics' are fully addressed in the process based on personalisation.
2. To implement a Commissioning Strategy to secure suitable alternative accommodation on the Isle of Sheppey via a competitive tender process to secure best value and quality of care.

11. Recommendation(s)

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

a) **CONSIDER** and either **ENDORSE** or **MAKE RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision (Attached as Appendix 1), to close Blackburn Lodge once suitable alternative provision is established on the Isle of Sheppey.

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 undertake the necessary actions to implement the decision.

12. Background Documents

The Recommendation report and associated documents for Decision Number 10/01508, the previous consultation carried out in 2010.

<https://democracy.kent.gov.uk/mglIssueHistoryHome.aspx?Ild=14775&Opt=0>

Government White Paper 'Caring for our Future- Reforming Care and Support'- July 2012

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/136422/White-Paper-Caring-for-our-future-reforming-care-and-support-PDF-1580K.pdf

Accommodation Strategy - www.kent.gov.uk/accommodationstrategy

13. Appendices

Appendix 1 – Proposed Record of Decision

Appendix 2 – Exempt Appendix

14. Contact details

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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:**For publication or exempt – please state****Key decision**

The need to modernise services and respond to changing demand.

Subject:

Proposal to work with the market to develop alternative services with a final outcome of closure of the registered care home, Blackburn Lodge, Sheerness.

Decision:

As Cabinet Member for Adult Social Care and Public Health, I propose to

a) work with the market to develop alternative services with a final outcome of closure of the registered care home, Blackburn Lodge, Sheerness once alternative provision has been identified on the Isle of Sheppey and

b) delegate authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions to implement the decision

Reason(s) for decision:

The key drivers behind the proposal to close this service 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.

Financial Implications:

The ongoing commitment to maintain the operating service through staffing, supplies and building maintenance for up to three years.

Cabinet Committee recommendations and other consultation:

The proposed decision will be discussed at the Adult Social Care and Health Cabinet Committee Meeting 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.

Social Care Health and Wellbeing (SCHW) entered into formal consultation on the future of its registered care home at Blackburn Lodge, Sheerness on 28 September 2015. The consultation ran for twelve weeks to 20 December 2015 and followed the agreed protocol on proposals affecting its service provision. SCHW officers met with members of staff, service users and their relatives, trade unions and other key stakeholders to discuss the proposals.

A summary table by type of response and organisation is included below.

Consultation responses from	No. Emails	No. Letters	No. Phone calls	No online responses	No. complaints	No. petitions	No. alternative proposals
Relatives	4	1	5	12			
Staff				19			
Wider Public			2	35			
MPs							
Organisations	2	3	3	2			2
Total Number of Responses	6	4	10	68	0	0	2

No petitions were received against the proposal.

Two alternative proposals from independent sector organisations were received.

All public consultation documents were uploaded onto the KCC Consultations webpage and a dedicated email and freepost mailing address created to handle responses.

Any alternatives considered:

As part of this consultation there was initial interest from two providers in possibly purchasing the site and build or refurbish facilities to continue to deliver residential care services. KCC does not struggle to find residential care services in Swale. There is more need for dementia care or nursing provision, neither of which could be accommodated in the existing service at Blackburn Lodge

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

.....
signed

.....
date

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

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

To: Adult Social Care and Public Health Cabinet Committee –
14 January 2016

**Subject: OUTCOME OF THE FORMAL CONSULTATION ON THE
SALE AS A GOING CONCERN OF WAYFARERS,
SANDWICH**

Decision Number:

Classification: Unrestricted with Exempt Appendix

Previous Pathway of Paper: Social Care, Health and Wellbeing DMT – 6 January 2016

Future Pathway of Paper: Cabinet Member decision

Electoral Division: Sandwich

Summary:	This report considers the outcome of a period of public consultation that took place from 28 September - 20 December 2015 proposing to sell the home as going concern to the independent sector.
Recommendations	<p>The Adult Social Care and Health Cabinet Committee is asked to CONSIDER and either ENDORSE or MAKE RECOMMENDATIONS on the proposed decision to be taken by the Cabinet Member for Adult Social Care and Public Health, to</p> <p>a) Secure the sale of the registered care home, Wayfarers, Sandwich; and</p> <p>b) Delegate authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions to implement the decision.</p>

1. Background

- 1.1 Kent County Council (KCC) is transforming the way older people are supported and cared for in the County.
- 1.2 KCC Social Care, Health and Wellbeing (SCHW) entered into formal consultation on the future of four of its registered care homes at Kiln Court, Faversham, the Dorothy Lucy Centre, Maidstone, Blackburn Lodge, Sheppey and Wayfarers in Sandwich on 28 September 2015. The consultation ran for twelve weeks to 20 December 2015 and followed the agreed protocol on proposals affecting its service provision. On 29 September 2015, SCHW officers met with members of staff, service users and their relatives, trades unions and other key stakeholders to discuss the proposals. This report relates to Wayfarers Care Home in Sandwich.

- 1.3 The proposal for Wayfarers is sell the home as a going concern. This means that there is an evidenced requirement for the home in Sandwich and that KCC will want to see a sale contract that protects the service as a care home.
- 1.4 The main drivers for the proposal to sell the service as a going concern 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.
- 1.5 Wayfarers is a detached, 33-bed unit built in 1983. The home is separated into two distinct wings; Hollyside and Cherry Way. Each has its own dining area and communal spaces. The home is set in a relatively quiet residential area of Sandwich, close to the town centre with good access to local amenities and popular tourist and recreational facilities. The building looks tired however is well maintained. Planned redecoration and refurbishment is routinely completed. There are attractive gardens to the rear of the home. The service is provided on a single floor with easy access throughout for all service users. All bedrooms are single occupancy. The home offers a dedicated respite service alongside the residential unit and there is also an integrated day service. The building of Wayfarers is freehold and has no known restrictive covenants. The accommodation is registered for older people with general frailty.
- 1.6 Wayfarers is the only remaining care home in Sandwich after a number closed due to the vast supply of provision in the Dover District. Sandwich, whilst coming under the Dover District Council boundary sits within the Canterbury CCG area. The home is a much valued asset to the local community.
- 1.7 The option to sell Wayfarers as a going concern was pursued previously in 2011 but the negotiations broke down due to the ability of the provider to accept existing staff under TUPE regulations. Recent market engagement shows that there are more organisations that would compete in a market exercise and therefore this option has been selected to be consulted on again. From the initial notice published, nine providers expressed an interest. Three of these organisations have detailed how they have successfully worked with other Local Authorities to secure the transfer of care homes and specifically how they have overcome the obstacles presented by TUPE. Equally, they have identified the terms in which they would operate regarding covenants, leases or contractual conditions to retain the service as a care home. A report on the market responses to this market engagement exercise is included in the Exempt Appendix 2 to this report.
- 1.8 The building would not meet the national minimum standards of the Care Standards Act 2000 as regulated by the Care Quality Commission if it were to be built today. There is, however, protection against these standards being applied for as long as significant structural improvements are not required. The building may, very soon because of its age, require considerable investment to maintain services and meet future needs and expectations. KCC is not able to access the capital required to make these investments and would require the independent provider identified to purchase the home to make these investments.

- 1.9 Wayfarers is fully compliant with all Regulations following an unannounced visit by the Care Quality Commission (CQC) having achieved a 'Good' rating in all five areas on 17 July 2015.
- 1.10 The unit cost (gross) based on 100% occupancy (34 beds) for one bed is £606.11 per week. The annual gross expenditure for 2014/15 was £950k. At current occupancy, the average cost per bed is £830.30 per week.
- 1.11 As at 14 December 2015, there were seven permanent residents and ten short term (respite) residents in Wayfarers. In addition, there are 3 people using the day care service on a regular basis. In 2014/15, the building was operating at 71% of its residential capacity making the unit cost £721 per week. Occupancy analysis from April- November 2015 shows that this has declined to 60%. In 2010 when the previous consultation was undertaken, KCC agreed that the older care homes would be used for short term services and as a result any application for a resident to be made permanent was referred to the Assistant Director for decision. The Accommodation Strategy identifies that there is a need for long term services in Sandwich and with the Adult Transformation Programme, it is expected that the reliance on short term placements will reduce. KCC's policy for short term care is to offer in-house services first to make sure maximum use of the services is attempted. On occasion, people may choose not to have their services from Wayfarers or the service may refuse the referral due to the complexity of need of the individual. In light of this, should the decision be taken to sell Wayfarers as a going concern, permanent placements will be allowed incrementally up to a maximum of 15 overall. This limit is to ensure that there is a business to sell and balances the expectation that a new provider would want to undertake structural change which would be easier with some short term placements. There would be no restriction on permanent residents in the sale of Wayfarers.
- 1.12 The maximum charge for individuals accessing the beds in the units is currently capped at £463.07 per week. Everyone that accesses residential and respite services is financially assessed for a contribution towards their care in line with the Care Act (Care and Support Charging and Assessment of Resources) Regulations 2014. This means that individuals who have savings of more than £23,250 are charged £463.07 per week and anyone with less than £23,250 is assessed against their means to determine their level of payment.
- 1.13 SCHW has a guide price for the independent sector and can buy services in the Dover District for £352.18 per week for standard residential care. This will be provisionally increasing to £367.99 per week from 4 April 2016 subject to the County Council's budget setting process including the impact of the National Living Wage.

2. Consultation Process

- 2.1 The County Council has a duty to undertake formal consultation on any proposed changes to services. The procedure for consultation on modernisation/variation or closure of establishments in SCHW was followed as set out below:

Process	Date Action Completed
Obtain agreement from members of the Adult Social Care and Health Cabinet Committee to formally consult on the proposals for each of the care homes.	11 September 2015

<p>Cabinet Member for Adult Social Care and Public Health to chair a meeting to discuss the proposals</p> <p>The Chairman of the Cabinet Committee</p> <p>Vice Chairman</p> <p>Opposition spokesman</p> <p>Local KCC member(s)</p> <p>District members</p> <p>Lead Director in Social Care</p> <p>Assistant Directors</p> <p>Area Personnel Manager/HR Business Partner</p>	<p>11 September 2015</p> <p>11 September 2015</p> <p>2 & 10 September 2015</p> <p>2 September 2015</p> <p>Letter sent 22 September 2015</p> <p>2 September 2015</p> <p>11 September 2015</p> <p>2 September 2015</p>
<p>Stakeholders informed in writing and invited to comment: -</p> <p>Users, relatives and carers</p> <p>Head of Service</p> <p>Staff</p> <p>Trades Unions</p> <p>Local KCC member(s)</p> <p>District Council</p> <p>Parish/Town Council</p> <p>Relevant NHS bodies</p> <p>Any other relevant person or organisation and the Local MP</p> <p>Healthwatch Kent</p> <p>Patient and Public Participation Group (PPG)</p>	<p>Letter sent 21 September; meeting 28 September</p> <p>2 September 2015</p> <p>Letter sent 21 September; meeting 28 September</p> <p>22 September 2015</p> <p>22 September 2015</p> <p>22 September 2015</p> <p>30 September 2015</p> <p>22 September 2015</p> <p>22 September 2015</p> <p>30 September 2015</p> <p>30 September 2015</p>
<p>Media Communication- press release</p> <p>Ongoing press communication</p>	<p>23 September 2015</p> <p>Throughout consultation period</p>
<p>Consultation Period</p>	<p>28 September 2015 to 20 December 2015</p>
<p>Stakeholder events to be held as appropriate</p>	<p>Kent CAN newsletter- 12 October 2015</p> <p>Sandwich and Ash Community Network- 18 November 2015 presentation</p> <p>Sandwich Town Council- 24 November (presentation) and 15 December 2015</p>
<p>Recommendation report presented to Adult Social Care and Health Cabinet Committee for discussion</p>	<p>14 January 2016</p>
<p>Key decision taken by Cabinet Member for Adult Social Care and Public Health</p>	<p>Week commencing 18 January 2016</p>
<p>Instigate any change programme</p>	<p>From February 2016</p>

2.2 The 12 week consultation period for the modernisation of our Older Persons' Provision concluded on 20 December 2015. Residents, carers, staff, unions and relevant bodies have been involved with meetings and their views have been considered.

2.3 The consultation concerning Wayfarers received a total of 65 responses. A summary table by type of response and organisation is included below. A number of letters were copied to the local MP, local councillor, Cabinet Member and Leader, and officers within KCC. Each letter was responded to either by a standard acknowledgement or a more detailed letter responding to any queries or inaccuracies in their statements.

2.4 A breakdown of the responses by type and organisation is included in the table below:

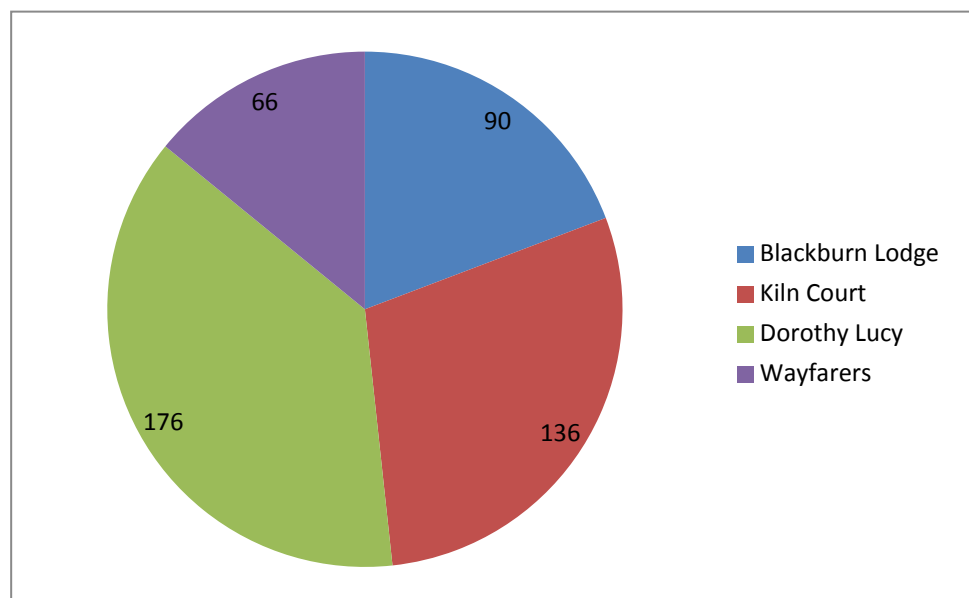
Consultation responses from	No. Emails	No. Letters	No. Phone calls	No. online responses	No. complaints	No. petitions	No. alternative proposals
Relatives	4	3	3	8			
Staff				2			
Wider Public		3		28	1	2	
MPs/ local Members				4			
Organisations	3	2	3				1
Canterbury CCG		1					
Total Number of Responses	7	9	6	42	1	2	1

2.5 One petition was received against the proposal in support of Option 1- Do Nothing or Business as Usual and another in support of Option 2 - invest in the building to develop alternative services.

2.6 Nine proposals from independent sector organisations were received in response to a market engagement exercise via a Prior Information Notice (PIN) placed on the Kent Business Portal.

2.7 All public consultation documents were uploaded onto the KCC Consultations webpage and a dedicated email and freepost mailing address created to handle responses.

2.8 The overall consultation received 468 communications from a variety of sources and the responses can be summarised as follows:



3. Issues raised during the consultation

3.1 The following issues were raised during the consultation and can be broken down into seven themes as set out in the table below:

Themes	No responses	% responses
Lack of alternative provision	7	15
Alternative options need exploring	11	24
Motivation for closure and change	5	11
Quality of existing provision	6	13
Quality of alternative provision	7	15
Loss of staff expertise	4	9
Reduction in provision and impact on the wider health and social care system	6	13
Total responses	46	100.0

Note: Number of responses adds up to more than the numbers of respondents as multiple issues were raised in some cases as part of a single response.

3.2 Residents/Relatives/Stakeholders Feedback

3.2.2 **Lack of alternative provision. If Wayfarers was closed there would not be any alternative provision available in the local area to replace the current services.** SCHW recognises that Wayfarers offers a very important service to individuals and to carers and remains an important part of the services provided in Sandwich. A needs analysis has been undertaken during the consultation period which has determined that there would be an on-going and increasing need for dementia residential and nursing care in the Sandwich area. SCHW will continue to work in partnership with the NHS and independent sector to ensure that when the service is sold it can meet the current and future needs of Older People living in the local area.

3.2.3 **Alternative options need exploring. KCC needs to explore all other options before taking a decision to sell Wayfarers as a going concern.** Responses to the consultation indicate that the preferred options are to either continue with the status quo (the “Do Nothing” option) or retain the service in-house and invest in the building to be able to respond to the increasing needs of older people in Sandwich. SCHW does not have access to the capital required to invest in the building to secure significant improvements to the current service provision which the independent sector can access. In addition, KCC is prohibited from operating a nursing home.

3.2.4 **Motivation for closure and change.** Several respondents indicated that they did not trust KCC’s motivation for proposing the sale of Wayfarers. These responses

highlighted that they believed that financial pressures were the only reason for these proposals. SCHW has been open and transparent during the consultation that financial savings and value for money is one of the considerations behind the reason for this consultation. However, the primary reason for consultation on Wayfarers is the need to secure services that will be able to meet the future needs of Older People living in the Sandwich area. At a public meeting on 15 December 2015, the request was made for KCC to ensure that the site is retained as a care home for at least the next 40 years. Whilst protection can be built into the contract with an independent provider, KCC will seek a balance between this protection and the requirement to secure the best deal for current and future residents. **Others expressed the view that SCHW had been deliberately “running the service down” over recent years with the decision not to accept more permanent residents.** As mentioned in 1.11 above, in 2010 when the previous consultation was undertaken, KCC agreed that the older care homes would be used for short term services and as a result any application for a resident to be made permanent was referred to the Assistant Director for decision. The Accommodation Strategy identifies that there is a need for long term services in Sandwich and with the Adult Transformation Programme, it is expected that the reliance on short term placements will reduce. Therefore, should the decision be taken to sell Wayfarers as a going concern, permanent placements will be allowed incrementally up to a maximum of 15 overall. This limit is to ensure that there is a strong business to sell and balances the expectation that a new provider would want to undertake structural change which would be easier with some short term placements. There would be no restriction on permanent residents in the sale of Wayfarers.

3.2.5 Quality of existing provision. Compared to other homes, Wayfarers provides a good level of care and activities and this is due to the dedication of the staff.

The proposal to close the service is in no way a reflection on the quality of the care provided at Wayfarers or on our staff. Activities are delivered in other care homes. KCC monitors the quality of the independent sector along with the Care Quality Commission. **The quality of buildings and the need for en-suite bathrooms should not overshadow the criteria for a happy life.** It is recognised that people who are accessing the services at Wayfarers would prefer that the building and services were to remain as they are, rather than have access to en-suite facilities. However, in time, that will become a minimum expectation for individuals and it is incumbent on SCHW that services meet future needs and expectations.

3.2.6 Quality of provision. It is essential that the current level of care is not diminished and that residents continue to enjoy the same quality of life, dignity and remain happy.

Several responses indicate that there is concern that SCHW will not be able to secure the same quality of care from independent sector providers. SCHW currently secures over 90% of placements within care homes operated by the independent sector. **These providers are monitored as part of their contractual obligations with KCC.** Individuals will receive the same level of care in the independent sector to maintain their quality of life, dignity and to engage in activities that suit them.

3.2.7 Loss of staff expertise. There are concerns that if Wayfarers closes, KCC will lose any ability to fulfil its obligation under the Care Act 2014 to be the ‘provider of last resort’. Staff will be offered training and redeployment opportunities both within KCC and in other caring roles. Should Wayfarers close, KCC will retain 248 beds within the four integrated care centres that are operated with our health partners.

3.2.8 Reduction in overall provision and impact on the wider health and social care system. Reference was made in many responses to the increasing Delayed

Transfers of Care (DTC) or 'bed blocking' within hospitals and the concern expressed that closure may exasperate the situation. When examining recent data, the reasons for DTC are predominantly due to the lack of a community nursing bed which Wayfarers is unable to provide as it does not offer nursing care.

3.3 Staff Feedback

3.3.1 Is this not the same as a previous consultation held concerning the future of this service? There was a consultation previously on the future of Wayfarers in 2010 but this was unsuccessful due to the provider not able to undertake the requirements of TUPE. The PIN notice with nine responses, six of which are considered robust, shows that there are suitable providers that would make this successful this time.

3.3.2 Who would be interested in the service? An advert was published on the Kent Business Portal in November 2015 linked to this proposal seeking interest from the market in the purchase of Wayfarers. There were initially 12 responses of which nine organisations submitted an Expression of Interest. Looking at the responses from the advert on the Kent Business Portal KCC is in a different place compared to five years ago.

3.3.3 If Wayfarers is sold will staff be able to take redundancy or will we have to work for the new company? Redundancy payment would not be offered to staff if the centre is sold as the staff would be transferred to the new company. Some staff may want to look into other opportunities if they would like to remain working for Kent County Council.

3.3.4 Will staff be able to take early retirement and work for the new company? Staff could take early retirement and leave Kent County Council but there has to be a 30 day period between leaving Kent County Council and starting employment with the new company. TUPE would not apply and the employment contract with the new company would be under the new company's terms and conditions.

3.3.5 What will happen to Wayfarers if there is no buyer? We would have to review the options again, but doing nothing is not an option for Wayfarers. This is because the current building will at some point require significant investment to maintain its registration and adapt to the changing needs of Older People in Sandwich. KCC does not have access to the capital required to make that investment and has to responsibly plan for the future. The expression of interest process for companies who are interested in buying Wayfarers is very robust and if the right company, along with the right deal, does not come along the purchase will not continue.

3.3.6 Will the bar on the acceptance of permanent residents be lifted and will this start now? The new provider will want to accept permanent residents and KCC will need to review this in order to offer a more sustainable business offer, however a new provider may not want the home full if it plans to make phased improvements. After the decision has been made, formal timescales will be planned at which, if successful, are anticipated to be nine months to a year for the sale of Wayfarers.

3.3.7 Can the new provider change staff contracts?

If they do change contracts they would have to consult with staff and there would have to be a good reason. Staff who move over to a new provider would carry over their years of service from employment with Kent County Council.

- 3.3.8 For staff who move over to the new company, if Wayfarers is sold and the new provider decides to close for refurbishment will there be any guarantees that will prevent staff being laid off?** The new provider would have to comply with current employment law and Kent County Council would not have any say or control on what actions they do take but this would be part of the work in the contractual arrangements when looking at the option to sell.

There needs to be changes to make sure the building is fit for the future. The proposal for the home to be sold is to enable the changes can be made through funding available to the independent sector, which is not available to Local Authorities, so that Wayfarers can continue to run as a care home with improvements. Vulnerable people use the service and they are not to be adversely affected by any changes. This will need to be reflected in business plans. The new provider will need to have a good relationship with Kent County Council as we will want to have safeguards for residents and relatives. Whilst there will be safeguards, processes, a good relationship and trust in the new provider, there needs to be flexibility as if we put too many restrictions in place this may put off potential providers.

- 3.3.9 Can you confirm the timescales for the best and worst outcomes of this consultation?** If the decision is made to go forward with the current proposal in January 2016 we would go through a procurement process which will take nine months to a year. If the decision is made to not go forward with the proposal we would have to come back for further consultation looking at one of the other options previously discounted.

- 3.3.10 Why would staff be unable to take redundancy if the home is sold to another provider?** There will be a TUPE (Transfer of Undertakings and Protection of Employment) process for staff moving over to the new provider; redundancy is only an option for staff at centres that close, as their job would no longer exist. It is a legal process protecting continuity of service, and redundancy could only be offered to staff at Wayfarers if the new provider has fewer jobs available. Redundancy is a last resort as we want to maintain employment.

- 3.3.11 Will there be help available to staff to look for other jobs within Kent County Council?** Human Resources can help and give advice to staff, but will not be able to offer the same support as those who may be at risk of redundancy following decisions from this consultation. Training can also be looked at through supervision and can be a part of personal development.

4. Future Service Delivery

- 4.1** In 2014, Kent launched its Accommodation Strategy which includes a detailed needs analysis to project the future demand for both permanent and short term building based care services across Kent. The Strategy identifies areas of under and over provision of care homes and other accommodation based services.
- 4.2** The sale as a going concern of Wayfarers will need to be able to accommodate the existing residents and staff of Wayfarers. An initial market engagement exercise has revealed that there is provider interest in engaging with KCC to secure the sale of

Wayfarers. A summary of the responses to this exercise is included in the Exempt Appendix 2 to this report.

4.3 There are currently seven permanent residents, nine short term (assessment) residents and six residents on other short term placements at Wayfarers (as at 14 December 2015). In addition, three people are regular users of the day centre.

- **Permanent Residents:** At the point of sale, the permanent residents will be offered continuity of service provision, unless reassessment review shows that they would benefit by moving to specialist alternative services.
- **Respite (short term) residents:** Data from Swift (KCC Case management systems) indicate that for the period April 2014- end March 2015, there were a total of 134 short term (respite) placements in the home (an average of 2-3 people per week). For the period April – October 2015, admissions total 81. During this period, most people have stayed less than one week (20%) followed by between 4 - 6 weeks (19%). These residents would be accommodated within Wayfarers or another similar local service, depending on the individuals choice, after transfer.
- **Day Care:** The maximum number of people that can be accommodated in the day care service is eight per day although in practice this number would be a squeeze in the facilities available. Data supplied by the service shows that the service is used by three service users who attend on Monday (two users), Wednesday (two users) and Thursday (all three users). Two have been using the service for some time whilst one has joined more recently. The service provides respite for one family who are able to fulfil their working responsibilities as a result. The other two service users live alone and the service provides much needed opportunity for support and socialisation. The service would probably benefit more people, but charging for the provision is viewed to be the main barrier. It provides an alternative to the Age UK day opportunities service in Sandwich and can accommodate those with personal care needs.

5. Alternative Proposals

5.1 The Sandwich Town Council asked the Cabinet Member at the meeting on 15 December 2015 to consider the alternative proposal to continue for KCC to run Wayfarers and effectively 'Do Nothing'. Whilst this is recognised as a compliment to KCC for the quality of Wayfarers, there simply isn't the capital available to invest in the service that the independent sector can access. The purpose of the consultation proposal to sell as a going concern is in recognition to protect the care home provision in Sandwich. KCC has, over the 33 years that Wayfarers has been operating, not needed to significantly invest in Wayfarers in terms of the building structure and this is starting to show. The proposal to sell to an independent provider who is able to raise capital and invest in care homes is, in effect, an investment strategy for the future of Wayfarers.

5.2 During the consultation, there was interest from nine providers who are looking to purchase the site and build or refurbish facilities to continue to deliver residential and/or nursing care services.

5.3 A full report on the Expressions of Interest received is included in the Exempt Appendix (Appendix 2) to this report.

6. Personnel implications

6.1 The staffing information for Wayfarers as at 11 December 2015 is as follows:

	Head Count	Total Contracts	Permanent	Temporary	Fixed Term	Full Time	Part Time	Relief	FTE
**	57	79	73	4	2	6	39	34	28.79

** Wayfarers' figures includes a zero hour Chaplain position.

6.2 Issues raised by members of staff at the initial consultation meetings held on 28 September 2015 and subsequently during the 12 week consultation period related to redundancy and redeployment opportunities and TUPE concerns and HR support for staff in the event that a decision is made to sell Wayfarers as a going concern.

6.3 Arrangements could be put in place to give members of staff an opportunity to apply for posts while continuing to support service users until the service has been sold.

7. Financial Implications

7.1 There is a requirement to continue to maintain the building and service up to the point of sale.

8. Legal Implications

8.1 The County Council has a statutory responsibility to accommodate people assessed as requiring residential care services. There is a duty to make sure all care home provision that the Council places residents in is safeguarding individuals and that effective contract management is in place.

9. Equality Implications

9.1 An Equality Impact Assessment has been completed and a copy of the document is available on request.

10. Summary

10.1 The proposal is to sell as a going concern the registered care home, Wayfarers, Sandwich. The proposed Record of Decision is attached as Appendix One.

10.2 An initial screening as part of the Equality Impact Assessment (EQIA) was undertaken prior to the consultation. This identified the need for a full Equality Impact Assessment to be undertaken on the proposal, which has now been completed. The assessment confirms that the proposals can be delivered in a way that adequately takes account of the individual needs of existing residents and of other service users.

10.3 The actions identified as an outcome of the full EQIA that will be completed are:

1. To undertake service user reviews ensuring that the needs of all residents with 'protected characteristics' are fully addressed in the process based on personalisation.

2. To implement a Commissioning and Procurement Strategy to achieve the successful sale to an independent sector provider via a competitive tender process to secure best value and quality of care.

11. Recommendation(s)

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

a) **CONSIDER** and either **ENDORSE** or **MAKE RECOMMENDATIONS** on the proposed decision (Attached as Appendix 1).

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 undertake the necessary actions to implement the decision.

12. Background Documents

The Recommendation report and associated documents for Decision Number 10/01504, the previous consultation carried out in 2010

<https://democracy.kent.gov.uk/mglssueHistoryHome.aspx?Ild=14755&Opt=0>

Government White Paper 'Caring for our Future- Reforming Care and Support'- July 2012

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/136422/White-Paper-Caring-for-our-future-reforming-care-and-support-PDF-1580K.pdf

Closure/Variation Policy for the closure/variation in the service use of a Social Services Establishment

Accommodation Strategy - www.kent.gov.uk/accommodationstrategy

13. Appendices

Appendix 1 – Proposed Record of Decision

Appendix 2 – Exempt Appendix

14. Contact details

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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:

For publication or exempt – please state

Key decision

Subject: Proposal to work with the market to secure the transfer and sale of the registered care home, Wayfarers, Sandwich as a going concern

Decision:

As Cabinet Member for Adult Social Care and Public Health, I propose to

- a) Secure the sale of the registered care home, Wayfarers, Sandwich and
- b) Delegate authority to the Corporate Director of Social Care, Health and Wellbeing, or other nominated officer, to undertake the necessary actions to implement the decision.

Reason(s) for decision:

The key drivers behind the proposal to sell this service as a going concern 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.

Financial Implications:

There is a requirement to continue to maintain the building and service up to the point of sale.

Cabinet Committee recommendations and other consultation:

The proposed decision will be discussed at the Adult Social Care and Health Cabinet Committee Meeting 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.

Social Care Health and Wellbeing (SCHW) entered into formal consultation on the future of its registered care home at Wayfarers, Sandwich on 28 September 2015. The consultation ran for twelve weeks to 20 December 2015 and followed the agreed protocol on proposals affecting its service provision. On 28 September 2015, SCHW officers met with members of staff, service users and their relatives, trades unions and other key stakeholders to discuss the proposals.

A breakdown of the responses by type and organisation is included in the table below:

Consultation responses from	No. Emails	No. Letters	No. Phone calls	No. online responses	No. complaints	No. petitions	No. alternative

							proposals
Relatives	4	3	3	8			
Staff				2			
Wider Public		3		28	1	2	
MPs/ local Members				4			
Organisations	3	2	3				1
Canterbury CCG		1					
Total Number of Responses	7	9	6	42	1	2	1

Two petitions were received against the proposal, one in support of Option 1 - Do Nothing and another in support of Option 2 - invest the building to provide suitable services.

Nine Expression of Interest (EOI) proposals were received from independent sector providers to purchase the home.

All public consultation documents were uploaded onto the KCC Consultations webpage and a dedicated email address created to handle responses.

Any alternatives considered:

As part of the preparation to this consultation, consideration was given to seven options including those requested by respondents as “Do Nothing” and “Invest the in the service to secure provision meets the future needs of Older People living in the Sandwich area”.

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

.....
signed

.....
date

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 – 14 January 2016

Subject: **OUTCOME OF THE FORMAL CONSULTATION ON THE CLOSURE OF DOROTHY LUCY CENTRE, MAIDSTONE**

Classification: Unrestricted with Exempt Appendix

Previous Pathway of Paper: Social Care, Health and Wellbeing DMT – 6 January 2016

Future Pathway of Paper: Cabinet Member decision

Electoral Division: Maidstone

Summary: This report considers the outcome of a period of public consultation that took place from 28 September - 20 December 2015 proposing the closure of the registered care home, Dorothy Lucy Centre, Maidstone.

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

a) **CONSIDER** the content of the report and the work undertaken to date, and

b) **NOTE** that further work will be undertaken (as detailed in section 5.7 of the report) and a report seeking a formal Cabinet Member decision will be presented to this Committee in March 2016.

1. Background

- 1.1 Kent County Council (KCC) is transforming the way older people are supported and cared for in the County.
- 1.2 KCC Social Care, Health and Wellbeing (SCHW) entered into formal consultation on the future of four of its registered care homes at Kiln Court, Faversham, the Dorothy Lucy Centre, Maidstone, Blackburn Lodge, Sheerness and Wayfarers in Sandwich on 28 September 2015. The consultation ran for twelve weeks to 20 December 2015 and followed the agreed protocol on proposals affecting its service provision. On 29 September 2015, SCHW officers met with members of staff, service users and their relatives, trades unions and other key stakeholders to discuss the proposals. This report relates to the Dorothy Lucy Centre Care Home in Maidstone.
- 1.3 The proposal for Dorothy Lucy Centre is to close the service and purchase services in the independent sector to provide alternative accommodation. It is expected that this could be achieved by the end of October 2016.

1.4 The main drivers for the proposal to close the service 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.

1.5 This proposal was anticipated to generate net savings of £500,000 per year from the 2017/18 financial year however this will be reduced depending on the timescales that the alternative services can be achieved.

1.6 The Dorothy Lucy Centre is a detached 28-bed unit built in 1985. It is freehold, single storey and purpose built in a residential area in Northumberland Road, Maidstone. It includes three units:

- Allington is a respite unit for older people,
- Mereworth is a respite unit for older people with dementia,
- Leeds unit offers older people an assessment and rehabilitation service to inform where their needs can be best met, such as a return home or to longer term care.

The centre specialises in respite assessment/rehabilitation services and also offers a range of day care services across the week. These include specific services on certain days for people with dementia (85 places per week) and people with a general frailty (Monday and Wednesday, 50 places per day). The maximum number of people that can be accommodated in the day care service is 30 per day. There are no known covenants on the site. The site shares its access with other buildings not owned by Kent County Council.

1.7 Dorothy Lucy Centre is fully compliant with all Regulations following an unannounced inspection by the Care Quality Commission (CQC) on 14 August 2013.

1.8 The unit cost (gross) based on 100% occupancy (28 beds) for one bed is £757.35 per week. The annual gross expenditure for 2014/15 was £1,210,000.

1.9 As at 13 December 2015, there was one permanent resident and eight short term (respite) residents in Dorothy Lucy Centre. In 2014/15, the building was operating at 72% of its residential capacity making the unit cost £821.10 per week. For the period April to November 2015, the occupancy rate is 80% and the price per bed of approximately £800 per week. For day care, the unit cost per day in 2014/15 was £58.16 and at 100% usage this figure would fall to £45.57 per day.

1.10 The maximum charge for individuals accessing the beds in the units is currently capped at £463.07 per week. Everyone that accesses residential and respite services is financially assessed for a contribution towards their care in line with the Care Act (Care and Support Charging and Assessment of Resources) Regulations 2014. This means that individuals who have savings of more than £23,250 are charged £463.07 per week and anyone with less than £23,250 is assessed against their means to determine their level of payment .

1.11 SCHW has a guide price for the independent sector and can buy services in the Maidstone District for £352.18 per week for standard residential care and £440.30 for services for people with dementia. Provisional guide prices have been agreed from April 2016 (not including the impact of the National Living Wage) of £367.99 for Residential and £448.72 for Dementia Residential respectively. Recent vacancy data suggests that dependent on the individual's choice there should be sufficient alternative supply, at a cost of around £430 for Residential and £495 for Dementia Residential per week. (KCC's 2016 guide price for general frailty residential care is £367.99 but actual placement prices in the Maidstone area have averaged £430 for Residential and £495 per week for Dementia Residential in the last year – this includes third party top up payments where people exercise Choice).

2. Consultation Process

2.1 The County Council has a duty to undertake formal consultation on any proposed changes to services. The procedure for consultation on modernisation/variation or closure of establishments in SCHW was followed as set out below:

Process	Date Action Completed
Obtain agreement from members of the Adult Social Care and Health Cabinet Committee to formally consult on the proposals for each of the care homes.	11 September 2015
Cabinet Member for Adult Social Care and Public Health to chair a meeting to discuss the proposals The Chairman of the Cabinet Committee Vice Chairman Opposition spokesman Local KCC member(s) District members Lead Director in Social Care Assistant Directors Area Personnel Manager/HR Business Partner	11 September 2015 11 September 2015 2 & 10 September 2015 2 September 2015 Letter sent 22 September 2015 2 September 2015 11 September 2015 2 September 2015
Stakeholders informed in writing and invited to comment: - Users, relatives and carers Head of Service Staff Trades Unions Local KCC member(s) District Council Parish/Town Council Relevant NHS bodies Any other relevant person or organisation and the Local MP Healthwatch Kent Patient and Public Participation Group (PPG)	Letter sent 21 September; meeting 28 September 2 September 2015 Letter sent 21 September; meeting 28 September 22 September 2015 22 September 2015 22 September 2015 30 September 2015 22 September 2015 22 September 2015 30 September 2015 30 September 2015
Media Communication- press release	23 September 2015

Consultation Period	28 September 2015 to 20 December 2015
Recommendation reports presented to Adult Social Care and Public Health Cabinet Committee for discussion	14 January 2016
Key decision taken by Cabinet Member for Adult Social Care and Public Health	Week commencing 18 January 2016
Instigate any change programme	From February 2016

2.2 The 12 week consultation period for the future of in-house provision concluded on 20 December 2015. Residents, carers, staff, unions and relevant bodies have been involved with meetings and their views have been considered.

2.3 The consultation concerning Dorothy Lucy Centre received a total of 176 responses. A summary table by type of response and organisation is included below. A number of letters were copied to the local MP, local councillor, Cabinet Member and Leader, and officers within KCC. Each letter was responded to either by a standard acknowledgement or a more detailed letter responding to any queries or inaccuracies in their statements.

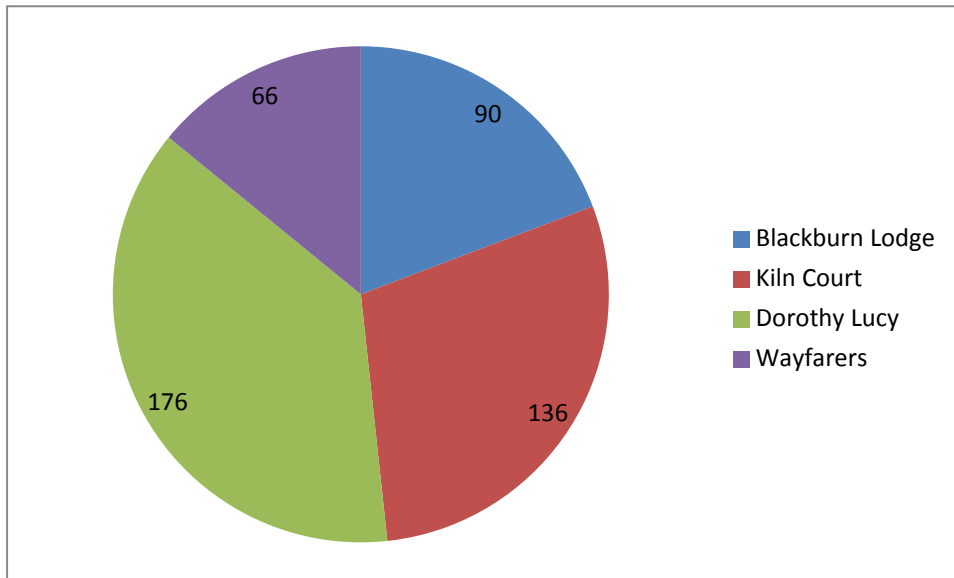
2.4 A breakdown of the responses by type and organisation is included in the table below:

Consultation responses from	No. of Emails	No. of Letters	No. of Phone calls	No. online responses	No. complaints	No. petitions	No alternative proposals
Relatives	7	7	3	37	3		
Staff				7			
Wider Public		10	4	76		1	
MPs/ Councillors	2	2		1			
Organisations		2	3	7			2
West Kent CCG	1	1					
Total Number of Responses	10	22	10	128	3	1	2

2.5 Both a paper petition and an e-petition were received opposing the plans under consultation and stating that “the closure of this facility would be detrimental to the wellbeing of those using the centre and their families”. In total there were 2,892 names on the petitions. The KCC Petition Scheme requires 2,500 signatories for a petition to be debated at a Cabinet Committee. The scheme requires that all petitions require name, address and signature or email address to be considered valid. Unfortunately, Democratic Services have confirmed that 2,216 of the signatories have had to be rejected as they had a signature and name but no address. Under the KCC petition scheme an address or at the very least a postcode (or in the case of the e-petition a valid email address) is required in order to carry out some validation/duplication checks. This means that there were only 676 valid signatures and therefore a petition debate at Cabinet Committee has not been triggered. However, due to the obvious local concern about the proposals, this is significant to the consultation and the Cabinet Member has indicated that, although there cannot be a formal petition debate, he would like the Lead Petitioner to still have an opportunity to present a statement at the Cabinet

Committee which considers the subsequent recommendation report and which will advise him. This will be arranged through Democratic Services.

- 2.6 All public consultation documents were uploaded onto the KCC Consultations webpage and a dedicated email address created to manage responses.
- 2.7 The overall consultation received 468 communications from a variety of sources and the responses can be summarised as follows



3. Issues raised during the consultation

- 3.1 The following issues were raised during the consultation relating to Dorothy Lucy Centre:

3.2

Themes	No responses	% responses
Lack of alternative provision	39	28
Alternative options need exploring	12	9
Motivation for closure and change	8	6
Quality of existing provision	31	23
Quality of alternative provision	28	20
Loss of staff expertise	13	9
Reduction in provision and impact on the wider health and social care system	6	4
Total Responses	137	100

Councillor Brian Clark joined the Adult Social Care and Public Health Cabinet Committee meeting on 3 December 2015 to discuss the local concerns on the proposal. The MP, Helen Whately, visited the Dorothy Lucy Centre on 20 November 2015.

3.3 Residents/Relatives/Stakeholders Feedback

- 3.3.1 Lack of alternative accommodation to meet individual's needs. Respite care is a vital service and friendships have been made. There is a need for families/carers to be able to book planned respite for their relatives and if Dorothy Lucy Centre was closed there would not be any alternative provision available in the local area.** SCHW recognises that planned and emergency respite care is a very important service to individuals and to carers and remains an important part of future commissioning. A needs analysis has been undertaken during the consultation period which has determined that there would be an on-going need for 20 short term beds (14 planned respite, four for emergency respite and two for assessment) to replace those available at Dorothy Lucy Centre should the service be closed in 2016. KCC undertook a tender exercise for older persons care home provision which concluded on 18 December 2015. This was for long and short term care and day care with a proviso that further, more detailed, work would be needed to determine the terms and conditions of the short term bed service and the day care service.
- 3.3.2 Thirteen care homes tendered in Maidstone for long term care with a total of 468 beds and three care homes for short term care with a total of 14 beds. Intelligence received that more providers will tender once the opportunity re-opens in April 2016. This does not restrict the capacity of care home provision to the local authority as individuals exercise Choice of their accommodation where KCC would spot purchase.
- 3.3.3 In relation to day care, there is a need to secure a total of 58 places in the Maidstone area, 47 for general frailty and 11 for dementia. Five care homes tendered for day care offering twenty-five places. Day care is a very personalised service and will need individual discussions with users and carers regarding the future service provision. For instance, where people access day services only, this could be in a day care centre. For people who access day care and respite, it may be more suited to be in a care home so that there is continuity of service and that friendships can develop and familiarity with surroundings, particularly for those with dementia. However, the preference, the need to keep friendship groups together and the proximity of service from home (including transport) is very individual.
- 3.3.4 KCC's policy is to offer in house services for short term provision to maximise the use of the homes. The low utilisation is not a reflection of policy or guidance, more that there is either little need for the home in that location, people choose not to go there and access respite provision elsewhere or individual's needs are too complex to be managed safely at Dorothy Lucy Centre.
- 3.4 Alternative options need exploring before closure.** KCC has set out seven options that have been examined by Officers and shared with Members prior to the consultation period. Views were expressed that KCC should examine some of these options in more depth prior to taking any decision on closure. One of the biggest areas of feedback was to refurbish Dorothy Lucy Centre. If the home was to be refurbished without the need for major works, it is likely that parts of the building would need to be closed temporarily to undertake the work.
- 3.4.1 If the home were to be extended, this would cost in the region of £3m to accommodate 50 beds with ensuite provision (this is based on a 40 bed care home built to modern day standards by KCC in 2008 costing £8m). This is also likely to be very disruptive for individuals using the service.

- 3.5 **Quality of existing provision. Compared to other homes, the Dorothy Lucy Centre provides a good level of care and activities and this is due to the dedication of the staff.** The proposal to close the service is in no way a reflection on the quality of the care provided at the Dorothy Lucy Centre or on our staff. Activities are delivered in other care homes. KCC monitors the quality of the independent sector along with the Care Quality Commission.

- 3.6 **Quality of alternative provision in the independent sector. It is essential that the current level of care is not diminished and that residents continue to enjoy the same quality of life, dignity and remain happy.** Individuals will receive the same level of care in the independent sector to maintain their quality of life, dignity and to engage in activities that suit them. Analysis of the service utilisation shows that a significant minority of people that use the Dorothy Lucy Centre do so more than once. The table below shows how frequently people have used the service. All older people expect dignity and respect in their services and this is a very strong part of the CQC inspection regime as well as the KCC contract monitoring. The media do paint a poor picture of care home provision and this does distort the view of the independent sector. KCC services are not without issue with quality and safeguarding issues arising as well and are addressed when they arise. However, people who use the Dorothy Lucy Centre regularly for planned respite, or for day care and respite, will be reviewed so that they have a choice in their future service provision.

2014/15	No of times admitted to Dorothy Lucy Centre						
	One	Two	Three times	Four times	5 times	6 times	7 times
No of admissions	180	55	17	10	2	7	1
No of people	180	55	17	10	2	7	1

- 3.7 **The quality of buildings and the need for en-suite bathrooms should not overshadow the criteria for a happy life.** It is recognised that people who are accessing the services at Dorothy Lucy Centre would prefer that the building and services were to remain as they are, rather than have access to modern en-suite facilities. However, in time, that will become a minimum expectation for individuals and it is incumbent on SCHW that services meet future need and expectation.

- 3.8 **Motivation for closure and change.** KCC has been transparent on the reasons for the consultation which do include value for money and the need for capital investment in Dorothy Lucy Centre to ensure that it is fit for future. KCC does not have capital money to invest in this building. At this moment in time, Dorothy Lucy Centre is running at only 80% utilisation which results in the service being very expensive to run in comparison to the cost of care placements within alternative care homes in the local area. Through 2014/15, KCC purchased beds in the Maidstone area at approximately £441 per week for general frailty and £461 per week for dementia services (this includes third party top ups that are payable by people exercising Choice and analyses one years' worth of placement data)

- 3.9 **Loss of staff expertise.** There are concerns that if the Dorothy Lucy Centre closes, KCC will lose any ability to fulfil its obligation under the Care Act 2014 to be the 'provider of last resort'. Staff will be offered training and redeployment opportunities both within KCC and in other caring roles. Should the Dorothy Lucy Centre close, KCC will retain 248 beds within the four integrated care centres that are operated with our health partners.

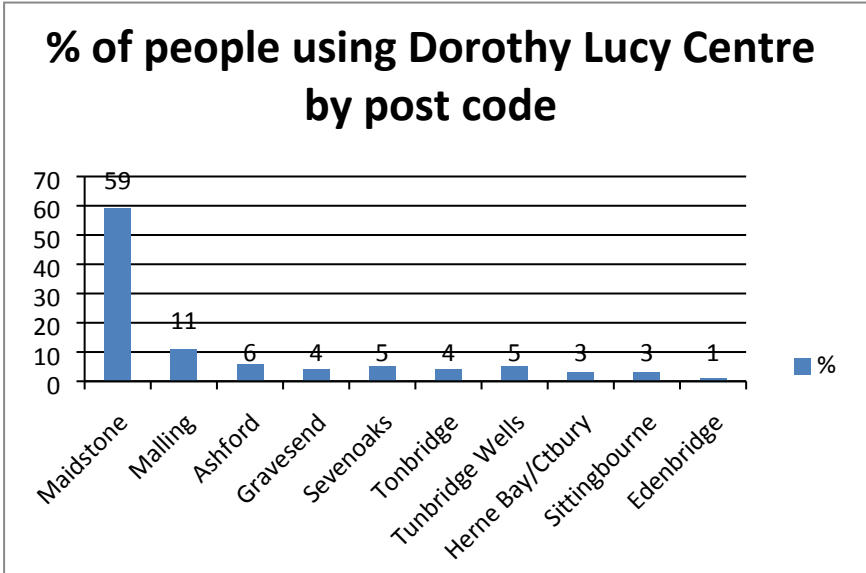
3.10 Reduction in overall provision and impact on the wider health and social care system. Reference was made in many responses to the increasing Delayed Transfers of Care (DTOC) or ‘bed blocking’ within hospitals and the concern expressed that closure may exacerbate the situation. When examining recent data, the reasons for DTOC are predominantly due to the lack of a community nursing bed which the Dorothy Lucy Centre is unable to provide as it does not offer nursing care.

3.11 Lack of information provided on where the alternative services may be, what will happen to the site. A lot of the feedback received was regarding the lack of concrete information should the closure take place. It was explained throughout that this is a period of consultation and any in-depth work at the time of consultation could be interpreted that a decision had been taken. The ongoing assurance was provided that alternative provision would be local and would meet quality standards.

3.12 Due to the formal tender, the contracts would not be awarded until February 2016. However, as there was little response to the general tender for short term care and day care, a specific tender could be undertaken to secure ten beds in the Maidstone Central area to account for the people that use the service from the local area.

3.13 For those that use the Dorothy Lucy Centre but are not local, provided separately is a list of homes that tendered (which is commercially sensitive).

3.14 Below shows the number of beds needed and type in each locality along with the number of beds secured through the tender.



	% of admissions	No short term beds required	No short term beds tendered
Maidstone	59	12	30
Malling	11	2	2
Ashford	6	1	15
Sevenoaks	5	1	12
Tunbridge	5	1	14

Wells			
Tonbridge	4	1	2
Gravesend	3	1	35
Canterbury	3	1	24
Sittingbourne	3	1	5
Edenbridge	1	0	0
Total	100	21	139

3.15 Below shows the number of day places needed in each area along with the number of places secured through the care home tender.

	% of admissions	No spaces required	No day care places tendered
Maidstone North	10	11	2
Maidstone Central	50	58	7
Maidstone South	40	46	18
Total	100	115	27

Note: Maidstone North and Maidstone South include towns outside of the main Maidstone urban area

3.16 This does not include capacity in existing day provision. In Maidstone, there is Age UK which offers general frailty day care and the Dorothy Goodman Centre which offers places for people with dementia. Additionally, there are a range of other day services, as detailed in the table below:

Provider	Day Care Type	Operating	Cost
Age UK Maidstone (Dorothy Goodman Centre)	Dementia	Monday - Saturday	Funded through direct payments £45.50 per day. Currently has 30 voids per week
Age UK Maidstone: Kent Community Health Coxheath Centre, Heath Road, Coxheath	Elderly Frail	Monday, Friday	£4.60 per day, Transport £5.40, Membership of £52 a year, where appropriate
Age UK Maidstone Harbledown House, Fant Lane, Barming	Elderly Frail	Monday, Tuesday, Wednesday	£4.60 per day, Transport £5.40, Membership of £52 a year, where appropriate
Age UK Maidstone Rosemary Graham Centre, Somner Walk, Parkwood	Elderly Frail	Monday	£4.60 per day, Transport £5.40, Membership of £52 a year, where appropriate
Age UK Maidstone Shepway Court, Norfolk Road Shepway	Elderly Frail	Thursday, Friday	£4.60 per day, Transport £5.40, Membership of £52 a year, where appropriate
Age UK Maidstone	Elderly Frail	Thursday, Friday	£4.60 per day,

Greenborough, Greenborough Close, Shepway			Transport £5.40, Membership of £52 a year, where appropriate
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4. Staff Feedback

4.1 **What will happen if a decision is made to close the service in January 2016 – will staff be clear on their final date of employment with KCC?** HR staff will be engaging directly, collectively and individually, about what will happen to the staff and how we maintain a service through to any planned closure. This will include confirming the planned closure date for the Dorothy Lucy Centre. Formal staff consultation has not yet been undertaken and is required.

4.2 **Would alternative proposals put together by a staff group be considered seriously?** Yes any alternative proposal submitted by the deadline on 20th December 2015 will be considered. No alternative proposal from a staff group was received.

4.3 **What jobs would be available for staff looking at redeployment?** This will be known nearer the time, in the past jobs have been frozen so a bank is built up for staff looking at redeployment. There is also the opportunity to look at options in other services. For example, one member of staff from Doubleday Lodge in Sittingbourne that closed in 2014 moved to be a Shared Lives host; and another to extra care housing and is now applying for a management position.

4.5 **Will redundancy be an option if the decision is made to close Dorothy Lucy Centre?**
Calculations for redundancy payments are based on length of continuous service, age and salary. Salaries are based on contractual hours, and contractual enhancements. If the decision is taken to close, and staff are not redeployed to an alternative position, then redundancy is the final position.

4.6 During any formal staff consultation, 1:1 sessions are available to staff.

5. Future Service Delivery

5.1 Kent has launched its Accommodation Strategy which includes a detailed needs analysis to project the future demand for both permanent and short term building based care services across Kent. The Strategy identifies areas of under and over provision of care homes and other accommodation based services.

5.2 The data for Maidstone shows that to 2021, there is a need to reduce the number of general frailty Residential beds by 133, to increase the number of Residential Dementia beds by 52, to increase the number of Nursing beds by 52 and to build 120 units of Extra Care Housing over the period.

5.3 SCHW recognises that the services provided at the Dorothy Lucy Centre are important and would need to be re-provided at a relative scale to utilisation. Every individual currently receiving services at the Dorothy Lucy Centre will have a review of their needs and be supported to find alternative services. Their families or representatives will be included in the review.

5.4 There is currently one permanent resident and eight short term (respite) residents at Dorothy Lucy Centre (as at 13 December 2015).

- **Permanent Residents:** The one permanent resident will be offered support by their case management team to identify alternative residential accommodation at a local care home in the Maidstone area, unless their review shows that they would benefit by moving closer to their family or a different service, ie nursing care. At this current time, KCC is aware that there are 705 care home beds within the Maidstone District, the vast majority of which are within homes that are fully compliant with CQC Regulations. Recent analysis shows that homes operate with a 10% void rate meaning that 70 beds are currently vacant. If there are homes that are non-compliant, KCC would not place in those homes. Individuals would have choice on where they would want to live.

Short term residents: Data from Swift (KCC Case management systems) indicate that for the period April - October 2015, there have been a total of 273 short term placements in the home (an average of between 9-10 people per week). Most people have had one period of stay during this year (65%) and have stayed for between 1-6 weeks. As mentioned above, beds can be secured in Maidstone, and surrounding villages at the numbers shown in the table below.

Day Care: A total of 49 people currently attend the day care service at Dorothy Lucy Centre. Of these, 15 attend the elderly frail days and 34 attend the dementia days.

Reports indicate that the dementia day care service is at, or over capacity most days and there is a waiting list of approximately 10 people wishing to attend.

However, the elderly frail day care is operating at 42% capacity, meaning that the day services as a whole is operating at 87% capacity.

5.5 Based on detailed needs analysis completed in December 2015, twenty additional respite beds will be secured via a block contract. A breakdown of the requirements is set out in the table below:

Bed Type	Current	Proposed	Rationale
Residential Care	1	1	Purchase elsewhere
Older People planned respite	8	6	Based on 71.7% occupancy for 2014/15
Dementia planned respite	10	8	Based on 71.7% occupancy for 2014/15
Assessment/Rehabilitation	4	2	Based on 71.7% occupancy for 2014/15
Emergency Respite	5	4	Based on 71.7% occupancy for 2014/15
	28 beds	21 beds	

5.6 The table shown at 3.14 above shows that 12 short term beds need to be secured in Maidstone which could be secured in the homes that have tendered. A full list of the homes is detailed in the appendix which is exempt as commercially sensitive and as the tenders have yet to be evaluated following the tender submission. Contract award could be from February 2016. In order to make sure there is no double counting on areas, analysis has been cross referenced to ensure that beds in other areas can be secured. For instance, the Kiln Court report confirms that two short term beds are needed in Sittingbourne and one in Maidstone. The confidential appendix covers this.

5.7 Market responses to the recent tender exercise undertaken by Strategic Commissioning in November 2015 indicate that there was not currently sufficient interest from existing care homes within Maidstone to also provide day care. There is however some additional capacity in existing day services. In order to fully show that services can be re-provided, a further piece of work is required across all community, voluntary sector and other care providers to confirm that there is interest in providing suitable services and to provide necessary assurance. It is proposed that further work is undertaken and reported back to the Adult Social Care Cabinet Committee in March 2016 for further discussion ahead of the Cabinet Member taking his decision on the future of the Dorothy Lucy Centre.

6 Alternative Proposals

6.1 During the consultation, there was interest from two providers who are looking to purchase the vacant site and build or refurbish facilities to continue to deliver residential care services for different client groups which would require closure of the existing service.

6.2 At the present time, KCC does not struggle to find residential care services for those with General Frailty needs in the Maidstone district, hence the proposal to close the Dorothy Lucy Centre. As set out in paragraph 4.1 above, Kent has developed an Accommodation Strategy which confirms the future need for residential services across Kent and in relation to services in Maidstone there may be a future need to develop different residential services such as dementia care. We know that for standard residential care for the future general frailty population, their needs can be met in Extra Care Housing and there is more likely to be a need for dementia care or nursing provision, neither of which could be accommodated in the existing Dorothy Lucy Centre service.

6.3 A confidential proposal has been received from a large care home provider to develop high level dementia services in Maidstone. A business plan has been submitted and discussed and they will be looking to develop this in the next 12-18 months.

6.4 Should the decision be taken to close the Dorothy Lucy Centre from November 2016, SCHW would then declare the site as surplus and KCC would consider the future of the site.

7. Personnel implications

7.1 The staffing information for Dorothy Lucy Centre (DLC) as at 10 December 2015 is as follows:

	Head Count	Total Contracts	Permanent	Temporary	Fixed Term	Full Time	Part Time	Relief	FTE
DLC	69	83	79	2	2	2	64	17	35.29

7.2 Issues raised by members of staff at the initial consultation meetings held on 29 September 2015 and subsequently during the 12 week consultation period related to redundancy and redeployment opportunities and HR support for staff in the event that a decision is made to close Dorothy Lucy Centre.

- 7.3 If the decision is taken to close the service, staff will be offered one to one meetings with a personnel officer and their union representative and the opportunity to receive skills training to enable them to either continue their employment within KCC or find suitable alternative employment. Redundancies, where possible, will be kept to a minimum.
- 7.4 Arrangements could be put in place to give members of staff an opportunity to apply for posts while continuing to support service users until the service has closed. Those who are not successfully redeployed within KCC will be offered support to secure alternative employment. The Redundancy and Redeployment Procedure will then be followed and people will be offered Priority Consideration status once they are at risk of redundancy in order to help them find work in KCC.

8. Financial Implications

- 8.1 Based on the cost of re-providing the services needed, the headline data for expected savings is as follows:

No of beds needed	Bed Type	Average Weekly cost	Weekly Total	Annual Total
1	Residential OP bed (long term)	£441.71	£441.71	£22,968.92
6	OP planned respite bed	£448.82	£2,692.92	£140,031.84
8	Dementia planned respite beds	£460.87	£3,686.96	£191,721.92
2	Assessment and rehab	Dementia £ 466.10 OP Frail £438.18	£904.28	£47,022.56
4	Emergency Respite	Dementia £ 466.10 OP Frail £438.18	£1,208.56	£62,845
			Total	£464,590.36

- 8.2 The anticipated cost for re-provision of the day care services is as follows:

	Cost setting guidance	Places per week	Cost (per week)	Cost per year
Dementia	£35.43	96	£3,401.28	£170,064.00
Elderly frail	£29.99	21	£629.79	£31,489.50
Total			£4,031.07	£201,553.50

- 8.3 The budget for the Dorothy Lucy Centre in 2015/16 is anticipated to be £1.2 million. Once one off redundancy costs of approximately £214k and pension liabilities estimated at £269k are taken into account, the overall net saving for a full year effect in 2016/17 would be approximately £61k, not including cost avoidance of the routine maintenance. However, from the 2017/18 year onwards the anticipated savings would be in the region of £500k pa.

9. Legal Implications

- 9.1 The County Council has a statutory responsibility to accommodate people assessed as requiring residential care services. There is a duty to make sure all care home provision that the Council places residents in is safeguarding individuals and that effective contract management is in place.

10. Equality Implications

10.1 An Equality Impact Assessment has been completed and a copy is available on request.

11. Summary

11.1 Following the analysis of the consultation, the proposal would be to close the service at the Dorothy Lucy Centre over a longer period than was previously expected to make sure that alternative services can be secured, particularly in relation to day care. This is pending the outcome of the further work required to fully evidence the opportunities. It is further proposed that the Key Decision is taken by the Cabinet Member following the discussion at Cabinet Committee in March 2016.

11.2 An initial screening as part of the Equality Impact Assessment (EQIA) was undertaken prior to the consultation. This identified the need for a full Equality Impact Assessment to be undertaken on the proposal, which has now been completed. The assessment confirms that the proposals can be delivered in a way that adequately takes account of the individual needs of existing residents and of other service users.

11.3 The actions identified as an outcome of the full EQIA that will be completed are:

1. To undertake service user reviews ensuring that the needs of all residents with 'protected characteristics' are fully addressed in the process based on personalisation.
2. To implement the Commissioning Strategy to secure suitable alternative respite (short term) accommodation within the local area via a competitive tender process to secure best value and quality of care.

12. Recommendation(s)

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

a) **CONSIDER** the content of the report and the work undertaken to date, and

b) **NOTE** that further work will be undertaken (as detailed in section 5.7 of the report) and a report seeking a formal Cabinet Member decision will be presented to this Committee in March 2016.

13. Background Documents

Government White Paper 'Caring for our Future- Reforming Care and Support'- July 2015

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/136422/White-Paper-Caring-for-our-future-reforming-care-and-support-PDF-1580K.pdf

Accommodation Strategy - www.kent.gov.uk/accommodationstrategy

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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 – 14 January 2016

Subject: **OUTCOME OF THE FORMAL CONSULTATION ON THE CLOSURE OF KILN COURT**

Decision Number:

Classification: Unrestricted (Appendix is exempt)

Previous Pathway of Paper: Social Care, Health and Wellbeing DMT – 6 January 2016

Future Pathway of Paper: Adult Social Care and Health Cabinet Committee – 10 March 2016

Electoral Division: Faversham

Summary: This report considers the outcome of a period of public consultation that took place from 28 September - 20 December 2015 proposing the closure of the registered care home, Kiln Court, Faversham.

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

a) **CONSIDER** the content of the report and the work undertaken to date, and

b) **NOTE** that further work will be undertaken (as detailed in section 5.4 of the report) and a report seeking a formal Cabinet Member decision will be presented to this Committee in March 2016.

1. Background

1.1 Kent County Council (KCC) is transforming the way older people are supported and cared for in the County.

1.2 KCC Social Care, Health and Wellbeing (SCHW) entered into formal consultation on the future of four of its registered care homes at Kiln Court, Faversham, the Dorothy Lucy Centre, Maidstone, Blackburn Lodge, Sheerness and Wayfarers in Sandwich on 28 September 2015. The consultation ran for twelve weeks to 20 December 2015 and followed the agreed protocol on proposals affecting its service provision. On 28 September 2015, SCHW officers met with members of staff, service users and their relatives, trades unions and other key stakeholders to discuss the proposals. This report relates to the Kiln Court Care Home in Faversham.

1.3 The proposal for Kiln Court is to close the service and purchase services in the independent sector to provide alternative accommodation. It is expected that this could be achieved by the end of August 2016.

1.4 The main drivers for the proposal to close the service 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.

1.5 This proposal was anticipated to generate net savings of £500,000 in 2016/17 however this will be reduced depending on the timescales that the alternative services can be achieved.

1.6 Kiln Court is a detached 29 bed unit built in 1988. It offers residential care, short term rehabilitation, assessment and respite care and has a dementia wing with 8 beds. It is freehold and has no known restrictive covenants. It was purpose built in a residential area in Lower Road, Ospringe, Faversham. The building would not meet the national minimum standards of the Care Standards Act 2000 as regulated by the Care Quality Commission if it were to be built today. There is, however, protection against these standards being applied for as long as significant structural improvements are not required. The building may, very soon because of its age, require considerable investment to maintain services and meet future needs and expectations.

1.7 Kiln Court is fully compliant with all Regulations following an unannounced inspection by the Care Quality Commission (CQC) on 17 September 2013.

1.8 Kiln Court is surrounded by a considerable amount of KCC owned land.

1.9 The unit cost (gross) based on 100% occupancy (29 beds) for one bed is £652.98 per week. The annual gross expenditure for 2014/15 was £984,700.

1.10 As at 13 December 2015, there were two permanent residents and eight short term (respite) residents in Kiln Court. In 2014/15, the building was operating at 64% of its residential capacity making the unit cost approximately £949 per week. For the period April to November 2015, the occupancy rate was 71% adjusting the unit cost to approximately £877 per week.

1.11 The maximum charge for individuals accessing the beds in the units is currently capped at £463.07 per week. Everyone that accesses residential and respite services is financially assessed for a contribution towards their care in line with the Care Act (Care and Support Charging and Assessment of Resources) Regulations 2014. This means that individuals who have savings of more than £23,250 are charged £463.07 per week and anyone with less than £23,250 is assessed against their means to determine their level of payment .

1.12 SCHW has a guide price for the independent sector and can buy services in the Swale District for £352.18 per week for standard residential care and £440.30 for services for people with dementia. Provisional guide prices have been agreed from April 2016 (not including the impact of the National Living Wage) of £367.99 for Residential and £448.72 for Dementia Residential respectively). Recent

vacancy data suggests that, dependent on the individual's choice, there should be sufficient alternative supply, at a cost of around £407 per week for Respite care and £426 per week for Dementia care.

2. Consultation Process

2.1 The County Council has a duty to undertake formal consultation on any proposed changes to services. The procedure for consultation on modernisation/variation or closure of establishments in SCHW was followed as set out below:

Process	Date Action Completed
Obtain agreement from members of the Adult Social Care and Health Cabinet Committee to formally consult on the proposals for each of the care homes.	11 September 2015
Cabinet Member for Adult Social Care and Public Health to chair a meeting to discuss the proposals The Chairman of the Cabinet Committee Vice Chairman Opposition spokesman Local KCC member(s) District members Lead Director in Social Care Assistant Directors Area Personnel Manager/HR Business Partner	11 September 2015 11 September 2015 2 & 10 September 2015 2 September 2015 Letter sent 22 September 2015 2 September 2015 11 September 2015 2 September 2015
Stakeholders informed in writing and invited to comment: - Users, relatives and carers Head of Service Staff Trades Unions Local KCC member(s) District Council Parish/Town Council Relevant NHS bodies Any other relevant person or organisation and the Local MP Healthwatch Kent Patient and Public Participation Group (PPG)	Letter sent 21 September; meeting 28 September 2 September 2015 Letter sent 21 September; meeting 28 September 22 September 2015 22 September 2015 22 September 2015 30 September 2015 22 September 2015 22 September 2015 30 September 2015 30 September 2015
Media Communication- press release	23 September 2015
Consultation Period	28 September 2015 to 20 December 2015
Stakeholder events : Faversham Town Council Swale Local Engagement Forum Faversham Health Matters Kent CAN newsletter	16 November 2015- Presentation 1 December 2015- Presentation 2 December 2015- Presentation 12 October 2015 and subsequent circulation
MP meeting and tour of Kiln Court	13 November 2015

Recommendation reports presented to Adult Social Care and Public Health Cabinet Committee for discussion	14 January 2016
Key decision taken by Cabinet Member for Adult Social Care and Public Health	Week commencing 18 January 2016
Instigate any change programme	From February 2016

2.2 The 12 week consultation period for the future of in-house provision concluded on 20 December 2015. Residents, carers, staff, unions and relevant bodies have been involved with meetings and their views have been considered.

2.3 The consultation concerning Kiln Court received a total of 136 responses. A summary table by type of response and organisation is included below. A number of letters were copied to the local MP, local councillor, Cabinet Member and Leader, and officers within KCC. Each letter was responded to either by a standard acknowledgement or a more detailed letter responding to any queries or inaccuracies in their statements.

2.4 A breakdown of the responses by type and organisation is included in the table below:

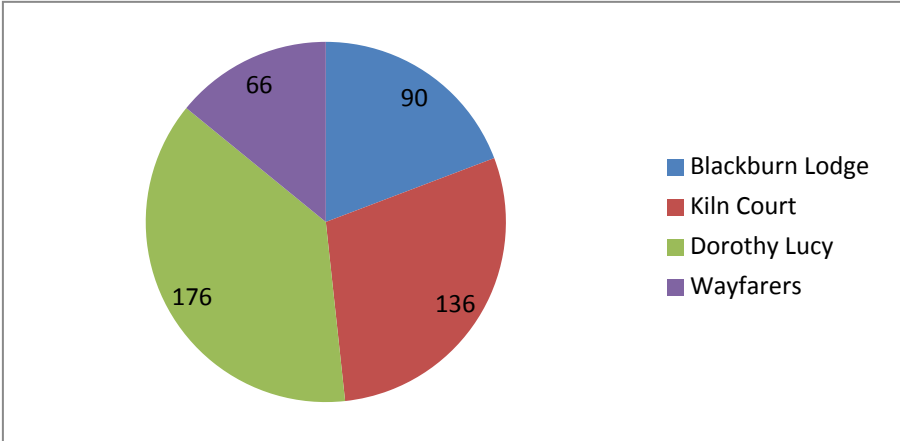
Consultation responses from	No. of Emails	No. Letters	No. Phone calls	No. online responses	No. complaints	No. Petitions	No. FOI	No. alternative proposals
Relatives	15	10	12	11	5			
Staff				3				
Wider Public				60				
MP/ KCC Member	3	2	3					
Organisations	2	1		3		1	1	3
Swale CCG								
Total Number of Responses	20	13	15	77	5	1	1	3

2.5 Three petitions were received against the proposal to close Kiln Court; one from Unison Kent Branch, one from the Faversham Labour Party and one from Faversham Health Matters. The responses have been calculated and a total of 1664 'signatures' were recorded across the various petitions which were titled:

"we the undersigned believe that the following should happen; (1) That Kiln Court should not be closed and that proper investment should be made to update the facility and expand the number of beds available and (2) If KCC no longer wish to use to run the services then discussions should be held with other potential providers, including the community and voluntary sector".

2.5.1 The KCC Petition Scheme requires 2,500 signatories to warrant a further discussion at Cabinet Committee. KCC's petition scheme policy requires that all paper petitions require name, address and signature to be considered valid. Unfortunately, of these petitions, one did not record addresses and the others did not include signatures making them invalid. However, due to the obvious local concern to the proposals, this is significant to the consultation.

- 2.6 All public consultation documents were uploaded onto the KCC Consultations webpage and a dedicated email address created to manage responses.
- 2.7 The overall consultation received 468 communications from a variety of sources and the responses can be summarised as follows



2.8 The Trustees of the Bensted’s Charity have made an enquiry regarding the transfer of the land that Kiln Court is built upon. This is being responded to by KCC’s legal and property departments.

3. Issues raised during the consultation

3.1 The following issues were raised during the consultation relating to Kiln Court:

Response Themes	No responses	% responses
Lack of alternative provision	30	34
Alternative options need exploring	11	13
Motivation for closure and change	6	7
Quality of existing provision	11	13
Quality of alternative provision	11	13
Loss of staff expertise	8	9
Reduction in provision and impact on the wider health and social care system	11	13
Totals	88	100

Note: Number of responses adds up to more than the numbers of respondents as multiple issues were raised in some cases as part of a single response.

3.1.1 Councillor Tom Gates joined the Adult Social Care and Public Health Cabinet Committee meeting on 3 December 2015 to discuss the local concerns on the proposal.

3.2 Residents/Relatives/Stakeholders Feedback

3.2.1 Lack of alternative accommodation to meet individual’s needs. Respite care is a vital service and friendships have been made. There is a need for families/carers to be able to book planned respite for their relatives and if Kiln Court was closed there would not be any alternative provision available in the local area. SCHW recognises that planned and emergency respite care is a very important service to individuals and to carers and remains an important part of future commissioning. KCC’s policy is to offer in-house services for short term provision to maximise the use of the homes. The low utilisation is not a reflection of policy or guidance, more that there is either little need for the home in that location, people choose not to go there and access respite provision elsewhere or individual’s needs are too complex to be managed safely at Kiln Court.

3.2.2A needs analysis has been undertaken during the consultation period which has determined that there would be an on-going need for eight short term respite beds to replace those available at Kiln Court should the service be closed in 2016. However, as 19% of those admitted to Kiln Court during April-October 2015 come from the Faversham area, the total beds to be re-commissioned in Faversham would be four beds. This can be broken down as two beds for planned/emergency respite, and two to for Dementia care (permanent). A breakdown of the bed requirements KCC undertook a tender exercise for older persons care home provision which concluded on 18 December 2015. This was for long and short term care with a proviso that further, more detailed, work would be needed to determine the terms and conditions of the short term bed service. One care home tendered in Faversham for long term care with intelligence received that more will tender once the opportunity re-opens in April 2016. This does not restrict the capacity of care home provision to the local authority as individuals exercise Choice of their accommodation where KCC would spot purchase. No homes in Faversham responded to the tender for short term care. A full list of the homes that did tender is detailed in the appendix which is exempt as commercially sensitive and as the tenders have yet to be evaluated following the tender submission.

3.2.3 KCC proposes to secure four short term beds in one home in Faversham which will be for mixed use. KCC will undertake a specific tender to secure these beds with terms and conditions specific to the service and the home will need to agree that external inputs in the form of the intermediate care team will support the individuals assessed at needing additional physiotherapy support.

3.2.4 For those who access Kiln Court that do not come from Faversham, provision will be secured as follows:

2015-16	% of admissions	No. Respite Beds required	No. OP respite beds available through the tender
Canterbury	20	2	6
Whitstable	7	1	6
Herne Bay	14	1	6
Isle of Sheppey	8	0	0
Sittingbourne	24	2	4
Maidstone	5	1	30

- 3.2.5 The table above shows that alternative provision for Respite care can be secured via a block contract with independent providers who have tendered for a contract in all areas with the exception of the Isle of Sheppey. The use of Blackburn Lodge for any individuals requiring respite from the Isle of Sheppey will be promoted.
- 3.2.6 KCC is aware of the imminent closure of one of the care homes in Faversham and has taken this into account when undertaking the needs analysis to inform the future commissioning of care for Older People in the local area.
- 3.3 **Alternative options need exploring before closure.** KCC has set out seven options that have been examined by Officers and shared with Members prior to the consultation period. Views were expressed that KCC should examine some of these options in more depth prior to taking any decision on closure.
- 3.3.1 One of the biggest areas of feedback was to refurbish Kiln Court under a minor refurbishment programme. There has been a suggestion that to have en-suite facilities could mean that every third bedroom could be converted into two wet rooms. This would mean that a 29 bed unit would become a 20 bed unit and would become more financially unviable. There is evidence in the Accommodation Strategy that shows economies of scale are achieved at 50+ units and the average size of a care home de-registering is 28 units over an 18 month period. This causes concern and the independent sector is being closely monitored, however, over time there will need to be a reduction of general frailty beds (of which Kiln Court has 21). Furthermore, it is estimated that this could cost £1.4 million which would not prolong the future of the home under financial sustainability strategies.
- 3.3.2 If the home was to be refurbished without the need for major works, it is likely that parts of the building would need to be closed temporarily to undertake the work.
- 3.3.3 If the home were to be extended, this would cost in the region of £3m to accommodate 50 beds with en-suite provision (this is based on a 40 bed care home built to modern day standards by KCC in 2008 costing £8m). This is also likely to be very disruptive for individuals using the service.
- 3.4 **Quality of Existing Provision. Compared to other homes, Kiln Court provides a good level of care and activities and this is due to the dedication of the staff.** The proposal to close the service is in no way a reflection on the quality of the care provided at Kiln Court or on our staff. Activities are delivered in other care homes. KCC monitors the quality of the independent sector along with the Care Quality Commission.
- 3.5 **Quality of alternative provision in the independent sector. It is essential that the current level of care is not diminished and that residents continue to enjoy the same quality of life, dignity and remain happy.** Individuals will receive the same level of care in the independent sector to maintain their quality of life, dignity and to engage in activities that suit them. Analysis of the service utilisation shows that the vast majority of people that use Kiln Court do so only once. The table below shows how frequently people have used the service. All older people expect dignity and respect from their services and this is a very strong part of the CQC inspection regime as well as the KCC contract monitoring. The media do paint a poor picture of care home provision and this does distort the view of the independent sector. KCC services are not without issue with quality and safeguarding issues arising as well and are addressed when they arise. However, people who use Kiln Court regularly for planned respite will be reviewed so that they have a choice in their future service provision.

	Total admissions	Of which readmissions	%
2012-13	220	28	13%
2013-14	193	26	13%
2014-15	208	30	14%
2015-16	126	17	13%

- 3.6 **The quality of buildings and the need for en-suite bathrooms should not overshadow the criteria for a happy life.** It is recognised that people who are accessing the services at Kiln Court would prefer that the building and services were to remain as they are, rather than have access to en-suite facilities. However, in time, that will become a minimum expectation for individuals and it is incumbent on SCHW that services meet future need and expectation. KCC currently contracts with 66% of the care home market and over 50% of beds have en-suite facilities showing that the homes themselves are responding to the future needs and expectations of individuals that will require care.
- 3.7 **Motivation for closure and change.** KCC has been transparent on the reasons for the consultation which do include value for money and the need for capital investment in Kiln Court to ensure that it is fit for future. KCC does not have capital money to invest in this building. At this moment in time, Kiln Court is running at 71% utilisation which results in the service being very expensive to run in comparison to the cost of care placements within alternative care homes in the local area.
- 3.7.1 Through 2014/15, KCC purchased beds in the Faversham area at approximately £407 for general frailty and £426 for dementia services.
- 3.8 **Loss of staff expertise.** There are concerns that if Kiln Court closes, KCC will lose any ability to fulfil its obligation under the Care Act 2014 to be the 'provider of last resort'. Staff will be offered training and redeployment opportunities both within KCC and in other caring roles. Should Kiln Court close, KCC will retain 248 beds within the four integrated care centres that are operated with our health partners.
- 3.9 **Reduction in overall provision and impact on the wider health and social care system.** Reference was made in many responses to the increasing Delayed Transfers of Care (DTC) or 'bed blocking' within hospitals and the concern expressed that closure may exacerbate the situation. When examining recent data, the reasons for DTC are predominantly due to the lack of a community nursing bed which Kiln Court is unable to provide as it does not offer nursing care.
- 3.9.1 In recent weeks, KCC has been made aware of a care home in Faversham that was due to be sold as a going concern. The provider has since given notice on the closure of the home and is looking to close on 22 January 2016. This will create pressure in the Faversham area until the future of the home is determined as there is every chance it could be sold and open up following refurbishment.
- 3.10 **Lack of information provided on where the alternative services may be, what will happen to the site.** A lot of the feedback received was regarding the lack of concrete information should the closure take place. It was explained throughout that this is a period of consultation and any in-depth work at the time of consultation could be interpreted that a decision had been taken. The ongoing

assurance was provided that alternative provision would be local and would meet quality standards. Due to the formal tender, the contracts would not be awarded until February 2016. However, as there was no response to the general tender, a specific tender could be undertaken to secure four beds in the Faversham area to account for the people that use the service from the local area.

- 3.10.1 For those that use Kiln Court but are not local, provided separately at Appendix 2 is a list of homes that tendered (which is commercially sensitive).

2015-16	% of admissions	No. Respite Beds required	No. OP respite beds available through the tender
Canterbury	20	2	2
Whitstable	7	1	4
Herne Bay	14	1	2
Isle of Sheppey	8	0	0
Sittingbourne	24	2	2
Maidstone	5	1	10

- 3.10.2 Above shows the number of beds needed and type in each locality along with the number of beds secured through the tender. Whilst this does not include Faversham, the majority of people that use Kiln Court are not from the Faversham area therefore it is suggested that Kiln Court remains operating until the end of August 2016 whilst a specific tender takes place for Faversham to secure the four beds needed.

- 3.11 **Impact of closing Kiln Court on the health services.** Feedback was provided by the Canterbury and Coastal Clinical Commissioning Group (CCG). It confirmed that there is an East Kent wide piece of work underway regarding the future bed modelling requirements and requested that the decision should be delayed until the outcome of this is known, expected January 2016.

- 3.11.1 KCC is aware of the piece of work and that it should complement the Accommodation Strategy and should further detail the types of beds that could be commissioned or provided. KCC does not see that the long term future of Kiln Court would be materially impacted, however is keen to understand the early findings of the report prior to recommending the Cabinet Member to take the Key Decision.

- 3.11.2 The CCG further fed back that there was concern that a high number of referrals are made from Kiln Court to the Cottage Hospital and what the impact of a reduction of referrals would mean to the Cottage Hospital services. However, analysis of the use of the beds and previous work to use Kiln Court as an extension to the Cottage Hospital beds shows that there is little impact on the health economy of the closure of Kiln Court. The Adult Transformation Programme is also showing that there will be less reliance on short term care beds in the longer term as there is targeted decisions for people in hospital that allow them to move home safely with appropriate community nursing support or enablement service.

3.12 Staff Feedback

- 3.12.1 **What will happen if a decision is made to close the service in January 2016 – will staff be clear on their final date of employment with KCC?** HR staff will be engaging directly, collectively, individually, about what will happen to the

staff and how we maintain a service through to any planned closure. This will include confirming the planned closure date for Kiln Court.

3.12.2 Would alternative proposals put together by a staff group be considered seriously? Yes any alternative proposal submitted by the deadline on 20 December 2015 will be considered. No alternative proposal from a staff group was received.

3.12.3 What jobs would be available for staff looking at redeployment? This will be known nearer the time, in the past jobs have been frozen so a bank is built up for staff looking at redeployment. There is also the opportunity to look at options in other services. For example, one member of staff from Doubleday Lodge in Sittingbourne that closed in 2014 moved to be a Shared Lives host; and another to extra care housing and is now applying for a management position.

3.12.4 Will redundancy be an option if the decision is made to close Kiln Court? Calculations for redundancy payments are based on length of continuous service, age and salary. Salaries are based on contractual hours, and contractual enhancements. If the decision is taken to close, and staff are not redeployed to an alternative position, then redundancy is the final position. During any formal staff consultation, 1:1 sessions are available to staff.

4. Future Service Delivery

4.1 Kent has launched its Accommodation Strategy which includes a detailed needs analysis to project the future demand for both permanent and short term building based care services across Kent. The Strategy identifies areas of under and over provision of care homes and other accommodation based services.

4.2 The data for Faversham shows that to 2021, there is a need to reduce the number of general frailty Residential beds by 63, to increase the number of Residential Dementia beds by 60, to increase the number of Nursing beds by 52 and to build 58 units of Extra Care Housing over the period.

4.3 SCHW recognises that the services provided at Kiln Court are important and would need to be re-provided at a relative scale to utilisation. Every individual currently receiving services at Kiln Court will have a review of their needs and be supported to find alternative services. Their families or representatives will be included in the review.

4.4 There are currently two permanent residents and eight short term (respite) residents at Kiln Court (as at 13 December 2015).

- **Permanent Residents:** The two permanent residents will be offered support by case management teams to identify alternative residential accommodation at local care homes in the Faversham area, unless their review shows that they would benefit by moving closer to their family. At this current time, KCC is aware that there are 600 care home beds within Swale, the vast majority of which are within homes that are fully compliant with CQC Regulations. Recent analysis shows that homes operate with a 10% void rate meaning that 60 beds are currently vacant. If there are homes that are non-compliant, KCC would not place in those homes. Individuals would have choice on where they would want to live.

- **Respite (short term) residents:** Data from Swift (KCC Case management systems) indicate that for the period April -November 2015, there have been a total of 71 short term (respite) placements in Kiln Court (an average of between 1-2 people per week). Most people have had one period of stay during this year (76%) and have stayed for between 1-3 weeks. On this basis, it is estimated that KCC would need to secure four short term beds within the Faversham area to replace the existing provision. Almost all (94%) of residents have been referred from either Swale or Canterbury case management teams.

As mentioned above, beds can be secured in Maidstone, Sittingbourne, Whitstable, Herne Bay and Canterbury at the numbers shown in the table. For Faversham, a targeted specific tender would be undertaken to secure the four short term beds. It is expected that a new service could start from 1 September 2016.

- 4.5 An outline planning application was submitted for Perry Court under reference number 15/504264 which includes a 60 bed care home (Class C2). This is currently awaiting that approval is provided. KCC has been in contact with the developer and supports the application. An operator has not been secured however KCC has suggested that nursing and dementia care would be needed on this site to include short term care.
- 4.6 Based on a detailed needs analysis completed in December 2015, the future commissioning requirements, would need to be for a total of 17 beds, broken down as eight for respite/ assessment beds, six dementia beds, two intermediate care beds and one community respite bed. The eight respite/assessment beds will be secured via block contracts with care home providers in the independent sector under the Dynamic Purchasing Service (DPS) framework contract in other areas of the County, with the exception of those required for the Faversham area which will be secured via a bespoke contract. The dementia beds will be secured via providers who have signed up to the Older Persons' DPS framework contract, the intermediate care beds will be secured by working with the NHS to re-provide these within their existing facilities and the community respite bed will be re-commissioned in the community with an alternative building identified for this service. Alternative permanent placements will be found for the two long term residents at Kiln Court within local care homes in Faversham through framework or individual (spot) contracts. The feedback from the CCG shows that there could be some capacity in the local Community Hospital as the closure of Kiln Court would impact on the number of referrals made to the Community Hospital.
- 4.7 Care Home providers have indicated that rather than tendering for long and short term provision now, they will wait until April 2016 once the Council confirms its position on the guide prices to take into account the National Living Wage implications. This is supported by a solicitor's letter on behalf of the Trade Association and therefore it is expected that a targeted tender for short term services would be successful.

5. Alternative Proposals

- 5.1 During the consultation, there was interest from two providers who are looking to purchase the vacant site and build or refurbish facilities to continue to deliver residential care services for different client groups which would require closure of the existing service.

- 5.2 At the present time, KCC does not struggle to find general frailty residential care services in the Swale district, hence the proposal to close Kiln Court. As set out in paragraph 4.1 above, Kent has developed an Accommodation Strategy which confirms the future need for care home services across Kent and in relation to services in Faversham there will be a future need to develop different residential services which the planning application could meet. We know that for standard residential care for the general frailty population, their needs can be met in extra care housing and there is more likely to be a need for dementia care or nursing provision, neither of which could be accommodated in the existing Kiln Court service. Extra care housing would be an alternative service to people who would, in future, need general frailty residential care and KCC are actively working with partners to secure this in Faversham along with other parts of the County.
- 5.3 KCC will continue to work closely with Canterbury and Coastal Clinical Commissioning Group (CCG) to take into account the findings of the bed modelling exercise expected to conclude in late January 2016. KCC has a duty to make the best use of resources and if there was a future proposal to use Kiln Court as a facility to support the health economy rather than selling the site off; KCC would undertake an options appraisal to evaluate how this would measure against any other options for use of the site. However, in the event that the CCG did have a requirement for a building to provide care in the Faversham area, it is likely that this would not involve the use of Kiln Court in its current guise.
- 5.4 KCC recommends at this stage that further discussions take place to explore and examine the early findings of the bed modelling report to consider whether the closure of Kiln Court would have a material impact. Because of this, it is proposed that the Key Decision by the Cabinet Member is taken in March 2016, following the additional work required which will be reported to the Adult Social Care and Public Health Cabinet Committee meeting in March 2016.
- 5.5 Should the ultimate decision be taken to close Kiln Court, SCHW would declare the site as surplus and KCC would consider the future of the site.

6. Personnel implications

6.1 Staffing information for Kiln Court as at 10 December 2015 is as follows:

Head Count	Total Contracts	Permanent Contracts	Temporary Contracts	Fixed Term Contracts	Full Time Contracts	Part Time Contracts	Relief Contracts	FTE
37	48	48	0	0	6	28	14	25.91
* Kiln Court's figures includes 2 staff (1.12 FTE) currently on Maternity Leave								

- 6.2 Issues raised by members of staff at the initial consultation meetings held on 28 September 2015 and subsequently during the 12 week consultation period related to redundancy and redeployment opportunities and HR support for staff in the event that a decision is made to close Kiln Court.
- 6.3 If the decision is taken to close the service, staff will be offered one to one meetings with a personnel officer and their union representative and the opportunity to receive skills training to enable them to either continue their employment within KCC or find suitable alternative employment. Redundancies, where possible, will be kept to a minimum.

6.4 Arrangements could be put in place to give members of staff an opportunity to apply for posts while continuing to support service users until the service has closed. Those who are not successfully redeployed within KCC will be offered support to secure alternative employment. The Redundancy and Redeployment Procedure will then be followed and people will be offered Priority Consideration status once they are at risk of redundancy in order to help them find work in KCC.

7. Financial Implications

7.1 Based on the cost of re-providing the services needed, the headline data for expected savings is as follows:

7.2 Cost of Re-provision

Type	No. of beds	Cost ¹ (per week) £	Total cost (per week) £	Total cost (per annum) £
Respite	8	407	3,256	169,777
Dementia	6	426	2,556	133,277
Intermediate care	2	407	814	42,444
Community	1	426	426	22,213
	17		7,052	367,711

7.3 Taking into account the current forecast costs at Kiln Court for 2015/16 of £1.02m, this gives a potential full year effect saving of in the region of £650k if utilisation continues at current levels and if short-term care can be procured at or around average placement rates. However, with an expected revised timetable for closure of 1 September 2016, these savings would reduce to £400k for the 2016/17 financial year. From this, assuming one off redundancy costs of £162k and pension costs of £132k, means that the actual savings for 2016/17 would be £100k with further cost avoidance from building maintenance.

8. Equality Implications

8.1 A full Equality Impact Assessment has been completed and is available on request.

9. Legal Implications

9.1 The County Council has a statutory responsibility to accommodate people assessed as requiring residential care services. There is a duty to make sure all care home provision that the Council places residents in is safeguarding individuals and that effective contract management is in place.

10. Summary

10.1 Following the analysis of the consultation, the proposal would be to close the service at Kiln Court, Faversham over a longer period than was expected to make sure that alternative services can be secured in Faversham. This is pending the outcome of the discussions and additional work with the CCG regarding the early

¹ Based on average year to date 2015-16 placement price within independent sector settings in Canterbury & Swale

findings of the bed modelling exercise. It is further proposed that the Key Decision is taken by the Cabinet Member following the discussion at Cabinet Committee in March 2016.

10.2 An initial screening as part of the Equality Impact Assessment (EQIA) was undertaken prior to the consultation. This identified the need for a full Equality Impact Assessment to be undertaken on the proposal, which has now been completed. The assessment confirms that the proposals can be delivered in a way that adequately takes account of the individual needs of existing residents and of other service users.

10.3 The actions identified as an outcome of the full EQIA that will be completed are:

1. To undertake service user reviews ensuring that the needs of all residents with 'protected characteristics' are fully addressed in the process based on personalisation.
2. To implement the Commissioning Strategy to secure suitable alternative respite (short term) accommodation within the local area via a competitive tender process to secure best value and quality of care.

11. Recommendation(s)

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

a) **CONSIDER** the content of the report and the work undertaken to date, and

b) **NOTE** that further work will be undertaken (as detailed in section 5.4 of the report) and a report seeking a formal Cabinet Member decision will be presented to this Committee in March 2016.

12. Background Documents

Government White Paper 'Caring for our Future- Reforming Care and Support'- July 2012

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/136422/White-Paper-Caring-for-our-future-reforming-care-and-support-PDF-1580K.pdf

Accommodation Strategy - www.kent.gov.uk/accommodationstrategy

13. Contact details

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

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

Andy Wood, Corporate Director for Finance and Procurement

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

To: Adult Social Care and Health Cabinet Committee – 14 January 2016

Subject: **BUDGET 2016/17 AND MEDIUM TERM FINANCIAL PLAN 2016/19**

Classification: Unrestricted

Previous Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary: This report sets out the proposed draft Budget 2016/17 and Medium Term Financial Plan (MTFP) 2016/19 as it affects the Adult Social Care and Health Cabinet Committee. The report includes extracts from the proposed final draft budget book and MTFP relating to the remit of this committee (although these are exempt until the Budget and MTFP is published on 11 January 2016). This report also includes information from the KCC budget consultation, Autumn Budget Statement and provisional Local Government Finance Settlement as they affect KCC as a whole as well as any specific issues of relevance to this committee.

Recommendation(s): The Adult Social Care and Health Cabinet Committee is asked to **NOTE** the draft Budget and MTFP (including responses to consultation and Government announcements) and make recommendations to the Cabinet Member for Finance and Procurement and Cabinet Member for Social Care and Public Health on any other issues which should be reflected in the budget and MTFP prior to Cabinet on 25 January 2016 and County Council on 11 February 2016.

1. Introduction

- 1.1 Setting the Council's revenue and capital budgets, and MTFP, continues to be exceptionally challenging due to the combination of increasing spending demands and reducing funding. 2016/17 is proving to be the most difficult yet due to a number of factors. These include:
- Lack of information about government spending plans until very late in the process following the Spending Review announcement on 25 November

- Late changes to grant allocations following the Local Government Finance settlement announcement on 17th December
- Uncertainty over the impact over some significant spending pressures (principally the impact of the National Living Wage)
- New ability to levy additional Council Tax precept

This combination means that despite the proposed increase in Council Tax, the council still has to make significant year on year savings in order to balance the budget.

- 1.2 The challenge of additional spending demands, greater reliance on local taxation and reduced grant funding is likely to continue each year until 2019/20 at the earliest, with 2016/17 and 2017/18 looking like the most difficult years. The medium term projection in the Spending Review 2015 for local government is “flat cash”. This flat cash projection includes additional funding for social care through the extra Council Tax precept and Better Care Fund, the Office for Budget Responsibility (OBR) assumptions on other Council Tax and Business Rate growth, as well as the phasing out of Revenue Support Grant (RSG). RSG has been a significant source of funding for core services for a number of years and it’s phasing out represents a substantial loss. The flat cash assumption does not include changes in grants from other government departments (either ring-fenced or general grants).
- 1.3 The provisional local Government Finance Settlement was published on 17 December. This provides individual grant allocations from Department for Communities and Local Government (DCLG), principally RSG and business rate baseline, and Spending Power calculation. The provisional amounts for 2016/17 are subject to consultation and include a significant and unexpected change in methodology used to allocate RSG. Indicative figures for 2017/18 to 2019/20 were also included in the announcement. The announcement included the offer of a 4 year guaranteed funding settlement.
- 1.4 The Spending Power calculation shows a £20.4m (2.3%) increase in funding between adjusted figure for 2015/16 and indicative figure for 2019/20 (albeit with a dip in 2016/17 and 2017/18). The Spending Power includes the main DCLG grants (RSG and business rate baseline merged as the Settlement Funding Assessment) and Council Tax. The Spending Power no longer includes specific grants but continues to ignore additional spending demands and thus only reflects the change in cash available to local authorities and not real spending power. This means it is not directly comparable to the council’s published budget. The published Spending Power calculation for KCC is reproduced in table 1 below.
- 1.5 The Adult Social Care and Health Cabinet Committee should note that the Settlement Funding Assessment in table 1 includes elements for the ongoing impact of the provisions in the Care Act 2014 which were implemented from April 2015 in relation to funding reform (including deferred payments) and new rights for carers. The amounts identified in the settlement for the Care Act have been appended to table 1 and it should be noted these have been allocated as un-ring-fenced grant towards the overall funding for the authority and not ring-fenced amounts specifically for social care. The cost of implementing these aspects of Care Act needs to be reflected in the Adult Social Care base budget and will no longer be funded by separate income. Funding for assessing prisoners will still be allocated via a separate grant from Department for Health (DoH), and has not yet been announced. The committee should also note the **Page 112** powers to raise a specific Council Tax

precept towards social care pressures and the improved Better Care Fund (mainly from 2018/19) are also included within the Spending Power calculation as identified in paragraph 1.2 and shown in table 1.

Table 1

Core Spending Power of Local Government;					
	2015-16 (adjusted)	2016-17	2017-18	2018-19	2019-20
	£ millions	£ millions	£ millions	£ millions	£ millions
Settlement Funding Assessment	340.0	283.4	241.8	218.2	195.8
Council Tax of which;	549.0	577.2	609.7	644.6	682.2
<i>Council Tax Requirement excluding parish precepts (including base growth and levels increasing by CPI)</i>	549.0	566.0	586.3	608.0	631.1
<i>additional revenue from 2% referendum principle for social care</i>	-	11.2	23.3	36.6	51.1
<i>additional revenue from £5 referendum principle for lower quartile districts Band D Council Tax level</i>	-	-	-	-	-
Improved Better Care Fund	-	-	0.3	17.5	33.7
New Homes Bonus and returned funding	7.9	9.3	9.4	5.9	5.7
Rural Services Delivery Grant	-	-	-	-	-
Core Spending Power	896.9	869.9	861.1	886.2	917.3
Change over the Spending Review period (£ millions)					20.4
Change over the Spending Review period (% change)					2.3%
Care Act Funding – funding reforms (incl. deferred payments)	3.4	3.5	3.8	3.4	7.4
Care Act Funding – Carers, etc.	4.7	4.8	6.1	6.6	6.5

1.6 The KCC latest medium term forecast up to 2019/20 shows a slightly lower estimate for Council Tax than the Spending Power in later years (albeit with higher yield in 2016/17 due to improved tax base and proposed 1.99% increase up to the referendum threshold). This means a slightly lower reduction in 2016/17 and 2017/18 than the Spending Power as shown in Table 2 below. Table 2 also includes the other funding included in KCC budget but not shown in the Spending Power. The overall impact shows a KCC forecast reduction of £4.9m (-0.5%) between 2015/16 and 2019/20 compared to the CLG forecast of +2.3% in table 1.

Table 2	2015/16 Adjusted £000s	2016/17 £000s	2017/18 £000s	2018/19 £000s	2019/20 £000s	Change from 2015/16 to 2019/20 £000s	%
CLG Spending Power							
Settlement	340,015	283,386	241,819	218,156	195,773		
Council Tax	549,034	565,981	586,331	608,010	631,109		
Social Care		11,174	23,323	36,593	51,103		
Better Care Fund		0	301	17,525	33,683		
New Homes Bonus	7,886	9,325	9,375	5,890	5,651		
	896,935	869,866	861,149	886,174	917,318	20,383	2.3%
KCC proposed MTFP							
Settlement	340,015	283,386	241,819	218,156	195,773		
Council Tax	549,034	571,544	588,989	604,192	620,051		
Social Care	0	11,197	23,085	35,504	48,519		
Better Care Fund	0	0	301	17,525	33,683		
New Homes Bonus	7,886	9,325	9,375	5,890	5,651		
Total KCC equivalent Spending Power	896,935	875,451	863,569	881,267	903,676	6,740	0.8%
Other Funding							
Collection Funds	7,529	5,000	0	0	0		
Local Share of Business Rates	1,626	4,115	4,115	4,115	4,115		
Other Grants	18,858	17,306	15,755	14,203	12,651		
KCC Proposed Net Budget Requirement	924,949	901,873	883,439	899,585	920,442	-4,507	-0.5%

- 1.7 In real terms the additional funding available (after the initial dip in 2016/17 and 2017/18), particularly that raised through Council Tax precept/growth, is forecast to be insufficient to cover additional spending pressures (particularly in social care). Therefore, significant savings will continue to be needed each year to compensate for this shortfall and the forecast reduction in RSG and other grants. This will be a difficult message to convey that despite proposed annual increases in Council Tax, the authority will still need to make substantial year on year savings which are likely impact on local services.
- 1.8 The announcement that the Government intends to allow local authorities to retain 100% of business rates by the end of this Parliament is unlikely to provide much relief to this financial challenge. Business rates are already used to fund local authority services through the localised share and RSG. As identified in paragraph 1.2, RSG is due to be phased out and substantially reduced. However, the Government has already made it clear that 100% business rate retention will also include the devolution of additional responsibilities commensurate with the additional income i.e. the additional income will come with additional spending commitments rather than compensate for loss of RSG.
- 1.9 The Government has also made it clear that the principle of redistribution of business rates from high wealth/low needs to low wealth/high needs areas will need to continue under any new arrangements. This effectively means the new system will be 100% retention of business rate growth rather than 100% of the existing business rate base. Whilst we think the new arrangements will be a welcome improvement, we need to wait until we see the detailed consultation during the forthcoming year and recognise this change is highly unlikely to have any impact on the 2016/19 MTFP.
- 1.10 Section 2 of the published MTFP will provide a much fuller analysis of the national financial and economic context, including the November Spending Review/Autumn Budget Statement and provisional Local Government Finance Settlement. Section 3 sets out KCC's revenue budget strategy to meet the financial challenge (including a possible alternative approach to the allocation of additional funding from Council Tax/Business Rate growth to cover spending pressures and savings to cover the phasing out of RSG). Section 4 covers the councils' capital budget strategy.

2. Financial Implications

- 2.1 The initial draft revenue budget was published for consultation on 13th October 2015. This set out the latest forecasts and updates to the published MTFP for 2015/18. These forecasts were based on the original estimates of funding for 2016/17 and 2017/18 (albeit with an updated assumption for Council Tax base growth) and revised estimated spending pressures based on the current year's performance and future predictions of additional spending demands. The consultation also included updated estimates for the savings under consideration to close the gap between estimated funding and spending.
- 2.2 The financial equation presented in the consultation is set out in table 3 below. The consultation identified possible savings options of £73.9m leaving a gap of £7m still to be found before the budget is finalised.

Table 3	Budget Pressures £m	Budget Solutions £m
Spending Demands	58.3	
Grant Reductions	32.9	
Council Tax		10.4
Savings/Income		80.8
Total	91.2	91.2

2.3 As outlined in paragraph 1.1 the provisional Local Government Finance Settlement for 2016/17 was announced on 17 December 2015. This included the following provisional amounts for 2016/17:

- Revenue support grant for 2016/17 of £1111.4m, a reduction of £49.6m (30.8%) on 2015/16 actual grant (£58.1m or 34.2% on adjusted 2015/16 RSG)
- Business rate baseline and top-up for 2016/17 of £172.0m, an increase of £1.4m (0.8%)
- Confirmation of 2% social care precept requirements
- Confirmation that the Council Tax referendum level for 2016/17 is 2%
- New Homes Bonus grant of £9.3m

2.4 As well as the provisional Local Government Finance Settlement the Department for Education (DfE) also made provisional grant announcements on 17 December 2015. This included the Dedicated School Grant (DSG), pupil premium, and Education Services Grant (ESG). ESG is un-ring-fenced grant. The provisional ESG shows an 11.5% reduction in the general funding for local authority maintained schools and academies (although transitional arrangements exist to protect academies from unmanageable reductions). As in previous years ESG is recalculated during the year to reflect pupil number changes and academy transfers. ESG is the most significant element of other grants included in KCC's budget (table 2 above) but is not reflected in the Spending Power calculations.

2.5 The latest overall financial equation is set out in table 4. This includes the impact of the Spending Review and the provisional Local Government Finance Settlement and other provisional grant announcements to date. This will be the position presented in the final draft Budget Book and MTFP published on 11 January 2016 pending any last minute changes.

Table 4	Budget Pressures £m	Budget Solutions £m	
Spending Demands	79.7		
Un-ring-fenced Grant changes (est LG settlement)	48.2		14.5%
Other Grant changes	0.1		
Council Tax increase (referendum)		11.2	1.998%
Council Tax Increase (social care)		11.2	2.0%
Council Tax and business rate tax bases & collection funds		11.3	2.1%
Savings/Income		94.3	
Total	127.9	127.9	

2.6 There are still a number of ring-fenced grants allocated by government departments. These ring-fenced grants are announced either at the same time or after the main Local Government Finance Settlement according to

individual ministerial decisions. The County Council's financial strategy is that any changes in ring-fenced grants are matched by spending changes and therefore there is no overall impact on the net spending requirement. This means the County Council will not generally top-up ring-fenced grants from Council Tax or general grants. This includes Public Health grants from DoH which have not yet been announced. The draft budget includes the best estimate of these grants for 2016/17. These estimates will be updated together with revised spending plans for Public Health for the County Council meeting in February (presuming grant allocations have been announced prior to the meeting).

- 2.7 We have received provisional notification of the Council Tax base from district councils. This is higher than estimated in the budget consultation and is reflected in the final draft budget published on 11 January 2016 and in tables 2 and 4 above. We will receive final notification of the tax base by the end of January together with any balances on this year's collection funds. The final draft budget will confirm the intention to increase the KCC precept for all Council Tax bands by 1.99%, increasing the County Council Band D rate from £1,089.99 to £1,111.77. The final draft budget will also confirm the intention to apply the additional social care precept up to the full 2% increasing the County Council Band D rate further to £1,133.55.
- 2.8 We have not received notification of our 9% share of the business rates from district councils, although we have included an estimate in final draft budget published on 11 January 2016 and in tables 2 and 4 above. We should receive notification of our share of business rates by the end of January and any variation from the estimate will be reported to County Council on 11 February 2016.
- 2.9 Appendix 1 sets out the high level picture of the revised funding, spending and savings assumptions which are proposed for 2016/17 included in the draft MTFP published on 11 January (pending any last minute changes between the publication of this report and the final version being agreed). This appendix is exempt from publication until the final Budget and MTFP is published. There may be further changes to the final draft budget for 2016/17 following final notification of all Government grants and local tax bases (including collection fund balances). As in previous years any changes from the amounts published will be reported to County Council in February. The MTFP includes forecasts for 2017/18 and 2018/19 although at this stage we cannot allocate the majority of these to individual directorates and there are significant unidentified savings required which will need to be resolved in the coming months.
- 2.9 Appendix 2 sets out a more detailed extract from the MTFP setting out the main changes between 2015/16 and 2016/17 relating to the Social Care, Health and Wellbeing directorate. This information is included in the draft MTFP published on 11 January, pending any last minute changes. This appendix is exempt from publication until the final Budget and MTFP is published. The council's budget and MTFP is structured according to directorate responsibilities. This means presenting information that is relevant to individual Cabinet Committees is not straight forward. We do not have the time or resources to re-present this information to exclude elements outside the remit for individual committees.
- 2.10 Appendix 3 sets out an extract from the draft Budget Book setting out the relevant budgets for 2015/16 and 2016/17 for the A to Z entries relating to the Social Care, Health and Wellbeing directorate. This information is as

published on 11 January, pending any final last minute changes. This appendix is exempt from publication until the final Budget and MTFP is published. The information in appendix 3 is consistent with the information included appendix 2 and thus includes elements outside the remit of individual committees.

- 2.11 Appendix 4 sets out the draft capital programme for the Social Care, Health and Wellbeing directorate. This information will be published on 11 January, pending any final last minute changes. This appendix is exempt from publication until the final Budget and MTFP is published.

3. Budget Consultation

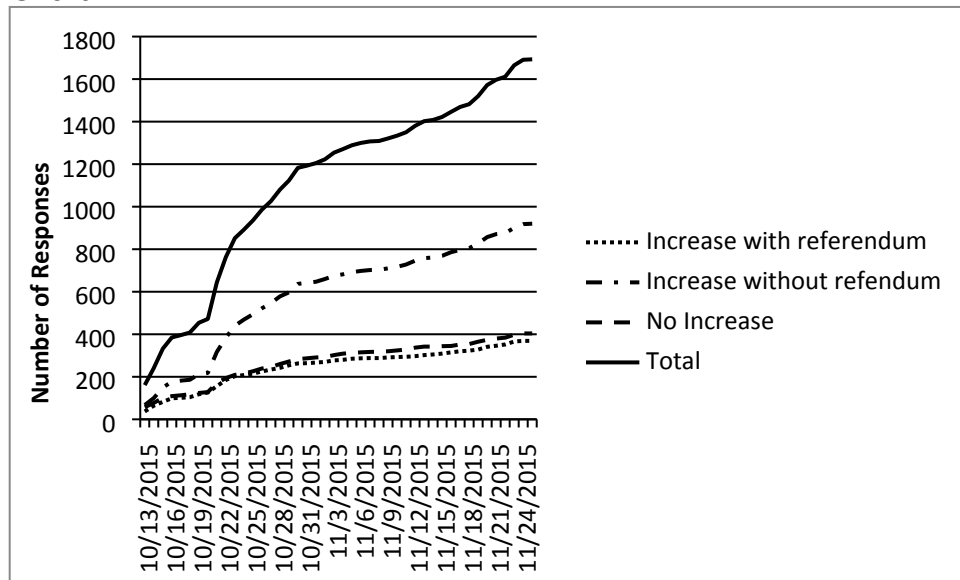
- 3.1 The consultation and engagement strategy for 2015 included the following aspects of KCC activity:
- Press launch on 13 October
 - A question seeking views on Council Tax open from 13 October to 24 November (principally accessed on-line)
 - An on-line budget modelling tool to evaluate 20 areas of front line spending open from 13 October to 24 November
 - A free text area for any other comments
 - A simple summary of updated 2015/18 MTFP published on KCC website
 - Web-chat on 16 November with Deputy Cabinet Member for Finance & Procurement, Corporate Director for Finance & Procurement and other finance staff
 - Workshops with business and voluntary & community sectors on 18th November
 - Workshop session with managers and staff
 - Presentation and discussion with Kent Youth County Council on 15th November

A full analysis of the responses to the consultation will be reported to Cabinet on 28 January. A draft of this analysis is available as background materials for Cabinet Committees in January. The final analysis reported to Cabinet will also be available as background material for the County Council meeting in February.

- 3.2 The consultation did not include any questions about the 2% precept for social care as we were unaware of this possibility at the time. The results from the Council Tax question and on-line budget modelling tool are set out in appendices 5 and 6 to assist committee members in scrutinising the budget proposals set out in the exempt appendices. These appendices with the consultation results are not exempt.
- 3.3 In addition to the activity outlined above the council has also commissioned independent consultants to carry market research to validate the responses with a representative sample of residents via more in depth research and analysis. This included face to face interviews with a structured sample of 750 residents using the same information as the on-line materials he Kent.gov.uk website and half-day deliberative workshops with a smaller sample. The full consultant's report is unlikely to be available in time for cabinet committees but will be available as background material for the full County Council budget meeting in February.
- 3.3 We have received 1,693 responses to the Council Tax question. This is less than the 1,962 responses received last year. This can be partly attributed to the shorter time available for consultation (6 weeks compared 7 weeks the

previous year), however, we need to do further research as we received the majority of responses in the first 3 weeks as demonstrated in the chart 1 below. Overall 54.3% of respondents (920) supported a 1.99% council tax increase (the maximum allowed without requiring a referendum), 23.9% (404) preferred no increase, and 21.8% (369) supported a higher increase with a referendum. The overall number supporting an increase compared to those preferring a freeze is consistent with previous years' consultation although within this the number supporting a higher referendum backed increase is lower than last year.

Chart 1



3.4 We have received 1,153 submissions via the budget modelling tool. This is more than the 853 submissions received via this mechanism last year. This is encouraging as we believe this tool is an effective way to gather information about which services are most highly valued and thus inform budget priorities. We are aware of some criticisms about the time it takes to complete the survey and it can pose some challenging service combinations. A further 479 submissions were abandoned part way through and we need to undertake more research whether a 30% drop-out rate is exceptional or acceptable. An analysis of the responses via this tool is shown in appendix 6 together with the responses from the face to face interviews with 750 sample residents conducted by the independent market research (there is no discernible difference between the responses on-line and face to face interviews).

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

4.1 Appendices 2, 3 and 4 set out the main budget proposals relevant to the Social Care, Health and Wellbeing directorate. These proposals need to be considered in light of the general financial outlook for the county council for 2016/17 (overall reduced funding) and the medium term (flat cash assuming annual Council Tax increases. Committees will also want to have regard to consultation responses in considering budget proposals.

4.2 The most significant issues affecting social care within the provisional local government have already been covered in section 1, however, it is worth reiterating these:

- The County Council can precept an additional 2% on Council Tax specifically to meet spending pressures on social care
- An improved Better Care Fund to be included in the local government finance settlement from 2017/18

- Funding for the implementation of the Care Act is included as part of un-ring-fenced local government finance settlement (RSG)
- Funding previously identified in RSG e.g. welfare provision (or funding newly added to RSG e.g. Care Act) has not been protected from reductions in RSG from 2016/17 to 2019/20 (which for Kent show a reduction from an adjusted grant for 2015/16 of £169.5m to £9.5m for 2019/20)

4.3 In order to levy the additional 2% precept towards social care the authority's statutory financial officer (S151 officer) must inform the Secretary of State of the authority's intention to use the new power once the Council Tax referendum principles have been published (usually as part of the local government finance settlement). The Secretary of State will then issue a notice to those authorities requiring the S151 officer to declare that an amount equivalent to the additional Council Tax has been allocated to the social care budget within 7 days of the approval of the budget and Council Tax at the council's budget setting meeting. Tax payers must also be informed of the additional amount for social care on the face of Council Tax bills including signposting to further information regarding social care spending.

4.4 The additional spending plans and proposed savings affecting adult social care are set out in appendices 2 and 3 to this report. The net additional spending is significantly more than the £11.2m that could be raised through the social care Council Tax precept (and therefore sufficient to warrant levying the full 2%). The additional spending includes the full year impact of realigning the budget to reflect the full year impact of current activity as identified in the latest monitoring report together with the estimated impact of rising demand/demography and rising prices for social care (due to a combination of increases in the national minimum wage in 2015/16, the introduction the National Living Wage in 2016/17 and general inflation predicted for the forthcoming year).

4.5 The savings proposals in the draft budget include a continuation of the established policy to increase client contributions for social care in line with benefit's uplift (including the triple lock for pensioner based on the greater of inflation/earnings/2.5%). For 2016/17 this raises an additional £1.4m towards social care costs. The savings proposals also include the planned savings from phase 2 of the Newton Europe Transformation programme which have previously been reported to the committee in December.

4.6 Savings from any new policy and efficiency initiatives are shown in the exempt appendices and any significant issues will be raised during the Cabinet Committee meeting following publication of the final draft budget on 11 January. Due to the exempt nature of the appendices these proposals cannot be covered in detail in the report.

5. Conclusions

5.1 The financial outlook for the next 4 years continues to look challenging. Although the medium term outlook is around flat cash i.e. we should have a similar budget in 2019/20 to 2015/16, there is a dip in 2016/17 and 2017/18. Furthermore, within the flat cash equation is the additional funding raised through Council Tax, the 2% precept for social care and the Better Care Fund (at this stage we have no indication whether this will come with additional spending requirements) and reductions in RSG. On top of the flat cash we continue to have a number of additional spending demands. This means the Council will still need to find substantial savings in order to cover any shortfall

between the additional income raised (from Council Tax, etc.) against spending demands and to compensate for the reductions in RSG (and any other changes in specific grants including those referred to in this report).

- 5.2 We will be responding to the provisional settlement (deadline 15th January) and in particular the impact of late and unforeseen changes in the grant distribution methodology. These late changes have a significant impact on the budgets for 2016/17 and 2017/18. This is exacerbated by the proposed one-off proposals to deal with the late reductions which have a further consequence in 2017/18.
- 5.3 At this stage the forecasts for 2017/18 to 2019/20 are our best estimates. At this stage we are undecided if we will take-up the offer of a guaranteed 4 year settlement. Based on these forecasts substantial further savings will be needed each and every year to balance the budget.
- 5.4 Appendices 2 and 3 include the latest estimates for unavoidable and other spending demands for 2016/17 and future years. These estimates are based on the latest budget monitoring and activity levels as reported to Cabinet in November (quarter 2). Committees no longer receive individual in-year monitoring reports and therefore members may wish to review the relevant appendices of the Cabinet report before the meeting.

6. Recommendation(s)

Recommendation(s): The Adult Social Care and Health Cabinet Committee is asked to **NOTE** the draft Budget and MTFP (including responses to consultation and Government announcements) and make recommendations to the Cabinet Member for Finance and Procurement and Cabinet Member for Social Care and Public Health on any other issues which should be reflected in the budget and MTFP prior to Cabinet on 25 January 2016 and County Council on 11 February 2016.

7. Background Documents

- 7.1 Consultation materials published on KCC website
- 7.2 The Chancellor of the Exchequer's Spending Review and Autumn Statement on 25 November 2015 and OBR report on the financial and economic climate
- 7.3 The provisional Local Government Finance Settlement 2016/17 announced on 17 December 2014
- 7.4 Any individual departmental announcements affecting individual committees

8. Contact details

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Summary of Responses to Consultation on Council Tax



Response to proposal to increase Council Tax: Summary

KCC has a mandate to increase Council Tax by 1.99% with the majority of respondents and participants in favour of an increase.

- However, the degree to which this was supported varied between responses to the online survey on the KCC website and the face to face random and demographically representative survey.
- Respondents in the online survey on the KCC website were **more supportive** of an increase in Council Tax with over three quarters (76%) in favour, compared to a more even split between the respondents surveyed face to face who were almost evenly split between those favouring some level of increase in Council Tax (51%) and those favouring no increase (49%).
- Participants at the beginning of the deliberative events more closely resembled the on-street respondents with 57% in support of an increase and 42% in favour of no increase or a reduction in Council Tax.
- However, this proportion did change as a result of their deliberations so that by the end of the events 68% were in support of an increase and 32% were in favour of no increase or a reduction.
- Although the base size for the deliberative events is small, this movement demonstrates that the better informed residents are of the budget challenges facing KCC and the scope of services it provides, the more supportive they are of an increase in Council Tax.
- It also shows that deliberative event participants by virtue of being more informed moved closer to the position held by those respondents motivated to complete the question on the KCC website, who by definition were respondents who were more aware and interested in this issue than the average Kent resident.

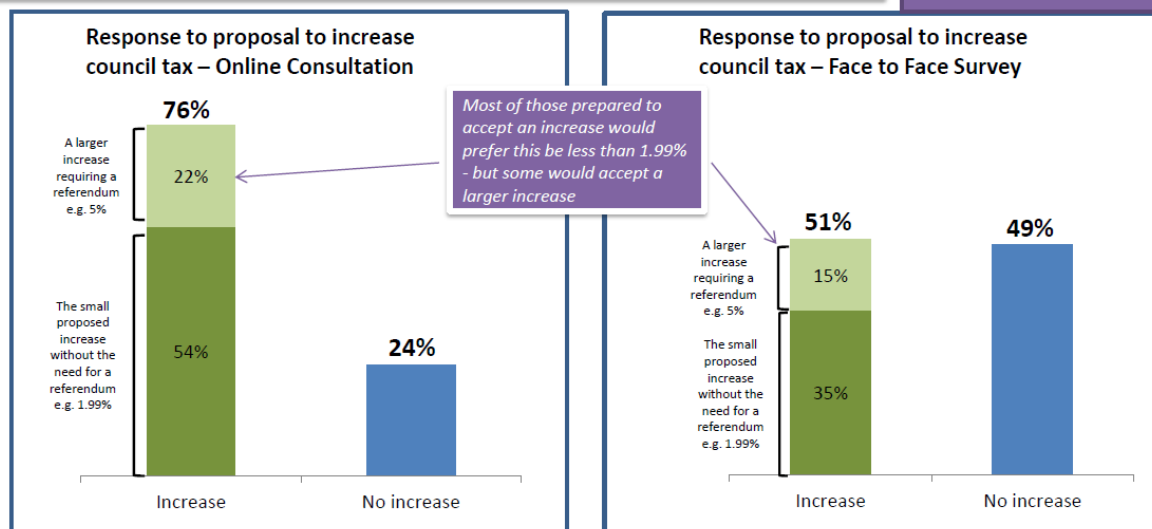


Council Tax: Quantitative data

Significant Findings:

- Those working full time were significantly more likely to accept an increase in Council Tax.
- Those who were retired were also significantly more likely to accept an increase.
- Men were significantly more likely than women to accept a higher increase over 2%.
- See Annex 3 for further detail.

- Strong support for an increase in Council Tax in the online consultation.
- Views of face to face respondents are more mixed – but just over half would accept an increase.
- Differences likely to reflect differing interest in/ knowledge of budget issues/ challenges.



Bases: Face to face survey = 757 respondents, Online consultation = 1693 respondents.
 Question: KCC is proposing a small increase in Council Tax to contribute towards the additional spending demands being placed on council services and to provide some protection for local services from the savings that would otherwise need to be found...How much Council Tax would you be willing to pay towards the financial challenge the authority faces next year?. Illustrations of the equivalent monetary increase per week and per year were given. The "No increase" option was framed as "No increase and make equivalent cuts to and make equivalent cuts to services (of around £11m per year) on top of the estimated £80m already needed to balance the budget"



Summary of Responses to Max Diff Budget Modelling Tool



“Max Diff” exercise: Summary

- Highest priority placed on services to protect the most vulnerable
- Essential infrastructure activity (with universal impact) next most important
- Discretionary “Quality of life” services least important

	Which services?	Who does it impact?
ABSOLUTE PRIORITY Care of society’s most vulnerable	<ul style="list-style-type: none"> • Care at home • Foster care • Refuge 	<ul style="list-style-type: none"> • Elderly • Children • Women
Important Essential infrastructure needs	<ul style="list-style-type: none"> • Potholes • Gritting 	<ul style="list-style-type: none"> • All residents
Less important Support care services	<ul style="list-style-type: none"> • Respite • Assessment • Accommodation 	<ul style="list-style-type: none"> • Families with vulnerable dependents • Children leaving care • Those with learning disabilities
Less important Lower priority infrastructure needs	<ul style="list-style-type: none"> • Waste disposal • Recycling • Street light faults • Subsidised bus routes 	<ul style="list-style-type: none"> • All residents
Less important Discretionary “quality of life” services	<ul style="list-style-type: none"> • Libraries • Youth centres • Taxi transport • Bus passes 	<ul style="list-style-type: none"> • Young people • Children with special educational needs

Note the ranking is *relative* – residents do value discretionary/ quality of life services – and would prefer them to be protected if a choice did not have to be made.

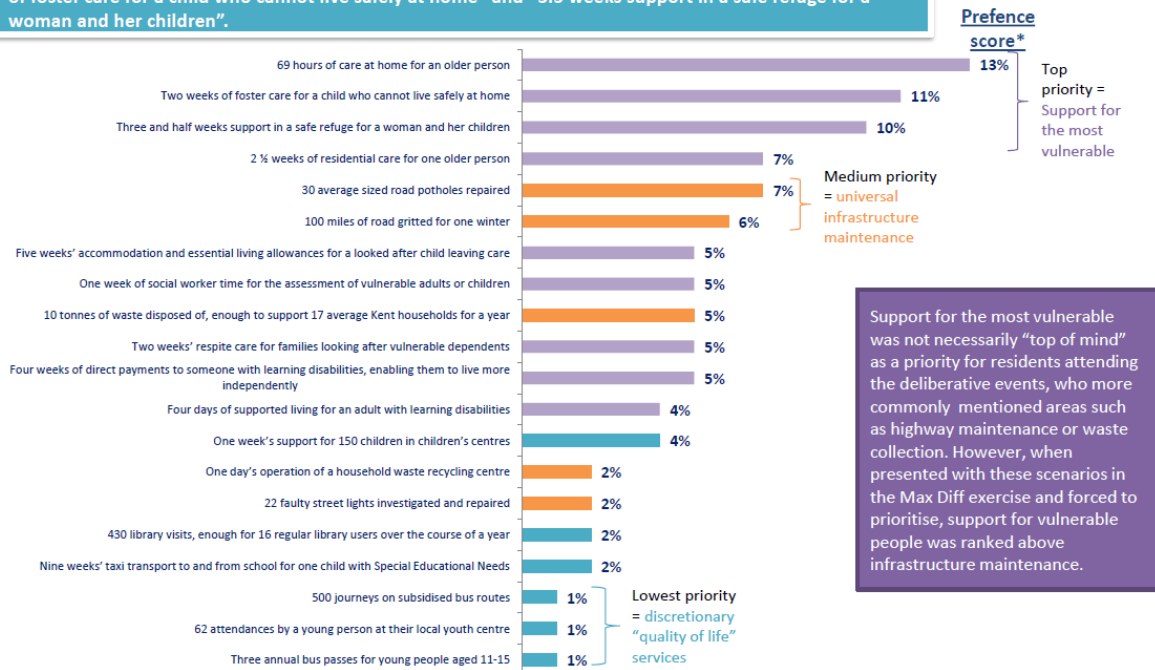
FACTS International

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“Max Diff” exercise: Detail

The top ranked service area tested is “69 hours of care at home for an older person”, followed by “2 weeks of foster care for a child who cannot live safely at home” and “3.5 weeks support in a safe refuge for a woman and her children”.



Combined results from face to face and online surveys - Base = 1,955 respondents. (Little difference between on-street and online results. For comparison see Annex 6).
 From Q3: You will now see a series of screens that list key services and what £1,000 of council spending buys. Please think about your household’s circumstances and tell us which of these services are most and least important to you. *Preference score = a statistical index figure showing the overall level of preference given to each item across all respondents completing the survey.



Top 3 service items by respondent age group

There was little difference in the ranking of the items tested amongst respondent sub-groups. Some small points of divergence included:

- **Online respondents** placed potholes and gritting above residential care and gave slightly higher preference scores for these items than those completing the on-street survey (8% potholes, 7% gritting compared with 5% each among on-street respondents).
- **Younger residents aged 18-34** prioritised foster care and safe refuge above care at home.
- **Older residents aged 55+** placed a higher than average distance between their top ranked item (care at home for an older person) and their second ranked item (foster care).
 - Those aged 55+ completing the online consultation placed pot hole repair in 3rd priority position.
 - The oldest 75+ age group rated residential care for an older person highly, but placed this well behind care at home.
- A full breakdown of results by survey methodology (face to face vs online) and age group is set out in Annex 6.

18-34*	Rank and Preference score	
	On-Street survey	Online survey
Foster care (2 weeks)	1: 12%	1: 14%
Safe refuge for a woman and her children (3.5 weeks)	2: 12%	2: 12%
Care at home for an older person (69 hrs)	3: 11%	3: 10%

35-54	Preference score	
	On-Street survey	Online survey
Care at home for an older person (69 hrs)	1: 12%	1: 13%
Foster care (2 weeks)	2: 11%	2: 12%
Safe refuge for a woman and her children (3.5 weeks)	3: 9%	3: 10%

55+	Preference score	
	On-Street survey	Online survey
Care at home for an older person (69 hrs)	1: 14%	1: 17%
Foster care (2 weeks)	2: 9%	2: 11%
Safe refuge for a woman and her children (3.5 weeks)	3: 8%	4: 8%
Potholes repaired (30)	= 5: 6%	3: 9%

From Q3: You will now see a series of screens that list key services and what £1,000 of council spending buys. Please think about your household's circumstances and tell us which of these services are most and least important to you. Bases: 18-34 – face to face = 214, online = 163 (note the online survey was open to residents aged 16+), 35-54 – face to face = 256, online = 521, 55+ – face to face = 282, online = 403.

From: Paul Carter, Leader of the Council
 Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

David Cockburn, Corporate Director, Strategic and Corporate Services
 Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing
 Andrew Scott-Clark, Director of Public Health

To: Adult Social Care and Health Cabinet Committee - 14 January 2016

Subject: **CABINET MEMBERS' PRIORITIES FOR BUSINESS PLANS 2016/17**

Classification: Unrestricted

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

Future Pathway: None

Electoral Divisions: All

Summary: This report presents Cabinet Members' priorities that they wish to see reflected in the 2016/17 directorate business plans so that the Cabinet Committee can comment on them before the business plans are drafted.

Recommendations:

The Adult Social Care and Health Committee is asked to **COMMENT** on the Cabinet Members' priorities for the 2016/17 directorate business plans

1. Introduction

- 1.1 On 10 September 2015, P&R Cabinet Committee received the annual report on business planning and approved the proposed process for developing the 2016/17 business plans.
- 1.2 The paper approved by County Council on 10 December about embedding strategic commissioning as business as usual also reinforces the changes to business plans for 2016/17 to ensure that they support and strengthen the authority's strategic commissioning approach.
- 1.3 The review of the 2015/16 business planning process found that although they reflect the priorities of Cabinet Members, in some cases these priorities were captured mid-way through the process, leading to redrafting.

1.4 To address this, the proposal for business planning in 2016/17 included a commitment for Cabinet Members to identify the top priorities that they wish to see reflected in the 2016/17 directorate business plans before the drafting process begins. This will ensure that they are incorporated into and shape the development of the directorate business plans.

2. Cabinet Member Priorities

2.1 Cabinet Members each took part in a 1:1 meeting with the Director of Strategy, Policy and Assurance to identify their top priorities during October. They identified both priorities for their own portfolio, and a number of cross-cutting priorities that apply more widely across KCC.

2.2 The priorities that each Cabinet Member identified were aggregated and discussed at Leader's Group in early November, where they were slightly amended and collectively agreed.

2.3 The full list of priorities identified by the Cabinet Members is provided in Appendix 1.

2.4 The priorities that will need to be reflected into the business plans that this Cabinet Committee will receive are below:

Cabinet Member priorities that will be reflected in the Social Care, Health and Wellbeing Directorate Business Plan 2016/17

- Continue to make delivering our statutory safeguarding responsibilities the top priority
- Clarify roles, responsibilities and accountabilities within the commissioning cycle in line with embedding strategic commissioning into business as usual
- Ensure the right balance of non- residential and residential models of care and sufficient capacity in line with the overall strategy for adults with learning disabilities
- Manage demand for support for older people, managing increasing frailty and social isolation
- Ensure the continuing sustainability of the residential and domiciliary care market in Kent and the social care workforce
- Put systems in place to ensure that Transformation continues to be sustainable once transferred into business as usual
- Continue the KCC and NHS integration programme, including Pioneer and Better Care Fund (BCF) work and initiatives including the vanguard, Integrated Commissioning Organisation, Healthy New Towns in North Kent and Learning Disability (LD) integrated commissioning
- Ensure the pathway to major improvements to the social care client systems is developed and progressed
- Ensure implementation of the Workforce Planning Strategy 2015-2020 with regards to succession planning, talent management and retaining critical roles within the organisation
- Continue to build KCC's relationship with the Voluntary and Community Sector, particularly around the preventative agenda

- Ensuring effective transformation of the adult and children public health improvement programmes in line with statutory guidance and within allocated financial resource
- Deliver the supporting transformation programmes including the new health inequalities strategy and the District health improvement deal
- Delivering the refresh of the Joint Strategic Needs Assessment (JSNA) and ensuring that it becomes a widely used and effective tool planning tool for the wider health and care sector, and drives the refresh of the Kent Health and Wellbeing Strategy
- Ensure a coordinated and effective programme of Health Improvement Campaigns across the health and care sector, delivering consistent health improvement messages to the public.

2.5 As well as the priorities identified specifically for the Directorate, there will be links and cross-over with the priorities identified for other Directorate so Directorate Management Teams will be provided with the entire list as shown at Appendix 1 so they can reflect these links as appropriate.

2.6 In addition, Cabinet Members have identified a number of priorities around the way in which all Directorates need to work as we continue in our journey to become a strategic commissioning authority. These will inform the development of the directorate business plans, and will be put into practice in the implementation of the business plans during 2016/17. The priorities around ways of working reinforce the approach we have already set out in the Strategic Statement and Commissioning Framework. They are:

- Strengthen commissioning, procurement and contract management
- Ensure information requirements are clear in all contracts
- Better cross-support between Directorates
- Communicate better externally – messages to be linked to strategy
- Stronger evidence base for transformation decisions and better engagement with the public on the big service changes required

3. Next Steps on Drafting Directorate Business Plans

3.1 Each Directorate Management Team (DMT) will now begin drafting their 2016/17 business plan with support from Strategy, Policy and Assurance.

3.2 The draft directorate business plans will be brought to the relevant Cabinet Committees in March 2016 for comments before they are approved.

3.3 The timescales for the development, approval and publication of 2016/17 directorate business plans are provided in Table 1 below:

Activity	Timescale
Development and agreement of Cabinet Members' priorities	Sept - Nov 2015
Development of directorate and divisional priorities by DMTs	Dec 2015 - Jan 2016
Drafting of directorate business plans including all the required information including approved County Council budget	Feb - Mar 2016

Draft directorate business plans to Cabinet Committees	March 2016 round of meetings
Directorate business plans finalised taking into account Cabinet Committee comments	April – May 2016
Final collective approval of directorate business plans by Cabinet Members and publication on the KCC website	May 2016

Table 1: Timescales for development of 2016/17 directorate business plans

3.4 Divisional and service level plans will be developed alongside Directorate level plans and approved in time to be published on KNet in May 2016.

4. Financial Implications

4.1 There are no financial implications associated with this report.

5. Equality Implications

5.1 There are no equality implications associated with this report.

6. Legal Implications

6.1 There are no legal implications associated with this report.

7. Recommendations

7.1 The Adult Social Care and Health Cabinet Committee is asked to **COMMENT** on the Cabinet Members' priorities for the 2016/17 directorate business plans.

8. Background Documents

None

9. Author

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Cabinet Members' priorities for the 2016/17 Directorate Business Plans

Finance and Procurement

- Make sure there is an effective system of contract management – corporate approach as well as resilience in services
- Commissioning improvement programme to develop better links between commissioning and procurement
- Fully exploit the Iproc Collaborative online systems to reduce cost
- Focus on cost control
- Examine discretionary and non-discretionary powers

Corporate and Democratic Services

- Work with a strategic partner to rethink the ICT infrastructure to support the organisation
- Deliver ICT systems integration
- Further progress the One Public Estate programme
- Review New Ways of Working to ensure it is fit for purpose - property assets must be in the right locations for our services and more quickly disposed of where no longer required
- Review the schools estate and put protocols in place for the quick disposal of unneeded assets
- HR to work with directorates to put proper succession planning protocols in place
- Develop the appropriate interface between the Business Service Centre and the directorates and ensure the BSC delivers on its budget commitments
- Manage the Member role in commissioning, ensuring they are appropriately trained, informed and involved and using Cabinet Committees and Commissioning Advisory Board appropriately

Commercial and Traded Services

- Implement Commercial Services business plan and deliver £6.7 million dividend
- Deliver transformation of external communication function linking with all Directorates to deliver less, better quality communication which is in line with wider strategy
- Deliver transformation of Legal Services – form a Joint Venture

Economic Development

- Coordination of marine activity including development & regeneration, skills & employment, manufacturing, ports, tourism and recreation
- Provide strategic planning and highways support to Districts to unlock sustainable housing development
- Work with partners to deliver strategic infrastructure to unlock housing and employment sites, particularly Lower Thames Crossing, Junction 10a of M20 and delivering superfast broadband across the county
- Secure funds for and look at opportunities for providing business support and build on the RGF to ensure recycled loans are used to best effect
- Maximise opportunities to leverage developer contribution, for example through S106, CIL and Commuted Sums for priority council services

Education

- Continue to increase take up of free places for two year olds
- Ensure school sufficiency and work with Gov to ensure new Free Schools are opened where they are most needed and make the most of Gov funding and engagement
- Continue implementation of special schools review, effective implementation of EHCPs, work with CCGs to deliver enhanced speech and language therapy, reduce out of county placements, delivery and expansion of new SEN transport through route optimisation
- Deliver higher levels of Good and Outstanding schools, work with schools to embed new system of assessment. Development of options to deliver an Education Learning Trust that are wide-ranging and of sufficient scale
- Deliver NEETs action plan, address skills tracking and structural issues including working with private providers

Environment and Transport

- Maintain the highways assets to a good standard to ensure safe and efficient journeys across Kent (with a particular focus on potholes and resurfacing, carriageway maintenance, introduction of LED street lighting and drainage)
- Develop a highways asset management strategy for approval
- Develop a single point of knowledge and evidence base to profile future population growth and needs through the GIF which is continually updated – embed the GIF, implement its ten-point plan and encourage partners and stakeholders to adopt it
- Ensure all major contracts and commissions including waste, highways maintenance, public transport and infrastructure provide optimal value for money for KCC
- Work with Highways England and partners to deliver a solution to Operation Stack
- Progress the development of Thanet Parkway
- Work with Districts to maximise the efficiency of waste collection and disposal
- Deliver Local Growth Fund projects and identify a prioritised programme for any future rounds of LGF
- Make on-street parking arrangements across the county more cost effective to deliver significant revenue savings
- Build the profile of the needs and opportunities of the heritage agenda
- Better work with the interests involved in the rural agenda
- Embed and coordinate delivery of Kent Environment Strategy
- Identify opportunities for income generation to enable delivery of better services without impacting the council tax payer
- Help to shape Local Plans to deliver sustainable growth and infrastructure ensuring KCC's interests are recognised and incorporated into the supporting Infrastructure Delivery Plans

Community Services

- Quickly progress the transformation of LRA and CLS into internally commissioned services

- Explore opportunities to deliver social value in council contracts through cultural commissioning
- Work with Turner Contemporary to identify and exploit commercial opportunities
- Embed arts and sports to deliver wider KCC strategic outcomes, including working with Public Health
- Build on the success of the integrated Resilience and Community Safety teams to provide better multi-agency working including closer working with health partners
- Further develop the intelligence-led approach to Public Protection, including building on joint working between Trading Standards and Community Safety

Specialist Children's Services

- Continue to make delivering our statutory safeguarding responsibilities the top priority
- Develop efficient edge of care service to ensure that numbers of children in care are kept to a minimum
- Recommence direct management of the Adoption Service in line with the evolving partnership with Coram
- Lobby government for a national distribution scheme for Unaccompanied Asylum Seeking children (UASC)
- Lobby Government to fully fund the true cost of UASC and for full repayment of historical UASC underfunding
- Lobby Government to encourage other LAs not to place their CIC into Kent
- Increase number of appropriate step downs from Specialist Children's Services to Early Help
- Develop a new pathway for the transition of young people with a disability from children's to adults' services
- Ensure the transformation of delivery and optimisation of process becomes embedded in the business as usual
- Focus on the priorities of suitable accommodation, employment and training opportunities for care leavers
- Raise awareness of all elected members on their role and responsibilities as a corporate parent.

Adult Social Care and Public Health and Health Reform

- Continue to make delivering our statutory safeguarding responsibilities the top priority
- Clarify roles, responsibilities and accountabilities within the commissioning cycle in line with embedding strategic commissioning into business as usual
- Ensure the right balance of non- residential and residential models of care and sufficient capacity in line with the overall strategy for adults with learning disabilities
- Manage demand for support for older people, managing increasing frailty and social isolation
- Ensure the continuing sustainability of the residential and domiciliary care market in Kent and the social care workforce
- Put systems in place to ensure that Transformation continues to be sustainable once transferred into business as usual

- Continue the KCC and NHS integration programme, including Pioneer and Better Care Fund (BCF) work and initiatives including the vanguard, Integrated Commissioning Organisation, Healthy New Towns in North Kent and Learning Disability (LD) integrated commissioning
- Ensure the pathway to major improvements to the social care client systems is developed and progressed
- Ensure implementation of the Workforce Planning Strategy 2015-2020 with regards to succession planning, talent management and retaining critical roles within the organisation
- Continue to build KCC's relationship with the Voluntary and Community Sector, particularly around the preventative agenda
- Ensuring effective transformation of the adult and children public health improvement programmes in line with statutory guidance and within allocated financial resource
- Deliver the supporting transformation programmes including the new health inequalities strategy and the District health improvement deal
- Delivering the refresh of the Joint Strategic Needs Assessment (JSNA) and ensuring that it becomes a widely used and effective tool planning tool for the wider health and care sector, and drives the refresh of the Kent Health and Wellbeing Strategy
- Ensure a coordinated and effective programme of Health Improvement Campaigns across the health and care sector, delivering consistent health improvement messages to the public.

Cross-cutting priorities

- Look at ways to make the council more entrepreneurial
 - Strategic Business Development and Intelligence (Strategic and Corporate Services Directorate) to lead
- Ask the market to solve problems
 - Strategic Business Development and Intelligence (Strategic and Corporate Services Directorate) to lead
- Be more creative in anticipating and solving problems
 - Strategic Business Development and Intelligence (Strategic and Corporate Services Directorate) to lead
- Develop the preventative model and reduce demand
 - Strategy, Policy and Assurance (Strategic and Corporate Services Directorate) to lead
- Development of a devolution deal for Kent
 - Strategy, Policy and Assurance (Strategic and Corporate Services Directorate) to lead
- Continue to build KCC's relationship with the Voluntary and Community Sector, particularly around the preventative agenda
 - Strategy, Policy and Assurance (Strategic and Corporate Services Directorate) to lead
- Progress District Deals, taking a wider remit including health
 - Environment, Planning and Enforcement (Growth, Environment and Transport Directorate) to lead
- Succession planning – develop a High Potential Development Scheme
 - Engagement, Organisational Design and Development (Strategic and Corporate Services Directorate) to lead
- Further embed the PREVENT strategy across the council

- All Directorates

Priorities around ways of working

- Strengthen commissioning, procurement and contract management
- Ensure information requirements are clear in all contracts
- Better cross-support between Directorates
- Communicate better externally – messages linked to strategy
- Stronger evidence base for transformation decisions and better engagement with the public on the big service changes required

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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 – 14 January 2016

Subject: **CARE ACT 2014 - IMPLEMENTATION UPDATE**

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary: This paper provides an update on the implementation of the Care Act. It follows the last report which was considered by the Adult Social Care and Health Cabinet Committee on 10 July 2015. This report focuses on the main duties that Kent County Council is obliged to discharge as they relate to adults with care and support needs, carers, in addition to deferred payments, safeguarding and other duties which are mentioned below.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **NOTE** and **COMMENT** on the key implementation issues highlighted in this report.

1. Introduction

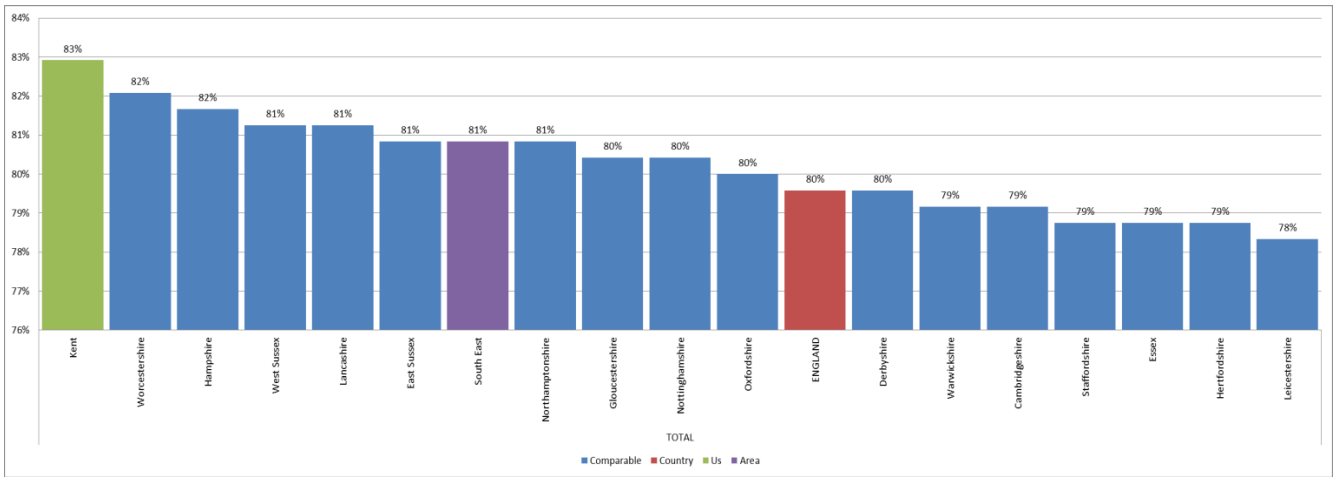
- 1.1 The Care Act 2014, along with the Mental Health Act 1989 and the Mental Capacity Act 2005 form the legislative pillars for adult social care. Collectively these pieces of legislation set out the general and specific responsibilities that local authorities are obliged to address.
- 1.2 The Care Act 2014, however, is now the principal legislation which defines the statutory responsibilities of local authorities and the discretionary powers available to councils with adult social care responsibilities. The Care Act 2014 (and associated regulations) describes the specific criteria for entitlement for care and support by adults with social care needs (including prisoners) and carers.
- 1.3 The Directorate Management Team (DMT) is the senior officer group that has day-to-day operational oversight of the assessment, provision or arranging (commissioning) of services used by eligible residents and carers. The existing directorate activity and budget monitoring processes are the means by which senior management keep oversight of the implementation.
- 1.4 The purpose of this report is to update the Committee on the implementation of the Care Act 2014 from April 2015, when the legislation came into force, until now.

2. Policy context

- 2.1 The Care Act has reformed the legal framework for adult social care. The reform has introduced new rights and entitlements, for example carers. It has also introduced new responsibilities for local authorities, for example market shaping duties and, in some areas the law has strengthened existing requirements such as those relating to care planning and information and advice.
- 2.2 The Committee may also recall that the Care Act clarified responsibilities of the Safeguarding Adults Board and the board accountabilities were put on a statutory footing for the first time.
- 2.3 The implementation of the Care Act, by necessity, requires the development and promotion of a change in culture within the local authority, but also more generally in key partner organisations. One practical way in which the change in culture can be demonstrated is the shift to focusing on individuals' strength (often referred to as asset-based approach), rather than taking a 'deficit' model approach.
- 2.4 Embedding the changes in day-to-day practice so that adults (with care and support need) and carers (with support) experience the effect of being empowered as espoused in the Care Act is a priority for senior managers and team managers alike. The transformation programme development plan, and particularly activities to do with ensuring that we are able to sustain the changes in operational practice is one of the top objectives of the Adults Transformation Portfolio Board.
- 2.5 The Department of Health has announced that it will publish a revised Care Act Statutory Guidance. The council will respond and update all relevant policies and guidance as necessary.

3. Implementation Update

- 3.1 *Meeting duties relating to adults with care and support needs*
 - 3.1.1 The Care Act has consigned the previous 'moderate' eligibility criteria to history. The only basis for determining whether an individual is eligible for support from Kent County Council (KCC) is through the application of national minimum eligibility criteria which apply right across England. In 2014/15, KCC carried out a total of 38,656 adult social care assessments (including reviews) out of which 37,072 were deemed to have met the eligibility threshold. In comparison, since April 2015 to end of November 2015, KCC has conducted 16,061 assessments (including reviews) with 15,536 found to be eligible based on the new eligibility criteria.
 - 3.1.2 These figures show that the number of assessments has decreased this year. This reflects the successful implantation of the transformation programme where more people's needs are met at the point of contact. Current national performance information focusing on quality of life for people shows that the council is showing an improving position which is also very comparable with other councils.

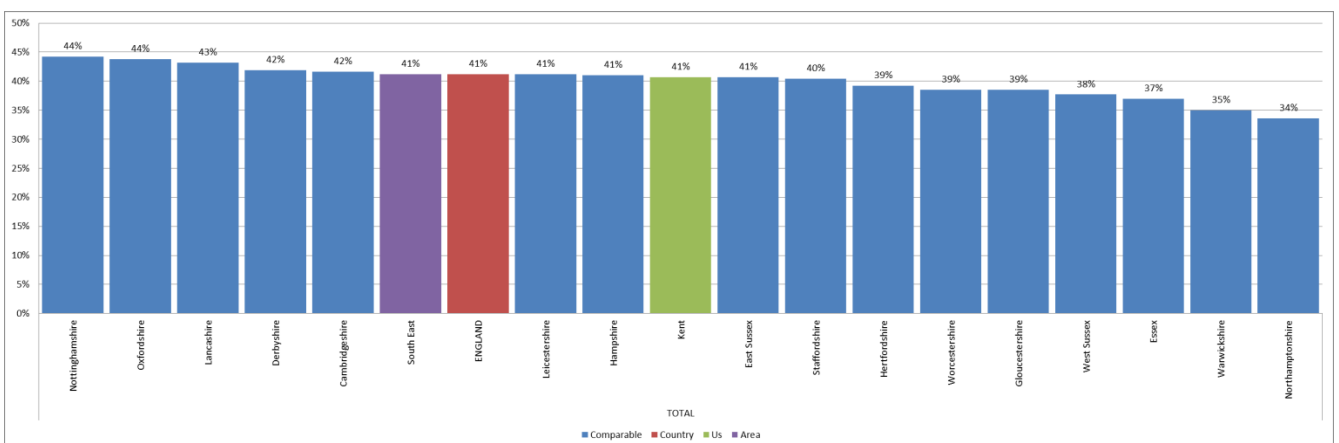


3.1.3 Work is under way to develop detailed options for self-assessment as part of the broader transformation programme and may link to the wider corporate online services.

3.2 Meeting duties relating to carers with care and support needs

3.2.1 The Committee is aware that the Care Act for the first time has put carers on the same statutory footing as adults with care and support needs. Carers deemed to be eligible after meeting the requirements of the national carers' eligibility criteria may be entitled to support in their own right, irrespective of whether the person they care for is eligible for care and support. In 2014/15, KCC carried out a total of 19,216 carers' assessments out of which 18,255 were deemed to have met the eligibility threshold. In comparison, since April 2015 to end of November 2015, there have been 17,906, carers' assessments with 17,189 found to be eligible based on the new national eligibility criteria.

3.2.2 These figures show that the number of assessments has increased this year, with the stronger focus on carers. Current national performance information focusing on satisfaction for carers shows an average performance for Kent.

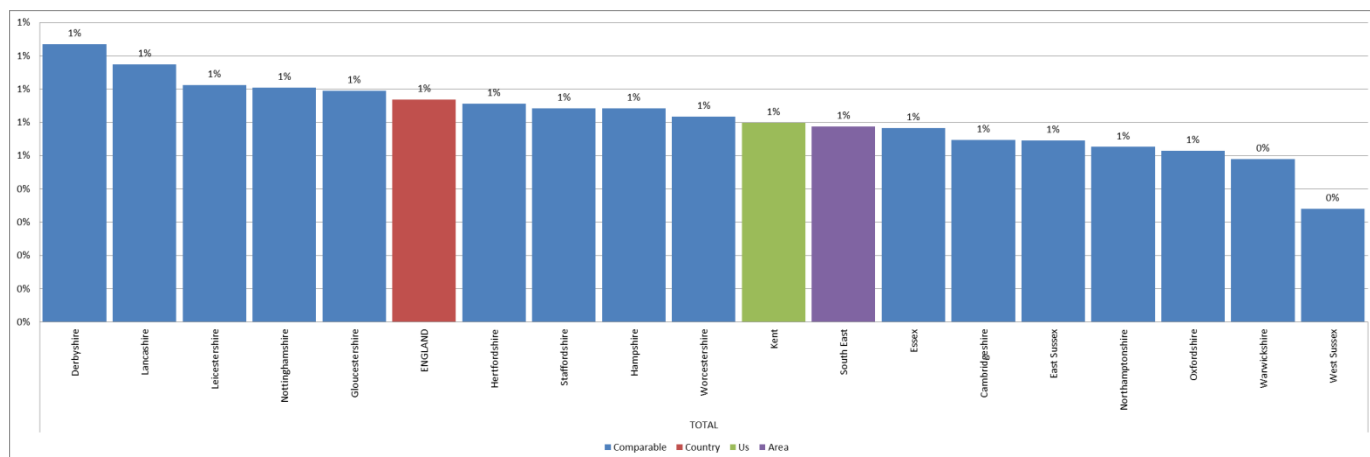


3.3 Meeting duties relating to deferred payments

3.3.1 Deferred payments means a person with a property, moving into a care home on a permanent basis, can enter into an agreement with the local authority. Under this agreement the council will pay the care home fees on behalf of the person until such time as the property is sold. The deferred amount is paid back to the local

authority. KCC agreed a total of 109 deferred payment agreements in 2014/15 with a total gross value of £1,159,062. The total gross value of new deferred payments loans made by KCC between April 2015 and 30 November 2015 was £414,298.79 based on 40 deferred payment agreements. The total gross value of all current agreements (existing and new) stood at £1,143,138.07.

3.3.2 The national position for admissions to residential and nursing care can be found below. It should be noted that Kent's performance has improved significantly over the last few years. We were once one of the highest local authorities for admissions in the country.



3.4 Meeting duties relating to prisoners with care and support needs

3.4.1 The Care Act has placed responsibility on the local authority for the assessment and provision of care and support for prisoners in custodial settings. The current Kent prison establishment capacity is about 3,600.

3.4.2 Ten council staff have received dedicated training from the National Offender Management Service (NOMS) which has ensured they have the appropriate security clearance and personal safety knowledge to enter prison establishments to carry out assessment of prisoners. A single point of contact has been established in Swale and to date 50 assessments have been completed which covering referrals from all prison establishments in Kent. Most of the assessments have resulted in advice and guidance or the provision of equipment (including sensory types) with appropriate training on their use. Care is being provided to one highly dependent prisoner at present. There are significant behavioural management needs in this particular case which results in a high cost package of care.

3.4.3 The council has developed an excellent working relationship with NHS England and NOMS in the work so far within prisons. There is recognition that to date much of the work has focused on people with physical needs, to this end work is in progress to deliver a training workshop early in the New Year to further raise awareness of learning disability and autistic spectrum conditions with the appropriate prison staff.

3.5 Meeting duties relating to information, advice and advocacy

3.5.1 As mentioned earlier, information, advice and advocacy is one of the areas that the Care Act has strengthened the existing responsibilities placed on local authorities. The Committee should note that the council is required to provide information and advice to all local residents not just those supported out the public purse. This

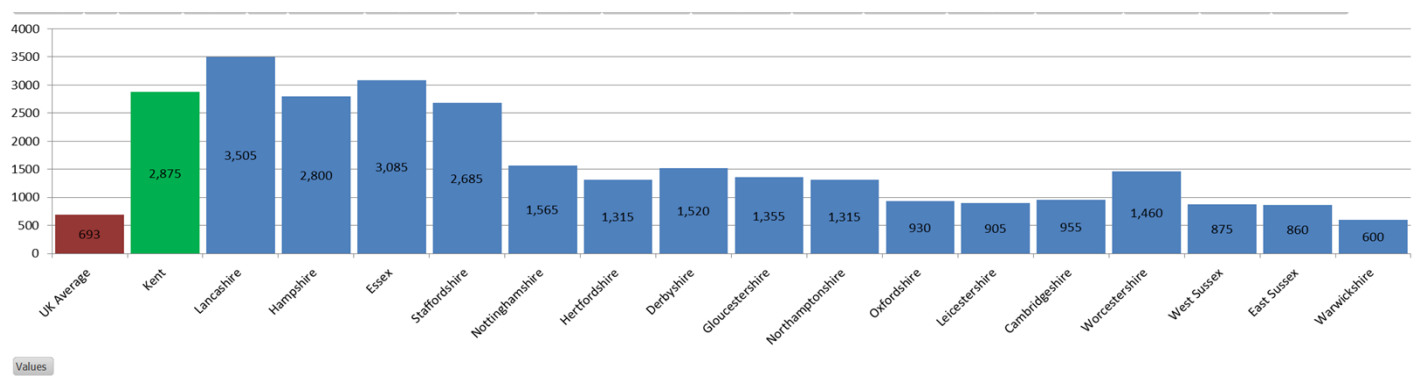
means that when requested, the council must provide information for people who pay for their own care and support (self-funders). There is comprehensive information for the public on a range of care and support and other related matters online with hard copy information made available in many public places. Work continues to improve the general level and timeliness of information as part of Phase 2 of the transformation programme. This will also link more fully into corporate development plans. Evidence indicates that good information and advice is essential in helping to manage their needs and this is more beneficial where people are assisted at an earlier stage.

3.5.2 Individuals have a right to statutory advocacy if they meet criteria laid down by the Government so that they can receive help during the assessment and care planning process or indeed during safeguarding investigations. The total number of general advocacy referrals in 2014/15 was 1,400. The number of people for whom statutory advocacy was arranged from April 2015 to September 2015 was 207, amounting to 1,336 hours of advocacy support.

3.6 Meeting duties relating to safeguarding

3.6.1 The Kent and Medway Safeguarding Adults Board has overseen all the necessary policy, process and procedural changes as a result of the Care Act. This has included a new policy on self neglect. The system of practice audits is continuing with the opportunity to learn from best practice and casework information appropriately disseminated. Furthermore, the routine and regular report to the Cabinet Member for Adult Social Care and Public Health and indeed, to this Committee, offer another layer of scrutiny in respect of assessing how well safeguarding alerts and investigations are being managed. The Committee will be interested to know that Debbie Stuart-Angus has been appointed as the independent Chair of the Safeguarding Adults Board.

3.6.2 The number of safeguarding referrals in 2014-15 is shown below and are dependent on the size of the Council.



3.7 Meeting duties relating to market shaping and commissioning

3.7.1 Local authority responsibility for promoting the quality of services has been enhanced through the relevant provisions of the Care Act, including the responsibility for shaping the market. A response to one of the key requirements is set out in the strategy known as Market Position Statement (MPS). The council has developed two MPS for residential and non-residential care settings respectively. The Director of Commissioning has the lead responsibility for this area assisted by the Heads of Commissioning. Together, these senior officers hold regular meetings

with the private and voluntary sector providers, Care Quality Commission and relevant NHS bodies.

3.8 *Meeting duties relating to the workforce*

3.8.1 The need for changes in culture and the provision of quality services both depend on a suitably trained workforce with the required skills to deliver good care and support services. As mentioned above, embedding the required changes in daily practice is regarded as a top priority.

3.8.2 The directorate has developed a comprehensive organisational development plan which is the basis for ensuring good practice is maintained throughout the services. To this end, a bespoke Care Act knowledge and skills assessment tool has been developed to help inform and advise managers as to how the new legislation is being reflected in practice. The tool will measure the understanding of the Care Act across teams and also inform the training and development plan for 2016/17. Attention is not focused only on council staff as the majority of the social care workforce is employed in the private and voluntary sector.

4. Financial Implications

4.1 There are no financial implications associated with this report.

5. Equalities Implications

5.1 There are no equalities implications associated with this report.

6. Legal Implications

6.1 These are detailed in section 1.1 and 1.2 of the report.

7. Management and Programme Oversight

7.1 The Directorate Management (DMT) has taken on the full responsibility for overseeing how performance in embedding practice is progressing, following the move to the implementation of the Care Act. DMT is assisted in this role by the Care Act Programme Delivery Group (CAPDG) which has been re-fashioned to support the embedding work across the county to ensure that the new legislation is fully reflected across the business.

7.2 The CAPDG has worked with a cross county practitioner group to explore how the changes are truly reflected in practice within teams and also in service delivery. The outcome of this exercise has informed the Care Act embedding plan.

7.3 The performance and finance functions are using existing activity and budget monitoring processes to track changes in service delivery and budget changes. It is intended that ongoing monitoring of the implementation will be fully integrated into the established processes, including future reporting on the implementation.

8. Conclusion

- 8.1 This report seeks to update the Committee on the key implementation activities. The Committee is also asked to note the intent to report on future Care Act activities as part of the routine directorate performance report.

7. Recommendations

7.1 Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **NOTE** and **COMMENT** on the key implementation issues highlighted in this report.

8. Appendices

None

9. Background documents

Care Act 2014

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

Statutory Regulations 2014

<https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>

Care and Support Statutory Guidance 2014

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-Act-Guidance.pdf

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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 – 14th January 2016

Subject: The Public Health Strategic Delivery Plan and Commissioning Strategy

Classification: Unrestricted

Past Pathway of Paper: Adult Social Care and Health Cabinet Committee,
1 May 2015 and 10 July 2015

Future Pathway of Paper: Adult Social Care and Health Cabinet Committee,
10 March 2016

Electoral Division: All

Summary:

The KCC Public Health team has developed a new strategy for health improvement services in Kent with an aligned commissioning plan. In July 2015 the Cabinet Committee agreed to extend and align all of the current adult health improvement contract dates so that a new model of provision could be developed and commissioned.

A period of stakeholder engagement, market engagement and customer insight work has taken place, including discussion with Local Health and Wellbeing Boards. A consensus has emerged around an integrated adult health improvement service. There has been clear support for a proposed model of integrating services to help people improve their health in a holistic manner, rather than trying to treat unhealthy behaviour separately.

During January and February the in-depth reports from all of the work, will be used to inform the development of a new service specification, which alongside further market engagement and discussions with key partners will inform how we propose to secure the right services for the future. A further report will be presented to this committee at its meeting on 10th March 2016, prior to any tendering exercise.

Recommendations:

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

i) comment on the progress of the transformation work, the findings of the customer insight work and public consultation; and

ii) endorse the direction of travel, and the work to integrate adult health improvement services.

1. Introduction

- 1.1 The Adult Social Care and Health Cabinet Committee has been shaping the development of the emerging public health strategic plan and commissioning strategy, and this will be the fourth time that the topic has been discussed by the committee.
- 1.2 In the previous discussions, the drivers for change for the work were outlined, and the committee were asked to comment on the emerging Kent Public Health Outcomes Framework, and the proposal to engage with partners and the public over proposals for integrating health improvement services.
- 1.3 Since the last report to this committee in July 2015, there have been several key developments around the shape of the proposals, and a public consultation exercise. Prior to in-depth work to develop service specifications, this paper provides the committee with a final opportunity to comment on the proposed new service model.

2. Stakeholder Engagement

- 2.1 During September and October the Public Health team engaged with a range of stakeholders to gather their input to the process, including Local Health and Wellbeing boards, the Local Pharmaceutical Council, GPs.

2.2 Emerging themes

A number of themes have come out of the stakeholder engagement, including discussion at the majority of Local Health and Wellbeing boards, which will inform some of the core principles for the approach moving forwards.

2.2.1 Health promotion across the population

One of the strongest pieces of feedback from stakeholders has been that communications play a significant role in supporting people to take responsibility for their health, and that the approach to public health messaging could be hugely strengthened and coordinated much more with partners. There is a need for a highly proactive approach to increase the coordination of campaigns, social marketing and communication channels across partners to produce high profile, high impact messages.

2.2.2 A focus on health inequalities

A key theme has been to further identify the opportunity to enhance public health work in those communities where there are the highest health inequalities in Kent. It is clear that better use of data and intelligence and customer insights can be used to target communities with high health inequalities. Work has now begun on a follow up to the Kent Health Inequalities strategy 'Mind the Gap',. Professor Chris Bentley is working with us to enable much more effective targeting of health inequalities in the top 10 % most

deprived areas in Kent, using data from the recent release of the updated Indices of Multiple Deprivation.

2.2.3 Locally flexible services

The current approach has been based on a one size fits all model across Kent. Future procurement should include local representation to ensure a model which varies according to local priorities. The service models in development must enable better alignment with local population need. Local representatives are welcomed to be involved in developing this model.

- 2.3 A key element of work moving forward will be to work with local community assets to support people to develop and maintain healthy lifestyles, recognising that services alone are not enough to meet the health challenges faced across Kent.

3. Market engagement

- 3.1 A series of market engagement events have been conducted which indicated a strong willingness by many providers to engage in the transformation work. The exercise involved representatives from more than 80 service provider organisations from the public, private and voluntary sector. Feedback included the following points. A strong appetite to engage in the programme and suggestions that go beyond traditional 'service-based' approaches e.g. using behavioural science and marketing approaches to generate motivation.

4. Public Consultation

- 4.1 During November and December the proposed model was tested with the public. To ensure that a comprehensive picture was developed there were three elements to the consultation,

4.2 *Online/paper consultation*

This element of involved a consultation document which was promoted for an online response, as well as paper copies which were distributed to GPs surgeries, Libraries among other community venues. This allowed us to engage with the wider public, explaining the proposed model, the options we have considered and to get opinions of how the service should be shaped.

160 people and organisations completed the consultation document, and the key findings was that the proposed model was generally well received. Three quarters (75%) of respondents agreed with the proposed model, and only 9% disagreed.

Just over half (54%) of respondents felt that they should be allocated based on need, with the remaining respondents stating that they should be open to everyone (19%), 'by referral only' (18%) and 'other' (9%).

The most preferred way of delivering the service was felt to be face to face, supported by a website/online information and telephone advice and preferred venues were GP surgeries, dedicated buildings and existing venues such as libraries and leisure centres. Opinions were also divided as to whether the

centres should be provided in a health related setting, with some feeling that they should, and others feeling that GP surgeries suggest illness rather than lifestyle, and that a non-health related venue would be better.

4.3 **Focus Groups**

The second element of the insight work, consisted of focus groups that were run to investigate further into people's attitudes to services, why they would or wouldn't access them, and testing our assumptions about the services and the proposed model. There were twelve focus groups that reflected the demographic make-up of Kent.

The 12 workshops showed that Participants considered wellbeing to be about both their physical and mental health, the wider determinants of poor health and people are acutely aware that health inequalities exist. People recognised the limits to what Council services can and should do given that adults are in control of whether they engage in unhealthy behaviours. This suggests that the message about self-motivation as being key to success must be consistently conveyed. There is strong support for the major changes suggested by proposed service model – indeed many participants spontaneously suggested elements of the proposed model when critiquing the current model.

4.4 **Behavioural Insights**

A behavioural insight study has also been undertaken, which focused on developing our understanding of why those people with the unhealthiest lifestyles are least likely to engage with our services. The key role of this study was to further our understanding of the issues raised in The King's Fund report 'Clustering of unhealthy behaviours over time - Implications for policy and practice' (August 2012). The report showed that people with no qualifications were more than five times as likely as those with higher education to engage in all four poor behaviours.

The Behavioural Architects (a specialist behavioural science agency) were appointed to carry out a piece of in depth research, working with twelve people over a course of two weeks, understanding their daily choices, and the influences on their behaviour.

The in-depth report from the Behavioural Architects team is currently being analysed and will be used to help shape the service specification, and the shape of future social marketing campaigns. The headline findings from the work are:

- Unhealthy behaviours are incredibly accessible and offer a way to exert choice and control
- Unhealthy behaviours are often default coping strategies for dealing with more acute challenges
- Identity is strongly tied to local friends and family and the area around where people live
- Consistent habit loops for all four behaviours enables them to be used interchangeably
- Unhealthy habits reinforce one another through 'negative snowballing'

The key points clearly indicate that an integrated model would be more

likely to support this group of people to make a sustained change. The in-depth report gives an understanding of the challenges faced by individuals in their communities in Kent, and what is causing them to struggle to sustain a change in their behaviours. It helps to show they will need to be supported, whether through communications, a service or through the resources available to them in their community.

- 4.5 Each of these studies will enable us to create an informed, intelligence led service that has the customer at the forefront of its design, whilst enabling us to develop campaigns that will help to motivate people to change their lifestyles, and then to engage with our services if they need support to make a change.

5. Financial Implications

- 5.1 The contracts for the individual services currently have a total annual value of £5.3m and the future service will be planned within this financial envelope. However the public health grant allocation for 2016/17 has not yet been announced. The new model through a more efficient integrated approach will put a particular emphasis on tackling obesity including increasing the focus on physical activity.

6. Timeline

- 6.1 The work to transform public health services has been divided into three phases and is on track for delivery.
- 6.2 To deliver within this timescale requires the new model to start by October 2016.
- 6.3 Progress will be reported back to this committee in March, where there will be an opportunity to discuss the proposed service specification prior to tendering.

7. Conclusion

- 7.1 Development of a new approach is needed to meet the challenges faced in public health, the changing needs of the population and the financial envelope of the public health grant.
- 7.2 The stakeholder engagement phase of the project clearly supported the direction of travel, whilst the three elements of the customer insight work have shown that to effectively support people to make a change in their lives an integrated approach is vital.
- 7.3 The findings of the work so far allow us to develop a service specification based on the needs identified. This piece of work will be conducted during January and February 2016, alongside engagement with partners, to ensure that local needs are built into the service, and that the service will work with the wider health and social care system to provide a joined up experience for the people of Kent, supporting them to improve their lives.
- 7.4 It is clear that beyond just developing a service response to the issues identified, it is also important to improve the coordination and dissemination of health messages, and signposting to support that can be accessed in the community , utilising all the assets that are available.

8. Recommendation(s)

Recommendation(s):

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

- i) comment on the progress of the transformation work, and the findings of the customer insight work; and
- ii) endorse the direction of travel, and the work to integrate adult health improvement services.

6. Background Documents

Update on Developing the Public Health Strategic Delivery Plan and Commissioning Strategy, presented to Adult Social Care and Health Cabinet Committee on 1st May 2015

7. Contact details

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From: Peter Sass, Head of Democratic Services
 To: Adult Social Care and Health Cabinet Committee – 14 January 2016
 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 3 December 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
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 • Active Travel Strategy – key decision • Community Mental Health and Wellbeing Service • Rates and Charges • Domestic Abuse Support Services
C – Items for Comment/Rec to Leader/Cabinet Member	<ul style="list-style-type: none"> • Tobacco Control – ‘one year on’ update • Learning Disability Respite Services in Faversham • Community Support Strategy Market Position Statement • Public Health Transformation update – prior to any tendering exercise
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 – regular six-monthly
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 • Employment of Vulnerable Adults – added at 3 Dec agenda setting, will follow on from report in March
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	<ul style="list-style-type: none"> • Local Account Annual report – Final version for Members' comment prior to publication – October or December?
C – Items for Comment/Rec to Leader/Cabinet Member	
D – Monitoring	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Local Account Annual report – Final version for Members' comment prior to publication
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 <i>now to alternate meetings</i> • Public Health Performance Dashboard <i>now to alternate meetings</i> • Work Programme
E – for Information, and Decisions taken between meetings	
26 JANUARY 2017	
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"> • Budget Consultation and Draft Revenue and Capital Budgets • Update on Care Act implementation – 6 monthly • Update on Public Health Transformation • Cabinet Member's Priorities for the 2017/18 Directorate Business Plan •
D – Monitoring	<ul style="list-style-type: none"> • Work Programme
E – for Information, and Decisions taken between meetings	

NEXT MEETING: 14 MARCH 2017

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Appendix 1 - High Level 2016-19 Budget Summary

2015-16			2016-17		2017-18		2018-19	
£000s	£000s		£000s	£000s	£000s	£000s	£000s	£000s
	940,313	Revised 2015-16 Base Budget		916,479		901,873		883,439
		Additional Spending Pressures						
9,210		Budget realignments from previous year	15,039		239		110	
12,557		Replacement of one-off use of reserves to fund base budget	12,379		19,563		1,700	
11,363		Pay & Prices	25,767		26,409		26,631	
9,600		Demand & Demographic	10,333		15,563		19,837	
20,672		Government & Legislative	5,233		0		0	
8,275		Service Strategies and Improvements	10,921		4,281		994	
	71,677	Total Pressures		79,672		66,054		49,271
		Savings & Income						
		<u>Transformation Savings</u>						
-14,725		Adults Transformation Programmes	-10,228		-3,740		-1,615	
-5,583		Children's Transformation Programmes	-3,220		-991		-395	
-6,990		Other Transformation Programmes	-3,176		-2,379		-1,272	
-16,634		Income Generation	-7,049		-3,069		-1,275	
		<u>Efficiency Savings</u>						
-9,512		Staffing	-5,097		-2,257		0	
-2,522		Premises	-1,444		-1,056		0	
-16,316		Contracts & Procurement	-11,539		-3,360		0	
-1,004		Other	-9,062		-3,606		-60	
-17,440		Financing Savings	-31,375		-1,700		0	
-4,785		Policy Savings	-8,088		-5,840		-3,005	
	-95,511	Total Savings & Income		-90,278		-27,998		-7,622
		Public Health & Other Grants						
11,894		Government & Legislative pressures	13,857		0		0	
0		Reduction in grants used for specific purposes (estimate)	5,633		0		0	
-11,894		Increases in Grants and Contributions	-13,857		0		0	
0		Policy Savings	-5,633		0		0	
	0			0		0		0
	0	Unidentified		-4,000		-56,490		-25,504
	916,479	Net Budget Requirement		901,873		883,439		899,585
		<u>Funded by</u>						
		<u>Un-ringfenced Grants</u>						
161,005		Revenue Support Grant	111,425		66,476		37,640	
122,939		Business Rate Top-Up Grant	123,964		126,402		130,131	
26,744		Other un-ringfenced grants (estimate)	26,631		25,431		37,618	
49,227		Local Share of Retained Business Rates (estimate)	52,112		53,056		54,500	
451		Business Rate Collection Fund						
549,034		Council Tax Yield (including increase in Council Tax up to referendum level)	571,544		588,989		604,192	
N/A		Social Care Precept	11,197		23,085		35,504	
7,079		Council Tax Collection Fund (estimate)	5,000		0		0	
	916,479	Total Funding		901,873		883,439		899,585

(Figures subject to rounding)

Appendix 2 - SCHW Directorate MTFP

Heading	Description	Older People & Physical Disability £000s	Learning Disability & Mental Health £000s	Disabled Children's Services	Specialist Children's Services £000s	Commissioning £000s	Public Health £000s	Corporate Director SCH&W £000s	Total SCH&W Directorate £000s
2015-16 Base	Approved budget by County Council on 12 February 2015	144,359.9	183,628.4	20,187.1	110,000.4	9,624.5	-1,662.8	11,055.3	477,192.8
Base Adjustments (internal)	Approved changes to budgets which have nil overall affect on net budget requirement	-2,988.1	-8,384.2	197.2	384.8	22,819.7	1,662.8	-7,792.6	5,899.6
Revised 2015-16 Base		141,371.8	175,244.2	20,384.3	110,385.2	32,444.2	0.0	3,262.7	483,092.4
Additional Spending Pressures									
Budget Realignment	<i>Necessary adjustments to reflect current and forecast activity levels from in-year monitoring reports</i>								
Adult Social Services	To reflect current forecast activity and spend in Adult Social Services	11,476.4	1,034.7	0.0	0.0	0.0	0.0	-2,200.0	10,311.1
Asylum	Cost of support for care leavers from the asylum service not funded through asylum grant	0.0	0.0	0.0	550.0	0.0	0.0	0.0	550.0
Replace use of one-offs	Impact of not being able to repeat one-off use of reserves and underspends in approved base budget for 2015-16	679.0	0.0	0.0	0.0	0.0	0.0	0.0	679.0
Pay and Prices Inflation									
Adult Social Care	Provision for inflation on commissioned adult social care services, including increases in costs resulting from the National Living Wage	6,209.7	6,379.3			0.0	0.0	0.0	12,589.0
Children's Social Care	Provision for inflation on the cost of children's social care			90.8	691.5				782.3
Demography	<i>Additional spending associated with increasing population and demographic make-up of the population</i>								
Older People	Growth in numbers accessing social care as a result of an ageing population and delayed entry into care under transformation programme	2,000.0	0.0	0.0	0.0	0.0	0.0	0.0	2,000.0
Adults with Learning Disabilities: transitions and provisions	Growth in client numbers arising from: children progressing into adulthood (transitions), and older adults previously cared for by families (provisions)	0.0	3,674.7	0.0	0.0	0.0	0.0	0.0	3,674.7
Adults with Learning Disabilities: complexity	Additional costs resulting from existing clients whose needs are becoming more complex	0.0	2,575.3	0.0	0.0	0.0	0.0	0.0	2,575.3
Children's Services	Estimated impact of greater complexity of need	0.0	0.0	100.0	400.0	0.0	0.0	0.0	500.0

Appendix 2 - SCHW Directorate MTFP

Heading	Description	Older People & Physical Disability £000s	Learning Disability & Mental Health £000s	Disabled Children's Services	Specialist Children's Services £000s	Commissioning £000s	Public Health £000s	Corporate Director SCH&W £000s	Total SCH&W Directorate £000s
Government & Legislative									
<u>Funded by Grants and Contributions</u>									
Reduction in Care Act Grant income	Ongoing element of Care Act Grant now absorbed within RSG	1,978.2	650.0	0.0	0.0	726.0	0.0	1,145.8	4,500.0
Service Strategies & Improvements									
Other	Other minor service improvements	0.0	0.0	0.0	0.0	0.0	0.0	227.0	227.0
Total Additional Spending Demands		22,343.3	14,314.0	190.8	1,641.5	726.0	0.0	-827.2	38,388.4
Savings and Income									
<u>Transformation Savings</u>									
Adults Phase 2 OP/PD	Continued rollout of Phase 2 transformation including initiatives aimed at promoting better integration with health services and better range of support services for clients leaving hospital	-3,499.1	0.0	0.0	0.0	0.0	0.0	0.0	-3,499.1
Adults Phase 2 Learning Disability	Continued rollout of Phase 2 transformation including initiatives aimed at reducing dependence on care services for vulnerable adults	0.0	-1,829.7	0.0	0.0	0.0	0.0	0.0	-1,829.7
Learning Disability	Full year effect of 2015-16 transformation savings plan to review support packages	0.0	-500.0	0.0	0.0	0.0	0.0	0.0	-500.0
OP/PD commissioned services	Reduction to older people and physical disability commissioned services through encouraging greater client independence	-4,399.0	0.0	0.0	0.0	0.0	0.0	0.0	-4,399.0
Specialist Children's Services	Reduction in the number and length of time children are in care following improved targeting of preventative services including reduction and improvement in assessment activity	0.0	0.0	0.0	-3,220.0	0.0	0.0	0.0	-3,220.0
Income									
Client Charges	Uplift in social care client contributions in line with benefit uplifts for 2016-17 and charges for other activity led services including young person's travel pass, libraries, and registration	-1,470.0	-60.0	0.0	0.0	0.0	0.0	0.0	-1,530.0
Disabled Childrens Services	Maximise income from continuing healthcare in residential care	0.0	0.0	-60.0	0.0	0.0	0.0	0.0	-60.0

Appendix 2 - SCHW Directorate MTFP

Heading	Description	Older People & Physical Disability £000s	Learning Disability & Mental Health £000s	Disabled Children's Services	Specialist Children's Services £000s	Commissioning £000s	Public Health £000s	Corporate Director SCH&W £000s	Total SCH&W Directorate £000s
<i>Efficiency Savings</i>									
<i>Staffing</i>									
Staff restructures	Service re-design, integration of services and more efficient ways of working resulting in a reduction of staff costs that equates to the equivalent of approx. 150 fte. The delivery of these savings will be with appropriate stakeholder engagement and detailed consultations	0.0	-300.0	-245.0	0.0	-613.0	0.0	0.0	-1,158.0
<i>Contracts & Procurement</i>									
Disabled Childrens Services	Review of contracts and realignment of prices	0.0	0.0	-500.0	0.0	0.0	0.0	0.0	-500.0
Housing Related Support	Efficiency savings from standardising the hourly rate within support contracts and review of low level support packages	0.0	0.0	0.0	0.0	-2,016.1	0.0	0.0	-2,016.1
Learning Disability	Reduction on external day care contracts	0.0	-130.0	0.0	0.0	0.0	0.0	0.0	-130.0
OP/PD meal service	Recommissioning of the Meal Service contract	-268.0	0.0	0.0	0.0	0.0	0.0	0.0	-268.0
Learning Disability supported living	Supported living contract reviews and reduction in cost	0.0	-800.0	0.0	0.0	0.0	0.0	0.0	-800.0
<i>Other</i>									
OP/PD social support	Review the provision of social support services	-425.0	0.0	0.0	0.0	0.0	0.0	0.0	-425.0
OP/PD equipment	Recommissioning of the Integrated Community Equipment Service	-110.0	0.0	0.0	0.0	0.0	0.0	0.0	-110.0
Specialist Childrens Services removal of one-off funding	Removal of one-off funding for transitional arrangements and special operations	0.0	0.0	0.0	-1,657.8	0.0	0.0	0.0	-1,657.8
Specialist Childrens Services efficiencies	Efficiency savings across specialist children's services including family support, adoption, secure accommodation, in-house fostering, section 17 and day care	0.0	0.0	0.0	-383.0	0.0	0.0	0.0	-383.0
Social Care	Review of client transport arrangements	0.0	0.0	0.0	0.0	0.0	0.0	-300.0	-300.0
Adult Operational Support Unit	Office support cost rationalisation	0.0	-250.0	0.0	0.0	0.0	0.0	0.0	-250.0
Other	Other minor efficiency savings	0.0	0.0	0.0	-280.0	-77.0	0.0	-20.6	-377.6
<i>Financing Savings</i>									
Drawdown reserves & provisions	Net reduction in earmarked reserves including workforce reduction reserve, Supporting People reserve, Medway Preserved Rights reserve, and other Directorate specific reserves & provisions	0.0	-380.0	0.0	-500.0	-1,383.0	0.0	0.0	-2,263.0
<i>Policy Savings</i>									
Learning Disability	Review occupancy and delivery of short break services	0.0	-290.0	0.0	0.0	0.0	0.0	0.0	-290.0
Older People & Physical Disability	Review occupancy and delivery of older people residential care services	-1,145.9	0.0	0.0	0.0	0.0	0.0	0.0	-1,145.9
Total savings and Income		-11,317.0	-4,539.7	-805.0	-6,040.8	-4,089.1	0.0	-320.6	-27,112.2

Appendix 2 - SCHW Directorate MTFP

Heading	Description	Older People & Physical Disability £000s	Learning Disability & Mental Health £000s	Disabled Children's Services	Specialist Children's Services £000s	Commissioning £000s	Public Health £000s	Corporate Director SCH&W £000s	Total SCH&W Directorate £000s
Public Health & other grants									
0-5 Public Health commissioning	Full year effect of new responsibilities following transfer of 0-5 public health commissioning to Local Authorities from 1 Oct 2015	0.0	0.0	0.0	0.0	0.0	11,641.1	0.0	11,641.1
Independent Living Fund expenditure	Full year effect of transfer of Independent Living Fund to Local Authorities from 1 July 2015	1,228.0	0.0	0.0	0.0	988.0	0.0	0.0	2,216.0
Public Health grant reduction	Estimated impact of national reduction in Public Health Grant	0.0	0.0	0.0	0.0	0.0	5,633.0	0.0	5,633.0
0-5 Public Health grant income	Grant income from Health for the full year effect of new responsibilities following transfer of 0-5 public health commissioning to Local Authorities from 1 Oct 2015	0.0	0.0	0.0	0.0	0.0	-11,641.1	0.0	-11,641.1
Independent Living Fund grant income	Assumed level of grant funding for Independent Living Fund	-1,228.0	0.0	0.0	0.0	-988.0	0.0	0.0	-2,216.0
Public Health expenditure	Corresponding reduction in expenditure in line with estimated changes to Public Health grant above	0.0	0.0	0.0	0.0	0.0	-5,633.0	0.0	-5,633.0
Proposed Budget		152,398.1	185,018.5	19,770.1	105,985.9	29,081.1	0.0	2,114.9	494,368.6

Appendix 3 - Directorate Specific A to Z Service Analysis

Social Care, Health & Wellbeing

Row Ref	2015-16 Revised Base	Service	2016-17 Proposed Budget							Affordable Activity
	Net Cost		Staffing	Non staffing	Gross Expenditure	Internal Income	External Income	Grants	Net Cost	
	£000s		£000s	£000s	£000s	£000s	£000s	£000s	£000s	
		Adults and Older People								
		<i>Direct Payments</i>								
1	17,616.6	Learning Disability (aged 18+)	0.0	19,024.5	19,024.5	0.0	-30.0	-875.5	18,119.0	Approximately 1,250 clients are expected to be receiving an on-going direct payment. These people have been assessed as being eligible for social care support, but have chosen to arrange and pay for their own care and support services instead of receiving them directly from the local authority. There will also be a number of one-off direct payments made during the year for such things as items of equipment and respite care.
2	1,018.6	Mental Health (aged 18+)	0.0	1,102.9	1,102.9	0.0	0.0	0.0	1,102.9	Approximately 200 clients are expected to be receiving an on-going direct payment; there will also be a number of one-off direct payments made during the year.
3	14,432.6	Older People (aged 65+)	0.0	12,867.5	12,867.5	0.0	0.0	-186.5	12,681.0	Around 1,300 clients will be receiving an on-going direct payment; there will also be a number of one-off direct payments made during the year.
4	12,097.9	Physical Disability (aged 18-64)	0.0	13,166.6	13,166.6	0.0	0.0	-982.2	12,184.4	Around 1,200 clients are expected to be receiving an on-going direct payment; there will also be a number of one-off direct payments made during the year.
		<i>Domiciliary Care</i>								
5	975.5	Learning Disability (aged 18+)	0.0	728.0	728.0	0.0	0.0	0.0	728.0	Domiciliary care provided by the independent sector supporting approximately 100 people to live at home.
6	1,969.8	Older People (aged 65+) - In house service (Kent Enablement at Home service)	7,887.1	-1.9	7,885.2	-51.0	-5,864.4	0.0	1,969.8	Domiciliary care provided by the in-house Kent Enablement at Home Service (KEaH) which provides intensive short term support/enablement to people to allow them to regain or extend their independent living skills.
7	5,937.6	Older People (aged 65+) - Commissioned service	0.0	25,554.2	25,554.2	0.0	-9,088.7	-15.3	16,450.2	Domiciliary care provided by the independent sector to support approximately 3,500 people to live at home. In addition, this budget includes a number of small contracts for services primarily with Health, including the night sitting service, recuperative care and rapid response.

Appendix 3 - Directorate Specific A to Z Service Analysis

Social Care, Health & Wellbeing

Row Ref	2015-16 Revised Base	Service	2016-17 Proposed Budget							Affordable Activity
	Net Cost		Staffing	Non staffing	Gross Expenditure	Internal Income	External Income	Grants	Net Cost	
	£000s		£000s	£000s	£000s	£000s	£000s	£000s	£000s	
8	579.4	Physical Disability (aged 18-64) - In house service	0.0	579.4	579.4	0.0	0.0	0.0	579.4	Domiciliary care provided by the in-house Kent Enablement at Home Service (KEaH) which provides intensive short term support/enablement to people to allow them to regain or extend their independent living skills.
9	2,313.5	Physical Disability (aged 18-64) - Commissioned service	0.0	4,184.0	4,184.0	0.0	0.0	-28.4	4,155.6	Domiciliary care provided by the independent sector supporting approximately 550 people to live at home.
		Non Residential Charging Income								
10	-3,191.3	Learning Disability (aged 18+)	0.0	0.0	0.0	0.0	-3,954.4	0.0	-3,954.4	Assessed client contributions for people receiving community based services including domiciliary care, supported accommodation, day care and direct payments.
11	-7,516.3	Older People (aged 65+)	0.0	0.0	0.0	0.0	-9,268.8	0.0	-9,268.8	Assessed client contributions for people receiving community based services including domiciliary care, supported accommodation, day care and direct payments.
12	-1,298.5	Physical Disability (aged 18-64) / Mental Health (aged 18+)	0.0	0.0	0.0	0.0	-1,633.0	0.0	-1,633.0	Assessed client contributions for people receiving community based services including domiciliary care, supported accommodation, day care and direct payments.
		Nursing and Residential Care								
13	73,795.7	Learning Disability (aged 18+)	0.0	74,433.9	74,433.9	0.0	-6,130.5	0.0	68,303.4	Around 1,200 clients are provided with services through the independent sector. This service also provides permanent residential care for preserved rights clients through the independent sector. This does not include respite services which are included within the Support to Carers budget below.
14	7,407.1	Mental Health (aged 18+)	0.0	8,697.2	8,697.2	0.0	-1,012.8	0.0	7,684.4	Around 250 clients are provided with services through the independent sector. This service also provides permanent residential care for preserved rights clients through the independent sector. This does not include respite services which are included within the Support to Carers budget below.
15	21,659.4	Older People (aged 65+) - Nursing	0.0	35,941.4	35,941.4	0.0	-14,665.2	0.0	21,276.2	Around 1,250 clients are provided with this service through the independent sector. This does not include respite services which are included within the Support to Carers budget below.

Appendix 3 - Directorate Specific A to Z Service Analysis

Social Care, Health & Wellbeing

Row Ref	2015-16 Revised Base	Service	2016-17 Proposed Budget							Affordable Activity
	Net Cost		Staffing	Non staffing	Gross Expenditure	Internal Income	External Income	Grants	Net Cost	
	£000s		£000s	£000s	£000s	£000s	£000s	£000s	£000s	
16	14,581.9	Older People (aged 65+) - Residential - In house service	9,127.3	9,985.9	19,113.2	0.0	-3,546.5	-1,922.2	13,644.5	KCC residential services predominately providing long term and recuperative services through 222 residential care/respice beds and 84 nursing care beds.
17	26,196.7	Older People (aged 65+) - Residential - Commissioned Service	0.0	50,974.8	50,974.8	0.0	-27,808.2	0.0	23,166.6	Approximately 2,200 permanent clients on average provided with services through the independent sector as well as recuperative and other short term placements. This service also provides permanent residential care for preserved rights clients provided through the independent sector. This does not include respice services which are included within the Support to Carers budget below.
18	11,759.4	Physical Disability (aged 18-64)	0.0	13,269.9	13,269.9	0.0	-1,739.1	0.0	11,530.8	Approximately 300 clients are provided with this service through the independent sector.
		Supported Living								
19	2,626.7	Learning Disability (aged 18+) - In house service	2,596.9	1,027.2	3,624.1	0.0	-134.5	-912.9	2,576.7	This service provides support to clients through the independent living scheme and Kent Pathway Service (Learning Disability enablement service). The costs associated with the Better Homes Actives Lives PFI project are also included here.
20	3,795.5	Learning Disability (aged 18+) - Shared Lives Scheme	275.6	4,392.3	4,667.9	0.0	0.0	0.0	4,667.9	The Shared Lives scheme places approximately 150 people with non-related Adult Carers.
21	31,259.3	Learning Disability (aged 18+) - Other Commissioned Supported Living arrangements	0.0	38,697.3	38,697.3	0.0	0.0	-94.0	38,603.3	Services provided through the independent sector for approximately 1,100 people in supported living.
22	0.0	Older People (aged 65+) - In house service	0.0	4,825.0	4,825.0	0.0	0.0	-4,825.0	0.0	Costs associated with the Better Homes Actives Lives PFI project.
23	395.9	Older People (aged 65+) - Commissioned service	0.0	395.9	395.9	0.0	0.0	0.0	395.9	Approximately 100 clients provided with supported living / supported accommodation services through the independent sector.
24	0.0	Physical Disability (aged 18-64) / Mental Health (aged 18+) - In house service	0.0	107.4	107.4	0.0	0.0	-107.4	0.0	Costs associated with the Better Homes Actives Lives PFI project.
25	4,194.3	Physical Disability (aged 18-64) / Mental Health (aged 18+) - Commissioned service	0.0	5,327.3	5,327.3	0.0	-50.2	-15.6	5,261.5	Approximately 500 clients provided with supported living / supported accommodation services through the independent sector.

Appendix 3 - Directorate Specific A to Z Service Analysis

Social Care, Health & Wellbeing

Row Ref	2015-16 Revised Base	Service	2016-17 Proposed Budget							Affordable Activity
	Net Cost		Staffing	Non staffing	Gross Expenditure	Internal Income	External Income	Grants	Net Cost	
	£000s		£000s	£000s	£000s	£000s	£000s	£000s	£000s	
		Other Services for Adults and Older People								
26	2,461.9	Adaptive & Assistive Technology	411.0	7,087.8	7,498.8	0.0	-5,315.0	0.0	2,183.8	Occupational Therapy & Sensory Disability services working in partnership with Health, Hi Kent and Kent Association for the Blind to provide approximately 70,000 items of equipment. Collaborating with health on the delivery of Telehealth and Telecare services to enable Kent residents to remain living in their own homes by installing equipment in approximately 3,000 homes a year.
27	1,292.2	Community Support Services for Mental Health (aged 18+) - In house service	1,254.9	92.7	1,347.6	0.0	-55.4	0.0	1,292.2	Community outreach services provided by KCC supporting clients with mental health problems.
28	48.6	Community Support Services for Mental Health (aged 18+) - Commissioned service	0.0	48.6	48.6	0.0	0.0	0.0	48.6	Community outreach services provided by both the independent and voluntary sector supporting with mental health problems.
		Day Care								
29	6,544.9	Learning Disability (aged 18+) - In house service	5,594.2	771.4	6,365.6	0.0	-70.7	0.0	6,294.9	Day care/day services provided by KCC.
30	7,029.7	Learning Disability (aged 18+) - Commissioned service	0.0	7,732.5	7,732.5	0.0	0.0	-18.5	7,714.0	Day care/day services provided by the independent sector.
31	831.2	Older People (aged 65+) - In house service	615.3	82.4	697.7	0.0	-23.3	0.0	674.4	Day care/day services provided by KCC.
32	945.1	Older People (aged 65+) - Commissioned service	0.0	854.5	854.5	0.0	0.0	0.0	854.5	Day care/day services provided by the independent sector.
33	974.2	Physical Disability (aged 18-64)	0.0	974.2	974.2	0.0	0.0	0.0	974.2	Day care/day services provided by the independent sector.
34	20,394.2	Housing Related Support for Vulnerable People (Supporting People)	324.4	16,831.2	17,155.6	-193.2	0.0	0.0	16,962.4	Includes provision for 17,300 vulnerable people to receive support to enable independent living in their own home through the provision of long and short term supported accommodation, a home improvement agency, community alarms and floating support.
35	550.0	Legal Charges	0.0	550.0	550.0	0.0	0.0	0.0	550.0	Costs for in-house legal support and external legal fees for care proceedings for Adult social care.

Appendix 3 - Directorate Specific A to Z Service Analysis

Social Care, Health & Wellbeing

Row Ref	2015-16 Revised Base	Service	2016-17 Proposed Budget							Affordable Activity
	Net Cost		Staffing	Non staffing	Gross Expenditure	Internal Income	External Income	Grants	Net Cost	
	£000s		£000s	£000s	£000s	£000s	£000s	£000s	£000s	
36	872.9	Other Adult Services	0.0	12,496.4	12,496.4	0.0	-623.2	0.0	11,873.2	<p>A range of other services including:</p> <ul style="list-style-type: none"> - approximately 80,000 home delivered hot meals, - providing one-off support to those who have no recourse to Public Funds. <p>In addition there are a number of budgets/savings held here which are to be allocated during 2016-17 once plans have been finalised:</p> <ul style="list-style-type: none"> - provision for inflation on the cost of adult social care, including increases in costs resulting from the National Living Wage, - savings yet to be allocated to other social care services within the A-Z service analysis, - savings from the review of client transport arrangements, - provision to fulfil responsibilities under the Care Act.
37	1,439.0	Safeguarding	1,408.3	266.3	1,674.6	0.0	-111.1	-124.5	1,439.0	A multi agency partnership/framework to ensure a coherent policy for the protection of vulnerable adults.
		Social Support								
38	3,547.4	Carers - In house service	1,875.6	109.2	1,984.8	0.0	0.0	0.0	1,984.8	KCC residential services predominately providing respite services to support carers.
39	4,704.8	Carers - Commissioned service	0.0	11,576.3	11,576.3	-57.5	-4,799.6	0.0	6,719.2	Services supporting carers, which are provided through the independent and voluntary sectors.
40	3,835.7	Information and Early Intervention	0.0	5,709.9	5,709.9	-552.8	-364.1	-246.9	4,546.1	Social support provided through the voluntary sector and the independent sector in terms of information, early intervention services, low level support and prevention services to try to enable clients to remain independent.
41	6,074.0	Social Isolation	0.0	9,096.8	9,096.8	-2,083.6	-1,145.8	0.0	5,867.4	Services providing support to prevent social isolation, provided through the independent sector and the voluntary sector, such as befriending services.

Appendix 3 - Directorate Specific A to Z Service Analysis

Social Care, Health & Wellbeing

Row Ref	2015-16 Revised Base	Service	2016-17 Proposed Budget							Affordable Activity
	Net Cost		Staffing	Non staffing	Gross Expenditure	Internal Income	External Income	Grants	Net Cost	
	£000s		£000s	£000s	£000s	£000s	£000s	£000s	£000s	
42	1,481.5	Support & Assistance Service (Social Fund) including refugee families	277.0	1,204.5	1,481.5	0.0	0.0	0.0	1,481.5	This service supports residents, with immediate need and who are in crisis, to live independently by signposting to alternative appropriate services and helping with the purchase of equipment and supplies to ensure the safety and comfort of the most vulnerable in our society. To include support to refugee families under the Government's Syrian vulnerable persons relocation scheme.
Children's Services										
<i>Children in Care (Looked After)</i>										
43	23,675.7	Fostering - In house service	1,617.3	22,830.3	24,447.6	-469.1	-25.0	0.0	23,953.5	Short and medium term family based care for 990 Kent children (including longer term care for older children). This includes payments to connected persons (relatives and friends). The County Fostering Team is also included here.
44	7,901.7	Fostering - Commissioned from Independent Fostering Agencies	0.0	6,782.6	6,782.6	0.0	0.0	0.0	6,782.6	Short and medium term family based care (including longer term care for older children) for 137 Kent children.
45	6,769.0	Legal Charges	0.0	6,738.0	6,738.0	0.0	0.0	0.0	6,738.0	Costs for in-house legal support and external legal fees for care proceedings for Specialist Children's Services.
46	2,541.0	Residential Children's Services - In house service (Short Breaks Units)	2,667.9	430.5	3,098.4	-12.7	-669.7	0.0	2,416.0	Provision of 5 in house units for short breaks (for both looked after and non looked after children, including those with a disability).
47	11,909.3	Residential Children's Services - Commissioned from Independent Sector	0.0	13,412.2	13,412.2	-920.6	-1,614.1	0.0	10,877.5	Independent sector residential care for 78 children (both looked after and non looked after children, including those with a disability).
48	1,426.9	Virtual School Kent	1,929.6	3,151.7	5,081.3	-293.2	-2.8	-3,358.4	1,426.9	Supporting approx. 2,550 looked after children (including approx. 1,100 Unaccompanied Asylum Seeking Children) focussing on their education & health needs.
<i>Children in Need</i>										
49	9,278.4	Family Support Services	0.0	10,535.5	10,535.5	-882.2	-777.8	0.0	8,875.5	Community based family support services including day care, direct payments and payments to voluntary organisations.

Appendix 3 - Directorate Specific A to Z Service Analysis

Social Care, Health & Wellbeing

Row Ref	2015-16 Revised Base	Service	2016-17 Proposed Budget							Affordable Activity
	Net Cost		Staffing	Non staffing	Gross Expenditure	Internal Income	External Income	Grants	Net Cost	
	£000s		£000s	£000s	£000s	£000s	£000s	£000s	£000s	
		Other Children's Services								
50	12,476.6	Adoption & other permanent care arrangements for children	1,951.7	9,709.6	11,661.3	0.0	-104.0	0.0	11,557.3	Permanent care for Kent children who are unable to live with their birth families. Includes adoption payments, child arrangement orders & special guardianship orders.
		Asylum Seekers:								
51	-140.0	- Aged under 16	0.0	12,910.0	12,910.0	0.0	0.0	-13,050.0	-140.0	Supporting unaccompanied asylum seekers under the age of 16.
52	140.0	- Aged 16 & 17	702.4	24,412.6	25,115.0	0.0	0.0	-24,975.0	140.0	Supporting unaccompanied asylum seekers aged 16 or 17.
53	280.0	- Aged 18 and over (care leavers)	0.0	8,195.0	8,195.0	0.0	0.0	-7,645.0	550.0	Supporting unaccompanied asylum seekers aged 18 or over (who were previously in care when aged under 18) as Care Leavers.
54	4,551.7	Care Leavers	2,014.8	5,246.9	7,261.7	-1,985.2	0.0	-530.6	4,745.9	A service for young people aged 18+ who have previously been in care.
55	4,571.5	Safeguarding	6,425.6	825.3	7,250.9	-2,074.9	-604.5	0.0	4,571.5	Performance management of services for vulnerable children in Kent. Statutory education safeguarding functions with services commissioned by schools and other settings providing additional support and challenge.
		Community Services								
56	432.5	Local Healthwatch & NHS Complaints Advocacy	0.0	749.5	749.5	0.0	0.0	-459.0	290.5	Local Healthwatch and NHS Complaints Advocacy are statutory services commissioned by KCC. Local Healthwatch will ensure that patients, users of social care services and their carers, and the public have a say in how these services are commissioned and delivered on their behalf. NHS Complaints Advocacy will support people who wish to complain about any NHS Health Service or Public Health Service.

Appendix 3 - Directorate Specific A to Z Service Analysis

Social Care, Health & Wellbeing

Row Ref	2015-16 Revised Base	Service	2016-17 Proposed Budget							Affordable Activity
	Net Cost		Staffing	Non staffing	Gross Expenditure	Internal Income	External Income	Grants	Net Cost	
	£000s		£000s	£000s	£000s	£000s	£000s	£000s	£000s	
		Public Health								
57	0.0	Children's Public Health Programmes: 0-5 year olds Health Visiting Service	0.0	22,256.6	22,256.6	0.0	0.0	-22,256.6	0.0	The Health Visiting Service is a universally available service that supports over 90,000 young children between the ages of 0-5. It has a crucial role in the early years of a child's development providing ongoing support for all children and families. It leads the delivery of the Healthy Child Programme (HCP) during pregnancy and the early years of life, from 0-5 years. It includes the Family Nurse Partnership (FNP) which is an evidence based, preventative programme targeted to vulnerable young mothers aged 19 and under having their first baby. This is a nurse led intensive home-visiting programme from early pregnancy to the age of two.
58	0.0	Other Children's Public Health Programmes	0.0	8,848.5	8,848.5	0.0	0.0	-8,848.5	0.0	This includes universal school nursing, which contributes to screenings and assessments, school-readiness and healthy school provision. Other initiatives are also aimed at children's emotional wellbeing, healthy weight and infant feeding programmes. Approximately 26,500 children will participate in the National Child Measurement Programme.
59	428.8	Drug & Alcohol services	340.2	14,600.7	14,940.9	0.0	-4,906.8	-9,828.3	205.8	Includes provision for approximately 5,000 adults across Kent to access structured alcohol and drug treatment services and in excess of 8,000 to receive brief interventions; in excess of 3,000 young people to be engaged by substance misuse early intervention and specialist services. This also covers prescribing-related costs for adult and young people substance misusers.

Appendix 3 - Directorate Specific A to Z Service Analysis

Social Care, Health & Wellbeing

Row Ref	2015-16 Revised Base	Service	2016-17 Proposed Budget							Affordable Activity
	Net Cost		Staffing	Non staffing	Gross Expenditure	Internal Income	External Income	Grants	Net Cost	
	£000s		£000s	£000s	£000s	£000s	£000s	£000s	£000s	
60	0.0	Obesity and Physical Activity	0.0	2,329.9	2,329.9	0.0	0.0	-2,329.9	0.0	Specific cross county healthy weight programmes for adults on weight management, healthy eating and exercise, with the engagement of approximately 3,000 people in specialist weight management services in the community to support overweight and obese individuals to reach and maintain a healthier body mass index (BMI). In addition, advice programmes to support people to change their behaviour to lead to a healthier lifestyle are provided at Healthy Living Centres (either at the five permanent centres or activities delivered across a variety of community settings).
61	0.0	Public Health - Mental Health Adults	0.0	2,780.3	2,780.3	0.0	0.0	-2,780.3	0.0	Access to Early Intervention services across Kent addressing the mental well-being of residents in need, from the workplace all the way through to war veterans in the community. A number of projects will help to identify specific needs in the community including the nationally recognised "Men's Sheds" programme to encourage older men to socialise together and improve their quality of life, and hopefully their levels of general health.
62	0.0	Public Health Staffing, Advice and Monitoring	3,331.1	-182.7	3,148.4	-50.0	-36.0	-3,062.4	0.0	Management, commissioning and operational delivery of core and statutory public health advice and monitoring services to ensure delivery of KCC's responsibilities as a Public Health Authority.
63	0.0	Sexual Health Services	0.0	12,641.0	12,641.0	0.0	-1,000.0	-11,641.0	0.0	Commissioning of mandated contraception and sexually transmitted infection advice and treatment services. This includes approximately 35,000 15-24 year olds screened for Chlamydia as part of the national screening programme; over 6,000 long acting reversible contraceptive devices inserted, with almost 5,000 being removed; and almost 28,000 first appointments and 7,000 follow up appointments in respect of Genito-Urinary Medicine, both in county and out of county. This includes a gross efficiency saving still to be allocated to other services within the A-Z service analysis where there are embedded public health related activities.

Appendix 3 - Directorate Specific A to Z Service Analysis

Social Care, Health & Wellbeing

Row Ref	2015-16 Revised Base	Service	2016-17 Proposed Budget							Affordable Activity
	Net Cost		Staffing	Non staffing	Gross Expenditure	Internal Income	External Income	Grants	Net Cost	
	£000s		£000s	£000s	£000s	£000s	£000s	£000s	£000s	
64	0.0	Targeting Health Inequalities	0.0	6,096.0	6,096.0	0.0	-40.0	-6,056.0	0.0	Provision of a number of programmes to reduce health inequalities in Kent. This includes the mandated Health Checks programme for adults where approximately 91,000 invites will be issued with the aim of 45,000 residents receiving a Health Check. The provision of Health Trainers will ensure community engagement and access to services. Also includes Health & Social Care Integration and tackling Seasonal Deaths by reducing ill health through emergency and sustainable solutions.
65	0.0	Tobacco Control and Stop Smoking Services	0.0	3,226.0	3,226.0	0.0	0.0	-3,226.0	0.0	Over 9,000 people engaged with mandated adult smoking cessation services and other programmes and pilots (target of 5,000 people to successfully quit), which will focus on prevention, awareness and de-normalisation of smoking, smoke-free environments and partnerships to tackle illicit tobacco.
		<u>Assessment Services</u>								
66	33,419.9	Adult's Social Care Staffing	36,360.4	3,017.1	39,377.5	-37.2	-5,024.3	0.0	34,316.0	Social care staffing providing assessment of community care needs undertaken by Case Managers and Mental Health Social Workers.
67	42,473.6	Children's Social Care Staffing	47,118.5	3,300.2	50,418.7	-9,400.4	-321.1	0.0	40,697.2	Social Care staffing providing assessment of children & families needs and ongoing support to looked after children.
68	75,893.5	Total Assessment Services	83,478.9	6,317.3	89,796.2	-9,437.6	-5,345.4	0.0	75,013.2	
		<u>Management, Support Services and Overheads</u>								
		Directorate Management and Support for:								These budgets include the directorate centrally held costs, which include the budgets for, amongst other things, the strategic directors and heads of service.
69	7,652.9	Social Care, Health & Wellbeing (SCH&W)	4,727.4	4,009.5	8,736.9	-346.9	-160.0	-1,177.1	7,052.9	

Appendix 3 - Directorate Specific A to Z Service Analysis

Social Care, Health & Wellbeing

Row Ref	2015-16 Revised Base	Service	2016-17 Proposed Budget							Affordable Activity
	Net Cost		Staffing	Non staffing	Gross Expenditure	Internal Income	External Income	Grants	Net Cost	
	£000s		£000s	£000s	£000s	£000s	£000s	£000s	£000s	
		Support to Frontline Services:								
70	3,834.5	Adult's Social Care Commissioning	4,196.3	154.5	4,350.8	-40.0	-289.5	0.0	4,021.3	Responsible for developing and delivering a commissioning strategy and procurement priorities for both Accommodation Solutions and Community Support for all vulnerable adults.
71	974.0	Adult's Social Care Performance Monitoring	1,055.0	42.4	1,097.4	0.0	0.0	0.0	1,097.4	Responsible for performance monitoring and information services for adults social care.
72	2,096.7	Children's Social Care Commissioning	1,781.2	-37.0	1,744.2	0.0	0.0	0.0	1,744.2	Responsible for developing and delivering a commissioning strategy and procurement priorities for Specialist Children's Services
73	763.1	Children's Social Care Performance Monitoring	729.5	33.6	763.1	0.0	0.0	0.0	763.1	Responsible for performance monitoring and information services for children's social care.
74	15,321.2	Total Management, Support Services and Overheads	12,489.4	4,203.0	16,692.4	-386.9	-449.5	-1,177.1	14,678.9	
75	483,092.4	TOTAL	148,596.5	609,811.7	758,408.2	-19,450.5	-113,010.1	-131,579.0	494,368.6	

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Row Ref	SOCIAL CARE, HEALTH & WELLBEING						
	SECTION 3 - CAPITAL INVESTMENT PLANS 2016-17 TO 2018-19 BY YEAR						
			Three Year Budget £'000		Cash Limits		
					2016-17 £'000	2017-18 £'000	2018-19 £'000
	Rolling Programmes	Description of Project					
1	Home Support Fund & Equipment*	Provision of equipment and/or alterations to individuals' homes	6,360		2,120	2,120	2,120
2	Total Rolling Programmes		6,360		2,120	2,120	2,120
			Total Cost of Scheme £'000	Previous Spend £'000	Cash Limits		
					2016-17 £'000	2017-18 £'000	2018-19 £'000
	Individual Projects	Description of Project					
	Liberi System Enhancements:						
3	ConTROCC	Foster Payment System replacement and continuation of use of Liberi to include all financial costs	1,315	1,105	210		
	Kent Strategy for Services for Learning Disability (LD):						
4	Learning Disability Good Day Programme - Community Hubs	Community Hubs - provide dedicated space, accessible equipment and facilities for people with a learning disability within inclusive community settings across the county	1,985	1,270	715		
5	Learning Disability Good Day Programme - Community Initiatives e.g. leisure centres	Community Initiatives - working with partner organisations to provide access and facilities across the county for people with a learning disability	1,100	637	463		
	Adults Services:						
6	Developer Funded Community Schemes	A variety of community schemes to be funded by developer contributions	914	155	759		

Row Ref	SOCIAL CARE, HEALTH & WELLBEING							
	SECTION 3 - CAPITAL INVESTMENT PLANS 2016-17 TO 2018-19 BY YEAR							
			Total Cost of Scheme £'000	Previous Spend £'000	Cash Limits			
					2016-17 £'000	2017-18 £'000	2018-19 £'000	Later Years £'000
	Individual Projects	Description of Project						
	Kent Strategy for Services for Older People (OP):							
7	<i>OP Strategy - Specialist Care Facilities</i>	Older Persons Care Provision - Accommodation Strategy	3,281	1,281	2,000			
8	PFI - Excellent Homes for All**	Development of new Social Housing for vulnerable people in Kent	37,778	3,743	34,035			
9	<i>Community Care Centre - Ebbsfleet</i>	Provision of Community Care Facility at Ebbsfleet	544				544	
10	<i>Community Care Centre - Thameside Eastern Quarry</i>	Provision of Community Care Facility at Thameside Eastern Quarry	500				500	
	System Enhancements:							
11	Information Technology Projects	SWIFT development and mobile working	786	743	43			
	Community Sexual Health Services:							
12	Community Sexual Health Services	Development of premises for delivery of community sexual health services	360	180	180			
13	Total Individual Projects		48,563	9,114	38,405	0	1,044	
14	Directorate Total		54,923	9,114	40,525	2,120	3,164	
<p><i>Italic font:</i> these are projects that are relying on significant elements of unsecured funding and will only go ahead if the funding is achieved.</p> <p>* Estimated allocations have been included for 2016-17, 2017-18, and 2018-19.</p> <p>** Reflects construction value.</p>								

Row Ref	SOCIAL CARE, HEALTH & WELLBEING					
	SECTION 3 - CAPITAL INVESTMENT PLANS 2016-17 TO 2018-19 BY YEAR					
	Total Cost of Scheme £'000	Previous Spend £'000	Cash Limits			
			2016-17 £'000	2017-18 £'000	2018-19 £'000	Later Years £'000
Funded by:						
Borrowing	283	240	43			
PEF2	369	369				
Grants	9,438	1,900	3,298	2,120	2,120	
Developer Contributions	2,001	198	759		1,044	
Other External Funding	0					
Revenue and Renewals	360	180	180			
Capital Receipts	4,694	2,484	2,210			
PFI	37,778	3,743	34,035			
Total:	54,923	9,114	40,525	2,120	3,164	0

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Row Ref	SOCIAL CARE, HEALTH & WELLBEING												
	SECTION 3 - CAPITAL INVESTMENT PLANS 2016-17 TO 2018-19 BY FUNDING												
		2016-19 Funded By:											
		Three Year Budget		Borrowing	Grants	Dev Contrs	Other External Funding	Revenue & Renewals	Capital Receipts	Recycling of Loan Repayments	PFI	Total 2016-19	
		£'000		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
ROLLING PROGRAMMES													
1	<i>Home Support Fund & Equipment*</i>	6,360			6,360							6,360	
2	Total Rolling Programmes	6,360		0	6,360	0	0	0	0	0	0	6,360	
		Total Cost of Scheme	Previous Spend	Borrowing	Grants	Dev Contrs	Other External Funding	Revenue & Renewals	Capital Receipts	Recycling of Loan Repayments	PFI	Total 2016-19	Later Years
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
INDIVIDUAL PROJECTS													
Liberi System Enhancements:													
3	ConTROCC	1,315	1,105						210			210	
Kent Strategy for Services for Learning Disability (LD):													
4	Learning Disability Good Day Programme - Community Hubs	1,985	1,270		715							715	
5	Learning Disability Good Day Programme - Community Initiatives e.g. leisure centres	1,100	637		463							463	
Adults Services:												0	
6	Developer Funded Community Schemes	914	155			759						759	
Kent Strategy for Services for Older People (OP):													
7	<i>OP Strategy - Specialist Care Facilities</i>	3,281	1,281						2,000			2,000	
8	PFI - Excellent Homes for All	37,778	3,743								34,035	34,035	
9	<i>Community Care Centre - Ebbsfleet</i>	544				544						544	
10	<i>Community Care Centre - Thameside Eastern Quarry</i>	500				500						500	

Row Ref	SOCIAL CARE, HEALTH & WELLBEING												
	SECTION 3 - CAPITAL INVESTMENT PLANS 2016-17 TO 2018-19 BY FUNDING												
		2016-19 Funded By:											
		Total Cost of Scheme	Previous Spend	Borrowing	Grants	Dev Contrs	Other External Funding	Revenue & Renewals	Capital Receipts	Recycling of Loan Repayments	PFI	Total 2016-19	Later Years
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
INDIVIDUAL PROJECTS													
System Enhancements:													
11	Information Technology Projects	786	743	43								43	
Community Sexual Health Services:													
12	Community Sexual Health Services	360	180					180				180	
13	Total Individual Projects	48,563	9,114	43	1,178	1,803	0	180	2,210	0	34,035	39,449	0
14	TOTAL CASH LIMIT	54,923	9,114	43	7,538	1,803	0	180	2,210	0	34,035	45,809	0
<p><i>Italic font:</i> these are projects that are relying on significant elements of unsecured funding and will only go ahead if the funding is achieved.</p> <p>* Estimated allocations have been included for 2016-17, 2017-18, and 2018-19.</p>													